

Nutrition SPOTLight Extra

Supplement to Nutrition Spotlight January/February 2000 Volume 3 Issue 1

Nutrition before and during pregnancy is a big subject to try to cover in 6 pages. So we've expanded! In addition to the full Spotlight, we bring you additional information covering the following subjects: weight gain during pregnancy and calorie needs, gestational diabetes and toxemia of pregnancy. We hope you find the additional information helpful.

Weight gain during pregnancy and calorie needs

Weight gain is an important feature of a healthy pregnancy for all women. During pregnancy, do not try to lose weight or restrict weight gain! If a mother's energy (calorie) needs are not met, the birthweight of her infant will be lower, and possibly even subsequent offspring will have lower birthweights. Low birthweight babies have more developmental problems and illnesses than do infants born weighing 5 ½ pounds or more. Women, especially teens, should gain early and continuously throughout pregnancy in order to bear optimal weight healthy infants. Total energy intake is commonly inadequate among teenage moms, who need calories not only to support their unborn baby's growth but also for their own continuing growth and physical development. On the average, approximately 300 extra calories per day are recommended during the last 6 months of pregnancy. Weight gain usually gives a good indication of the need for more or less calories in the mother's diet.

The pattern of weight gain is important. Weight gain recommendations are based on the age, height and pre-pregnancy body weight of the mother. By the end of the first 3 months, total weight gain should be 2 to 6 pounds. Since the unborn baby grows faster at the end of pregnancy, weight gain should be more or less about 1 pound per week during the last 6 months (**see chart**). Too much weight gain too fast may indicate health problems are developing, and should be brought to the attention of a health care provider.

Mother's pre-pregnancy weight	recommended weight gain¹
Underweight teens < 2 yrs. postmenarche	30-40 pounds
Normal weight teens < 2 yrs. postmenarche	28-40 pounds
Underweight, under 62", teens & women	20-35 pounds
Underweight, average or tall teens & women	28-40 pounds
Normal weight, under 62", teens & women	18-30 pounds
Normal weight, average or tall teens & women	25-35 pounds
Overweight women	18-30 pounds
Obese women	15-30 pounds
Women carrying twins	35-45 pounds

¹Upper end of weight gain range is recommended for African American women and young teens.

Gestational Diabetes

Diabetes that develops during pregnancy is known as gestational diabetes mellitus (GDM). Most women are tested for GDM between the 24th and 28th week of pregnancy. One out of 20 to 40 pregnant women have GDM. GDM can put the mother and unborn baby at risk for various serious health problems. The goal is to have a healthy pregnancy and baby. This involves working closely with the health care providers, and keeping blood sugar levels and urinary ketones within a recommended range both before meals and following a meal or snack. Treatment for GDM usually includes eating small frequent meals, controlling the amount of carbohydrates eaten, eating nutritious foods, getting plenty of fluids, and following recommendations for fat intake, exercise, and weight gain. Women with GDM need to frequently measure fingertip blood sugar levels, and some need to take insulin shots to maintain the recommended blood sugar levels.

Many women who have diabetes during pregnancy later develop diabetes permanently. In order to reduce the risk of getting diabetes during the years after the baby is born, women who have had gestational diabetes should breastfeed if possible, be physically active and maintain a healthy body weight. Their blood sugar levels should be measured 6 weeks after giving birth, and then yearly, to provide early detection of the onset of permanent diabetes.

Toxemia of Pregnancy

Toxemia is common term for pregnancy-induced hypertension, or preclampsia. It is a health problem that some pregnant women develop, characterized by fluid retention, protein in the urine and dangerously high blood pressure. It is associated with the kidney's decreased ability to function. Eclampsia, which is hypertension associated with convulsions, may develop. This condition poses serious risks for both the mother and her unborn baby. It usually requires the mother to be admitted into a hospital, or stay in bed. A pregnant woman should seek the advice of a health care provider if she suspects she is retaining too much fluid or suddenly gains too much weight or develops headaches.



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