

# DO THINGOC DIEP MEDICAL DOCTOR

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Vietnam

VIETNAM - FRANCE - ASIA - PACIFIC

CONFERENCE ON OBSTETRICS AND GYNECOLOGY

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#### NUTRITION FOR PREGNANT WOMEN



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### **REVIEW**



#### Role of nutrition during pregnancy





- Prepare for delivery
- Milk production
- Health recovery

• \ \ Fetus malnutrition

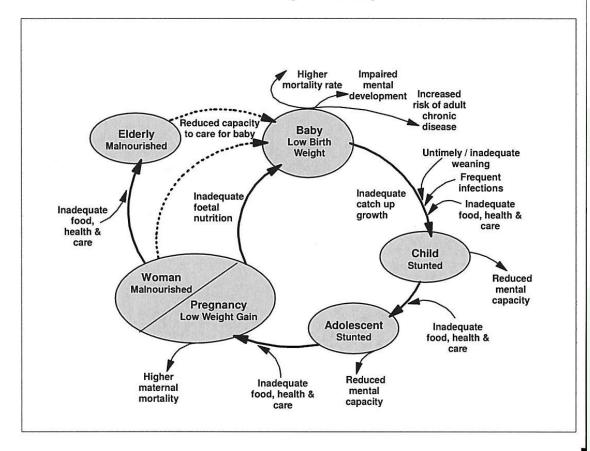
- ↓ *Fetus failure*
- ↓ *Metal and motor retardation*



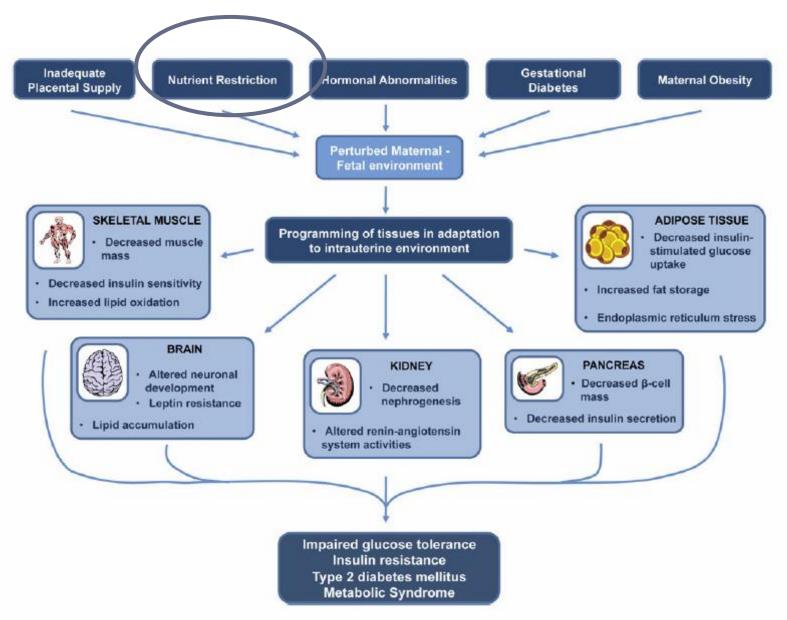
#### **Role of nutrition during pregnancy**



#### Nutrition throughout the life cycle.







Model of how a perturbed intrauterine environment, induced by a variety of physiological disturbances can  $\rightarrow$  changes in the structure and function of multiple organs,  $\rightarrow$  to development of features of metabolic syndrome. (Warner & Ozanne, 2010)



#### **Common health issues during pregnancy**





MICRONUTRIENTS DEFICIENCY



MORNING SICKNESS



**ENERGY DEFICIENCY** 

*Nutritional anemia* : **36,5%** (*NIN-2009*)

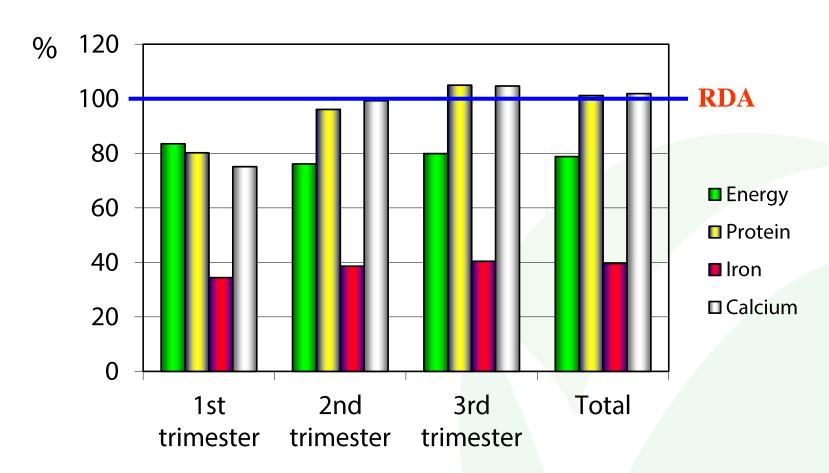
*Iodine deficiency* : **72,8%** (*NC*-2008)

*Low BMI* <18,5 : **19.6%** (2010)



## Energy and nutrients consumption of pregnant women in Ho Chi Minh City





Source: Nutrition Centre HCMC 2008



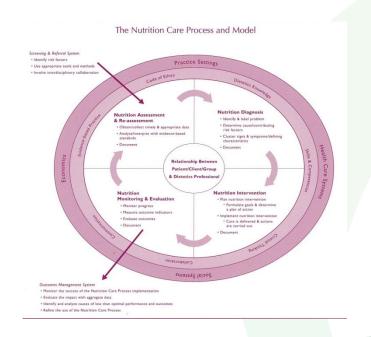
#### Some physiological changes during pregnancy

- Increase uterus weight: from 50 to 1000g
- Decrease progesterone → muscle relaxant
  - $\rightarrow$  Acid and food reflux.
  - Constipation
- Osteoporosis due to calcium mobilization for bone formation in fetus.
- O Basis metabolism, P-L-G increase.
- Present water retention in body
- Increase requirements of several nutrients
- Serum calcium, magnesium decrease: may lead to convulsion related to pre-eclampsia.





# NUTRITION ASSESSMENT DURING PREGNANCY



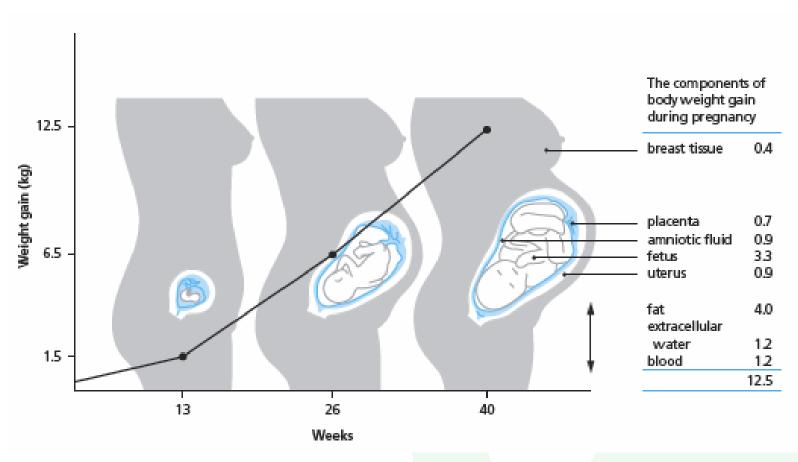


#### **Areas for assessment**

Areas	Contents
Medical and pregnancy history	Pregnancy history Nutrition-related diseases
Anthropometrics	Height Current weight and weight before pregnancy BMI before pregnancy Arm circumference
Biochemical	Blood glucose, serum lipid
Digestion	Vomiting, Constipation, Reflux Low appetite, cramps,
Diet	Number of meals Amount and type of food Cooking methods Type of food, prefered foods
Lifestyles	Type and time of work, Family. Physical activities

#### **Weight gain**

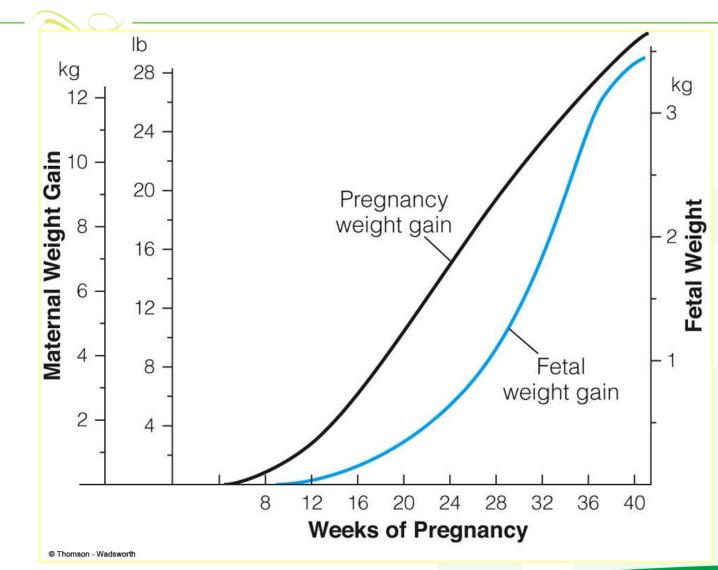




Components of body weight gain in normal pregnancy (Wahlqvist 3<sup>rd</sup> ed, p 385)



#### **Weight gain**





#### Weight gain recommendation



BMI	Amount weight gain (kg)
<18,5	12,5 - 18
18,5 – 24,9	11,6 - 16
25-29.9	7 - 11,5
>30	5-9



#### Weight gain speed



- ○First trimester: 1-2 kg
- From second and third trimesters:
  - Women with normal weight: 0,4 kg/week
  - Women with low weight: 0,5 kg/week
  - Women with high weight: 0,3 kg/week

**⊘**Total : 9-13 kg





### NUTRITIONAL CARE DURING PREGNANCY



#### **Energy and nutrients requirements**



- Average energy for women: 1920-2450kcal/day.
- Second trimester: add 360kcal/day
- Third trimester: add 475 kcal/day.



#### **Protein**

- Need to increase more 10-18g/day
- Food high in protein: meats, sea foods, egg, milk, beans and nuts.
- Note: Tendency of increase nutritious foods during pregnancy ↔ over intake of protein





#### **Fat**



- 25-30% of total energy.
- Should use both saturated and unsaturated fatty acids
- Remember the role of DHA, EPA
- Use vegetable oil to provide more unsaturated fatty acids.

Saturated fatty acids: lard, coconut oil, palm oil



#### Role of DHA- EPA during pregnancy

- Constitute of human bran cells
- Require for the development of synase in child
  - DHA concentrate at nerve development cones during the transition to synapse.
  - DHA promote the synthesis of synapse membrane
  - Vision function of baby.
- Risk prevention: obstetric incidents, cardio-vascular, cognitive impairment, injure joint and skin.



#### Requirement of vitamins and minerals



The requirement of some vitamins and minerals increase during pregnancy

Micronutrie nts	Normal requirement	Pregnancy
Vit A	500	800
Vit C	70	80
Vit B1	1.1	1.4
Acid folic	400	600
Calci	1000	1200
lod	150	200
Sắt	39.2	59.2



#### **Calcium**



- Role: Fetus develop the skeleton and teeth
- Requirement of Ca every day: ↑ 200mg/ day # 1200mg/ day
- Foods: milk and dairy products, fish, shrimp, bean, green vegetable.



#### **Source of food**



Foods	Amount of Ca (mg/100g)		
Milk and diary prod	ucts	Sesame	1200
Fresh cow milk	120	Soya	165
Fresh goat milk	150	Tofu	150
Yoghurt	120	Mushroom	357
Full cream milk	939	Spinach	341
Skim milk	1400	Red spinach	288
Condense milk	307	Rau đay	182
Cheese	500- 1300	Mùng tơi	176
Sea foods		Rau ngót	169
Fish with bone	437	Rau muống	100
Shrimp	161	Rau bí	100
Small shrimp	910	Bông cải xanh, bắp cải	80
Fresh water crabs	3520	Măng khô	100
nail	1300		



#### **Acid folic**



- Acid folic deficiency during pregnancy: lead to anemia and malformation in the neural tube.
- A. folic high in vegetable and egg.
- O Supplement a. folic: 400 μg/day
- Or: 2800 μg / week
- Should supplement folic acid early right after conception and continuous to 12 weeks





#### Iron



- Fe need for both mother and child
  - Reduce the risk of prematurity, bleeding, peri-natal mortality
  - Reduce the risk of anemia
  - Reduce the risk of low birth weight
  - **Child:** Immune, Cognitive and development
- Requirement of Fe increase1mg → 3mg/day
- Take 60mg Fe supplement/day





#### Factors influence the iron absoption



<b>Dietary components</b>	Absorption
Calcium (dairy products)	$\downarrow$
Meat, fish, poultry, sea-food	$\uparrow$
Phytate (grain products)	<b>\</b>
Polyphenols (tea, spices, vegetables)	$\downarrow$
Vitamin C	$\uparrow$



#### lod

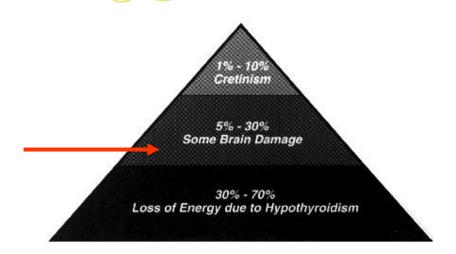
- Requirement among pregnant women is higher: 200 µg/day
- Foods high in I: sea fish, seaweed, meats.
- Use iodized salt: effective, safe, natural







# Consequence of iodine deficiency in pregnant women





Miscarriage, stillbirth, hypothyroidism, goiter, deaf, retardation

Nguồn: Faustino R. Pérez-López. Iodine and thyroid hormones during pregnancy and postpartum. Gynecological Endocrinology, 2007, Vol. 23, No. 7: Pages 414-428



#### Vitamin A

O Requirement: higher than normal, 800 μg/day

- Over consumption of vit A may lead to teratogenic: malformation in head and neck, heart, genital, central nervous system
- **WHO:** pregnant women should not consume more than 3000 μg /day



#### Diet



- O Should not have any restriction in the diet
- **Variety in foods intake** ≥15 foods
- Oconsume more fruits: vitamin, mineral and fiber
- No stimulated substances: alcohol, caffeine, and nicotine
- Limit strong spices: chili, pepper, garlic, vinegar
- Select fresh foods: fresh, high nutritional values, hygiene and food safety.





#### **Evidence: Maternal and Birth Outcomes**



- Iron folate supplementation
- Maternal supplements of multiple micronutrients
- Maternal iodine through iodization of salt
- Maternal calcium supplementation
- Interventions to reduce tobacco consumption or indoor air pollution

Nguồn: Bryce, Lancet series 2008





# MENU FOR WOMEN ON THE FIRST 6 MONTHS OF PREGNANCY





#### **BREAKFAST**



• Broken rice with grill pork:

- Rice : 93g (1.5 bowl of rice)

- Grill port : 50g (1 piece)

- Lard : 2 spoon







#### MID MEAL IN THE MORNING



1 cup of meal for pregnant women









126

kcal

#### **LUNCH**





750 kcl





Beef stir fry with broccoli



Vegetable soup





#### **MID-MEAL IN THE AFTERNOON**



Orange juice: 1 + 30g sugar



• Cheese: 1 piece





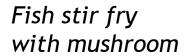
#### **DINNER**













Vegetable soup

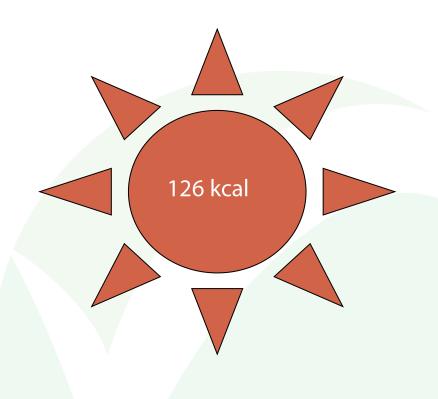




### SUPER

#### 1 cup of milk for pregnancy







#### REFERENCES



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