

PRENATAL NUTRITIONAL RECOMMENDATIONS

MAIN GOALS

- ✓ Promoting a healthy diet by increasing the diversity and amount of foods consumed;
- ✓ Promoting adequate weight gain through sufficient and balanced protein and energy intake;
- ✓ Promoting consistent and continued use of micronutrient supplements, food supplements or fortified foods.

ADDITIONAL ENERGETIC NEEDS

During pregnancy, additional energetic needs increase according to each trimester:



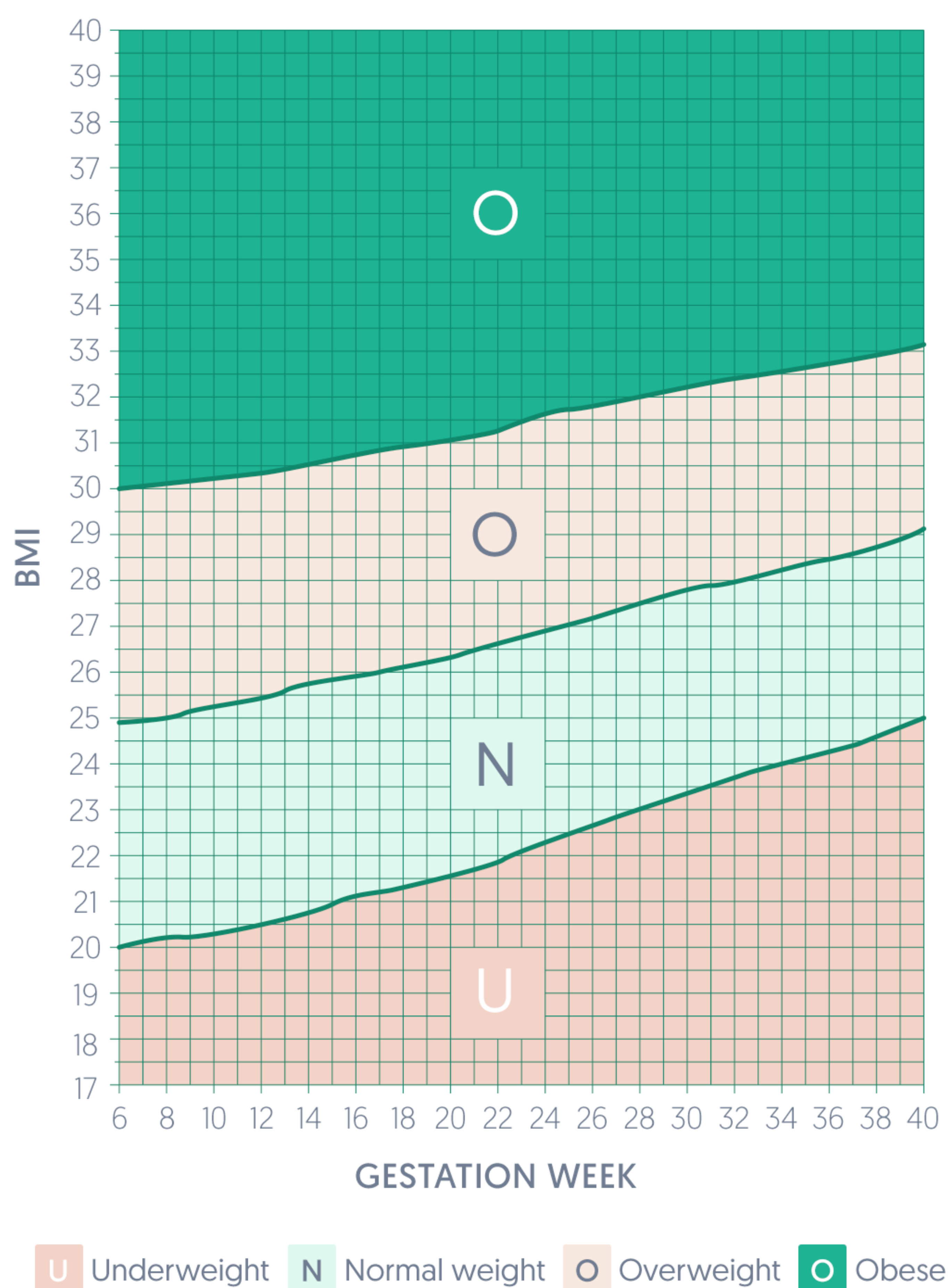
PHYSIOLOGICAL SYMPTOMS

- Nausea and vomit:** ginger, chamomile, vitamin B6 and/or acupuncture.
- Heartburn:** advice on diet and lifestyle is recommended or antacids.
- Leg cramps:** magnesium, calcium or non-pharmacological treatment.
- Low back and pelvic pain:** regular exercise, physiotherapy and acupuncture.
- Constipation:** wheat bran or other fibre supplements.
- Varicose veins and oedema:** compression stockings, leg elevation and water immersion.

INCREASE CONSUMPTION OF

- Foods rich in fibre:** whole grains, vegetables and fruit.
- Foods rich in essential fatty acids:** oily fish, nuts and vegetable oils.
- Foods rich in iron:** lean meat, legumes and green leafy vegetables.
- Foods rich in folic acid:** green leafy vegetables, fruits, legumes, egg yolk and whole grains.

BMI CURVES



Source: Atalha et al., 1997

BEST SOURCES OF FOLIC ACID

Black-eyed beans (boiled): 210 µg / 100 g	Asparagus (boiled): 173 µg / 100 g
Brussels sprouts (boiled): 110 µg / 100 g	Kale (boiled): 96 µg / 100 g

BEST SOURCES OF IRON

Liver (grilled): 9,8 mg / 100 g	Whole bread: 3,0 mg / 100 g
Butter beans (boiled): 2,7 mg / 100 g	Chickpeas (boiled): 2,1 mg / 100 g

BMI (kg / m ²) before pregnancy	Recommended weight gain	Average weight gain (Weekly - 2 ^o and 3 ^o trimester)
< 18,5 [Underweight]	12,5 — 18 kg	0,5 Kg
18,5 — 24,9 [Healthy weight]	11,5 — 16 kg	0,4 Kg
25 — 29,9 [Overweight]	7 — 11,5 kg	0,3 Kg
>= 30 [Obesity]	5 — 9 kg	0,2 Kg
Multiple pregnancy	15,9 — 20,4 kg	0,7 Kg

MACRO AND MICRONUTRIENTS RECOMMENDATIONS

Protein	There is no need to increase consumption or start supplementation of protein. Recommendations should be consistent with the general population.
Carbohydrates	Recommendations should be consistent with the general population.
Fat	It is recommended to eat an adequate amount of essential fatty acids such as linoleic acid, linolenic acid, AA, DHA and EPA.
Folic acid	Recommendations increase from 400 µg / day to 600 µg / day. Supplementation should initiate 3 months before conception and be continued until the sixth week of pregnancy
Iron	Recommendations increase from 18mg/day to 27mg/day and supplementation is needed.
Multiple micronutrient supplements	Multiple micronutrient supplementation with vitamin B6, E, C and D is not recommended during pregnancy.
Vitamin A	Supplementation with vitamin A is only recommended in areas where vitamin A deficiency is a severe public health problem.

ADDITIONAL RECOMMENDATIONS

Caffeine	For pregnant human with high daily caffeine intake (more than 300 mg per day), lowering daily caffeine intake during pregnancy is recommended.
Physical activity	It is important to keep physically active during pregnancy through moderate physical exercise every day for 30 minutes.
Water	It is recommended the consumption of 2 litres of water throughout the day, in small quantities at a time.