The importance of a balanced diet before and during pregnancy

Heidrun Adumitrăchioaiei

"Grigore T. Popa" University of Medicine and Pharmacy, lasi; Department of Pediatric Cardiology, "Sf. Maria" Emergency Clinical Hospital for Children, laşi, Romania

Corresponding author: Heidrun Adumitrăchioaiei E-mail: ad.heidi91@gmail.com

Abstract

Rezumat

The diet of the pregnant woman is an essential part of the pregnancy, for a good maternal-fetal development. However, it seems that between 20% and 30% of all pregnant women worldwide have micronutrient values below the normal limits. Preconception maternal nutritional status and during pregnancy is important for a good maternalfetal development. Preconception care defines the measures taken to improve the quality of life and maternal health at least two years before pregnancy, in order to increase the percentage of children and mothers who will benefit from a good development during conception and postconception. Preconception care also integrates the measures that can be applied to the couple, so that both partners are in a better state of health at the time of conception than before the preconception care measures. At a time when pediatric obesity represents a real health issue worldwide, and the importance of the first 1000 days is well known, trying to provide a good nutritional start, beginning with the first day of the 1000 days, is a first step to reduce the prevalence of obesity cases at young ages. We consider it useful and necessary to introduce nutritional education programs, to direct attention to women of childbearing age by presenting the roles of macro- and micronutrients in healthy maternalfetal development, the importance of maintaining body weight within normal limits, and explaining the concept of nutritional programming. Keywords: preconceptional care, nutritional education,

maternal-fetal health, pediatric obesity prevention

Alimentația femeii însărcinate este o parte esențială a sarcinii pentru o bună dezvoltare materno-fetală. Totusi, se pare că între 20% și 30% din totalul femeilor însărcinate la nivel mondial prezintă valori ale micronutrienților sub limitele normale. Statusul nutritional matern preconceptional si în timpul sarcinii este important pentru o bună dezvoltare materno-fetală. Îngrijirea preconcepțională definește măsurile luate pentru îmbunătățirea calității vieții și a stării de sănătate materne înainte de sarcină cu cel puțin doi ani, pentru a crește procentajul copiilor și al mamelor care vor beneficia de o bună dezvoltare în timpul conceptiei si postconceptie. Îngrijirea preconceptională intearează și măsurile care pot fi aplicate cuplului, astfel încât ambii parteneri să fie în momentul concepției într-o stare de sănătate mai bună decât cea anterioară măsurilor de îngrijire preconcepțională. Într-un moment în care obezitatea pediatrică reprezintă o problemă de sănătate la nivel mondial, iar importanța primelor 1000 de zile este bine cunoscută, încercarea de a oferi un bun start nutrițional, începând cu prima zi din cele 1000, este un prim pas pentru a reduce prevalența cazurilor de obezitate la vârste fragede. Considerăm că sunt utile și necesare introducerea unor programe de educare nutrițională, îndreptarea atenției asupra femeilor aflate la vârsta fertilă prin prezentarea rolurilor macro- si micronutrientilor în dezvoltarea sănătoasă materno-fetală, alături de importanta mentinerii areutății corporale în limite normale și de explicarea conceptului de programare nutritională.

Cuvinte-cheie: îngrijire preconcepțională, educare nutrițională, sănătate materno-fetală, prevenție obezitate pediatrică

Submission date: 1.09.2022 Acceptance date: 11.09.2022

Importanța alimentației echilibrate înainte și în timpul sarcinii Suggested citation for this article: Adumitrăchioaiei H. The importance of a balanced diet before and during pregnancy. Ginecoloaia.ro. 2022;37(3):24-26.

Introduction

A pregnant woman's diet is an essential part of pregnancy, at a time characterized by multiple physiological changes. The importance of effective nutrition is supported by numerous studies and promoted by specialists. However, it seems that between 20% and 30% of all pregnant women worldwide present values of micronutrients below normal limits^(1,2).

At a time when pediatric obesity is a global health problem, and the first 1000 days of a child's life are essential for a good development, we consider it useful to direct attention to the eating habits that a future child comes into contact with from the first days of life.

Preconception care and maternal weight gain

Preconceptional maternal nutritional status and during pregnancy is important for a good maternal-fetal development. For this reason, preconceptional care is important and preferable to be present in the life of every woman of childbearing age who intends to become pregnant in the future⁽³⁾.

Preconception care defines the measures taken to improve the quality of life and the state of maternal health at least two years before pregnancy, in order to increase the percentage of children and mothers who will benefit from a good development during conception and postconception. Preconception care also integrates the measures that can be applied to the couple, so that both partners are in a better state of health at the time of conception than before the preconception care measures^(4,5).

The analysis of nutritional status before conception together with nutritional counseling are important but, unfortunately, they receive less attention than nutritional counseling during pregnancy. If the woman has a weight within normal limits or as close as possible to these limits and a nutritional management then, as a result, she would benefit from a good maternal-fetal development.

The nutrition of the pregnant woman is essential for the weight and development of the fetus; thus, an underweight mother, with inadequate nutrition during pregnancy, risks giving birth to a child with a low weight, a fact that subjects the newborn to multiple risks. At the opposite pole, overweight during pregnancy affects the good development of the product of conception, being subjected to an increased risk of developing obesity in childhood and adult life^(3,4,6-8).

Macronutrients

Proteins have a structural, functional and biological role. During pregnancy, there is a need to increase the intake of proteins, and an intake increased by 25 g per day of proteins is considered to be optimal⁽⁹⁾.

Proteins are classified, according to the source of origin, into complex proteins, those of animal origin and incomplete proteins, originating from plant sources. The difference is given by the presence of the nine amino acids in the structure of proteins of animal origin^(10,11).

Carbohydrates are sources of energy for both the mother and the fetus, but they also have a structural role; for this reason, their presence in the maternal diet is mandatory, an intake of 175 g per day being recommended.

Fatty acids are essential in the development of new tissues, arachidonic acid (AA), docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) have vital roles for a good maternal-fetal development and can only be provided with the help of foods rich in fatty acids and supplements. The appropriate intake of fatty acids during pregnancy is more important, as it has also been demonstrated the reduction of maternal serum concentrations of fatty acids during this period^(3,12,13).

DHA plays the most important role in the development of the central nervous system and it also participates in the optimal development of the retina. Fatty acids participate in reducing the risk of preeclampsia through EPA⁽¹⁴⁾.

Micronutrients

A good fetal development comes with an appropriate maternal intake of micronutrients. For this reason, the nutritional education of women regarding the importance of micronutrients on the development of the product of conception from the first days is important, because pregnant women could present a higher compliance to food choices and supplements necessary to reach the intake of micronutrients $^{(15-17)}$.

Folic acid

Pregnancy is a time when folic acid supplementation is necessary and recognized worldwide. Thus, an intake of 400 micrograms for women starting with 8 weeks preconception and in the first 12 weeks of pregnancy is associated with the reduction of neural tube defects and of cardiac malformations. It is recommended to dose vitamin B12 before starting the administration of folic acid, because it can mask vitamin B12 deficiency and, thus, megaloblastic anemia can produce neurological abnormalities^(3,18,19).

A meta-analysis revealed the reduction of autism spectrum disorders by 33% in the case of women who supplemented their diet with folic acid during pregnancy⁽²⁰⁾.

Folic acid cannot be produced by the human body, for this reason its supplementation with food or preparations is essential. Cheeses, broccoli, apples and citrus fruits are foods rich in folates, but they can provide approximately half of the daily requirement^(3,21).

Iron

The lack of effective iron intake causes approximately 45 million pregnant women worldwide to be diagnosed with iron-deficiency anemia^(17,22,23).

Iron deficiency during pregnancy is associated with premature birth, low birth weight and with perinatal mortality. At the opposite pole, an excess of iron is associated with increased oxidative stress, hypertensive disorder and with lipid peroxidation⁽²⁴⁻²⁷⁾.

During pregnancy, the need for iron is increased, reaching 30 mg per day during the second and third trimesters, therefore the Institute of Medicine recommends a supplement during this period of pregnancy with iron. The amount of absorbed iron increases constantly throughout pregnancy, from 0.8 mg per day at the beginning of pregnancy to 6 mg per day in the third trimester of pregnancy^(3,17,28).

Calcium is recommended in doses of 1000 mg per day for adult pregnant women and in a dose of 1300 mg/day for pregnant teenagers. An adequate intake of calcium is necessary for the good development of the fetal skeleton and, according to studies, supplementing the maternal diet with calcium is associated with the reduction of preeclampsia⁽²⁹⁾.

Conclusions

We consider it useful and necessary to introduce nutritional education programs to focus the attention on women of childbearing age by presenting the roles of macro- and micronutrients in healthy maternalfetal development. The importance of maintaining body weight within normal limits and explaining the concept of early nutritional programming are factors which would help increase the number of pregnancies without complications, births at term and babies with normal weight, without the appearance ces

rend

ē

of complications due to maternal undernutrition or overnutrition. The woman's attention to nutrition during the period of preconception and conception and later breastfeeding could reduce the number of overweight or obese children and adolescents, which is a real global health problem.

In a study carried out in India, through a questionnaire, on a group of 200 women, it was concluded that only 15% of them understood the importance of preconception measures for a good maternal-fetal development⁽³⁰⁾.

1. Baker H, DeAngelis B, Holland B, Gittens-Williams L, Barrett T Jr. Vitamin profile

Today's pediatric obesity is based on the lack of nutritional information of the woman during the period of preconception, conception and breastfeeding. Healthy food choices, by promoting a balanced nutrition, along with trying to minimize obese environments, can contribute to reducing the prevalence of obesity, thus preventing the appearance of noncommunicable chronic diseases.

Conflicts of interests: The author declares no conflict of interests.

- of 563 gravidas during trimesters of pregnancy. J Am Coll Nutr. 2002;21(1):33-7. Mousa A, Naqash A, Lim S. Macronutrient and micronutrient intake during pregnancy: an Overview of recent evidence. Nutrients. 2019;11(2):443. 3. Mărginean C, Mureșan D, Mărginean CO. Nutriția femeii gravide și a nounăscutului. University Press, Târgu-Mureș, 2017. 4. Lassi ZS, Dean SV, Mallick D, et al. Preconception care: delivery strategies and packages for care. Reprod Health. 2014;11 Suppl 3: S7. 5. WHO. Meeting to Develop a Global Consensus on Precocneption Care to Reduce Maternal and Childhood Mortality and Morbidity. 2012. Available at: http://apps. who.int/iris/bitstream/10665/78067/1/9789241505000eng.pdf 6. Lumey LH. Decreased birthweights in infants after maternal in utero exposure to the Dutch famine of 1944-1945. Paediatr Perinat Epidemiol. 1992;6(2):240-53. 7. Lucas A. Programming by early nutrition in man. Ciba Found Symp. 1991;156:38-50 8. Kwong WY, Wild AE, Roberts O, Willis AC, Fleming TP. Maternal undernutrition during the preimplantation period of rat development causes blastocyst abnormalities and programming of postnatal hypertension. Development. 2000:127(19):4195-202. 9. Trumbo P, Schlicker S, Yates AA, Poos M, Food and Nutrition Board of the Institute of Medicine, The National Academies. Dietary reference intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein and amino acids. J Am Diet Assoc. 2002:102(11):1621-30. 10. Institute of Medicine. Dietary Reference Intakes: The Essential Guide to Nutrient Requirements; The National Academies Press: Washington, DC, USA, 2006;1344. Available at: https://nap.nationalacademies.org/catalog/11537/dietary reference-intakes-the-essential-guide-to-nutrient-reguirements 11. Elango R, Ball RO. Protein and amino acid requirements during pregnancy. Adv Nutr. 2016;7(4):839S-44S. 12. Williamson CS. Nutrition in pregnancy. Nutr Bull. 2006;31(1):28-59. 13. Middleton P, Gomersall JC, Gould JF, Shepherd E, Olsen SF, Makrides M. Omega-3 fatty acid addition during pregnancy. Cochrane Database Syst Rev. 2018;11(11):CD003402. 14. Hibbeln JR, Davis JM, Steer C, Emmett P, Rogers I, Williams C, Golding J. Maternal seafood consumption in pregnancy and neurodevelopmental outcomes in childhood (ALSPAC study): an observational cohort study. Lancet. 2007;369(9561):578-85.
- Cetin I, Berti C, Calabrese S. Role of micronutrients in the periconceptional period. Hum Reprod Update. 2010;16(1):80-95.
- Fekete K, Berti C, Cetin I. Perinatal folate supply: relevance in health outcome parameters. Matern Child Nutr. 2010;6 Suppl 2:23-38.

- Parisi F, di Bartolo I, Savasi VM, Cetin I. Micronutrient supplementation in pregnancy: Who, what and how much? Obstetric Medicine. 2018;12(1):5-13.
 Reynolds E. Vitamin B12, folic acid, and the nervous system. Lancet Neurol. 2006;5(1):949-60
- Ionescu-Ittu R, Marelli AJ, Mackie AS, Pilote L. Prevalence of several congenital heart disease after folic acid fortification of grain products: time trend analysis in Quebec, Canada. BMJ. 2009;338:b1673.
- 20. Wang M, Li K, Zhao D. The association between maternal use of folic acid supplements during pregnancy and risk of autism spectrum disorders in children: a meta-analysis. Mol Autism. 2017;8:51.
- 21. Obeid R, Kasoha M, Kirsch SH, Munz W, Herrmann W. Concentrations of unmetabolized folic acid and primary folate forms in pregnant women at delivery and in umbilical cord blood. Am J Clin Nutr. 2010;92(6):1416-22.
- 22. WHO. Haemoglobin concentrations for the diagnosis of anemia and assessment of severity. Vitamin and mineral nutrition information system. 2011. Available at: https://apps.who.int/iris/bitstream/handle/10665/85839/WHO_NMH_NHD_ MNM_11.1_eng.pdf
- 23. McLean E, Cogswell M, Egli I, et al. Worldwide prevalence of anemia. WHO vitamin and mineral nutrition information system, 1993-2005. Public Health Nutr. 2009;12(4);444-54.
- 24. Casanueva E, Viteri FE. Iron and oxidative stress in pregnancy. J Nutr. 2003;133(5 Suppl 2);1700S-1708S.
- **25.** Ziaei S, Norrozi M, Faghihzadeh S. A randomized placebo-controlled trial to determine the effect of iron supplementation on pregnancy outcome in pregnant women with Hb > or = 13.2 g/dl. BJOG. 2007;114(6):684-8.
- 26. Haider BA, Olofin I, Wang MA. Anaemia, prenatal iron use, and risk of adverse pregnancy outcomes: systematic review and meta-analysis. BMJ. 2013;346:f3443.
- 27. Institute of Medicine (US) Committee on Nutritional Status During Pregnancy and Lactation. Nutrition During Pregnancy: Part I Weight Gain; Part II. Nutrient Supplements. Washington (DC): National Academies Press (US);1990. https:// www.ncbi.nlm.nih.gov/books/NBK235228/
- Bothwell TH. Iron requirements in pregnancy and strategies to meet them. Am J Clin Nutr. 2000;72(1 Suppl):257S-264S.
- 29. Khaing W, Vallibhakara SA, Tantrakul V. Calcium and vitamin D supplementation for prevention of preeclampsia: a systematic review and network meta-analysis. Nutrients. 2017;9(10):1141.
- Sunila L, Viswanath L, Anju Philip T. Awareness regarding preconception care among women in reproductive age group. Indian J Public Health Res Dev. 2019;10(9):391-5.