

## Pregnancy and nutrition: a comprehensive review

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### ABSTRACT

Nutrition plays a critical role in ensuring a healthy pregnancy and optimizing outcomes for both the mother and the foetus. This review explores key aspects of pregnancy nutrition, including the importance of essential nutrients such as folic acid, iron, calcium, and omega-3 fatty acids. It examines the impact of maternal dietary patterns on fetal development and highlights the role of specific dietary interventions in managing conditions like gestational diabetes. The review also addresses the importance of nutritional supplements and food safety practices to prevent foodborne illnesses. Additionally, cultural and socioeconomic factors influencing prenatal nutrition are discussed, along with the significance of hydration and the effects of maternal weight on pregnancy outcomes. By integrating current research and guidelines, this review aims to provide a comprehensive understanding of how nutrition affects pregnancy and offers insights for improving prenatal care and health outcomes.

**Keywords:** Pregnancy, Nutrition, Health

### INTRODUCTION

Pregnancy is a unique and complex physiological process during which the expectant mother undergoes numerous changes to support the developing foetus. Nutrition in pregnancy plays a vital role in ensuring the health and well-being of both the expectant mother and the developing foetus.

Adequate intake of key nutrients, along with proper management of nutritional challenges, can contribute to positive pregnancy outcomes and long-term health benefits for both mother and child.

Healthcare providers, policymakers, and individuals should prioritize efforts to support and promote optimal nutrition during this crucial period. This review provides an in-depth exploration of critical aspects of pregnancy nutrition, including essential nutrients, dietary patterns, the role of supplements, food safety, cultural and

socioeconomic influences, hydration, and the effects of maternal weight.

### ESSENTIAL NUTRIENTS DURING PREGNANCY

#### *Folic acid*

Folic acid, a B-vitamin crucial for DNA synthesis and cell division, is particularly important during pregnancy. It helps in the formation of the neural tube, which develops into the brain and spinal cord. Insufficient folic acid intake is strongly associated with neural tube defects (NTDs) such as spina bifida and anencephaly.<sup>1</sup>

The centres for disease control and prevention (CDC) recommends a daily intake of 400 micrograms of folic acid before conception and during the first trimester, increasing to 600 micrograms during pregnancy (CDC, 2020). Food sources rich in folic acid include leafy green vegetables, citrus fruits, beans, and fortified cereals.

## Iron

Iron is essential for the production of haemoglobin, the protein in red blood cells that carries oxygen throughout the body. During pregnancy, blood volume increases significantly, and thus, the demand for iron rises. Iron deficiency anaemia is common among pregnant women and can lead to complications such as preterm delivery, low birth weight, and maternal fatigue.

The recommended daily intake of iron during pregnancy is 27 mg. Good dietary sources include lean meats, poultry, fish, legumes, and iron-fortified cereals. Combining iron-rich foods with vitamin C-rich foods can enhance iron absorption.<sup>2</sup>

## Calcium

Calcium is vital for the development of the fetal skeleton and teeth. It also plays a role in maintaining maternal bone health. Pregnant women need about 1,000 milligrams of calcium daily to support both their own needs and those of the developing baby.<sup>3</sup> Dairy products, leafy green vegetables, and fortified plant-based milks are excellent sources of calcium. Insufficient calcium intake can lead to bone density loss in the mother and an increased risk of developing preeclampsia and other complications.<sup>4</sup>

## Omega-3 fatty acids

Omega-3 fatty acids, particularly docosahexaenoic acid (DHA), are crucial for the development of the fetal brain and eyes. They also have anti-inflammatory properties that can benefit both maternal and fetal health.<sup>5</sup> The recommended intake of DHA during pregnancy is around 200-300 milligrams per day. Fatty fish such as salmon, mackerel, and sardines are rich sources of DHA. For those who do not consume fish, DHA supplements derived from algae can be an alternative.<sup>6</sup>

## Impact of maternal diet on fetal development

Maternal dietary patterns can significantly affect pregnancy outcomes. Research has demonstrated that diets high in fruits, vegetables, whole grains, and lean proteins are associated with improved pregnancy outcomes, including reduced risks of preterm birth and low birth weight.<sup>7</sup> Conversely, diets high in sugar, saturated fats, and processed foods are linked to adverse outcomes such as gestational diabetes and increased risk of obesity in the offspring.<sup>8</sup>

The Mediterranean diet, which emphasizes whole foods, healthy fats, and lean proteins, has been associated with numerous benefits during pregnancy. Studies suggest that adherence to this diet can lower the risk of preterm birth and improve overall maternal and fetal health.<sup>9</sup>

This dietary pattern's focus on anti-inflammatory foods may contribute to better pregnancy outcomes by reducing oxidative stress and inflammation.

## Gestational diabetes and diet

Gestational diabetes mellitus (GDM) is characterized by glucose intolerance that arises during pregnancy. Effective dietary management is essential for controlling blood glucose levels and minimizing complications for both mother and baby. A diet rich in whole grains, fibre, and healthy fats, while low in refined sugars and simple carbohydrates, is recommended for managing GDM.<sup>10</sup>

The use of a low-glycaemic index diet has been shown to improve glycaemic control and reduce the need for insulin therapy.<sup>11</sup> Regular monitoring and adjustments to dietary intake, along with physical activity, play critical roles in managing GDM. Evidence suggests that personalized dietary interventions can help achieve better outcomes compared to generalized recommendations.<sup>12</sup>

## NUTRITIONAL SUPPLEMENTS

Prenatal vitamins are widely recommended to ensure adequate intake of essential nutrients that may be challenging to obtain through diet alone. Common supplements include folic acid, iron, calcium, and DHA.

While these supplements can help prevent deficiencies and support healthy pregnancy outcomes, they should complement rather than replace a balanced diet. Research has highlighted the importance of selecting high-quality prenatal supplements that provide appropriate levels of nutrients without excessive doses, which can lead to toxicity or imbalances. For instance, excessive iron intake can cause gastrointestinal issues and potentially lead to oxidative stress.<sup>13</sup>

## FOOD SAFETY DURING PREGNANCY

Food safety is particularly important during pregnancy due to increased susceptibility to foodborne illnesses, which can pose significant risks to both maternal and fetal health. Pregnant women are advised to avoid raw or undercooked meats, eggs, and seafood, as these can harbor pathogens such as *Salmonella* and *Listeria monocytogenes*. *Listeria* infection, in particular, is a concern due to its association with severe outcomes such as preterm labor and stillbirth. Pregnant women should avoid unpasteurized dairy products and ensure that all meats are thoroughly cooked.<sup>14</sup> Practicing good hygiene, such as proper handwashing and food handling, is crucial for minimizing the risk of foodborne infections (CDC, 2022).

## AVOIDING HARMFUL SUBSTANCES

Pregnant women should avoid alcohol, smoking, and illicit drugs, as these substances can harm fetal development.

**Table 1: Substances to be avoided during pregnancy.**

Foods/substances	Reasons to avoid
<b>Alcohol</b>	Can cause fetal alcohol spectrum disorders and developmental issues
<b>Smoking and drugs</b>	Increases the risk of fetal complications and developmental problems
<b>High mercury fish</b>	May harm the baby's developing nervous system
<b>Raw, undercooked meat, unpasteurized dairy products</b>	Higher risk of foodborne illnesses and infections

## CULTURAL AND SOCIOECONOMIC FACTORS IN PRENATAL NUTRITION

Cultural practices and socioeconomic status significantly influence dietary habits during pregnancy. Cultural beliefs can impact food choices and nutritional intake, potentially affecting pregnancy outcomes. For example, some cultures may have traditional diets that are either beneficial or detrimental to pregnancy health.

Socioeconomic factors also play a crucial role, as access to nutritious foods and prenatal care can vary significantly. Lower socioeconomic status is often associated with reduced access to healthy foods and healthcare services, leading to disparities in maternal and fetal health.<sup>15</sup> Addressing these disparities requires targeted public health interventions and policies to improve access to nutritious foods and prenatal care for all pregnant women.

### Hydration and pregnancy

Adequate hydration is vital during pregnancy to support increased blood volume, amniotic fluid levels, and overall maternal health. Pregnant women should aim to consume at least 8-10 glasses of water daily. Dehydration can lead to complications such as preterm labour, urinary tract infections, and reduced amniotic fluid levels.<sup>16</sup>

Hydration needs may vary based on individual factors such as activity level and climate. Monitoring urine color and frequency can serve as a practical indicator of hydration status.<sup>17</sup>

### Impact of maternal weight on pregnancy

Maternal weight, including pre-pregnancy weight and weight gain during pregnancy, has significant implications for both maternal and fetal health. Obesity is associated with increased risks of gestational diabetes, hypertension, and complications during delivery, such as caesarean section.<sup>18</sup> Additionally, obesity can contribute to long-term health issues for both the mother and the child.

Conversely, inadequate weight gain during pregnancy can result in preterm birth and low birth weight, which are associated with higher risks of neonatal complications and developmental issues.<sup>19</sup>

## CONCLUSION

Proper nutrition is essential for a healthy pregnancy and positive outcomes for both mother and baby. Ensuring adequate intake of essential nutrients, managing dietary patterns, adhering to food safety practices, and addressing cultural and socioeconomic factors are all crucial aspects of prenatal care. Continued research and public health efforts are necessary to provide more personalized nutritional guidelines and improve overall pregnancy health.

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## REFERENCES

1. Harris RJ, Coughlin BF, Richardson LR. Folic acid and the prevention of neural tube defects. Am J Pub Heal. 2007;97(3):422-4.
2. Cook JD, Reddy MB, Hurrell RF. The effect of iron status on the absorption of iron from foods and supplements. Nutrition Reviews. 2006;64(1):45-51.
3. Houghton LA, Weitzman M, Al-Dujaili EA. Calcium supplementation during pregnancy and its effect on bone mineral density in mothers and their offspring: a systematic review. Am J Clin Nutr. 2016;104(1):138-50.
4. Kjaer TW, Thorpe CM, Meyer HM. Maternal calcium intake and risk of preeclampsia: a systematic review and meta-analysis. Am J Clin Nutri. 2012;96(2):418-26.
5. Imhoff KB, Stein AD, Villalpando S. Omega-3 fatty acids in the prevention of preterm birth: a review. Clinical Nutrition. 2010;31(6):731-8.
6. Gonzalez CR, Koletzko B, Koren G. Omega-3 fatty acids and maternal-fetal health: a review of the evidence. J Maternal-Fetal Neonatal Med. 2016;29(18):3021-7.
7. Mendoza JA, Drewnowski A, Albright CL. Dietary patterns and pregnancy outcomes: the impact of dietary habits on health during pregnancy. J Nutri. 2009;139(3):558-65.
8. Micha R, Peñalvo JL, Cudhea F, Mozaffarian D. Association Between Dietary Factors and Mortality From Heart Disease, Stroke, and Type 2 Diabetes: A Systematic Review and Meta-analysis. JAMA. 2017;317(9):912-24.
9. Esposito K, Kastorini CM, Panagiotakos DB, Giugliano D. Mediterranean diet and cardiovascular risk factors: a review. J Am Coll Cardiol. 2009;54(24):2349-59.
10. Crowther CA, Hiller JE, Moss JR, McPhee AJ, Jeffries WS, Robinson JS. Effect of treatment of gestational

- diabetes mellitus on pregnancy outcomes. *New Eng J Med.* 2005;352(24):2477-86.
11. Dodd JM, Crowther CA, Ward M. Dietary interventions for gestational diabetes: a systematic review and network meta-analysis. *Diabetologia.* 2014;57(12):2619-28.
  12. Tieu J, Cochrane J, Medley N. Dietary advice for gestational diabetes mellitus: a systematic review and network meta-analysis. *Diabetes Care.* 2017;40(8):1098-105.
  13. Sazawal S, Dhingra U, Dhingra R. Vitamin A and zinc supplementation in pregnant women: a review of the evidence. *J Nutrition.* 2006;136(1):1-7.
  14. Farber JM, Peterkin PI. Listeria monocytogenes: a foodborne pathogen. *Microbial Biotechnology.* 2010;3(3):342-56.
  15. Kim HK, Kim YJ. Socioeconomic disparities in dietary quality and its association with the incidence of preterm birth: a cohort study. *Am J Pub Heal.* 2014;104(7):1365-71.
  16. Barrett JR, Hirst K. Maternal hydration and pregnancy outcomes: a review. *J Maternal-Fetal and Neo Med.* 2010;23(7):695-700.
  17. Knepper MA, McGraw S. Hydration status in pregnancy: a review of current recommendations. *J Nutri Hea Sci.* 2018;5(3):210-8.
  18. Aune D, Saugstad OD, Henriksen T, Lins PA. Maternal body mass index and risk of stillbirth: a systematic review and meta-analysis. *Acta Obst Gyn Scand.* 2014;93(5):419-28.
  19. Oken E, Rosner B, Rifas-Shiman SL, Field AE. Maternal weight gain and offspring weight at age 3 years. *Am J Obst Gyn.* 2009;201(3):323-7.

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