

Maternal dietary intake of fish and child neurodevelopment at 3 years: results from the Japan Environment and Children's Study

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1. Conclusions

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- Fish consumption during pregnancy was associated with a reduced risk of neurodevelopmental delay in 3-year-olds, particularly in the fine motor, problem-solving, and personal-social developmental domains in the ASQ-3.
- Continued investigation beyond 3 years of age is warranted.

2. Introduction

 We previously found that children born to mothers who actively consumed fish during pregnancy had a reduced risk of developmental at 6 months and 1 year of age, using large-scale data obtained from the Japan Environment and Children's Study (JECS), an ongoing nationwide epidemiological study. Here, we aimed to clarify the relationship between maternal fish intake during pregnancy and the neurodevelopment of the child at the age of 3 years.



3. Methods

Participants

· A total of 91,909 mother-child pairs enrolled in the JECS.

Exposure

 Omega-3 PUFA intake during pregnancy, which was measured using the Food Frequency Questionnaire, which includes over 170 food and beverage items.

Outcomes

The Ages and Stages Questionnaires, Third Edition
 (ASQ-3), which assess the children's neurodevelopment in five domains: communication, gross motor, fine motor, problem-solving, and personal-social.

Covariates

• A total of 14 carefully selected, pre-determined potential confounders: age; physical activity; previous deliveries; pre-pregnancy BMI; highest maternal education; annual household income; marital status; alcohol intake; smoking status; employment status; child's sex; presence of a major congenital anomaly at delivery and at age 1 month; use of EPA and /or DHA supplementation; and maternal psychological distress.

Analysis

- Calculation of adjusted odds ratio obtained by performing logistic regression analysis.
- Multiple imputation for missing values.

4. Results

			Quintile for fish intake ^a				
		1 (low)	2	3	4	5 (high)	
Communication	Crude OR	1.00 —	0.88 (0.79-0.98)	0.89 (0.80-0.99)	0.90 (0.81-1.01)	0.90 (0.81-1.01)	0.126
	Adjusted OR	1.00 —	0.89 (0.80-0.996)	0.90 (0.80-1.002)	0.91 (0.81-1.01)	0.89 (0.80-0.998)	0.094
Gross motor	Crude OR	1.00 —	1.00 (0.90-1.11)	0.97 (0.87-1.08)	1.00 (0.89–1.11)	1.07 (0.97–1.19)	0.237
	Adjusted OR	1.00 —	0.99 (0.89-1.10)	0.96 (0.86–1.06)	0.97 (0.87-1.08)	1.04 (0.94-1.16)	0.573
Fine motor	Crude OR	1.00 —	0.97 (0.90-1.05)	0.90 (0.83-0.98)	0.85 (0.78-0.92)	0.87 (0.80-0.94)	<0.001
	Adjusted OR	1.00 —	1.01 (0.93-1.09)	0.94 (0.87-1.02)	0.89 (0.82-0.97)	0.90 (0.83-0.97)	< 0.001
Problem-solving	Crude OR	1.00 —	0.90 (0.83-0.98)	0.86 (0.79-0.94)	0.89 (0.82-0.96)	0.87 (0.80-0.95)	0.002
	Adjusted OR	1.00 —	0.90 (0.83-0.98)	0.87 (0.80-0.94)	0.89 (0.82-0.96)	0.86 (0.80-0.94)	0.001
Personal-social	Crude OR	1.00 —	0.87 (0.77-0.98)	0.88 (0.78-0.99)	0.88 (0.78-0.99)	0.87 (0.78-0.98)	0.049
	Adjusted OR	1.00 —	0.88 (0.78-0.999)	0.89 (0.79–1.01)	0.88 (0.78-0.998)	0.87 (0.77-0.98)	0.037

Bold indicates significance. *Derived from logistic regression analysis-assigned categorical numbers to the quintile distributions and evaluated as continuous variables. Covariates were adjusted for mother's age, previous deliveries, pre-pregnancy BMI (kg/m²), highest maternal education level, annual household income, marital status, alcohol intake, smoking status, employment status, child's sex, presence of a congenital anomaly, use of EPA and/or DHA supplementation, and psychological distress. ^aEnergy-adjusted average dietary intake for the period after participants learned of the pregnancy up until mid-late pregnancy.

5. References

Inoue M, Matsumura K, Hamazaki K, Tsuchida A, Inadera H, the JECS Group. 2023, Frontiers in Public Health, 11, 1267088. https://doi.org/10.3389/fpubh.2023.1267088

