

PJ PRACTICE CHECKLIST

NUTRITION AND PREGNANCY

The diet of pregnancy is not a special one but is a healthy diet, similar to that recommended for most adults. Women tend to be particularly receptive to advice at this time and pharmacists are well placed to provide it. Some of the relevant points are discussed below. On the reverse is information for you to photocopy and give to your customers

IMPORTANCE OF DIET: Good evidence suggests that maternal adaptations nutrition in preparation for and during pregnancy is important because poor diet can increase the risks of birth defects and of having an infant of low birthweight who is at increased risk of poor health. Evidence suggests that low birthweight may increase the risk in adult life of conditions such as coronary heart disease, hypertension and insulin dependent diabetes. Women should be advised about diet before they become pregnant as well as during pregnancy. The foetal organs are formed during the first few weeks of pregnancy, and any abnormalities that occur cannot be corrected at a later stage.

WHAT IS A SUITABLE DIET? A good diet contains a wide variety of foods, including: bread, cereals, pasta, rice and potatoes; fruit and vegetables; lean meat, fish and pulses; and reduced fat milk and dairy products. Foods high in sugar and fat should be consumed only in moderation. Such a diet will generally provide sufficient protein, essential fatty acids, nonstarch polysaccharides (dietary fibre) and vitamins (except folic acid) and minerals. Although there is an increased need for certain

nutrients during pregnancy, contribute to meeting these increased requirements.

FOLIC ACID: To reduce the incidence of neural tube defects, such as spine bifida, the Department of Health recommends that all women who might become pregnant should take 0.4mg folic acid daily as a supplement until the 12th week of pregnancy. Women who have already had an affected foetus require a higher dose (5mg daily) and should be referred to their GP. Preconceptional supplementation is vital because the critical period for preventing NTDs is often before pregnancy has been confirmed. In addition to taking a supplement, foods rich in folic acid should be eaten. The main dietary sources of folic acid are raw or lightly cooked green vegetables (especially broccoli, sprouts, cabbage, peas, spinach, watercress), fruit (especially oranges and fresh orange juice), bread and breakfast cereals (especially if fortified), potatoes and pulses.

VITAMIN A: In the UK, most women have intakes of vitamin A in excess of daily requirements and are unlikely to need supplements. In excessive amounts, vitamin A is teratogenic; women trying to conceive and pregnant women should be advised not to take any supplements containing vitamin A or fish liver oils unless advised to do so by their GP or antenatal clinic. They should also be advised to avoid liver and products made from it (eg, liver sausage, liver pate). Other sources of vitamin A (dairy products,

carrots, green vegetables) do not pose any risk of toxicity and should be included as part of the diet.

IRON: Extra iron is required during pregnancy, but the increased requirement is considered to be met through cessation of menstruation, mobilisation of maternal iron stores and increased absorption from the diet. Iron supplements are not now prescribed routinely but should be prescribed to women most at risk of deficiency, including pregnant adolescents, women who have had heavy periods, women having frequent births and women from lower socio-economic groups. Foods rich in iron should be emphasised throughout pregnancy and these include red meat, bread (especially wholemeal) fortified breakfast cereals (eg, bran flakes), green vegetables, nuts and beans. Vitamin C improves the absorption of iron and a good source of vitamin C (eg, citrus fruit or juice, salad) should be eaten as part of every meal or snack.

SUPPLEMENTS: Folic acid supplements are necessary. Vitamin D may be required, particularly where exposure to sunlight is limited. Vegans may require supplemental vitamin B₁₂, and adolescents extra calcium. Supplements containing vitamin A (retinol) should only be taken on the advice of a doctor. In high doses, vitamin A is teratogenic but betacarotene is considered safe.

LISTERIA: Listeriosis is a rare but serious disease if it occurs in pregnancy. Some cases of listeria have been associated with food. Foods such as Brie, Camembert and blue-veined cheeses, pâté, and undercooked meat, eggs and poultry should be avoided. Fruit, vegetables and salads should be washed thoroughly.

WEIGHT: Adequate weight gain is important to reduce the risks of having an infant of low birthweight, but excessive weight gain should be avoided. Optimum weight gain relates to body weight before pregnancy. Women who are thin prior to pregnancy (Body Mass Index [weight (kg)/height (m)²] <20) need to gain more weight than women of ideal weight for their height (BMI 20-25), while overweight women (BMI >25) need to gain less weight. However, severe restrictions in food and energy intake during pregnancy are never recommended, even for obese women. Ideal bodyweight should be achieved before conception.

ALCOHOL: Women who are pregnant or trying to conceive should avoid alcohol and should certainly avoid excessive intake (more than 14 units per week). Drinking heavily throughout pregnancy (eg, more than one bottle of wine or five pints of beer per day) is linked with foetal alcohol syndrome.

This card is written by Dr Pamela Mason, a pharmacist with a postgraduate qualification in nutrition



DIET TIPS FOR PREGNANCY

DIET plays an important part in a baby's development and the very early weeks — before you may realise you are pregnant — are crucial. So, it is a good idea to review your eating habits well in advance.

WHAT SHOULD I EAT? Don't be tempted to "eat for two". This idea is completely out of date now. When you are pregnant your body uses food more efficiently. Aim at having a diet that contains a variety of:

- Bread, cereals, rice, pasta and potatoes
- Fruit and vegetables (five or more servings a day)
- Lean meat, fish and pulses (beans and lentils)
- Milk, cheese and eggs

Try not to eat too many sugary and fatty foods. If you are a vegetarian, eat plenty of cereals, seeds and nuts.

WHAT ABOUT FOLIC ACID? Folic acid, one of the B vitamins, is very important for the normal, healthy development of your baby during the early weeks of pregnancy. If you are planning a pregnancy, you should take a daily supplement of 0.4mg of folic acid before you become pregnant and for the first 12 weeks of your pregnancy, as this reduces the risk of spine bifida. Spina bifida (a malformation of the baby's spine) occurs at

some point during the first 28 days of pregnancy — exactly when is not known. But if supplementation is not started until your pregnancy is confirmed, the damage may already have been done. So, if you are planning to have a baby or suspect you may be pregnant, ask your pharmacist for a folic acid supplement. Unless you have free prescriptions, it is cheaper to buy folic acid. You should also make sure that your diet provides plenty of folic acid. You can obtain folic acid from foods such as:

- Raw or lightly cooked green vegetables (eg, broccoli, Brussels sprouts, cabbage, peas, spinach, watercress)
- Bread and fortified breakfast cereals
- Potatoes and baked beans
- Oranges and fresh orange juice

VITAMIN A Too much vitamin A could harm your baby, particularly during the first three months of pregnancy. But you won't get too much vitamin A from a normal varied diet, unless you eat a lot of liver. The Department of Health advises all pregnant women, as well as those hoping to become pregnant, not to eat liver or products made from it, such as liver pate and liver sausage.

IRON Your doctor may or may not prescribe iron tablets. But you should still make sure that your diet contains plenty of iron. Iron is found in red meat, bread

(especially wholemeal), fortified breakfast cereals (eg, bran flakes), green vegetables, nuts and beans. Eat a good source of vitamin C (eg, fresh orange juice, tomato, salad) with every meal or snack as this helps iron absorption.

CONSTIPATION Constipation can be a common problem in pregnancy. Try to include the following foods in your diet: wholemeal bread, brown rice and pasta, high fibre cereals, plenty of fruit and vegetables, boiled or jacket potatoes with skins, and beans, peas and lentils. Drink plenty of fluids — at least nine cups per day — and take regular, gentle exercise.

LISTERIA Listeria is a germ that can cause a 'flu-like illness. It is important to avoid listeria while you are pregnant because it can cause birth defects. If you are pregnant and you have symptoms like 'flu, see your doctor immediately. Listeria has been associated with some foods. You should avoid soft cheeses, such as Brie, Camembert and blue-veined cheeses, but you can enjoy hard cheeses, cottage cheese, cheese spread and processed cheese. Don't eat pate, undercooked meat, soft boiled eggs and unpasteurised milk. Avoid all recipes that use raw eggs. Reheat all ready-cooked meals (especially poultry) until they are piping hot. Wash all fruit, vegetables and salads thoroughly.

WEIGHT You will probably gain nearly 14kg (2 stone) while you are pregnant. Keep an eye on your weight but do not try to "diet". If you are worried about your weight, ask your doctor or midwife for advice.

ALCOHOL Both you and your partner should avoid alcohol when you are planning to become pregnant, and you should also continue to avoid it during the first three months of your pregnancy. After the first three months or so, the odd drink is unlikely to do any harm, but the less you drink the better for your baby.

SUPPLEMENTS Ask your pharmacist's advice before buying any dietary supplements. Do not take any supplements containing vitamin A — this includes cod liver oil and halibut liver oil — unless your doctor tells you to do so.

Ask your pharmacist if you want more advice

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