

Maternal, neonatal, and child health is essential for meeting SDG 3.4

The non-communicable disease (NCD) countdown data¹ show how many countries will not meet the Sustainable Development Goal 3.4 target of reducing NCD mortality by a third by 2030 and improving mental health and wellbeing (SDG 3.4).

We are surprised the NCD Countdown 2030 collaborators make no mention of the pivotal importance of maternal, neonatal, and child health (MNCH) in reducing NCD. Prematurity, intrauterine growth restriction, and being born to a mother who is overweight or has diabetes now characterise approximately 50% of all births. These children are major contributors to the growing population prevalence of NCD as they have substantially increased odds of developing hypertension, diabetes, chronic renal impairment, heart disease, and other conditions². A woman who was born preterm is more likely to deliver a child preterm, and the daughter of a mother who is obese is more likely to become obese. Hence intergenerational transmission amplifies the problem.

The collaborators primarily consider solutions within a medical construct even though child rearing and education are also powerful determinants of physical and mental health.¹ Strategies that improve MNCH would uniquely benefit human potential across generations, needed now more than ever as countries grapple with the task of prioritising investment in post-COVID recovery³. These visionary policies include, for example, tax-exempt childcare, 6 months statutory paid leave on a use-it-or-lose-it basis for each parent during a child's first year, and investment in universal secondary school education. These would reduce NCD through multiple interrelated pathways including improved newborn health, breastfeeding, family cohesion,

and gender equity, and they would empower girls, reduce crippling dependencies, and help fulfil human potential.

NM is president of the UK Medical Women's Federation, immediate past-president of the UK Royal College of Paediatrics and Child Health, and president-elect of the British Medical Association. MH is past-president of the International Society for Developmental Origins of Health and Disease. The views expressed here are their own.

Neena Modi, *Mark Hanson
m.hanson@soton.ac.uk

Imperial College London, London, UK (NM); Institute of Developmental Sciences and National Institute of Health Research Biomedical Research Centre, University of Southampton, Southampton, UK (MH); and University Hospital Southampton, Southampton, UK (MH)

- 1 NCD Countdown 2030 collaborators. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet* 2020; **396**: 918–34.
- 2 Parkinson JRC, Emsley R, Tarry Adkins JL, et al. Clinical and molecular evidence of accelerated ageing following very preterm birth. *Pediatr Res* 2020; **87**: 1005–10.
- 3 Jacob CM, Briana DD, Di Renzo GC, et al. Building resilient societies after COVID-19 requires multifaceted investment targeting maternal, neonatal and child health. *Lancet Public Health* 2020; published online Sept 21. [https://doi.org/10.1016/S2468-2667\(20\)30200-0](https://doi.org/10.1016/S2468-2667(20)30200-0).



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