

Pregnancy Project

I. Identifying data

- A. Name: Julie
- B. Description: She is the wife of Nick, who teaches a few classes at UVU and student teaches seminary. She has two children and works a few hours a month at a hospital.

II. Health History

- A. Age: 30
- B. Parity: 3 pregnancies including current one, two previous deliveries
 - Interconceptual Period: 25 months
 - Age/Birth Weight of Dallin: 4 yrs 11 months/7 lb 8 oz
 - Age/Birth Weight of Preston: 2 yrs 7 months/ 8 lb 3 oz
 - Lactation Experience: Breastfed both-Dallin for 10 ½ months and Preston for 15 months, but both were started on solid foods around 5 months, and they were gradually weaned
- C. Estimated delivery date: April 16
- D. Lab data: Blood pressure is usually around 110/70
- E. Illnesses: Little vomiting but some nausea, mainly just in first trimester; often gets colds
- F. Cigarettes, drugs, alcohol: None
- G. Previous nutritional deficiencies: None known
- H. Currently medications: Thyroid meds for hyperthyroidism
 - Use of oral contraceptives: None previous to this pregnancy
- I. Exercise/activity level: No regular exercise, although she is kept moving throughout the day with her two children
- J. Allergies: None to food, yes to seasonal things like hay fever and animals with fur

III. Nutritional Assessment

- A. 24-Hour Recall: See printouts (Note: she has been sick)
- B. Macronutrient distributions: Carbohydrate: 51% Protein: 22% Fat: 28%

All of her macronutrient ranges fall into what is acceptable for pregnancy. Interestingly, she consumed exactly 1.1 g protein/kg body weight on her day recorded, and so she meets the Institute of Medicine's recommendations for protein. For the most part, her diet fits Choose My Plate. Because she has meat, vegetables, starch, and milk for most of her meals with occasional fruit, she has a well-balanced diet.

However, she was under the recommended amount for almost every food group because her calorie count was significantly lower than recommended. It is important to note that she was sick on the day reported, and so she could have eaten less for that reason. It is also likely that she reported smaller portion sizes than what she actually ate. I am not actually concerned about her low calorie intake because her weight gain is more than expected. Several of her micronutrients are under the recommended levels, including potassium, iron, vitamin D, and folate. However, her reported amounts of food do not seem to match with her patterns of

excess weight gain, and I assume that she usually eats more food than she reported. Since her diet is balanced and she is taking a prenatal vitamin, I am less concerned about these micronutrient deficiencies.

C. See Printouts

D. Use of supplemental foods, WIC, SNAP, food bank, church resources, etc: None

E. Prenatal or Vitamin/mineral supplements: Fish oil, O-Cal F.A. (a prenatal multivitamin)

F. Estimated percentage of income spent on food: 10%

G. Cooking, eating habits: Always eats breakfast, lunch, dinner, and has some snacks in between

Typical Breakfast: Cold cereal-baked oatmeal squares or mini wheats, bagel, whole wheat toast with peanut butter and jam, oatmeal, smoothie with toast; always has milk

Typical Lunch: leftovers of dinner + fruit

Typical Dinner: Some meat, vegetables, and starch-noodles/rice/potatoes; always has milk

Other notes: She cooks almost every night. They go out to eat about every other week to Café Rio, pizza places, McDonald's, or sandwich places.

IV. Weight Graphed

A. Prepregnancy weight: 152 lbs

Height: 5'4"

BMI: 26

B. See attached weight gain graph

Note: She doesn't like to look at her weight gain when she is weighed because it is "depressing," and so she only knew her current weight (176 lbs at week 30).

C. My subject is gaining too much weight according to the charts. Because she was in the overweight BMI category before pregnancy, her acceptable weight gain range for week 30 is 10-17 lbs, and she has gained 24.

V. Nutritional Care Plan

A. Because Julie's diet seems to generally follow Choose My Plate and the macronutrient distribution ranges, her most significant risk factor is her excess weight gain. Although some of the micronutrient levels are low on the day recorded, her diet is varied and well-balanced, and so she probably meets her nutrient needs when averaged over the course of her pregnancy. Furthermore, her fish oil supplement and prenatal supplement will make up the difference in the areas in which she is slightly lower than the target amounts.

Gaining too much weight can lead to an increased risk of having a large for gestational age baby. This can result in delivery complications, C-sections, or having the baby dislocate a joint during the delivery. Furthermore, gaining too much weight during pregnancy puts Julie at greater risk of maintaining that weight after the delivery. Most likely, she could reduce this risk by watching portion sizes and paying attention to the amount and nutritious quality of her snacks. Paying attention to hunger cues could help reduce the risk of gaining too much weight and will help her lose the weight after the delivery.

B. I plan to provide two recommendations to help her stop gaining more weight than desired. First, I will suggest that she begins doing regular physical activity that is mild to moderate in intensity (vigorous activity may not be healthy in the third trimester). I know she is busy with her children and does not have much time for exercise. So, I plan to ask her what goal she thinks is reasonable in her circumstances. I will propose that she can do some of the physical activity with Nick or with her kids so that it fits into her already busy day. I know that any additional physical activity will help her feel better and balance her energy intake vs. expenditure.

Second, I will commend her on her balanced diet. She is eating the right kinds of foods and just needs to pay attention to hunger cues. I will ask her if she usually eats until feeling satisfied or feeling full. If she usually eats until being full, I will suggest that she eat until being satisfied. If she answers that she only eats until feeling satisfied, then her problem may be that she does not wait until she is hungry to start eating her next snack or meal. I will base my recommendations on her responses.

I also considered discussing snacks, but my previous knowledge of her and comments she made during the 24-hour recall suggest that her snacks are usually more nutritious than what is demonstrated by the one recorded day. The above recommendations seem to play a bigger role in her excess weight gain. Also, it will be easier to keep my advice if I only suggest two plans of action rather than three.

C. Summary of Discussion

Since excess weight gain was my only real concern from Julie's nutritional analysis, my main advice was to increase her physical activity level. During our initial interview, she mentioned how she knows she should be exercising but has been lazy. I mentioned that vigorous activity is not recommended in her third trimester but that walking might be a good option. She agreed that walking at the treadmill in their club house would be easy enough and that she just needs to get herself to do it. She decided to start with the goal of going twice a week for 30 minutes.

We also talked about a few other things. She mentioned that her doctor recently said her hematocrit is 35% and that she is probably anemic. She wanted to know how much iron she had eaten on the day recorded and was surprised that it was as low as 9 mg. She said that she would need to make a goal to eat more beans, canned fish, and beef. She didn't set a specific goal for these things, but I think recognizing her low iron intake will be motivation enough to incorporate more iron-rich foods into her diet.

D. Follow-Up

Julie explained that she got a sinus infection the week after our conversation and therefore did not feel well enough to exercise. However, the following week was much better. She was able to do the walking, especially because the weather became warmer, and she did activities outside with her kids. I think my education was helpful because she already knew

she needed to be active, and she simply needed to be encouraged. She just needed to set a specific goal so that she could work towards something.

I didn't really know how to approach the idea of listening to hunger and satiety cues, and so I didn't discuss this. With others it might be more critical for me to talk about this, and I cannot be nervous to bring it up. I will probably need to talk about the idea of hunger and satiety and then ask what the person thinks, as was suggested in my feedback to part one of the assignment. More than anything, I just need practice to become more confident in giving nutrition education.