

# Arizona WIC Program Nutrition Care Standards Pregnancy

## Target Audience

The Nutrition Care Standards are for use by all nutrition personnel working in the Arizona WIC program who provide assessment or nutrition education services for WIC clients.

## Purpose

The purpose of the Nutrition Care Standards is to ensure that all Arizona WIC clients receive consistent nutrition services, to standardize the content of nutrition education for achieving behavior change, and to assist local agencies in identifying current and evidence-based nutrition information.

The Nutrition Care Standards are tools to assist the WIC staff in providing consistent nutrition information to participants after a comprehensive assessment of the client's nutritional and personal needs and interests. These standards are to be used with a participant-centered approach to nutrition education which helps lead to participants adopting behaviors that promote a healthy lifestyle.

## Client Category - Pregnancy

The Nutrition Care Standards include Core Topics to use in providing nutrition education for all Arizona WIC clients that are pregnant. High Risk Topics are also included for Arizona WIC clients that are pregnant and have special nutrition needs requiring more complex nutrition intervention.

## Overview

Each trimester contains the following Core Topics:

*Breastfeeding*  
*Healthy Eating*  
*Healthy Weight*  
*Physical Activity*  
*Other*

## Screening and Assessment

At each visit, ask the pregnant participant these questions:

- How is your appetite?
- How do you feel about your weight change?
- How has your physical activity changed? Or-- What kinds of physical activity do you do most days?
- What questions do you have about breastfeeding your baby?

### *MyPyramid for Pregnancy and Breastfeeding*

WIC staff may use the MyPyramid.gov website with the section MyPyramid for Moms. There is a selection for both Pregnancy and for Breastfeeding. It is necessary to include a due date for the baby's birth, to select the woman's pre-pregnancy weight and height, and to estimate a level of physical activity. Then, the website produces individualized food recommendations for each trimester. The document produced with this information identifies, by month, the woman's trimesters and estimates the daily calories needed. Portion sizes are in cups and ounces. The information may be printed and used as an educational tool for the client to take home.

The first step to healthy eating is to look at the foods in the daily diet. Morning sickness early in pregnancy can affect eating habits. Women may crave certain foods or not feel like eating at all. Eating a variety of foods each day is the best way to obtain all nutrients. If a particular food is disliked because of its smell or taste, something from within the same food group, such as another type of fruit or grain, may be tolerated and provide similar nutrition.

Healthy eating also means avoiding things that may be harmful to the fetus. This includes alcohol and illegal drugs, which may cause birth defects and other problems for the baby. Smoking cigarettes is especially harmful to a pregnant woman and her baby.

### *Healthy Eating*

A balanced diet is important in all parts of a woman's life and is even more important during pregnancy. The foods eaten at this time are the main source of nutrients for the baby.

### *Weight Gain:*

How do you feel about the way your body is changing? What are the biggest surprises about these changes?

The new guidelines from the Institute of Medicine (IOM) are based on pre-pregnancy weight and recommend ranges of weight gain to achieve a positive birth outcome.

The weight status of Underweight, Normal Weight, Overweight and Obese are based on Body Mass Index (BMI). The BMI is a description of weight per height, but it does not provide information about body composition such as percentage of fat, muscle or bone. BMIs can be determined from the AIM program Health Screen or automatically calculated at <http://www.nhlbisupport.com/bmi> website. Because some women have a weight which represents more muscle and less fat than most women, a classification of weight status on BMI is only a guideline.

For most women who are overweight or obese, preconception weight loss is important. For these mothers and their babies, there are greater chances for dangerous complications at birth.

<b>Weight Status</b>	<b>Weight Gain (pounds)</b>	<b>Wt. Gain for Twins</b>
Underweight (BMI<18.5)	28-40	Undetermined
Normal Weight (BMI 18.5-24.9)	25-35	37-54
Overweight (BMI 25.0-29.9)	15-25	31-50
Obese (BMI ≥30.0)	11-20	25-42

During the first trimester, most women can expect to gain about 2 to 4 pounds. During the second and third trimesters, most women gain about 3 to 4 pounds per month, depending on their pre-pregnancy weight.

### Daily Food Choices

This table gives tips on what foods women can eat to follow the MyPyramid. Pregnant women need to eat an additional 100-300 calories per day. This is not a lot of food, even though it might sound like a lot of calories. The following recommendation is from the MyPyramid for Mom website. It is for a mother who was in the normal weight range before the pregnancy, who does 30 – 60 minutes of physical activity each day and who plans to gain between 25 – 35 pounds during her pregnancy. The foods in this plan will give her 2400 calories of energy as well as the nutrients needed for the baby’s growth.

<b>Food Groups</b>	<b>Daily Amounts Recommended</b>
<b>Grain Group (Fiber &amp; Iron, if fortified)</b>	
Aim for at least 4 ounces of whole grains each day. These foods count as 1 ounce: <ul style="list-style-type: none"> <li>• 1 slice whole wheat bread</li> <li>• 1/2 cup cooked oatmeal</li> <li>• 1/2 cup cooked brown rice or whole wheat pasta</li> <li>• 1 cup ready-to-eat cereal</li> <li>• 1 flour or corn tortilla (6 inches)</li> </ul>	8 ounces
<b>Vegetable Group (Fiber, Vitamins A &amp; C)</b>	
These foods count as 1 cup: <ul style="list-style-type: none"> <li>• 1 cup raw or cooked vegetables, canned, frozen or fresh</li> <li>• 1 cup of vegetable juice</li> <li>• 2 cups of leafy vegetables</li> </ul>	3 cups

<b>Fruit Group (Fiber, Vitamins A &amp; C)</b>	
These foods count as 1 cup: <ul style="list-style-type: none"> <li>• 1 cup cut-up fruit, fresh, frozen or canned</li> <li>• 1 cup 100% fruit juice</li> <li>• 1/2 cup dried fruit</li> <li>• 1/2 cup is equal to 1 small fruit</li> </ul>	2 cups
<b>Milk Group (Calcium, Vitamins A &amp; D, Protein)</b>	
Use fat-free or 1% milk. These foods count as 1 cup: <ul style="list-style-type: none"> <li>• 1 cup fat-free milk or milk substitute</li> <li>• 1 cup low fat yogurt</li> <li>• 1 1/2 ounces natural cheese</li> <li>• 2 ounces American cheese</li> <li>• 1 cup pudding made with milk</li> </ul>	3 cups
<b>Meat, Fish, Beans, and Nuts Group (Iron, Protein and Vitamin A in eggs)</b>	
These foods count as 1 ounce: <ul style="list-style-type: none"> <li>• 1 ounce cooked meat, fish or poultry</li> <li>• 1 egg</li> <li>• 1 tablespoon peanut butter</li> <li>• 1/4 cup cooked dry beans or peas</li> <li>• 1 ounce of nuts</li> </ul>	6 ½ ounces

### *Key Nutrients in Pregnancy*

Foods have protein, carbohydrates, fats, vitamins and minerals. Pregnant women need extra iron and folic acid, and these and other vitamins and minerals are usually prescribed in a prenatal vitamin. These supplements are usually prescribed by the health care provider.

<b>Nutrient (RDA)</b>	<b>Why It's Needed</b>	<b>Best Sources</b>
Calcium (1300 mg for 18 yr and younger; 1000 mg for 19 yrs and older)	Builds strong bones and teeth	Milk, cheese, yogurt, leafy green vegetables
Iron (27 mg)	Builds red blood cells that deliver oxygen to the baby and prevents fatigue in mom.	Lean red meat, dried beans and peas, iron-fortified cereals
Vitamin A (carotenes)-- (750 retinol activity equivalents or 2400 IU for 18 yr and younger; 770 retinol activity units or 2500 IU for 19 yr and older)	Forms healthy skin and helps eyesight. Helps bone growth.	Carrots, sweet potatoes, dark leafy greens
Vitamin C (ascorbic acid)-- (85 mg)	Promotes healthy gums, teeth, and bones. Helps the body absorb iron.	Citrus fruit, broccoli, tomatoes
Vitamin B-2 (riboflavin) (1.4 milligrams)	Helps form red blood cells. Helps the body use protein, fat, and carbohydrates.	Beef, liver, pork, whole-grain cereal
Vitamin B-12	Maintains the nervous	Meat, fish, poultry, eggs

(Cyanocobalamin)--(2.6 micrograms)	system and needed to form red blood cells.	and milk. (This vitamin is only in animal sources.)
Folate (folic acid)-- ( 600 micrograms of dietary folate equivalents)	Helps prevent neural tube defects, such as spina bifida. Needed to produce blood and protein. Helps with some enzyme functions.	Green leafy vegetable, liver, orange juice, dry beans, split peas and nuts.

Some suggestions to increase tolerance of prenatal multivitamin-mineral supplements are:

- Take with a bit of food.
- If having difficulty swallowing vitamins ask the health care provider for a chewable or liquid form; or cut your vitamin in halves to swallow two smaller pieces instead of the larger one.

### *Morning Sickness*

Nausea and vomiting are common during pregnancy, especially during the first part of pregnancy. Most causes of vomiting are not harmful but if the woman is unable to keep any food or fluids down and begins to lose weight, it can become more of a problem. If these symptoms persist, then it could affect the mother's health. Contact your health care provider if nausea and vomiting are severe. Some things the mother can do to feel better are:

- Rest as needed.
- Avoid annoying smells and open windows for fresh air.
- Eat small meals and snacks throughout the day instead of three large meals.
- Avoid spicy and fatty foods.
- Eat some crackers before getting out of bed in the morning.

### *Food Safety*

*Listeriosis* is an illness from a bacteria. It causes harm for pregnant women and their babies. It is best to avoid the bacteria.

Wash all fruits and vegetables completely.

Wash hands, countertops, cutting boards and any surfaces that have been in contact with uncooked meats.

While pregnant, do not eat: unpasteurized milk or soft cheeses, raw or undercooked meat, poultry, or shellfish, and uncooked hot dogs and deli meats. (If they chose to eat deli meat and hot dogs, then they need to be cooked or heated until steaming hot –approximately one minute in the microwave.)

## *Mercury*

Fish and shellfish are good sources of protein, omega-3 fatty acids, and other nutrients. However, certain kinds of fish can be dangerous for pregnant women because they contain high levels of mercury that can be harmful to the developing fetus. Avoid eating shark, swordfish, king mackerel, or tilefish during pregnancy.

The best choice is canned chunk light tuna. Because of higher levels of mercury the Albacore or white tuna is not allowed on the WIC program. Limit all fish to 12 ounces per week.

## *Pica*

Some women feel strong urges to eat non-foods like clay, ice, laundry starch or cornstarch. This is called pica. This can be harmful to the pregnancy. It can cause constipation and anemia and prevents the absorption of nutrients. Women should talk to their doctors if they have these urges and have their iron checked.

## *Hypertension, Pre-hypertension, Eclampsia and Preeclampsia*

Hypertension is also known as high blood pressure. Pre-hypertension is blood pressure that is above normal, but not quite high enough to be considered hypertension.

Hypertension is blood pressure that is greater than or equal to 140 systolic and 90 diastolic. Pre-hypertension is high blood pressure that is in between 120 and 139 systolic and 80 and 89 diastolic.

Preeclampsia is a pregnancy- specific syndrome observed after the 20<sup>th</sup> week of pregnancy associated with elevated blood pressure, swelling, and impaired kidney and liver function. Eclampsia is when seizures occur in a woman with preeclampsia that cannot be attributed to other causes and can lead to maternal death.

There are certain conditions involving high blood pressure that only happen during pregnancy. These include toxemia, pregnancy-induced hypertension, preeclampsia and eclampsia. These conditions can be serious and mom needs to be followed closely by her doctor. These are all types of hypertension conditions that qualify for the hypertension code or history of preeclampsia code. These conditions need to be diagnosed by the mother's health care provider to use these WIC codes.

WIC can help by promoting healthy lifestyles. Encouraging eating healthy foods like whole grains, low fat dairy, fruits and vegetables that WIC provides as well as promoting prenatal vitamins can help maintain a healthy weight and an intake of essential nutrients. Healthy weight and lifestyle habits help prevent and treat

hypertension and reduce mom's risk of getting these conditions in a future pregnancy.

### *Gestational Diabetes*

Gestational diabetes is high blood sugar ([diabetes](#)) that starts or is first diagnosed during pregnancy. Gestational diabetes usually starts halfway through the pregnancy. All pregnant women should receive an [oral glucose tolerance test](#) between the 24th and 28th week of pregnancy to screen for the condition. Women who have risk factors for gestational diabetes may have this test earlier in their pregnancy.

The goals of treatment are to keep blood sugar (glucose) levels within normal limits during the pregnancy, and to make sure that the growing baby is healthy. Women with gestational diabetes do best when they follow their doctor's and nutritionist's recommendations for diet and exercise. WIC can help by promoting healthy lifestyles. Eating healthy foods like whole grains, low fat dairy, fruits and vegetables that WIC provides can help maintain a healthy weight.

Breastfeeding should be strongly encouraged as it is associated with maternal weight loss and reduced insulin resistance for both mother and baby. WIC nutrition services can reinforce and support the medical and diet therapies (such as MNT) that participants with gestational diabetes receive from their health care providers.

## **Nutrition Education – Core Topics**

At each visit, the WIC client will be offered information on the Core Topics of Healthy Eating, Weight Gain, Physical Activity, and Breastfeeding. Other topics based on assessment information and the client's interest may be included as well. Nutrient needs and topics of interest to most clients will vary depending on the stage of pregnancy. At every visit, it is important to focus on the needs of the individual woman and the issues she is facing with her pregnancy. Tailored goals based on the client's interest and needs may always be considered.

### ***First Trimester Visit***

Research shows that in the first trimester, most women are contemplating the pregnancy, good or bad. Generally, they are making changes to their life to adjust to pregnancy and are not ready to begin to plan out their decisions for after delivery. At these visits, it is important to focus on the woman and issues that she is facing with the pregnancy. The nutrition education component of this visit will focus on healthy eating for pregnancy. The breastfeeding component of her visit includes what will be happening at future visits and the support that WIC provides. The physical activity component encourages the client to discuss her physical activity routine with her health care provider.

<b>Core Topics</b>	<b>Content</b>	<b>Possible WIC Goals in AIM</b>
Breastfeeding	<ul style="list-style-type: none"> <li>• Breastfeeding information to be provided in future WIC visits.</li> <li>• Breastfeeding support that WIC provides with a local agency (classes, peer counseling, etc.)</li> </ul>	225 – Learn more about breastfeeding
Healthy Eating	<ul style="list-style-type: none"> <li>• A healthy baby starts with healthy food. When you are pregnant, everything you eat or drink nourishes your baby, too. That's why it's important to eat healthy foods. Follow the MyPyramid Plan for Moms to choose the right amounts from each food group.</li> <li>• For pregnant women and women who may become pregnant, it is important to avoid alcohol. Drinks containing alcohol include beer, wine, liquor, mixed drinks, malt beverages, etc.</li> <li>• It is important that pregnant women take a prenatal vitamin daily that includes at least 600 mcg. of folic acid to help prevent birth defects.</li> </ul>	<p>2 – Eat a variety of foods from all food groups every day.</p> <p>3 – Take a prenatal vitamin daily.</p>

<b>Core Topics</b>	<b>Content</b>	<b>Possible WIC Goals in AIM</b>
Weight Gain	<ul style="list-style-type: none"> <li>• During the first trimester, most women can expect to gain about 2-4 pounds.</li> <li>• The total amount of weight gain depends on your weight when you became pregnant. Recommendations for women who were at a healthy weight before becoming pregnant are to gain between 25 and 35 pounds while pregnant. The advice is different for those who were overweight or underweight before becoming pregnant.</li> <li>• With her permission, show the IOM weight gain table to pregnant client. Ask the client check with her doctor to find the amount that is right for her.</li> </ul>	226 – Gain weight appropriately.

Core Topics	Content	Possible WIC Goals in AIM
Physical Activity	<p>American College of Obstetricians and Gynecologists (ACOG) promotes benefits of physical activity during pregnancy:</p> <ul style="list-style-type: none"> <li>• Helps reduce backaches, constipation, bloating and swelling.</li> <li>• May help prevent gestational diabetes.</li> <li>• Increases energy.</li> <li>• Improves mood.</li> <li>• Promotes muscle tone, strength and endurance.</li> <li>• Helps sleep.</li> </ul> <p>According to CDC Physical Activity (PA) Guidelines for healthy women during and after pregnancy:</p> <ul style="list-style-type: none"> <li>• <b>Consult with your health care provider on your PA routine.</b></li> <li>• Try to get 150 minutes per week of moderate-intensity aerobic activity, such as brisk walking. This would be about 20-25 minutes a day.</li> <li>• It is best to spread out PA during the week (minimum of 10 minutes at a time).</li> <li>• According to scientific evidence, the risks of moderate-intensity aerobic activity are very low for healthy pregnant women.</li> <li>• PA does not increase the chances of low-birth weight, early delivery, or early pregnancy loss in healthy pregnant women.</li> <li>• While pregnant, avoid doing any activity that involves lying on the back or that causes risk of falling or abdominal injury, such as horseback riding or soccer.</li> </ul>	19 – Ask my doctor about regular exercise.
Tailored Goal	An appropriate goal based on risk or set by the client and discussed at each visit with follow-up may also be used. Example: to replace sugary and fried snacks with fruit or soda with water.	Summarize in nutrition notes.

**Second Trimester Visit**

Research has shown that during the second trimester, women have accepted their pregnancy and are developing their plan for motherhood. For nutrition education, it is actually the best time to discuss calorie consumption and cutting down on high calorie foods if weight gain is above the recommended level. This is the most important time to talk to a pregnant woman about breastfeeding. Research has shown that women are most interested in learning about breastfeeding in the period of 24-28 weeks of pregnancy. Since the WIC Program does not always accommodate those tight timelines, it is imperative that during the second trimester, the client get an in-depth course on breastfeeding.

Studies show that education is the single most important indicator of breastfeeding initiation and duration up to 6 months. Breastfeeding information needs to be comprehensive and can be given in a one-on-one format or group setting. In order to support the information given in the course, to provide the client with more information and to answer basic questions, a breastfeeding book can be given to each client. The book is *Breastfeeding: Keep it Simple* by Amy Spangler.

Core Topics	Content	Possible WIC Goals in AIM
Breastfeeding	<ul style="list-style-type: none"> <li>• Breast milk: The ideal nutrition for infants;</li> <li>• Benefits of breastfeeding (health and others);</li> <li>• Physiology and anatomy;</li> <li>• Breastfeeding positioning and latch-on techniques;</li> <li>• Equipment (including clothing, pumps, and storage); and</li> <li>• Question and answers addressing common fears, problems, and myths.</li> </ul>	225 – Learn more about breastfeeding.
Healthy Eating	<ul style="list-style-type: none"> <li>• A pregnant woman only needs about 100 to 300 extra calories a day to meet her needs and give her baby the necessary nutrients. A baked potato has 120 calories, or a small bowl of cereal and skim milk is around 200 calories, so getting these extra 300 calories doesn't take a lot of food.</li> <li>• Make choices that are low in "extras." So limit intake of added sugars and solid fats in foods like sodas and other sweetened drinks, desserts, fried foods, cheese, whole milk, and fatty meats.</li> </ul>	2 – Eat a variety of foods from all food groups every day. 3 – Take a prenatal vitamin daily.

<b>Core Topics</b>	<b>Content</b>	<b>Possible WIC Goals in AIM</b>
Weight Gain	<ul style="list-style-type: none"> <li>• During the second trimester, most women will gain about 3 to 4 pounds per month.</li> <li>• Check with your doctor to find the amount that is right for you.</li> <li>• Maternal overweight and obesity are considerable risks to mother and infant.</li> </ul>	226 – Gain weight appropriately. 19 – Ask my doctor about regular exercise.
Physical Activity	<ul style="list-style-type: none"> <li>• Continue CDC guidelines given for first trimester.</li> <li>• Avoid activities while lying on back after the first trimester, because the baby may slow returning blood to the heart.</li> <li>• Avoid sports with quick moves, like racquet sports, that need balance. The growing baby causes changes in balance that increase risk of falls.</li> <li>• Scuba diving causes dangerous pressure on the baby.</li> <li>• Altitudes higher than 6,000 feet have less oxygen for pregnant women not used to these altitudes.</li> </ul>	19 Ask my doctor about regular exercise
Tailored Goal	An appropriate goal based on risk or set by the client and discussed at each visit with follow-up may also be used.	

### **Third Trimester Visit**

In the third trimester, women are generally ready to move on to motherhood. The nutrition education focuses on helping the client stay healthy and comfortable. The breastfeeding education offers an opportunity for the client to work one-on-one with the WIC staff. WIC staff may discuss the barriers the client may have identified in trying to work breastfeeding into her and her family's lives.

<b>Core Topics</b>	<b>Content</b>	<b>Possible WIC Goals in AIM</b>
Breastfeeding	<p>Common barriers are:</p> <ul style="list-style-type: none"> <li>• Lack of Support;</li> <li>• Embarrassment;</li> <li>• Fears; returning to work/school;</li> <li>• Confusion on breastfeeding information.</li> </ul> <p>Along with the individualized education, the client will also receive an overview of the breastfeeding support that is available through the WIC Program as well as promotional materials with important phone numbers on them.</p>	225 – Learn more about breastfeeding.
Healthy Eating	<ul style="list-style-type: none"> <li>• Prevent illness by washing all fresh fruit and vegetables. Avoid unpasteurized milk or soft cheeses; raw or undercooked meat, poultry, or shellfish; and uncooked hot dogs and deli meats.</li> <li>• Limit caffeine to 2 cups or equivalent per day. Caffeine can irritate digestive problems, cause the mother to feel jittery and make it difficult for her to sleep. Foods high in caffeine are coffee, teas, sodas and chocolate.</li> <li>• Arrange smaller meals and frequent snacks as the baby's bigger size leaves less space for the mother's digestive organs to handle big meals</li> <li>• Continue prenatal vitamins and iron supplements, if they were recommended by client's doctor.</li> <li>• Review foods from the WIC program for pregnant women and suggest ways to prepare: whole grains, fruit juice, milk and/or cheese, eggs, dry beans or peanut butter and Cash Value Voucher for fresh fruit or vegetables</li> </ul>	<p>2 – Eat a variety of foods from all food groups every day.</p> <p>3 – Take a prenatal vitamin daily.</p>

<b>Core Topics</b>	<b>Content</b>	<b>Possible WIC Goals in AIM</b>
Weight Gain	<ul style="list-style-type: none"> <li>• It's best to gain weight gradually during your pregnancy, with most of the weight gained in the last 3 months.</li> <li>• During the third trimester, most women will gain about 3 to 4 pounds per month.</li> <li>• Check with your doctor to find the amount that is right for you.</li> </ul>	226 – Gain weight appropriately. 19 – Ask my doctor about regular exercise.
Physical Activity	<p>Discuss with your health care provider your present physical activity.</p> <p>Common precautions:</p> <ul style="list-style-type: none"> <li>• Avoid exercises after the first trimester while lying on your back, because it reduces blood flow to the uterus.</li> <li>• Protect the abdomen from physical contact in sports like soccer and basketball.</li> <li>• Stop or reduce activities that require balancing body weight, such as skating.</li> <li>• Drink fluids before, during and after physical activity, because women sweat more during pregnancy.</li> </ul> <p>Swimming allows water to support weight and avoid injury and muscle strain. It also helps to cool the mother.</p>	19 Ask my doctor about regular exercise.
Tailored Goal	An appropriate goal based on risk or set by the client and discussed at each visit with follow-up may also be used.	

## Nutrition Education - High Risk Topics

Risk	General Recommendations	Emotion-based Language
<b>Risk 101- Underweight (Women)</b>	<ul style="list-style-type: none"> <li>• Eat three meals a day and two or three healthy snacks.</li> <li>• Eat a variety of foods from all food groups every day.</li> <li>• Try to gain 28-40 pounds during your pregnancy.</li> <li>• Discuss the calorie needs during pregnancy.</li> <li>• Refer to Health Care Provider.</li> </ul>	<p>I'm sure you've already started to make some changes in preparation for your baby. Is it okay with you if we discuss these changes? You're obviously going to be a great mom and are doing what you can to give your baby a healthy start. I'm here to help you have the healthiest pregnancy you can. What do you know about weight gain during pregnancy?</p>
<b>Risk 131 – Low Maternal Weight Gain</b>	<ul style="list-style-type: none"> <li>• Follow the recommendations of your health care provider.</li> <li>• Having healthy snacks that can be eaten during the day is a good way to get the nutrients and extra calories you need.</li> <li>• Discuss the calorie needs and what the weight gain during pregnancy includes.</li> <li>• Discuss options if client has problems with nausea and vomiting.</li> <li>• Refer to Health Care Provider.</li> </ul>	<p>The bond a mother feels for her child is powerful. Being pregnant, you're probably already starting to feel a strong connection to your baby. Taking care of yourself during your pregnancy is just one way you can help to make sure your baby gets the best start.</p> <p>Is it okay with you if we talk about weight changes in pregnancy? What kinds of foods could you eat to help you gain a healthy amount of weight?</p>
<b>Risk 132 – Maternal Weight Loss</b>	<ul style="list-style-type: none"> <li>• Eat three meals and 2 to 3 healthy snacks every day.</li> <li>• Having healthy snacks that can be eaten during the day is a good way to get the nutrients and extra calories you need.</li> <li>• Discuss the calorie needs and weight gain distribution during pregnancy.</li> <li>• Discuss options if client has problems with nausea and vomiting.</li> <li>• Add nutrient dense foods like peanut butter, cheese, milk, and eggs to the diet.</li> <li>• Consider use of high-calorie nutritional supplements, if indicated.</li> <li>• Refer to Health Care Provider.</li> </ul>	<p>It must be rough to feel so sick while preparing for a new baby at the same time. Being a mom can be tough, but imagine the reward at the end: your new baby. The baby is lucky to have a mom who cares to endure what you are going through to get him/her here. What are some times when you don't feel as sick?</p>

Risk	General Recommendations	Emotion-based Language
<b>Risk 201- Anemia</b>	<ul style="list-style-type: none"> <li>• Review current diet and make suggestions.</li> <li>• Eat iron rich WIC foods such as: iron-fortified cereal, eggs, dry beans and peas.</li> <li>• Eat other iron-rich foods: red meat and green leafy vegetables.</li> <li>• Eat foods high in Vitamin C with the iron-rich foods such as: WIC juices and citrus fruit (oranges and grapefruit).</li> <li>• Limit intake of soda, tea, and coffee.</li> <li>• Ask if she is taking an iron-fortified prenatal vitamin. Discuss ways to take vitamin that will decrease nausea.</li> <li>• Based on hemoglobin levels specified in the WIC Manual, refer to High Risk WIC Nutritionist and Health Care Provider, if indicated.</li> </ul>	<p>Babies don't always give us clear messages. Right now you probably feel him/her kick and move. It is a sign the baby is developing. The blood check here in WIC gives us another sign about your health that could affect your baby.</p> <p>Is it okay to talk about this now?</p>
<b>Risk 302 – Gestational Diabetes</b>	<ul style="list-style-type: none"> <li>• Avoid high sugar foods and drinks such as sodas, Kool-Aid and juices.</li> <li>• Eat three small meals and 2 to 3 snacks a day</li> <li>• Space meals and snacks evenly throughout the day.</li> <li>• Select high fiber foods such as whole grain breads and cereals.</li> <li>• Select fresh fruits and vegetables.</li> <li>• Drink 8 glasses of water a day</li> <li>• Measure food portion sizes.</li> <li>• Talk to your Health Care Provider (HCP) about an exercise routine. If approved by your HCP include some scheduled activity in your daily routine.</li> <li>• Refer to health care provider.</li> <li>• After baby's birth, encourage mothers to have glucose tolerance test from health care provider.</li> </ul>	<p>Gestational diabetes is not your fault. It is probably temporary. It just happens to some pregnant moms and no one knows why. If it's okay with you, we can talk about what particularly will be helpful for both you and the baby in these remaining weeks of pregnancy?</p> <p>After delivery: Is it all right if we talk a little about changes to your body since the baby was born? Your doctor will need to check your blood for changes related to the diabetes.</p>

Risk	General Recommendations	Emotion-based Language
<b>Risk 341- Nutrient Deficiency Disease</b>	<ul style="list-style-type: none"> <li>• Eat at least three meals a day plus 2 or 3 healthy snacks.</li> <li>• Eat a variety of foods from all the food groups every day.</li> <li>• See chart to determine which nutrient may correspond to the nutrient deficiency disease with which they have been diagnosed.</li> <li>• Refer to Health Care Provider.</li> </ul>	<p>I know it can be upsetting to be diagnosed with XXX. What has your doctor told you about managing the XXX diagnosis? I know you are doing your best to have a healthy pregnancy and I want to help you. What questions do you have? I encourage you to continue working with your health care provider to give you and your baby the best possible outcome.</p>

## Teaching Resources

Touching Hearts Touching Minds Materials:

- #12: Pregnant Belly (Prenatal Weight Gain)
- #13: Supermom (Breastfeeding)
- #14: A New Me (Teenage Pregnancy and Breastfeeding)
- #15: A College Diploma (Smoking)

MyPyramid for Pregnancy and Breastfeeding

<http://mypyramid.gov>

Spangler, Amy. (2005). *Breastfeeding—Keep it Simple*. Cincinnati, Ohio: Specialty Lithographing Company.

## References

1. USDA. MyPyramid for Pregnancy and Breastfeeding. United States Department of Agriculture. Available from:  
<http://www.mypyramid.gov/mypyramidmoms/index.html>
2. ACOG. Nutrition during Pregnancy. The American College of Obstetricians and Gynecologists. Available from:  
[http://www.acog.org/publications/patient\\_education/bp001.cfm](http://www.acog.org/publications/patient_education/bp001.cfm)
3. ACOG. Morning Sickness. The American College of Obstetricians and Gynecologists. Available from:  
[http://www.acog.org/publications/patient\\_education/bp126.cfm](http://www.acog.org/publications/patient_education/bp126.cfm)
4. ACOG. ACOG Practice Bulletin—Clinical Management Guidelines for Obstetrician-Gynecologists on Gestational Diabetes. Number 30, September 2001, pp. 1-14.
5. Siega-Riz, Anna Maria & King, Janet C. (May 2009). Position of the American Dietetic Association and American Society for Nutrition: Obesity, Reproduction and Pregnancy Outcomes. *Journal of the American Dietetic Association*, Volume 109, Number 5, 918-927.
6. IOM. (May 2009). Weight Gain during Pregnancy: Reexamining the Guidelines. Institute of Medicine Report Brief. Available from  
[www.iom.edu/Activities/Women/PregWeightGain.aspx](http://www.iom.edu/Activities/Women/PregWeightGain.aspx)
7. Guise, Jeanne-Marie, et al. Effectiveness of Primary Care-Based Interventions to Promote Breastfeeding. *Am Fam Med* 2003; 1(2): 70-8.

8. March of Dimes Professional and Researchers Quick Reference: Fact Sheets – Caffeine in Pregnancy, February 2008.  
[http://www.marchofdimes.com/professionals/14332\\_1148.asp](http://www.marchofdimes.com/professionals/14332_1148.asp)
9. *The 2008 Physical Activity Guidelines for Americans*, US Department of Health and Human Services, Chapter 7, Physical Activity for Women During Pregnancy and the Postpartum Period:  
<http://www.health.gov/paguidelines/guidelines/chapter7.aspx>
10. ACOG Educational Pamphlet AP119 Exercise During Pregnancy. Available at  
[http://www.acog.org/publications/patient\\_education/bp119.cfm](http://www.acog.org/publications/patient_education/bp119.cfm)
11. Folic Acid for Prevention of Neural Tube Defects Clinical Summary of U.S. Preventive Services Task Force Recommendation,  
<http://www.preventiveservices.ahrq.gov>. ACOG: American College of Obstetricians and Gynecologists; AAFP: American Academy of Family Physicians. AHRQ Publication No. 09-05132-EF-3. Summary published in *Ann Intern Med* 2009; 150:629; <http://www.annals.org>
12. Dietary Reference Intakes (DRIs): Recommended Intakes for Individuals, Vitamins, Food and Nutrition Board, Institute of Medicine, National Academies, 2004. Available from [www.nap.edu](http://www.nap.edu)
13. American Dietetic Association. Nutrition Care Manual. Hypertension; 2006.  
<http://www.nutritioncaremanual.org> . Accessed May 2009.

Rev. 5.25.11