

PREGNANCY PROJECT

Part I

I. Identifying Data

- a. *First name:* Camille
- b. *Description of the individual (including lifestyle):* stay-at-home mom

II. Health History

- a. *Age:* 25
- b. *Previous Obstetrical history, including:*
 - (1) *parity and outcome:* parity: one, two pregnancies: one miscarriage at 13 weeks and one healthy full-term baby
 - (2) *interconceptual period:* 10 months
 - (3) *birth weights of previous infants:* 8 lb 10 oz
 - (4) *children's ages:* one 15 month old boy
 - (5) *lactation experience:* breastfed first child for 12 months
- c. *Estimated delivery date:* May 4th
- d. *Laboratory data:* She did not know any of her lab data
- e. *Any illnesses/sicknesses/chronic conditions:* Sciatic nerve pain on the right side with her current pregnancy; Mild-moderate morning sickness during the first trimester
- f. *Cigarette, drug, alcohol use:* No
- g. *Previous nutritional deficiencies:* No
- h. *Use of oral contraceptives, other medications:* Used birth control pill for first three months after marriage; no other use of medications
- i. *Exercise/activity:* Lightly active before and during pregnancy. She doesn't have a specific exercise program. Exercise mostly consists of daily stroller walks, heavy lifting toddlers, and carrying groceries to her top floor apartment.
- j. *Allergies, other food intolerances:* No

III. Nutritional Assessment

- a. 24-hour recall: 1/30/11
- b. *Discuss her macronutrient distributions, how she is meeting her food group equivalents and nutrient requirements. Compare with RDA and ChooseMyPlate.*
 - i. *Macronutrient distributions:* Camille's macronutrient distributions are not all within the recommended ranges for pregnancy. Her intake of calories from carbohydrates (73%) was above the recommended range in pregnancy of 50-60%. Her intake of calories from fat (15%) was below the recommended range of 20-35%. Her intake of calories from protein (14%) however, was within the recommended range of 10-35%.
 - ii. *Food Group Equivalents:* Camille met her fruit recommendation but was under her target for vegetables, dairy, and protein. In addition, she exceeded her target for grains.

- iii. *Nutrient Requirements:* Camille was under her target for calories by 300 calories. She was also under her targets for protein, fiber, Linoleic acid, Linolenic acid, Potassium, Vitamin D, Vitamin K, Vitamin E and Choline. She over for sodium and Folate. High sodium intake is normally seen among Americans so it is not of upmost concern for her.
- c. *Use of Supplemental foods, WIC, SNAP, food bank, church resources, etc.:* No
- d. *Prenatal or Vitamin/mineral supplements:* She is taking prenatal vitamins with added Omega-3 DHA
- e. *Estimated Percentage of Income Spent on Food:* 7-8%
- f. *Cooking, eating habits:* Camille cooks all of their family meals except for an occasional meal out, maybe once or twice a week. Her husband has to work late nearly every week day. He gets a paid-for meal when he stays after 7pm, so he eats there and she usually makes something for herself at home. Since her little boy still eats simple baby foods, cooking for one tends to be simple like cereal or canned soup. They eat all their meals together on the weekends, and those tend to be more balanced.

IV. *Weight graphed*

- a. *Pre-pregnancy weight, height and BMI:* 123 lbs and 5'2" and 22.5 BMI
- b. *Current weight:* 131 lb at 24 weeks
- c. *Compare actual weight gain to expected weight gain according to pre-pregnancy BMI.* Camille is not gaining enough weight. According to the recommendations based on her pre-pregnancy BMI, it is recommended that she would have gained at least 11 lbs at 24 weeks, 3 lbs more than her previous weight.

V. *Nutritional care plan*

- a. I believe that the most significant nutritional risk factor present in this client is the presence of low weight gain in her pregnancy. Women, who gain less than the weight gain recommendations according to their BMI, are twice as likely to deliver low-birth-weight or SGA (small for gestational age) infants. Low weight gain in pregnancy may also increase the risk of infants developing heart disease, type II diabetes, hypertension, and other types of chronic disease later in life. Camille can increase her calories by 400-500 calories per day to help her gain more weight and gain within the recommended range.

One other significant nutritional risk factor is a low intake of fat and the resulting low percentage of calories from fat. This is of concern because fat is a source of fat soluble vitamins which are of increased importance in pregnancy, and fat also provides many essential fatty acids that are required for fetal growth and development. In order for Camille's baby to have optimal growth and development, she can increase her fat intake by increasing her intake of meat, dairy, and protein-rich foods. She can also increase her intake of essential fatty acids by eating leafy greens, nuts, and fish.

- b. I would recommend that Camille increase her caloric intake by 400-500 calories to increase her weight gain. I would recommend that she try to gain at least 1 lb per week during her third trimester and try to get her total weight gain within the recommended weight gain range. I would suggest for her to do this so that her risk of delivering a low-birth-weight baby and risk of her baby developing chronic diseases later in life decreases.

I would also recommend that she increase her consumption of vegetables, dairy, protein foods, and whole grains. I would recommend that she eat five cups of fruits and vegetables a day. Fruits and vegetables contain many antioxidants and beneficial bioactive food components that provide benefits that you cannot get from supplements. I would recommend that she make half her grains whole, eat three cups of dairy and 6 ounces of protein. Supplements are beneficial and recommended to help make sure you have adequate amounts of the vitamins and minerals required in greater amounts in pregnancy but it is also recommended that pregnant women try to meet many of their nutrient needs through the consumption of a well-balanced and adequate diet. Increasing her dairy and protein intake can also help her increase her caloric intake. Eating more protein-rich foods can also help her increase her fat intake which will provide essential fat-soluble vitamins and essential fatty acids. In the end diet quality is strongly related to newborn health status and we always want the newborn baby to be as healthy as possible.