

## Introduction Paper

# Relevance of European alignment for micronutrients' recommendation regarding pregnant and lactating women, infants, children and adolescents: an insight into preliminary steps of EURRECA

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The European Commission (EC) recognized in 2005 the call for a Network of Excellence on 'nutrient status and requirements of specific vulnerable population groups', in order to harmonize micronutrient recommendations across Europe as a result of the considerable variations within the European countries (Doets *et al.* 2008). These large disparities in micronutrient intake recommendations are attributed to different approaches, lack of transparency and confusion in the use of certain terminology across Europe. The European Micronutrients Recommendations Aligned (EURRECA) Network of Excellence was established to identify and address differences between countries in micronutrient recommendations. It is expected that it will provide Europe with generic science-based instruments and evidence to be used in establishing micronutrient requirements and their translation into recommendations for dietary intake (Ashwell *et al.* 2008; Pijls *et al.* 2009) – in particular, to develop and disseminate standardized protocols (i.e. templates and strategies) for providing clear guidelines for collection, analysis and interpretation of dietary data with special focus on vulnerable population groups.

The EURRECA Network of Excellence has four phases of activity. Research activity (RA) 1 evaluated best practice for assessing intake and status methods and collated current recommendations (Pijls *et al.* 2009). RA 2 will apply best practice developed in RA 1 to population groups within a healthy population that may be vulnerable to micronutrient deficiencies (pregnant and lactating women, infants, children, adolescents and the elderly). A guidance document on general and specific terms, definitions and methods has been developed, and systematic reviews of selected micronutrient intake–status and status–health outcome combinations are currently underway in the vulnerable population groups. In this context, priorities were set for 'micronutrient–health outcomes' combinations to be addressed, following a transparent process (Cavelaars *et al.* 2010). In particular, the potential role of priority micronutrients (i.e. folate, iron, zinc, vitamin B<sub>12</sub>) in the development of the diseases of major public concern, such as pre-eclampsia, anaemia, fetal malformations, alterations in fetal or neonatal growth, cognitive and psychomotor development, immune function, etc., are being investigated. The subsequent RAs 3 and 4 will use this

evidence to develop and evaluate toolkits for the dissemination of recommendations.

Over recent years, there has been a significant increase in the volume of new knowledge on the effects of micronutrients on health outcomes. Dietary recommendations need to prioritize issues on the basis of the latest scientific developments and on their importance for public health. The aim of this supplement of *Maternal & Child Nutrition* is to summarize these issues relevant for the following population groups: pregnancy and lactation, infants, children and adolescents. Papers will explore critical issues in setting micronutrient recommendations for pregnant and lactating women, infants, children and adolescents; highlight the fundamental role of folate in the health of vulnerable populations; and review methodological issues with the assessment of dietary intake in pregnancy, infancy, childhood and during adolescence.

### Conflict of interest

The authors declare no conflict of interest.

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