

Nutrition Facts for Pregnant Moms

Drink water!

Many people do not drink enough water, but most pregnant women really don't. Low amniotic fluid can signal problems...but very often if the mother just increases her water to 2 liters or more a day, the fluid level resolves. Ten 8 oz. glasses a day is really a minimum, and most people will wrinkle their nose and say "I can't possibly drink that much water!" In hot weather or when the mother has been very active, it should be more!

Fish and Seafood Guidelines: <http://www.cfsan.fda.gov/~acrobat/admehg3b.pdf>

The National Dairy Council: <http://www.nationaldairycouncil.org/Pages/Home.aspx>

Includes a wonderful, colorful sheet that gives all kinds of suggestions for what kind of foods are wholesome and nutritious.

Cholesterol-Lowering Diet Study:

To assess the role of diet in reducing the risk of premature delivery, a Norwegian study assigned 290 nonsmoking pregnant women ages 21 to 38 to either a cholesterol-lowering diet high in fish, low-fat meats, and dairy products, oils, whole grains, fruits, vegetables and legumes, or to their usual diet. Only one of 141 women (0.7%) on the cholesterol-lowering diet delivered before 37 weeks gestation, compared with 11 of 149 women (7.4%) on their usual diet. Maternal cholesterol levels were reduced among the women in the special-diet group. Researchers concluded that decreasing harmful LDL cholesterol during pregnancy also may decrease the risk of premature delivery.

— *Amer J Obstet Gyn* 194(4), October 2005

Discussion Group

Topic: Brewer Diet

The Brewer Diet <http://www.drbrewerpregnancydiet.com/> as a wonderful nutrition resource. This high protein pregnancy diet has been around since before I birthed my own youngest daughter 26 years ago. It works fabulously. It's very sad that Dr. Thomas Brewer left us all at the end of 2005; he saved many a mother and baby from certain iatrogenic harm.

Question:

Anyone have any suggestions for nutritional recommendations to expecting vegetarians?

Responses:

I am a vegetarian and I supplement my diet with SPIRULINA. Lots of vegetarians do and lots of people who aren't vegetarians take it also. "It contains the richest concentration of nutrients known in any food, plant, grain or herb - a vast balance of certified organic nutrients including vitamins, minerals, trace elements, unique phytonutrients and all the essential amino acids".

*I take *LifeStream Spirulina* from New Zealand but there is a great one from Hawaii too*

OBs are responsible for checking various antenatal blood levels including her ferritin and Hb(iron) g with others]through-out her pregnancy - if she tells her Ob she is vegan they should check B12 levels also. This is usually done at least three times - once at the initial booking visit, once at about

28 weeks and again around 36 weeks..if there is any concern they should order more at more frequent dates - especially if the woman is complaining of being symptomatic.

This is also done through pregnancy as if the ferritin (iron stores) and iron levels (free circulating iron) are low, it greatly predisposes the woman for having a big bleed after birth (post-partum hemorrhage) and Obstetricians will generally then encourage or ONLY do 'active management of the third stage' (they tend to recite research stating that this reduces the risk of a PPH in women with risk factors - low hemoglobin being one of them). This is where they use an ecobic, cut & clamp babies cord immediately and deliver placenta with controlled cord traction. If her stores are low, they tend to actively manage labor more too, and here in NZ will insert direct IV access if the woman hasn't ensured that her levels stay above a certain level. Don't forget also that postpartum she has lochia (bleeding) for a few weeks, therefore escalating low iron levels.

The spirulina mentioned is great - especially in powder form, as it is more easily digested. It tends to only work well if used regularly throughout pregnancy from the beginning.

There are also some good books on this topic:

'The natural pregnancy book' and 'Naturally healthy babies and children' by Aviva Romm

'The natural way to better babies' by Francesca Naish & Janette Roberts

If she is a vegan she needs to know this info anyway otherwise her child's diet will be somewhat lacking too. Protein is one consideration among others.

A client forwarded this website onto me after our discussion on nutrition. She maintained 120-140 g of protein using this chart (as a vegetarian!) with her last pregnancy with twins. I find it is easy to discuss all the aspects of good nutrition, but teaching couples how to put it to practice is hard. Out in the real world, measuring, tracking, remembering how much they are eating, not eating, etc. is hard especially when Burger King and McD's is around every corner. These charts give couples a good tool to use to keep on track with their protein. Take a look at them:

<http://www.immuneweb.org/lowcarb/food/protein.html#charts>

Resources for Vegetarian Moms:

Additional resources for vegetarian moms: this information is all readily accessible on the Internet for anyone who chooses to educate themselves.

<http://living.oneindia.in/health/pregnancy/healthy-diet.html>

<http://www.vegsource.com/nutrition/pregnancy.html>

<http://www.andrews.edu/NUFS/Vegetarian%20Diets%20During%20Pregnancy.html>

<http://www.vrg.org/journal/vj97jan/972preg.htm>

<http://www.vrg.org/journal/vj2000sep/2000sepfolate.htm>

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Question about flax:

One of my mom's asked if flax seed oil was safe to consume during pregnancy as an Omega 3 supplement. She had read somewhere that it causes uterine contractions and was worried about taking it. Has anyone heard of this? Also, she is worried about taking fish oil supplements because of mercury. Is there another supplement out there that she could take instead of those two?

Responses:

Flax provides fats that are precursors for brain building. This is especially important at the stage of life when a child's brain grows the fastest, in utero and during infancy. A prudent mom should

consider supplementing her diet with a daily tablespoon of flax oil during her pregnancy and while breastfeeding. Flax seed is a phytoestrogen, which is a plant estrogen.

I have used flax seed for more than 14 years and feel it is one of the changes I made in my diet that helped me carry a pregnancy to term!

<http://home.comcast.net/~creationsunltd/handouts.htm>

<http://www.5aday.gov/>

The My Pyramid site has a great resource for pregnant women and it is a pretty reliable source.

<http://www.mypyramid.gov/mypyramidmoms/index.html>

I do recommend watching the high glycemic carbohydrates and starchy foods for women who weight over 200 # or who are at risk for gestational diabetes.

Here is a wealth of resources:

http://www.mypyramid.gov/mypyramidmoms/more_info.html

Mom's can also go to this site and have an eating plan selected for them.

Topic: Folic acid (Folate)

With folic acid (folate) it is important for all women especially for cervical health - in pregnancy it is advised to take 0.8mg in New Zealand once daily 12 wks BEFORE conception and up to 4 weeks after conception, as research has shown that it greatly reduces the risk of having a baby with neural tube defects (i.e. spinal bifida) if you did an internet search on this you could find heaps more information. At 33 wks, taking folic acid would do little in terms of what it is prescribed for pre-conceptually and during pregnancy. So it doesn't really matter if she can't take the supplements as what she would be taking it for has passed.

In saying that though, all women tend to be low in folate now days and it is really important for 'women's health' at all ages. So for her, (and the rest of us) getting through diet is just fine if we are aware what foods to get it from.

Cautions for Herbal and Dietary Supplements in Pregnancy:

I'm a Homeopath here in England and deal with herbs quite a lot. Firstly Bromelaine is an absolute NO in pregnancy, it is used to induce labour (this is why there is a myth that eating pineapples can cause labour - that's wrong, you need to eat at least 8 to have any effects but Bromelain supplements DO have enough).

Secondly acidophilus is perfectly safe, but... technically I don't see how it can help indigestion unless this lady is prone to candida? The best tip ever for pregnancy heartburn is eating almonds!

Lastly, Evening primrose is also NOT SAFE until after 36wks as it contains prostaglandin precursors, which again may trigger labour. Also Raspberry leaf is recommended (at 2400mg per day) from 32 weeks, not before. I have some studies about this in the "alternative pregnancy and birth" page of my website: www.birthfriendly.co.uk

The Mediterranean diet 'reduces birth defects.'

http://news.independent.co.uk/uk/health_medical/article342147.ece

The Mediterranean diet has already been credited with increasing life expectancy levels in southern Europe. Now research has revealed that it may also contribute to the health of the unborn child in the womb.

According to the first comprehensive estimate of the global burden of birth defects, France has the lowest incidence rate in the world, and researchers believe the Mediterranean diet could be the reason.

A high daily intake of leafy vegetables, high in folic acid and a staple of most Mediterranean cooking regimes, ensures that France, Italy and Spain fare significantly better than other nations in avoiding defects such as congenital heart problems and spina bifida. The French rate of 39.7 babies born with birth defects per 1,000 live births is less than half that in the Sudan, which has the highest rate in the world, at 82 per 1,000 live births. The UK ranks ninth in the table, behind Spain and Italy, with 43.8 affected babies per 1,000 live births.more at http://news.independent.co.uk/uk/health_medical/article342147.ece

Diet and Preparation Hints:

<http://www.lalecheleague.org/NB/NBMarApr04p44.html>

<http://www.drweil.com/u/QA/QA335644/>

<http://www.epa.gov/OST/fish/>

<http://www.cfsan.fda.gov/~frf/sea-mehg.html>

<http://www.whfoods.com/foodstoc.php>

Fish oils boast Omega 3 Fatty Acids:

Why not take fish oils for Omega3 instead? www.mercola.com Search for fish oils and several articles will come up offering information on why this source may be better.

Vitamin C:

Remember that extra vitamin C is now shown to help prevent premature release of membranes.

From an article by Gail Hart in Midwifery Today Issue 72, Winter 2004

Vitamin C supplements—Low levels of vitamin C have been implicated for several decades as contributors to prematurity and preterm rupture of membranes.(7)

In a study of 2064 pregnant women, those who had total vitamin C intakes of <10th percentile of the average intake prior to conception had twice the risk of preterm birth due to preterm rupture of membranes (relative risk, 2.2).(8)

Low levels of vitamin C may also be implicated in the risk of preeclampsia, which leads to preterm birth, as well as, frequently, induced labor. Researchers tested women for plasma vitamin C levels. Women who consumed less than 85 mg of vitamin C doubled their risk of developing preeclampsia (odds ration 2.1). Women who consumed the lowest amounts had almost four times the risk of those who consumed the highest.(9)

It is theorized that oxidative stress plays a role in preeclampsia, and we are learning that optimum levels of vitamin C protect against oxidative stress. We don't know yet the optimum level of vitamin C or the best recommendation for supplements, but it has been proposed that 300 mg to 500 mg is probably needed. Many American women consume less than 85 mg daily!

Vitamin C protects against PROM

Source: *American Journal of Clinical Nutrition* 2005; 81: 859-63

Evaluating the effectiveness of a dietary dose of vitamin C in preventing premature rupture of membranes.

Taking vitamin C throughout the second half of pregnancy can significantly lower the likelihood of premature rupture of membranes (PROM), research confirms.

As vitamin C plays a role in the synthesis and degradation of collagen, it is important for maintaining the chorioamniotic membranes. Consequently, it has been proposed that vitamin C deficiency during pregnancy may be a risk factor for PROM.

To evaluate the protective effects of vitamin C supplementation, Esther Casanueva (National Institute of Perinatology, Mexico City) and colleagues randomly assigned 109 pregnant women at 20 weeks' gestation to take 100 mg vitamin C or placebo daily. Vitamin C levels were assessed every 4 weeks, and the participants were followed-up in case of PROM.

Plasma levels of vitamin C declined throughout pregnancy in both groups. In contrast, leukocyte vitamin C levels decreased in the women given placebo, but increased in the supplemented women. Meanwhile, 14 out of the 57 pregnancies in the placebo group involved PROM, compared with just four of the 52 pregnancies in women given vitamin C.

Noting that PROM is thought to trigger 40 percent or more of all preterm labors, Casanueva et al say: "supplementation could be a valuable tool in sustaining pregnancy to term."

Discussion Group:

www.OBGynWorld.com