



Nutrition Guidelines

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Introduction

Good nutrition is vital before, during and after pregnancy to help ensure the optimal health of both the mother and her infant. Inadequate food access and intake, extremes in weight status, eating disorders, severely restricted diets, chronic medical conditions and tobacco, alcohol or other substance use are some of the factors that impair a woman's health and nutritional status and health of her baby.

Good nutrition prior to conception plays an important role in fetal development. Lower rates of spinal column defects in newborns have been found when their mothers took supplements of multivitamins prior to or around the period of conception. It is now recommended that all women of childbearing age eat folate rich foods and a vitamin supplement containing 0.4 mg of folic acid.

Good nutrition during pregnancy also helps prepare women for breastfeeding. Gaining the appropriate amount of weight is important to meet the energy needs of breastfeeding. Consuming adequate nutrients maintains the woman's nutrient stores. Postpartum is the time to replace needed nutrients, normalize weight and continue a foundation of good nutrition to foster the health of the entire family.

CPSP Nutrition Services



Ongoing nutrition services are an important aspect of a woman's prenatal care. See the CPSP Provider Handbook for a description of required nutrition assessment components, components of basic nutrition care, complex nutrition conditions warranting specialized care and required CPSP nutrition personnel.

The Role of the Registered Dietitian

Certain medical conditions, social factors and dietary practices can affect a woman's need for certain nutrients. Women with special needs or complex conditions may benefit from a consultation with a registered dietitian (RD). The RD can provide additional assessment and medical nutrition therapy to control or alleviate complex conditions such as diabetes and hyperemesis gravidarum. Other examples of pregnant or lactating women with special nutritional needs include but are not limited to:

- Teenagers
- Multiple gestation
- Obesity
- Eating Disorders
- Vegetarians
- Renal disease
- Poor weight gain
- Chronic disease
- Severe infections
(TB, HIV, AIDS, etc.)

The local CPSP Perinatal Coordinator can help identify providers of medical nutrition therapy in your community and set up a referral system.

Nutrition Guidelines

The following nutrition guidelines were designed to help the CPSP practitioner complete the nutrition assessment and to provide information on common nutrition related concerns. Complex or high risk conditions requiring specialized nutrition care by the registered dietitian or medical provider are not included.





Introduction (cont.)

Nutrition Assessment

All nutrition services begin with a nutrition assessment of anthropometric, biochemical, clinical and dietary data to identify key nutrition issues affecting the woman and her pregnancy. This information is used to develop a nutrition plan to help the client understand the importance of maintenance of good nutrition during pregnancy and postpartum.

Assessment Guidelines

Complete an initial nutrition assessment on every client within four weeks of entry into care. If the client declines the assessment, document this in her chart. Offer the assessment at future visits. Some clients may need to be offered the assessments several times.

Offer reassessments at least once every trimester and at the postpartum visit. High risk clients may need more interventions and may be seen more frequently.

Referrals for Nutrition Services

If the referral says: *refer to registered dietitian and health care provider; try to do both. The situation is both a medical and nutritional issue.*

If the referral says: *refer to registered dietitian and/or health care provider; alert the provider that the client needs nutritional attention that is beyond your expertise.*

Nutrition References

Below are helpful sources of perinatal nutrition information.

Nutrition During Pregnancy and the Postpartum Period: A Manual for Health Care Professionals (304 page manual), Maternal and Child Health Branch, WIC Supplemental Food Branch, California Department of Health Services, revised 2001.

Nutrition During Pregnancy and the Postpartum Period: A Summary, (70 pages), Maternal and Child Health Branch, WIC Supplemental Food Branch, California Department of Health Services, revised 2001.

Both are available from the Department of Health Services, Maternal and Child Health Branch (See Appendix for order form).

Institute of Medicine (IOM) report *Nutrition During Pregnancy and Lactation: An Implementation Guide*, 1992, National Academy Press, Washington, D.C.

To obtain a copy from the National Maternal and Child Health Clearinghouse call (703) 356-1964 or fax a request to (703) 821-2098.

Another very helpful guide is:

Nutrition and the Pregnant Adolescent: A Practical Reference Guide, edited by Mary Story, PhD, RD and Jamie Stang, PhD, MPH, RD. 2000.

It is available from:

Center for Leadership, Education, and Training in Maternal and Child Nutrition,
Division of Epidemiology
School of Public Health
1300 S. 2nd Street, Suite 300
University of Minnesota
Minneapolis, MN
or email stang@epi.umn.edu





Weight Gain During Pregnancy

Because the growing fetus requires a constant supply of nutrients, all pregnant women should gain weight to have a healthy pregnancy and a healthy baby. Women who gain less than the recommended amount of weight during pregnancy are more likely to have low birth weight infants. A low weight gain during the second trimester is linked to lower birth weights. For women who begin pregnancy underweight or at a normal weight, a low weight gain may result in poor fetal growth.

There is no single amount of weight gain that is right for all women. The amount depends on her height and weight before she was pregnant. A thin woman needs to gain more than an obese woman, yet all women need to gain weight.

Prepregnancy weight is divided into four categories.

- Underweight
- Normal weight
- Overweight
- Obese

Each weight category has its own recommendation for a total weight gain range and a monthly weight

gain rate. Some women may gain more or less than the recommended amount. Gains outside the recommended range may be appropriate. Several factors may be assessed to determine whether gains outside the recommended range are appropriate:

- The woman's food intake to determine the quality of her diet.
- The pattern of weight gain for increasing trend.
- The previous total amount of gain.

Because weight gain is of vital interest to almost all women, it is an effective way to begin the nutrition assessment and education. In addition, as you identify a client's specific weight category, you will also identify women in need of more in-depth assessment and education.

Refer women who are losing weight or have not gained any weight to the health care provider and registered dietitian.

A referral to the registered dietitian is also recommended for women gaining weight excessively.





Weight Gain (cont.)

How to Assess Weight Gain

1. Find the woman's weight category

- Measure her without shoes. Find the woman's height on Table 1.
- Ask the woman her weight before pregnancy.
- Follow across the columns to find her prepregnancy weight.
- The title of the column with her prepregnancy weight tells you her weight category.

For example:

A woman is 5 feet 2 inches tall. She weighed 145 pounds before pregnancy.

Her weight gain category is Overweight.

2. Find the recommended range and rate of weight gain

- Find the Recommended Total Weight Gain Range for her weight category on Table 2.
- Find the recommended 2nd/3rd trimester rate of gain per month for her weight category.

For example:

An Overweight woman should gain 15 to 25 pounds.

A weight gain of 2 pounds per month is recommended during the 2nd and 3rd trimester.

Table 1: Weight Categories for Women according to height and prepregnant weight

HEIGHT (FT. IN.)	UNDER-WEIGHT (LBS)	NORMAL WEIGHT (LBS)	OVER-WEIGHT (LBS)	OBESE (LBS)
4'10"	94 or less	95-127	128-143	144 or more
4'11"	97 or less	98-131	132-147	148 or more
5'0"	100 or less	101-135	136-151	152 or more
5'1"	102 or less	103-138	139-155	156 or more
5'2"	106 or less	107-143	144-161	162 or more
5'3"	109 or less	110-147	148-165	166 or more
5'4"	112 or less	113-151	152-170	171 or more
5'5"	116 or less	117-156	157-176	177 or more
5'6"	119 or less	120-161	162-181	182 or more
5'7"	123 or less	124-166	167-187	188 or more
5'8"	126 or less	127-171	172-192	193 or more
5'9"	131 or less	132-177	178-199	200 or more

Table 2: Find the recommended range and rate of weight gain

	UNDERWEIGHT	NORMAL WEIGHT	OVERWEIGHT	OBESE
Recommended total weight gain range:	28 to 40 lbs.	25 to 35 lbs.	15 to 25 lbs.	15 or more
Recommended 2nd/3rd Trimester Rate of Gain: (per month)	4 lbs or more	2 to 4 lbs.	about 2 lbs.	varies





Weight Gain (cont.)

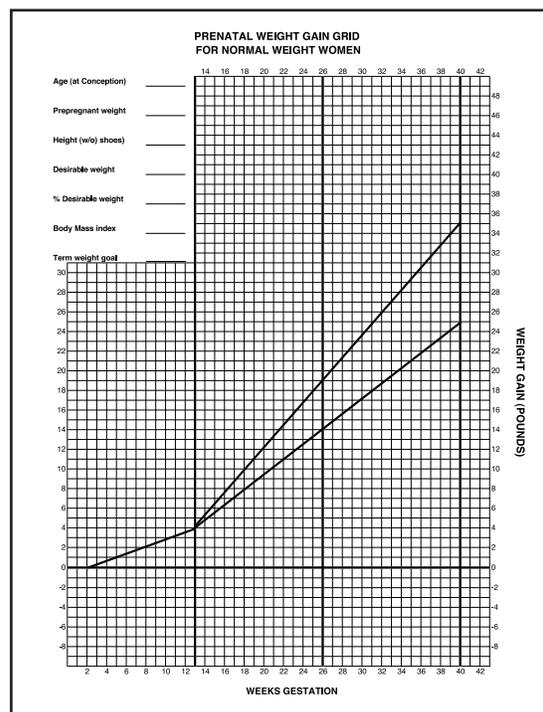
3. Find the right Weight Gain Grid

- The weight gain grid is a tool that helps you see if the woman is gaining within the recommended range.
- There are various weight gain grid tools. Some include more than one weight gain category on the same grid. (E.g., WIC Overweight and Underweight Grid.) See Appendix for sample weight gain grids.
- Choose the weight gain grid that matches her weight category. There are three grids: Underweight, Normal or Overweight.
- The grid to the right is for Normal prepregnant weight. On the next page is a sample of a grid for Underweight and Overweight prepregnant weight.
- The Weight Gain Grid:
 - The **vertical zero line** starts at conception.
 - The **horizontal zero line** represents the woman's weight before pregnancy.
 - Each horizontal line above the zero represents one pound gained
 - Each line below the zero line is one pound less than the woman's weight before pregnancy.
 - Each vertical line represents one more week into the pregnancy (gestation).

4. Plot the Weight Gain Grid

- If the client does not know her prepregnancy weight check with the health care provider.
- Take the woman's weight today and subtract it from her prepregnancy weight. This number equals the number of pounds she has gained or lost.

Prenatal Weight Gain Grid Prepregnancy Weight within Normal Range



Example:

A woman, 5 foot 2 inches weighed 145 pounds before pregnancy.

At 18 weeks gestation she weighs 151 pounds (lbs.) $151 \text{ lbs.} - 145 \text{ lbs.} = 6 \text{ lbs.}$

She gained 6 lbs.

- Find the line that marks her weight change and the line that marks the number of weeks gestation.
- Mark an X where these two lines meet.
- Check to see whether her total weight gain at this visit falls within her target weight gain





Weight Gain (cont.)

range. In this example she is within the range for overweight women.

- Plot weight gain at each prenatal visit. Always subtract the Prepregnant weight from today's weight.
- Show the woman where her weight is on the grid. Discuss her weight gain progress.

5. What the Weight Gain Grid tells you

- Weight gain can tell you if the woman is gaining too fast, too slow, or just right. The pattern of weight gain is as important as the total gain.
- The grid is also a screening tool to identify women who need more in-depth nutritional assessment and counseling.
- When a woman's gain is outside the recommended range, assess factors that may affect her weight gain. See the *Low Weight Gain* and *High Weight Gain* sections in these guidelines.

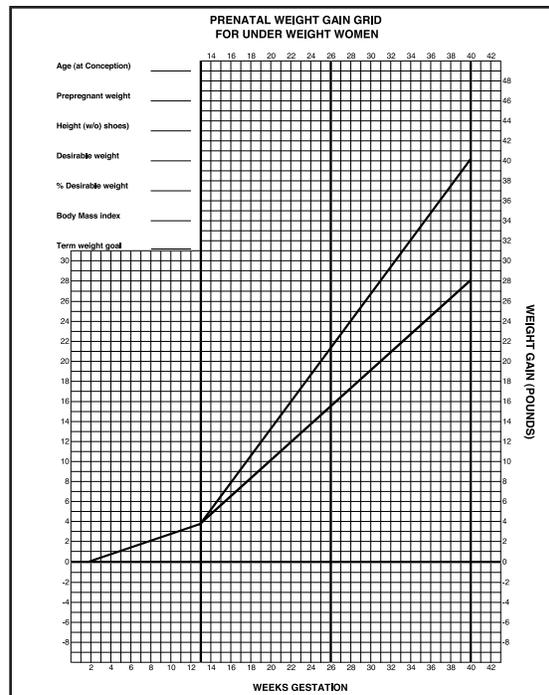
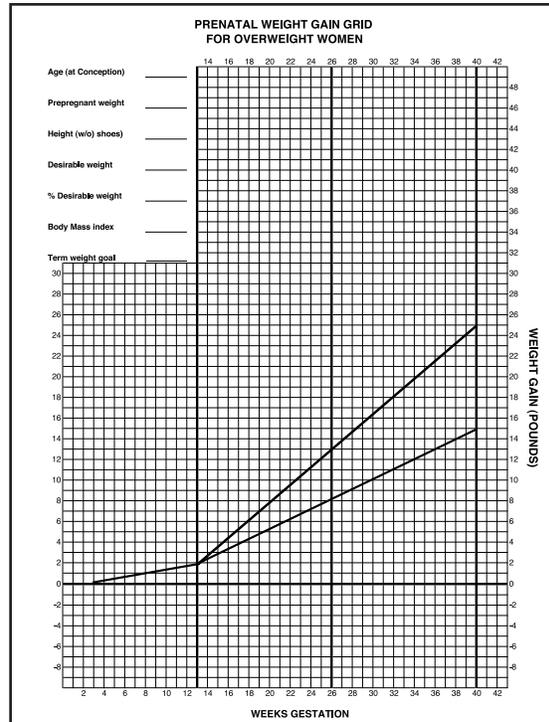
Some women may not follow the curves of the Weight Gain Grid or may be four or five pounds above or below the recommended line even though they are eating a nutritious diet. Other women may be eating too little or too much. Find out what the woman is eating. Follow the guidelines for *Food Intake & Recall*.

Steps to Take for Appropriate Weight Gain

- **If the woman is gaining above or below the recommended range, complete the 24-Hour Food Recall monthly.** *Emphasize the Daily Food Guide for Pregnancy* whether or not her pregnancy weight gain fits the recommended weight gain grid.
- **If she is not eating enough or is eating too much** food in any of the food groups, discuss the changes she needs to make in her diet. Help her make a plan that will bring about positive changes.
- **If her weight gain is within the recommended range,** assess her diet. If her diet is fine,

congratulate her and encourage her to continue eating well. Review her diet intake each month and her weight each visit.

- **If her weight gain is below the recommended range,** review the *Low Weight Gain* section. Even if the woman is not eating enough of certain foods, look for other factors which may also explain the low weight gain.





Weight Gain (cont.)

- **If her weight gain is above the recommended range**, review the High Weight Gain section. Do not restrict the diets of women who are gaining extra weight when they consume low fat foods within the recommended number of food groups. Even if the woman is eating too much of certain foods, look for other factors which may also explain her excess weight gain.
- **Continue to monitor weight gain at each prenatal visit.**

Further Steps to Take on the Following pages...

- General information about prepregnant weight categories and how best to help clients in each category.
- Steps to Take and Follow-up for clients in any of the four categories if they are gaining too little or too much weight.
- Directions and suggestions for completing a 24-hour food intake recall.
- The Daily Food Guide for Pregnancy and how to use this information.





Weight Gain (cont.)

Underweight

(Prepregnant weight is below normal for height.)

Possible results: greater chance of having a

- Preterm birth.
- Small unhealthy baby.

Recommended weight gain — 28 to 40 pounds

Steps to Take

- Provide advice to relieve discomforts of pregnancy if any are present.
- Explain how to follow the *Daily Food Guide for Pregnancy*. Emphasize extra servings from each group.
- Stress the importance of regular meals and snacks.
- Recommend a weight gain of at least 4 pounds or more each month.
- Explain the importance of gaining 28 to 40 pounds.

Follow Up

- Check weight gain and rate of gain at each prenatal visit. Plot on Weight Gain Grid.
- If weight gain is too low, discuss the handout *Tips to gain weight*.

Referral

Refer to health care provider and registered dietitian if:

- Weight loss of more than 4 pounds in the first 12 weeks of pregnancy.
- No weight gain by 16 weeks.
- Weight gain is less than 14 pounds at 24 weeks.
- Gain of less than 3 pounds in any single month after 14 weeks.

Normal

(Prepregnant weight is normal for height.)

Possible results: greater chance of

- Giving birth at term (more than 37 weeks).
- Having a healthy baby weighing more than 5.5 pounds.

Recommended weight gain — 25 to 35 pounds

Steps to Take

- Provide advice to relieve discomforts of pregnancy if any are present.
- Explain how to follow the *Daily Food Guide for Pregnancy*.
- Advise her to eat regular meals and snacks.
- Recommend gaining about 3 to 4 pounds per month after her 16th week.
- Explain the importance of gaining 25 to 35 pounds.

Follow Up

- Check weight gain and rate of gain at each prenatal visit. Plot on *Weight Gain Grid*.
- If weight gain is too low, discuss *Low Weight Gain* and the Nutrition handout *Tips to gain weight*.
- If weight gain is too high, discuss *High Weight Gain* and the Nutrition handout *You can slow weight gain*.

Referral

Refer to health care provider and registered dietitian if:

- Weight loss of more than 5 pounds in the first 12 weeks of pregnancy.
- No weight gain by 16 weeks.
- Weight gain is less than 12 pounds at 24 weeks.
- Gain of more than 6.5 pounds in any month.
- Gain of less than 2 pounds in any single month after 14 weeks.





Weight Gain (cont.)

Overweight

(Prepregnant weight is over normal for height.)

Possible results: greater chance of having

- A baby who weighs more than 9 pounds.
- More problems with delivery.

Recommended weight gain — 15 to 25 pounds

Steps to Take

- Provide advice to relieve discomforts of pregnancy if any are present.
- Explain how to follow the *Daily Food Guide for Pregnancy*. Highlight the lowfat choices from each of the groups.
- Recommend regular meals and snacks.
- Recommend a weight gain of about 2 to 3 pounds per month after the 16th week.
- Explain importance of gaining 15 to 25 pounds.

Follow Up

- Check weight gain and rate of gain at each prenatal visit. Plot on *Weight Gain Grid*.
- If weight gain is too low, discuss *Low Weight Gain* and the Nutrition handout **Tips to gain weight**.
- If weight gain is too high, discuss *High Weight Gain* and the Nutrition handout **You can slow weight gain**.

Referral

Refer to health care provider and registered dietitian if:

- Weight loss of more than 5 pounds in the first 12 weeks of pregnancy.
- No weight gain by 20 weeks.
- Weight gain is less than 8 pounds at 26 weeks.
- Gain of less than 2 pounds in single month after 14 weeks.
- Gain of more than 6.5 pounds in any month.

Obese

(Prepregnant weight is obese for height.)

Possible results: greater chance of having

- A baby who weighs more than 9 pounds.
- More problems with delivery.

Recommended weight gain —15 pounds or more.

Steps to Take

- Provide advice to relieve discomforts of pregnancy if any are present.
- Explain how to follow the *Daily Food Guide for Pregnancy*. Emphasize use of lowfat choices and portion size control.
- Stress importance of regular meals and snacks.
- Recommend a weight gain of 2 ½ pounds per month after the 16th week.
- Explain the importance of gaining 15 pounds or more.

Follow-Up

- Check weight gain and rate of gain at each prenatal visit. Plot on *Weight Gain Grid*.
- If weight gain is too low, discuss *Low Weight Gain* and the Nutrition handout **Tips to gain weight**.
- If weight gain is too high, discuss *High Weight Gain* and the Nutrition handout **You can slow weight gain**.

Referral

Refer to health care provider and registered dietitian if:

- Weight loss of more than 8 pounds in the first 12 weeks of pregnancy.
- No weight gain by 20 weeks.
- Gain of more than 6.5 pounds in any single month after 14 weeks.
- Gain of less than 1 pound in any single month after 14 weeks.





Weight Gain (cont.)

Possible results: increased chance of preterm birth and having a small unhealthy baby.

Low Weight Gain

(In any of the 4 prepregnant weight categories)

Steps to Take

If the client's weight gain is too low, use the following questions and interventions to assess and counsel.

Is there an error in measurement or recording?

- Recheck her weight without shoes.
- Plot the weight gain grid.
- Check the weight gain at previous visits to see if there was excess gain.
- Look for a slow steady gain.
- Weight gain may slow after an initial excess gain.

Is the pattern of weight gain good and is she in the recommended range for week of gestation?

- Provide suggestions to help the woman gain at the recommended rate.
- If gain is low, review the Nutrition handout Tips to gain weight.

Was she very overweight or obese at her prepregnant weight?

- Individualize weight gain goal depending on prepregnant weight and food intake.
- Compare the Daily Food Guide for Pregnancy with the woman's actual food intake for adequacy in number of servings from each group.

Has she had an illness or infection?

- Refer to health care provider.

Does she have enough income to buy food for herself and her family?

- Refer to WIC Program or other community food assistance.

Is nausea, vomiting or diarrhea a problem?

- See the *Nausea and Vomiting* section.

Does she have a working stove, oven, or refrigerator at home?

- Offer suggestions on foods to eat that require little preparation—crackers, nuts, breads. See *Stretching Your Food Dollar*.
- Refer to community agency that can provide a stove or refrigerator, if needed.

Does she exercise intensely or have a very active work or family life without enough rest?

- Review and discuss the Nutrition handout *Tips to gain weight*.

Does she have habits that cause low weight gain (e.g., smoking, alcohol or drug use, excessive stress)?

- Refer to health care provider or social worker.

If weight gain is low and meets Referral Criteria for prepregnancy weight category, refer to health care provider and registered dietitian.

Follow-Up

Use the following to reassess the condition of your client.

- Check weight gain and rate of gain at next prenatal visit. Plot on weight gain grid.
- Review individual weight gain goals.





Weight Gain (cont.)

- Assess the woman's food intake using the 24-hour recall. Review the Daily Food Guide.

Referral

Refer to health care provider and registered dietitian if weight gain remains below recommended range.

Possible results: increased chance of having a baby who weighs more than 9 pounds and more problems with delivery.

Caution: rapid weight gain due to edema (fluid retention) may signal Pregnancy Induced Hypertension (PIH).

High Weight Gain

(In any of the 4 prepregnant weight categories)

Steps to Take

If the client's weight gain is too low, use the following questions and interventions to assess and counsel.

Is there an error in measurement or recording?

- Recheck her weight without shoes.
- Plot the weight gain grid.

Was she underweight prior to this pregnancy?

- Weight gain should be more rapid if she had a very low weight before pregnancy.

Check the weight gain at previous visits to see if there was a previous weight loss or low gain.

- Look for a pattern of weight gain close to the grid lines. If the total gain is too high, discuss the Nutrition handout *You can slow weight gain*.

Is the pattern of weight gain good and is she in the recommended range for week of gestation?

- Provide suggestions to help the woman gain at the recommended rate.
- Assess her food intake using the 24-hour recall. Review *Daily Food Guide*.

Has she stopped smoking recently?

- Provide support and suggestions of lowfat foods to eat.

Check with health care provider about possibility of twins or triplets.

- Revise weight gain goals if more than one fetus is found.
- If twins or triplets are detected refer to the registered dietitian and health care provider.

Has she changed food habits recently or changed activity level due to be rest or an injury?

- Encourage exercise if permitted.
- Check with health care provider.

Does she have a problem with overeating or food cravings?

- Review and discuss the Nutrition handout *You can slow weight gain*.
- Refer to health care provider and/or registered dietitian.

Does she complain of swelling in her hands, feet or ankles?

- Refer to health care provider for edema.
- Encourage her to elevate her feet.





Weight Gain (cont.)

Follow-Up

Use the following to reassess the condition of your client.

- Check weight gain and rate of gain at next prenatal visit. Plot on weight gain grid.
- Review individual weight gain goals.
- Assess her food intake using the 24-hour recall. Review Daily Food Guide.

If weight gain is high and meets Referral Criteria for prepregnancy weight category, refer to health care provider and registered dietitian.

Referral

Refer to health care provider and *registered dietitian* if weight gain is more than 6.5 pounds in any month or weight gain remains above the recommended range.





It's important to have a healthy weight gain when you are pregnant.

Here's what you can do:

- Eat snacks or meals every 2-3 hours.
- Take snack foods along with you. Try trail mix, nuts, and fruits.
- Drink fruit juices, milk, and milkshakes.
- Keep crackers or other snacks at your bedside.
- Eat at night if you wake up and are hungry.



Try these easy snacks:

- Put peanut butter on bread.
- Make bean dip to eat with chips.
- Eat yogurt, custard, pudding, or cheese.
- Try healthy cookies and milk. Good choices are: oatmeal, peanut butter, fig cookies, and fruit bars.
- Eat ice cream, frozen yogurt, or ice cream bars.
- Eat muffins, bagels, granola, or cereals.

Remember:

- Cut back on coffee and tea.
- Stay away from cigarettes, alcohol, and drugs.



Consejos para aumentar de peso



Es muy importante que aumente de peso en una forma sana durante su embarazo.

Lo que puede hacer:

- Coma un bocadillo o comida cada 2 a 3 horas.
- Tenga algo de comer a la mano. Por ejemplo, nueces, frutas, o “trail mix.”
- Tome jugos, leche, licuados y malteadas.
- Mantenga galletas saladas o algún otro bocadillo cerca de su cama.
- Coma de noche si se despierta y tiene hambre.



Pruebe estos bocadillos, fáciles de preparar:

- Ponga mantequilla de maní en un pan.
- Haga frijoles para comer con tortillas tostadas (chips).
- Coma yogur, flan, pudín, o queso.
- Coma galletas nutritivas con un vaso de leche. Las más nutritivas son: de avena, de mantequilla de maní, de higos, y de frutas.
- Pruebe un helado, yogur congelado, o paletas de nieve.
- Coma molletes, roscas (bagels), granola, o cereales.

Recuerde:

- No debe tomar mucho café ni té.
- No debe fumar, beber alcohol, o usar



Tips to slow weight gain



Choose low fat foods.

Milk

- Try nonfat or extra light (1%) milk.
- Eat low-fat cheese.
- Use nonfat yogurt.

Protein

- Eat the white meat of turkey and chicken. Take off the skin.
- Buy fish or water-packed tuna.
- Eat lean beef like flank steak or ground beef (15% fat).
- Use any kind of beans, like pinto, black, or kidney beans.
- Try tofu.

Grains, Breads, Cereals

- Eat rice, noodles, and pasta.
- Try bran cereal and oatmeal.
- Choose rice cakes as a snack.

Fruits and Vegetables

- Eat fresh fruits and vegetables.
- Buy frozen vegetables with no sauces.

Fats

- Use only 3 teaspoons of fat per day.

Prepare healthy foods.

Milk

- Try a milk and banana shake.
- Add fresh fruit to plain yogurt.

Protein

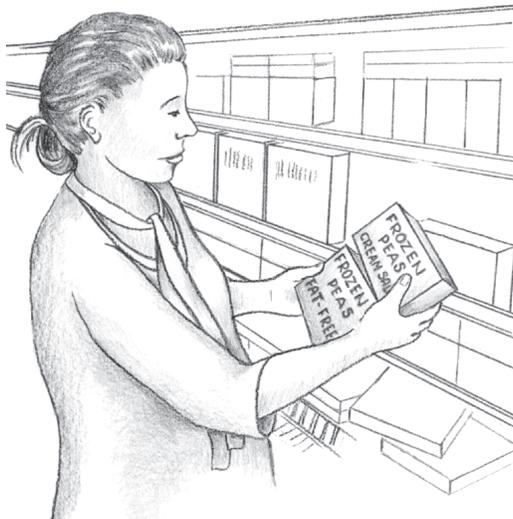
- Broil, barbecue, or bake your meats, poultry, and fish.
- Use meats in soups and stews.
- Do not refry beans.

Grains, Bread, Cereals

- Steam or boil rice or pasta. Use tomato or light sauces.
- Snack on rice crackers.

Fruits and Vegetables

- Make fruit salads.
- Add vegetables to rice and soups.
- Add vegetables to tacos and sandwiches.



Tips to slow weight gain



Use little fat.

- Put very little or no oil, butter, lard, margarine, or cream on your food.

Don't drink more than 1 small glass of fruit juice a day.

- Add mineral water to 2 ounces of fruit or vegetable juice.

Here are more ideas to try:

- Drink 6-8 glasses of water a day.
- Eat slowly.
- Sit down when you eat.
- Try to eat with another person.
- Do not read or watch TV when you eat.
- Eat only when you are hungry.
- Try to stay away from “junk” foods like sodas, candy, cakes, chips, punch, Kool-Aid®, donuts, and popsicles.
- Eat fewer high-fat crackers, muffins, and cookies. Choose low-fat crackers.



Consejos para aumentar peso más despacio



Escoja productos con poca grasa.

Leche

- Use la leche descremada, o super liviana, con 1% de grasa.
- Escoja quesos con poca grasa.
- Coma yogur sin grasa.

Proteína

- Coma pechuga de pavo y de pollo. Sin pellejo.
- Compre pescado a atún enlatado en agua.
- Coma carne sin grasa, como bistec del muslo de la res, o carne molida con 15% de grasa o menos.
- Use cualquier clase de frijoles, como pinto, negro o colorado.
- Coma tofu.

Granos, Panes, y Cereales

- Coma arroz, fideos, y pasta.
- Pruebe el cereal de centeno y la avena.
- Coma tortitas de arroz esponjado (rice cakes) como bocadillo.

Frutas y Vegetales

- Coma frutas y vegetales frescos.
- Compre verduras congeladas sin salsas.

Grasa

- Use sólo 3 cucharadas de grasa al día.

Prepare comidas nutritivas.

Leche

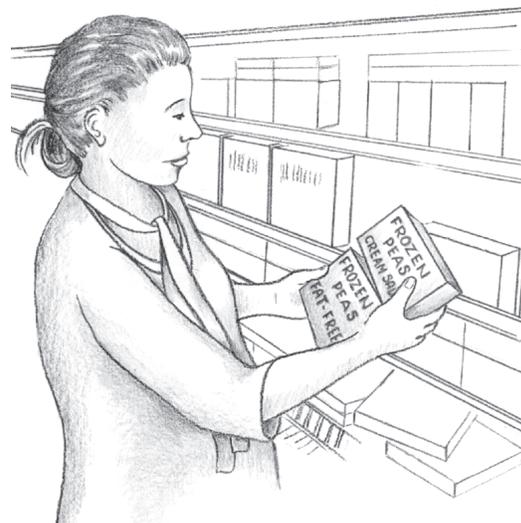
- Pruebe un licuado de leche con plátano (banana)
- Póngale fruta fresca al yogur simple

Proteína

- Use el asador, la parrilla, o el horno para la carne, pollo, y pescado.
- Use pedazos de carne en sopas y en estofados.
- No haga frijoles refritos.

Granos, Panes, y Cereales

- Ponga a cocinar o prepare el arroz y las pasas al vapor. Uses tomates o salsas con poca grasa.
- Coma galletas de arroz como bocadillo



Consejos para aumentar peso más despacio



Frutas y Vegetales

- Haga ensaladas de fruta.
- Póngale verduras al arroz y sopas.
- Póngale verduras a los tacos y a las tortas (sandwich).

Use poca grasa.

- Póngale muy poco, o nada de aceite, mantequilla, manteca, margarina, o crema a la comida.

No se tome más de un vaso pequeño de jugo de frutas al día.

- Agréguele agua mineral a 2 onzas de jugo de frutas o de vegetales.

Otras cosas que puede hacer:

- Tome de 6 a 8 vasos de agua al día.
- Coma despacio.
- Siéntese para comer.
- Trate de comer con alguien más.
- No lea ni vea la televisión mientras que come.
- Coma sólo cuando tenga hambre.
- Trate de evitar las golosinas como sodas, dulces, pasteles, papas o tortillas fritas, refrescos dulces, Kool-Aid®, donas, y paletas congeladas de sabores.
- Coma menos galletas saladas altas en grasa, molletes, y galletas dulces. Escoja galletas saladas con poca grasa.





Eating for a Healthy Pregnancy

Eating well is important for a healthy pregnancy and birth. Good nutrition benefits both the woman and her unborn child. Weight gain that results from healthy eating habits is worth more than weight gain from a poor diet.

It is not enough to check the weight gain pattern and amount for adequacy. Reviewing what the woman eats and helping her to make good choices is an important part of her nutrition education. The advice you give her can help her make good food choices. Use a 24-hour Food Recall or Food Frequency to assess the woman's food choices.

What to Eat?

The amount and types of foods eaten and needed are different for everyone. A good quality diet is one that includes enough from all of the food groups. The *Daily Food Guide* is a tool that groups foods by specific nutrient content. It helps us find out if the woman is eating enough of the right kinds of foods. Refer to the *Daily Food Guide* as often as possible to check what the woman eats and give her help making choices.

How Much to Eat?

The *Daily Food Guide* shows the minimum number of servings needed each day. Some women may need to eat more than the minimum amounts. Especially women whose bodies are larger than average, or women who are very physically active. It is okay for women to eat more than the number of servings shown in the *Daily Food Guide*. In fact, some women need to eat more to catch up and gain enough weight for pregnancy (See *Weight Gain* section). Recommend more milk, cheese, nuts and grains for women who need to gain weight.





Food Intake & Recall

There are seven groups in the *Daily Food Guide* for Pregnancy. Women need to choose a certain amount from each of the different food groups every day.

Complete, a nutrition assessment on every woman at least once each trimester, including a 24-hour food recall. The food recall will help you

- assess her nutritional status
- compare what and how much of each food she eats to the *Daily Food Guide*
- help her find foods she enjoys to improve her intake of the food groups she is missing or doesn't eat enough of
- learn about her food habits, culture, family, and lifestyle

How To Do A 24-Hour Food Recall

Doing 24-hour food recalls takes practice. As you learn the steps and do several recalls you will become more comfortable and will obtain more accurate results. Follow the steps below:

1. Explain what you are going to do.

I am going to ask you to describe everything you ate and drank during the last 24 hours. Please tell me the name of the food and the amount you consumed. This information will help me assess your food intake.

2. Begin in the morning and go through the day step by step.

- Do not make negative comments or react with shock when taking a food recall, especially if the woman eats a lot of fat or sweets.
- Focus on the positive and be kind.

- Avoid using words like breakfast, lunch or dinner. People may have different meanings for these words, or they may just tell you what they ate at that meal.

- Begin by asking:

What time did you first eat or drink anything?

What did you do next?

When was the next time you had anything to eat or drink?

Did you eat or drink anything between the meals?

- #### 3. Use food models, measuring cups and spoons, and pictures to get an accurate estimate of the amounts of foods and beverages consumed. Ask questions such as:

Do you fill a glass that is larger or smaller than this one?

Was the apple you ate larger or smaller than this one?

Was the chicken breast you ate about this size or bigger?

Is your cereal bowl bigger or smaller than this one?

- #### 4. Ask how food is prepared.
- Cooking methods affect the amount of sodium, fat, and nutrients in the food.

Did you bake, broil, boil or fry the chicken you ate?

How much oil did you add to the pan when you fried the potatoes?

Did you cut the fat off the ham before you fried it?

How did you season the broccoli that you ate?

- #### 5. Estimate the amount and type of foods in mixed dishes
- such as casseroles, sandwiches, lasagna, spaghetti, tacos, fried rice, burritos, stew etc. Several different foods are used to make these dishes.





Food Intake (cont.)

For example:

Tuna sandwich

2 oz. tuna
2 slices whole wheat bread
2 tsp. mayonnaise
1 leaf lettuce, slice tomato

Lasagna

2 oz. mozzarella cheese
1/2 cup tomato sauce
1 cup pasta
1/2 cup ricotta cheese

6. Keep cultural practices in mind.

- Women from many cultures may not consume milk, cheese or yogurt. Check for lactose intolerance and counsel accordingly.

- Review the sections on lactose intolerance and vitamins and minerals.
- Women may eat foods not familiar to you. Try to find out what they are and how they fit into the food guide for pregnancy.

7. When the food recall is completed check to make sure this represents a typical day.

Ask about food cravings and other intake such as candy, fast foods, desserts and all beverages, including water and alcohol.

- #### **8. Compare her intake to that of the *Daily Food Guide for Pregnancy*. Identify the areas that need improvement and those that don't.**





General Nutrition Assessment Questions

Ask the following questions to assess your clients' food likes, food habits, and practices.

1. **Including all foods and beverages, how many meals and snacks does she eat?** Does she choose an adequate number of servings from each of the seven food groups?
 - Write down meal times and when she takes snacks. Include foods eaten in the middle of the night.
 - Follow the instructions for Food Recall on the previous page.
2. **Does she eat regular meals or does she skip any?** How often? Does she go more than five or six hours without eating or drinking anything?
 - Note the number of times per week that she skips any meals.
 - Encourage her to eat every 3 to 4 hours.
3. **Which foods does she crave and which does she dislike?**
 - List any food allergies, preferences or dislikes.
 - Remember these when you discuss choices from food groups.
4. **What are her cultural or religious food preferences?**
 - Learn about her cultural beliefs.
 - Support her healthy food choices when helping her to plan her meals.
5. **Who does the shopping and who prepares the meals?**
 - Keep in mind the beliefs of other family members who prepare foods.
 - Ask if the person who prepares meals could join her at her next visit to discuss food selection.
6. **How often does she eat out?**
 - Discuss possible restaurant food choices that are nutritious and affordable.
 - Help her determine if she can afford eating out.
7. **Does she have enough money for food?**
 - If low income, refer her to the WIC program.
 - If needed, refer to a social worker for community resources.
8. **Does she have adequate cooking and storage facilities?**
 - If not, review the Cooking and Food Storage guideline.
 - Refer to a social worker for needed resources.
9. **Does she have access to the fresh foods she needs?**
 - If transportation is a problem, look into community resources.
 - Provide schedules and locations of nearby farmer's markets, produce stands, and full service grocery stores.





Using The Daily Food Guide

After recording a woman's 24-hour food intake, you need to compare the kinds and amounts of foods she eats or drinks with the *Daily Food Guide*. The *Daily Food Guide* is a quick tool to determine if the woman is eating everything she needs for a healthy pregnancy and identifies areas of the woman's diet that may be improved. However, the 24-hour recall does not provide a complete picture of all the food the woman eats. If the day recalled is not a typical day, then the woman's eating habits may be better or worse than usual.

Comment on the good choices that the woman makes and then give some advice on ways to obtain the food she needs. Keep in mind that the woman's diet may be inadequate due to lack of money and/or difficulty accessing fresh food and not simply due to poor food choices.

Comparison of the diet recall with the *Daily Food Guide* can point to food groups where less than the minimum or more than the minimum number of servings are eaten during the day. Often, a woman may eat more than the minimum servings for a particular food group. If the extra servings come from fats, cheeses, milk, juices or sweets then the weight gain needs to be checked. When a woman is eating extra servings of fresh fruits and vegetables she should be encouraged to continue to do so. These foods provide lots of fiber, vitamins, fluids and other nutrients that protect and promote good health.

Remember, the *Daily Food Guide* is just a general guide. It may not fit the needs of every woman. By getting in at least the minimum number of servings from each group, the woman is likely to have a very good quality diet.

The *Daily Food Guide* is divided into seven groups:

1. Milk and Milk Products
2. Protein Foods: animal and vegetable sources
3. Breads, Grains and Cereals
4. Vitamin C-Rich Fruits and Vegetables
5. Vitamin A-Rich Fruits and Vegetables
6. Other Fruits and Vegetables
7. Unsaturated fats

Each food group offers unique nutrients needed during pregnancy and lactation. Pregnant women should consume at least the number of servings listed for each food group. The amount of food listed in each group is one serving.





How to Use The Daily Food Guide

1. Identify the food groups.

Some foods are easily placed in food groups. For example, all dairy foods are in the Milk group. Fruits and vegetables are grouped by the vitamins they supply. Become familiar with the food guide by reading it over and using it.

Other foods are not so easy to identify because they contain more than one food; for example, pizza, tacos, sandwiches, casseroles, etc. These are called combination foods. Ask the woman to fully describe each item in the combination food and the amount of each.

For example, see the box below.

INGREDIENTS	FOOD GROUP	NUMBER OF SERVINGS
2 oz. of tuna	Protein	2
2 slice whole wheat bread	breads	2
2 tsp. mayonnaise	unsaturated fats	1

FOOD & AMOUNT CONSUMED	SERVING SIZE	SERVINGS EATEN
milk 4 oz.	8 oz.	1/2 milk products
white rice 1-1/2 cups	1/2 cup	3 breads, cereals, grains
chicken, 3 oz.	1 oz.	3 protein servings
1 whole bagel	1/2	2 breads, cereals, grains
1 tomato	2	1/2 vitamin C-rich vegetable
1 cup cooked greens	1/2	2 vitamin A-rich vegetable

2. Count the number of servings actually eaten.

Counting servings is easy when the amount of food consumed is the same as the *Daily Food Guide*. It is more difficult when the amount eaten is either larger or smaller than the amount equal to one serving.

To figure out the total number of servings eaten from each food group, add up all the servings eaten for each group. Include half servings in the count and remember to add up all the little things people eat: cream, butter, jam, sugar , etc.

For example, see the box above.





How to use the Guide (cont.)

3. Compare actual intake to recommended number of servings.

If the actual number of servings eaten is less than the number recommended check her weight gain. If her weight gain is too low, see *Low Weight Gain*. Advise her to include more of the foods she is lacking. See *Choosing The Foods You Eat*.

If she eats more servings of protein, milk or fat than recommended, check her weight gain. If her weight gain is too high, see *High Weight Gain*. If her weight gain is adequate, encourage her to eat a variety of foods from each food group. See *Choosing the Foods You Eat*.

Food Intake & Recall Follow-Up

Use the following to reassess the condition of your client.

- Do a 24-hour food recall.
 - Use the *Daily Food Guide* to teach the woman how much food from each group she needs daily.
 - Check her food intake at the first visit and at least once each trimester.
 - Use the *Daily Food Guide* to find the foods she likes from each group. Show her how much of each makes up one serving.
- Help her plan a daily menu that will give the minimum number of servings from each group.
 - Make a list of foods for her to add daily.

Referral

Refer to health care provider and registered dietitian if she has:

- Vegetarian food habits and does not eat enough animal foods (milk, cheese, meat, eggs).
- Poor diet intake (lacking the minimum number of servings from 2 or more food groups.).
- History of an eating disorder, weight loss or poor weight gain.

Candy, chips, sodas, cakes, coffee and alcoholic beverages do not fit any of the food groups. These foods contain many calories but do not supply needed nutrients. Note the woman's intake of these items and discuss them with her when you review her food intake.





The Daily Food Guide for Pregnancy

<p>food groups Protein Foods Provide protein, iron, zinc, and B-vitamins for growth of muscles, bone, blood, and nerves. Vegetable protein provides fiber to prevent constipation.</p>	<p>animal proteins 1 oz. cooked chicken or turkey 1 oz. cooked lean beef, lamb, or pork 1 oz. or 1/4 cup fish or other seafood 1 egg 2 fish sticks or hot dogs 2 slices luncheon meat</p>	<p>vegetable proteins 1/2 cup cooked dry beans, lentils, or split peas 3 oz. tofu 1 oz. or 1/4 cup peanuts, pumpkin, or sunflower seeds 1 1/2 oz. or 1/3 cup other nuts 2 tbsp. peanut butter</p>	<p>recommended minimumservings (pregnant/lactating) 7 One serving of vegetable protein daily</p>
<p>Milk Foods Provide protein and calcium to build strong bones, teeth, healthy nerves and muscles, and to promote normal blood clotting</p>	<p>8 oz. milk 8 oz. yogurt 1 cup milk shake 1 1/2 cup cream soup (made with milk) 1 1/2 oz. or 1/3 cup grated cheese (like cheddar, Monterey, mozzarella, or swiss)</p>	<p>1 1/2-2 slices presliced American cheese 4 tbsp. parmesan cheese 2 cups cottage cheese 1 cup pudding 1 cup custard or flan 1 1/2 cups ice milk, ice cream, or frozen yogurt</p>	<p>3</p>
<p>Breads, Cereals & Grains Provide carbohydrates and vitamins for energy and healthy nerves. Also provide iron for healthy blood and fiber to prevent constipation.</p>	<p>1 slice bread 1 dinner roll 1/2 bun or bagel 1/2 English muffin or pita 1 small tortilla 3/4 cup dry cereal 1/2 c cooked cereal 1/2 cup granola</p>	<p>1/2 cup rice 1/2 cup noodles or spaghetti 1/4 cup wheat gems 1 4-inch pancake or waffle 1 small muffin 8 medium crackers 4 graham cracker squares 3 cups popcorn</p>	<p>7 Four servings of whole-grain products daily</p>
<p>Vitamin C-Rich Fruits & Vegetables Provide vitamin C to prevent infection and to promote healing and iron absorption. Also provide fiber to prevent constipation.</p>	<p>6 oz. orange, grapefruit, or fruit juice enriched with vitamin C 6 oz. tomato juice or vegetable juice cocktail 1 orange, kiwi, mango 1/2 grapefruit, cantaloupe 1/2 cup papaya 2 tangerines</p>	<p>1/2 cup strawberries 1/2 cup cooked or 1 cup raw cabbage 1/2 cup broccoli, Brussels sprouts, or cauliflower 1/2 cup snow peas, sweet peppers, or tomato puree 2 tomatoes</p>	<p>1</p>
<p>Vitamin A-rich Fruits & Vegetables Provide beta-carotene and vitamin A to prevent infection and to promote wound healing and night vision. Also provide fiber to prevent constipation.</p>	<p>6 oz. apricot nectar, or vegetable juice cocktail 3 raw or 1/4 cup dried apricots 1/4 cantaloupe or mango 1 small carrots or 1/2 cup sliced carrots 2 tomatoes</p>	<p>1/2 cup cooked or 1 cup raw spinach 1/2 cup cooked greens (beet, chard, collards, dandelion, kale, mustard) 1/2 cup pumpkin, sweet potato, winter squash, or yams</p>	<p>1</p>
<p>Other Fruits & Vegetables Provide carbohydrates for energy and fiber to prevent constipation.</p>	<p>6 oz. fruit juice (if not listed above) 1 medium or 1/2 cup sliced fruit (apple, banana, peach, pear) 1/2 cup berries (other than strawberries) 1/2 cup cherries or grapes 1/2 cup pineapple 1/2 cup watermelon</p>	<p>1/4 cup dried fruit 1/2 cup sliced vegetable (asparagus, beets, green beans, celery, corn, eggplant, mushrooms, onion, peas, potato, summer squash, zucchini) 1/2 artichoke 1 cup lettuce</p>	<p>3</p>
<p>Unsaturated Fats Provide vitamin E to protect tissue.</p>	<p>1/8 med. avocado 1 tsp. margarine 1 tsp. mayonnaise 1 tsp. vegetable oil</p>	<p>2 tsp. salad dressing (mayonnaise-based) 1 tbsp. salad dressing (oil-based)</p>	<p>3</p>



Choose healthy foods to eat



How much do you eat?

- Look at the *Daily Food Guide*. Pick out the foods you like from each food group.
- Of the foods you like, check how much of each makes one serving.
- Every day, eat at least the number of servings you need for each food group.
- You may eat more than one serving of the same food if you want. Or you can pick more than one kind of food to make up the serving.
- Try to stay away from “junk” foods like sodas, candy, cakes, chips, punch, Kool-Aid®, donuts, and popsicles.
- Eat fewer high-fat crackers, muffins, and cookies. Choose low-fat crackers.

Eat foods from each food group.

- Choose whole grain breads like rye, oatmeal, corn or 100% whole wheat.
- Choose fat from plants rather than animals. Try canola oil, olive oil, or other vegetable oils. Use as little as you can.
- Choose lean meats like flank steak, round roast, extra lean ground beef, and chicken without the skin.
- Eat protein from plants — like beans, tofu, nuts, seeds, and peanut butter — every day.

- Eat fresh fruits and vegetables when you can. Lightly steam broccoli, cauliflower, and carrots.
- You can drink a small glass of fruit juice for one of your fruit or vegetable servings, especially if you cannot eat fruit that day.

Plan Your Meals

- Eat meals and snacks at about the same times every day.
- Don't skip meals when you are away from home. Take foods with you — like crackers, bagels, cheese, apples or other fruits.
- Always sit down when you eat.
- If you have little time to shop or prepare foods, have frozen vegetables at home. You can fix peas, carrots, broccoli, or corn quickly.





¿Cuánto come?

- Examine cada grupo de alimentos. Escoja lo que le guste de cada grupo.
- De los alimentos que le gustan, vea qué cantidad constituye una porción.
- Por lo menos, consuma a diario la cantidad de porciones que necesita de cada grupo de alimentos.
- Puede servirse más de una porción de la misma comida si quiere. O puede escoger más de una clase de comida para hacer la porción.
- Trate de evitar las golosinas como sodas, dulces, pasteles, papas o tortillas fritas, refrescos dulces, Kool-Aid®, donas, y paletas congeladas de sabores.
- Coma menos galletas saladas altas en grasa, molletes, y galletas dulces. Escoja galletas saladas con poca grasa.

Escoja alimentos de cada grupo de comida.

- Escoja panes integrales, como pan de cebada, avena, maíz ó 100% de trigo integral.
- Escoja aceites de vegetal, no de animal. Pruebe el aceite de canola, de oliva, o de otros vegetales. Use muy poca cantidad.
- Use carnes desgrasadas como bistec de falda de res, rosbif, carne molida con muy poca grasa, y pollo despellejado.
- Consuma proteínas vegetales – como frijoles, tofu, nueces, semillas, y mantequilla de maní – todos los días.

- Coma frutas y verduras frescas cada vez que pueda. Prepare brócoli, coliflor, y zanahorias al vapor.
- Puede tomar un vaso pequeño de jugo de frutas en lugar de una porción de frutas o verduras, especialmente si ese día no puede comer ninguna fruta.

Planee sus horas de comida.

- Trate de comer sus comidas y sus bocadillos a la misma hora todos los días.
- No deje de comer a sus horas porque no está en su casa. Tenga cosas para comer a la mano – como galletas saladas, bagels (rosas), queso, manzanas, u otras frutas.
- Siéntese siempre para comer.
- Si no tiene tiempo para ir de compras o preparar comidas, tenga verduras congeladas en su casa. Puede preparar chícharos, zanahorias, brócoli, o elote, en poco tiempo.





Nausea & Vomiting

Refer immediately to registered dietitian and health care provider for medical nutrition therapy for serious vomiting.

Background

Nausea is the sensation of an upset stomach or feeling of queasiness. **Vomiting** can cause dehydration and weight loss. Nausea/vomiting may occur in about 50 to 70% of pregnancies between weeks 2 and 16. Rarely, it may continue through the entire pregnancy.

Hyperemesis gravidarum is a serious medical complication of pregnancy that involves uncontrolled, repeated episodes of vomiting. It can also cause rapid weight loss and other dangerous changes in the levels of blood components.

Steps to Take

Use the questions and interventions to assess and counsel your client.

Is she losing weight or not gaining enough?

- Plot weight gain grid and check for weight loss or no gain.

Does she eat regular meals? Does she have enough money for food?

- Refer to the WIC Program and to community resources.
- See the Nutrition handout *You can eat healthy and save money*.

What time of day does she have more problems?

- If she feels sick in the morning, encourage an early morning snack.
- Encourage her to carry snacks and to eat frequently, every 2 to 3 hours.

Which foods sound appealing to her and what foods does she crave?

- Use the Nutrition handout *Nausea: Tips that help* and *Nausea: choose these foods* to help the client identify foods and habits to change.

Is she vomiting? What foods or fluids can she keep in her stomach after vomiting?

- Use the Nutrition handout *Nausea: What to do when you vomit* to help the client identify foods to eat.
- Advise her to have cold, starchy, or sour foods on hand before feeling sick.

What are her cultural or religious food preferences? Do they affect her food intake?

- Learn about her religious and cultural beliefs.
- Support food choices that may help with her nausea.

Is she dizzy or has she had fainting episodes?

- Make sure she gets enough liquids and several small meals or snacks daily.
- Refer to health care provider.

Is she taking prenatal vitamins or iron pills?

- Delay taking vitamins or iron pills until the evening meal.
- If problems persist, try stopping the vitamins and iron pills for a few days.
- Discuss with health care provider.

Has she had an eating disorder in the past or any unusual food habits?

- If she is extremely anxious about gaining weight, refer to health care provider and/or registered dietitian.





Nausea (cont.)

Follow-Up

Use the following to reassess client's condition.

- Evaluate for weight loss and adequacy of daily food intake at each visit.
- Assess if she was successful in following the parts of the nutrition plan she agreed to at the last visit. Evaluate its effectiveness.
- Check for vomiting which cannot be stopped, fainting, dizziness, or headaches that persist.
- Check use of vitamin and mineral supplements.
- If problems persist, review suggestions for nausea and vomiting.

Referral

Refer to registered dietitian and health care provider if:

- Current weight loss is greater than five pounds below reported weight at conception.
- Any weight loss of greater than three pounds from the last visit.
- Symptoms have worsened and vomiting is not controlled.
- No weight gain by 16 weeks.



Nausea: Tips that help



Many women have nausea or “morning sickness” the first few months they are pregnant. It is caused by the sudden changes in your body because of pregnancy. Although it is common in the morning, it can go on all day.

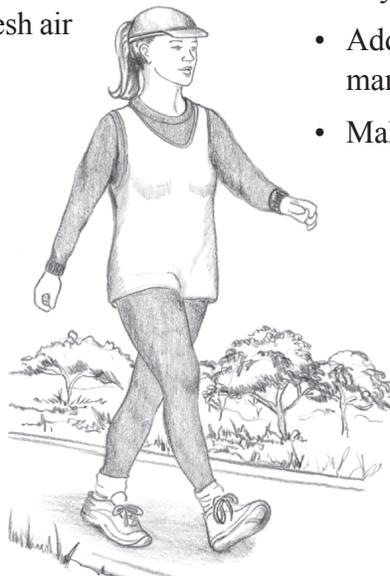
Here are a few ways you can help feel better.

Do not use coffee, cigarettes, or alcohol.

- They can upset your stomach.
- They can also harm your baby.

You may want to stay away from:

- Stale odors
- Strong cooking odors
- Smoke
- Cleaning fluids or paints
- Perfumes, or other smells.
- Crowded places.
- Places with no fresh air



Stay away from foods that make your nausea worse, such as high-fat, fried foods and dishes with strong spices.

Listen to what your body wants.

Eat foods that:

- Taste good to you.
- Keep you from having nausea and vomiting.

Get plenty of fresh air.

- Open windows, use fans.
- Take a brisk walk outdoors.

Get up slowly in the morning.

- Put crackers, fruit or fruit juices near your bed.
- Take a few bites before getting up.

Drink fluids at least one-half hour before or after mealtime.

- Sip small amounts of liquid as often as you can.
- Add water to juices like apple, grape, mango, punch, or lemon.
- Make broth or noodle soups.



Nausea: Tips that help



Eat snacks or small meals every two or three hours, day or night.

- Try snack foods like nuts, string cheese, crackers, dried fruits, trail mix, sandwiches, fruit juices, and hard lemon candies.
- Eat, even if you are not hungry.
- Just before you go to bed, eat a protein food, like egg, cheese, meat, peanut butter, or yogurt.



Decide which foods sound good to you. Try some of these snacks:

- Gelatin desserts like Jell-O®
- Popsicles
- Broth
- Ginger ale
- Pretzels or potato chips
- Ice cream
- Breads
- Crackers
- Yogurt
- Dry cereal
- Lemonade
- Melon
- Popcorn
- Sour candies

Ask your health care provider for other ideas that may help.



Náusea: Consejos útiles



A muchas mujeres les da náusea durante sus primeros meses de embarazo. Es debido a los cambios repentinos que afectan su cuerpo durante el embarazo. Aunque sea más común en las mañanas, también puede sentirse mal todo el día.

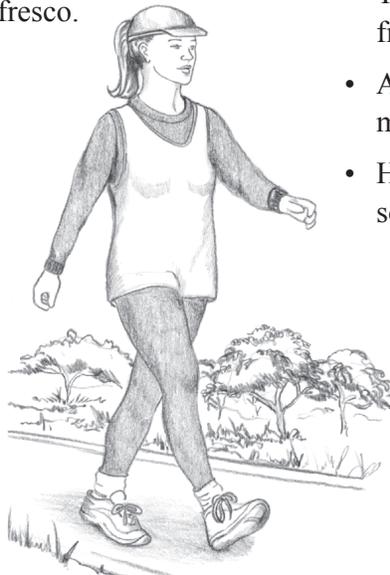
Hay cosas que puede hacer para poder sentirse un poco mejor.

No tome café, no fume, ni beba alcohol.

- Pueden causarle malestar en el estómago.
- También pueden hacerle daño a su bebé.

Trate de evitar:

- Malos olores.
- Olores fuertes de cocina.
- Humo.
- Líquidos para limpiar o pinturas.
- Perfumes, u otros olores.
- Lugares donde hay mucha gente.
- Lugares sin aire fresco.



Evite las comidas que pueden causarle más náusea como las comidas fritas con mucha grasa, y comidas con especias fuertes.

Coma lo que el cuerpo apetece.

Coma alimentos que:

- Tienen buen sabor para usted.
- No le provocan náusea ni vómitos.

Respire bastante aire fresco.

- Abra ventanas, use ventiladores.
- Salga afuera a caminar un poco.

No se levante muy rápido en las mañanas.

- Ponga galletas saladas, fruta, o jugo de fruta cerca de su cama.
- Coma un poquito antes de levantarse.

Tome líquidos por lo menos media hora antes o después de las comidas.

- Tome líquidos por sorbitos con mucha frecuencia.
- Añádale agua a los jugos como al de manzana, uva, mango, y limón.
- Haga consomé de res o de pollo, o sopas de fideo.





Coma bocadillos o comidas livianas cada dos o tres horas, ya sea de día o de noche.

- Pruebe bocadillos como nueces, queso desgrasado, galletas saladas, frutas secas, “trail mix,” tortas, jugos de fruta, y dulces duros de limón.
- Coma, aunque no tenga hambre.
- Poco antes de acostarse, coma algo de proteína, como un huevo, queso, carne, mantequilla de maní, o yóгур.



Usted decide qué prefiere comer. Pruebe algunos de estos bocadillos:

- Gelatinas de sabores, Jell-O®
- Paletas congeladas de frutas
- Consomé, de pollo o de res
- Soda de jenibre (ginger ale)
- Pretzels o papitas fritas (chips)
- Nieve (helados)
- Panes
- Galletas saladas
- Yóгур
- Cereal seco
- Limonada
- Melón
- Palomitas de maíz
- Dulces agrios y duros

Pídale a su médico que le dé otras sugerencias.



Nausea: What to do when you vomit



These tips can help.

Rest.

- Get some fresh air.
- Take a walk.
- Stay away from places with strong odors.

Sip on tart juices.

- Try lemonade or cranberry juice with a little water in it.
- Plain water may cause more vomiting.

Eat candies or fruit with sour or tart flavors.

- Try hard candies, mints, or lemon drops.
- They cover unpleasant tastes in your mouth.

Eat what you feel like eating at that moment.

Try small amounts of sweet or cold foods. You may like:

- Popsicles
- Jell-O®
- Jelly beans
- Pudding
- Fruit
- Custard
- Yogurt
- Ice cream

Try salty foods. They may also help settle your stomach.

Ask your health-care provider before you take any medicine.

- Do not take any over-the-counter medications, unless your provider says it is safe.
- You may need to stop taking prenatal or iron pills for a few days.

Call your health-care provider if :

- You feel dizzy, weak, or faint.
- Your headache does not go away.
- You vomit 5 or more times in 24 hours.
- You cannot eat any food or hold down any fluid at all.



Nausea: What to do when you vomit



Choose these foods.

These foods can help put back into your body what you lost when you vomited. They may help you feel better.

Fluids

- Juices
- Sports drinks
- Sodas
- Lemonade
- Noodle soups
- Chicken broth
- Popsicles
- Vegetable juice cocktail
- Soy milk

Snacks

- Pretzels
- Tortilla chips
- Pickles
- Potato chips
- Crackers
- Sunflower seeds
- Peanut butter
- Almonds
- Whole-wheat breads
- Bran muffin
- Wheat germ



Fruits and Vegetables

- Avocado
- Banana
- Potato
- Sweet potato
- Winter squash
- Apricots
- Kiwi fruit
- Honeydew melon
- Watermelon
- Cantaloupe
- Spinach



Náusea: Lo que debe hacer si vomita



Consejos utiles.

Descanse.

- Respire aire fresco.
- Camine un poco.
- Evite lugares con olores fuertes.

Beba algún jugo ácido por sorbitos.

- Pruebe a tomar limonada o jugo de arándano (cranberry) mezclado con un poco de agua.
- El agua sola le puede causar más vómitos.

Coma dulces o frutas que están un poco ácidas.

- Pruebe dulces duros de menta o dulcitos de limón.
- Le quitan el mal sabor de la boca.

Coma lo que le apetece en ese momento.

Trate de comer un poco de algún alimento dulce o fría. Tal vez le gusten:

- Las paletas de fruta congeladas
- Jell-O®
- Dulces jelly beans
- Pudín
- Frutas
- Flan
- Yóгур
- Nieve (helado)

Pruebe a comer algo salado. Tal vez logre calmarle el estómago.

Consulte con su médico antes de tomar cualquier medicina.

- No tome medicinas sin receta, a menos que su médico le diga que no son dañinas.
- Tal vez tenga que dejar de tomar las vitaminas prenatales o de hierro por unos días.

Llame a su médico:

- Si se siente mareada, débil, o se desmaya.
- Si no se le quita el dolor de cabeza.
- Si vomita 5 ó más veces en 24 horas.
- Si no puede ni comer ni tomar líquidos porque su estómago no puede retener nada.



Náusea: Lo que debe hacer si vomita



Escoja estos alimentos.

Estos alimentos pueden ayudarle a su cuerpo recuperar lo que perdió cuando vomitó. Tal vez la ayuden a sentirse mejor.

Líquidos

- Jugos
- Refrescos para atletas
- Sodas
- Limonada
- Caldos de fideo
- Consomé de pollo
- Paletas de fruta congeladas
- Jugo de vegetales
- Leche de soya

Bocadillos

- Pretzels
- Tortilla chips
- Pepinos encurtidos
- Papitas fritas
- Galletas saladas
- Semillas de girasol
- Mantequilla de maní
- Almendras
- Pan de trigo integral
- Molletes de salvado (bran)
- Germen de trigo



Frutas y Vegetales

- Aguacate
- Plátano (banana)
- Papa
- Camote
- Calabazita blanca
- Chabacanos (albaricoques)
- Fruta kiwi
- Melón verde
- Sandía
- Melón
- Espinaca





Heartburn

Refer immediately to health care provider if burning sensation is continual and becomes a severe pain which runs to the neck, and is worsened when lying down.

Background

Heartburn (pyrosis) is a burning pain in the midchest area caused by relaxation of the opening to the stomach. The burning sensation results when stomach acid comes in contact with the tissue lining the tube (esophagus) connecting the throat area to the stomach.

Heartburn occurs most often during the last half of pregnancy as the growing uterus places pressure on the stomach.

Steps to Take

Use these questions and interventions to assess and counsel your client.

Discuss the Nutrition handouts *Heartburn: What you can do* and *Heartburn: Should you use antacids?*

Was heartburn ever a problem for her before pregnancy?

- If yes, then check with health care provider.

Does she have a history of bleeding ulcers or other stomach problems?

- If yes, then check with health care provider.

Does she exercise daily?

- Encourage walking every day. Walking after meals may help.

Does she eat dinner close to bedtime?

- Recommend eating earlier if dinner is within two hours of bedtime.

Does she fry foods or add oils and fats to her food at the table?

- Suggest broiling, barbecuing, baking, poaching, or boiling instead of frying.
- Ask her to use small amounts of oils, butter, margarine, or cream.

Does she drink coffee, smoke, or drink any alcohol?

- Advise her to stay away from all of these during the pregnancy.

Does she take any medicines to treat heartburn? What does she take and how much?

- Check to make sure the woman is not taking too much antacid, for example no more than eight Tums® daily.
- Check with health care provider about other medicines.





Heartburn (cont.)

Follow-Up

Use the following to reassess the condition of your client.

- Assess current problems and discuss methods of relief she has chosen and which ones have helped.
- If taking antacids daily, check with health care provider about how much is acceptable for each type.
- Discuss her present food and beverage intake to check for possible behaviors and types of foods still causing heartburn.
- Discuss which steps she can take to prevent heartburn. See the Nutrition handouts *Heartburn: What you can do* and *Heartburn: Should you use antacids?*

Referral

Refer to health care provider and registered dietitian if the heartburn continues, worsens, or the woman is taking large amounts of antacids.



Heartburn: What you can do

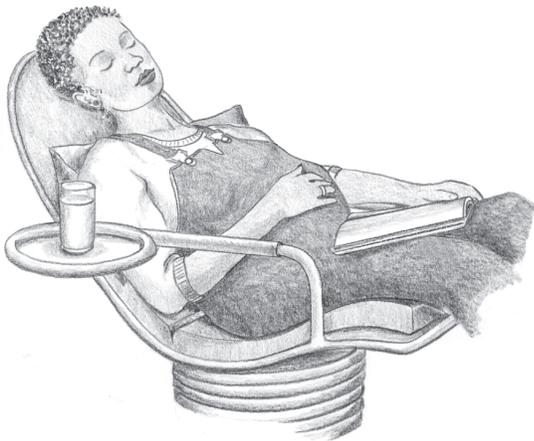


Eat 5 or 6 small meals a day instead of 2 or 3 large meals.

- Eat slowly.
- Eat only small servings of meat at one time.
- Drink fluids between meals, instead of with meals.
- Take sips of water, milk, or eat a spoonful of yogurt.
- Do not eat before you go to bed.

Stand or sit up straight after you eat.

- Wait at least two hours after you eat before you lie down.
- Sleep or rest with pillows under your shoulders to prop you up.



Stay away from alcohol and cigarettes. They can make heartburn worse. they can also harm your baby.

Exercise may help heartburn go away.

- Take a slow walk.
- Sit quietly and breathe deeply.
- Try the flying exercise:
 - Sit cross-legged or tailor fashion.
 - Stretch your arms to the sides.
 - Bring the back of your hands together over your head.
 - Quickly raise and lower your arms.
 - Try doing this ten times.

Try to stay away from these foods:

- Greasy, fried or deep fried foods
- Spicy foods, like chile, salsa, or curry
- Pizza
- Sausage
- Garlic or oregano
- Tomato sauces
- Coffee (any kind)
- Sodas or teas with caffeine
- Chocolate
- Citrus fruits, juices
- Carbonated beverages



Acidez: Lo que puede hacer



Coma comidas livianas de 5 a 6 veces por día, en vez de 2 ó 3 comidas grandes.

- Coma despacio.
- Coma sólo una pequeña porción de carne por comida.
- Tome líquidos entre comidas, en vez de tomarlos con la comida.
- Tome agua o leche por sorbitos; o coma una cucharadita de yogur.
- No coma antes de acostarse.

Párese o siéntese muy derecha después de cada comida.

- Espere por lo menos dos horas después de comer antes de recostarse un rato.
- Duerma o descanse poniéndose almohadas debajo de sus hombros como respaldo.

Hacer ejercicio puede ayudarle contra la acidez.

- Tome un paseo lento, a pie.
- Siéntese en un lugar tranquilo y respire profundo.



Evite el alcohol y los cigarrillos. Pueden empeorar la acidez. También pueden hacerle daño a su bebé.

- Pruebe el siguiente ejercicio:
 - Siéntese en el piso con las piernas cruzadas.
 - Estire los brazos hacia los lados.
 - Mueva sus brazos hacia arriba. Junte las manos sobre la cabeza, con las palmas hacia afuera, como si estuviera volando.
 - Levante y baje los brazos rápidamente.
 - Trate de hacer este ejercicio 10 veces.

Trate de evitar las siguientes comidas:

- Comidas grasosas, fritas o muy aceitosas.
- Alimentos con especias, como los jalapeños o la salsa.
- Pizza
- Salchichas
- Ajo u orégano
- Salsas de tomate
- Café de cualquier tipo
- Sodas o té con cafeína
- Chocolate
- Frutas o jugos de frutas cítricas
- Refrescos de soda



Heartburn: Should you use antacids?



Check with your health care provider about what you should take.

It may help your heartburn to use antacids. But not all antacids are safe when you are pregnant.

These antacids are OK to use.

But every pregnancy is different. Ask your health care provider about:

- Tums™
- Maalox™
- Mylanta™
- Riopan™
- Gelusil™

Try the liquid form of the antacid. It may work better.

Some antacids can hurt you or your baby.

- Do not take Alka-Seltzer™ or Fizrin.™ They have aspirin in them. You should not take aspirin when you are pregnant.
- Do not use baking soda, Soda Mints,™ Eno,™ or Rolaids.™ They have too much salt in them.
- If you use antacids too often, you could have problems. Take only as much as your health-care provider says is safe.

Check with your health care provider before you use any medicine.



Acidez: ¿Debería usar antiácidos?



Consulte con su médico, para que le recomiende lo que puede tomar.

A veces, los antiácidos ayudan a aliviar la acidez. Pero, algunos antiácidos son dañinos durante el embarazo.

Hay antiácidos que no son dañinos durante el embarazo:

Pero cada embarazo es muy diferente. Consulte con su médico sobre:

- Tums™
- Maalox™
- Mylanta™
- Riopan™
- Gelusil™

Pruebe antiácidos en forma líquida. Tal vez sean más efectivos para usted.

Algunos antiácidos pueden hacerle daño a usted y a su bebé.

- No use Alka-Seltzer™ ni Fizrin.™ Contienen aspirina. Usted no debe tomar aspirinas durante el embarazo.
- No use bicarbonato, Soda Mints,™ Eno,™ o Rolaid.™ Contienen mucha sal.
- Si usa antiácidos con mucha frecuencia, le pueden causar problemas. Tome sólo la dosis que su médico le receta.

Consulte con su médico antes de usar cualquier medicina.





Constipation

Background

Constipation is a common complaint during pregnancy. Bowel movements may be infrequent and difficult. Stools are often hard. Constipation may result from several changes, including relaxation of the intestines, increased water retention by the body, and pressure placed on the intestines from the growing uterus. Women who practice pica (eating clay, dirt, or laundry starch) may develop severe constipation.

Steps to Take

Use these questions and interventions to assess and counsel your client.

How long has it been since her last bowel movement?

- If it has been several days, refer to the health care provider.

Does she have any pain in her back? How long has she had it?

- If she has any pain, refer to the health care provider.

Is she taking any laxatives or medicines?

- Consult with the health care provider.

Is she eating any nonfood items such as gravel, clay, laundry starch, or dirt?

- Advise her to stop eating harmful substances.
- See Pica in this section.

What are her cultural or religious food preferences?

- Learn about her cultural beliefs.
- Support food choices that may help increase her intake of fluids and fiber.

Is she taking prenatal vitamins, iron, and/or calcium pills? Find out how much of each type she takes.

- Consult with health care provider and/or registered dietitian to make sure she is not taking too much.

Is she drinking two to three quarts of fluids daily? Does she eat high-fiber foods?

- Help her find ways to consume fluids (soups, water, juice mixed with water) and high-fiber foods.
- Recommend more fiber, as listed on the Nutrition handout Constipation: What you can do.

Follow-Up

Use the following to reassess the condition of your client.

- Assess what diet changes the woman has made. Specifically praise her for increasing the fiber and liquids in her diet. Ask her if the constipation has decreased.
- Check what vitamin/mineral tablets she takes. Make sure that she is taking the pills in amounts recommended by her health care provider.
- Make sure she is not using harmful laxatives. Check for intake of nonfood items such as laundry starch, gravel, dirt, or clay. See Pica.

Referral

Refer to health care provider and registered dietitian if she complains of back pain and has not had a bowel movement for more than several days.



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Constipation: What you can do



When you're pregnant, you are likely to get constipated from time to time. Here are some ideas to help.

Eat more foods with fiber.

- Raw fruits
- Raw or cooked vegetables
- Leafy greens
- Dried fruits
- Nut and seeds
- Whole grain breads and cereals
- Bran/Oat Bran
- Brown rice
- Corn
- Beans and peas

Eat regular meals and snacks.

- Try small meals.
- Chew your food very well.

Drink plenty of liquids.

- Drink water and other fluids such as: decaf teas, decaf coffee, milk, juice, and soup.
- Drink warm/hot liquids before you eat in the morning.
- Write down how much liquid you drink. Does it add up to two or three quarts? If not, drink some more.

Exercise every day.

- Walk for half an hour.
- Swim.
- Do low impact aerobics.

Ask your health care provider before you do anything new.

Take time for your bowel movements.

- If you need to go to the bathroom, don't try to hold it. That can make it worse.
- Raise your feet on a stool or box when you have a bowel movement.
- Don't strain.

Try a natural laxative.

- It can help to eat prunes, figs, or dried apricots. You can also drink juice.





Durante el embarazo es común estar estreñida de vez en cuando. Hay consejos que le pueden ayudar.

Coma más alimentos que contienen fibra.

- Frutas frescas
- Vegetales frescos o cocidos
- Vegetales de hojas verde oscuro
- Frutas secas
- Nueces y semillas
- Panes y cereales integrales
- Salvado o afrecho, y avena
- Arroz natural (sin procesar)
- Maíz
- Frijoles y chícharos

Coma a su horario regular y coma bocadillos.

- Trate de comer varias comidas ligeras.
- Mastique bien su comida.

Tome muchos líquidos.

- Tome agua y otros líquidos como: té o café descafeinado, leche, jugos, y caldos.
- Tome algo tibio o caliente antes de comer en las mañanas.
- Anote cuánto líquido bebe. ¿Tome por lo menos de dos a tres litros de líquidos? Debe tomar más líquidos si no llega a esa cantidad.

Haga ejercicios todos los días.

- Camine por media hora.
- Nade.
- Haga ejercicios aeróbicos de poco impacto.

Consulte con su médico antes de probar cualquier cosa nueva.

Tómese su tiempo para ir al baño.

- Si tiene que ir al baño, no espere. Puede ser peor para el estreñimiento.
- Levante sus pies y póngalos sobre un banco o una caja cuando vaya al baño.
- No haga mucho esfuerzo.

Use un laxante natural.

- Las ciruelas pasas, higos, o chabacanos secos pueden servirle de mucha ayuda. También puede tomar jugos.



Constipation: What products you can and cannot take



Always ask your health care provider before you take any medicine or herbs.

- Ask what you can take to add fiber or to soften stools. Your health care provider can tell you what is safe.
- Drink a glass of water every time you take added fiber.
- Some iron pills have a stool softener that may help. Ask your health care provider.

When you are pregnant, you should NOT use some products.

Some can harm your baby. Others keep you from getting the vitamins you need to keep you and your baby healthy.

Do not use:

- Laxatives
- Castor oil
- Suppositories
- Senna
- Mineral oil
- Some kinds of antacids. Ask your health care provider.
- Enema

Watch out for these things:

- Too much calcium or iron can make your constipation worse. Talk to your health care provider about how much you should take.
- Too much hot or iced tea, coffee, or cola drinks can also make it worse. It's a good idea to stay away from caffeine.



Estreñimiento: Los productos que puede y no puede tomar



Consulte siempre con su médico antes de tomar cualquier medicina o probar hierbas medicinales.

- Pregúntele qué es lo que puede tomar para que le dé más fibra, o para suavizar sus evacuaciones cuando va al baño. Su médico le puede aconsejar sobre los productos que no son dañinos.
- Tome un vaso de agua con cada porción de fibra que ingiere.
- Algunas pastillas de hierro contienen un suavizador de evacuaciones que pueden servirle de ayuda. Consulte con su médico.

NO debe usar ciertos productos durante su embarazo.

Algunos productos son dañinos para su bebé. Otros pueden limitar que su cuerpo obtenga la cantidad de vitaminas que usted y su bebé necesitan para mantenerse saludables.

No use:

- Laxantes
- Aceite de Castor
- Supositorios
- Senna
- Aceite mineral
- Algunos antiácidos. Consulte a su médico.
- Enemas

Tenga mucho cuidado:

- Mucho calcio o hierro puede causarle más estreñimiento. Hable con su médico sobre la cantidad que debe tomar.
- Mucho té, helado o caliente, café, o refrescos de coca-cola también empeoran el estreñimiento. Lo mejor es que evite la cafeína.





Lactose Intolerance

Background

Lactose intolerance is the lack of or low amount of an enzyme which breaks down the sugar in milk (lactose). When lactose is not digested, it is not absorbed by the body, but is left in the intestine where it can cause gas. Intolerance means a lack of ability to digest lactose properly; it is not a food allergy.

Signs of lactose intolerance include bloating, diarrhea, gas, and upset stomach. The ethnic groups most affected in adulthood are African Americans, Hispanics, Native Americans, and Asians.

Steps to Take

Use these questions and interventions to assess and counsel your client.

Does drinking milk upset her stomach?

- Suggest warming the milk.
- Have her try drinking only four-ounce portions at one time.

Does she have gas, bloating, or diarrhea after drinking milk, eating yogurt, cheese, ice cream, or other dairy foods?

- Refer to health care provider to prescribe the lactase enzyme.

Can she eat a small portion of these foods without having the problem?

- Spread out the amounts of these foods over three meals and two or more snacks daily.

Can she eat foods cooked with milk or drink warmed milk?

- Suggest using milk to make soups, puddings, custards, or hot milk drinks.

What are her cultural or religious food preferences? Do they affect her food intake?

- Learn about her religious and cultural beliefs.

- Support her food choices that may help increase calcium in her diet.

Does she take calcium pills instead of consuming calcium-rich foods?

- Find out how much calcium the pills contain and how many she takes daily.
- Check to make sure they do not contain vitamin D. Excess vitamin D can be toxic.
- See handouts *Do you have trouble with milk foods? and Foods rich in calcium.*

Follow-Up

Use the following to reassess the condition of your client.

- Assess current problems. Discuss the methods of relief the woman has tried and which ones have worked.
- Assess her food intake using a 24-hour food recall to determine the amount of calcium from all foods and supplements. (See Daily Food Guide, *Foods rich in calcium and Take prenatal vitamins and minerals*).
- Determine whether the calcium intake from all sources (food and supplements) meets the recommended daily level of 1,200 milligrams.
- Review ways to reduce lactose intake. Encourage her to try suggestions she has not tried.
- Provide a sample meal plan which contains calcium-rich foods. Use the nondairy food sources list to add extra calcium.

Referral

Refer to health care provider and/or registered dietitian if after numerous attempts to educate the woman, her calcium intake from all sources, including supplements, is less than 800 milligrams per day.



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Do you have trouble with milk foods?



When you are pregnant, it is important to eat foods with calcium and protein. Milk foods can be a good way to do this. But some women have a hard time digesting milk foods. This is because milk has lactose, a sugar that some people cannot digest.

You can make it easier to digest milk foods.

You can:

- Eat or drink small servings of milk, ice cream, or frozen yogurt 5 or 6 times a day. Don't eat large servings at one time.
- Have milk with a meal instead of by itself.
- Heat your milk first. Or use it to make soups or casseroles.
- Drink chocolate or whole milk.

Choose foods low in lactose.

- Try yogurt with live active cultures in it. Read the label.



- Eat aged cheeses. Try jack, cheddar, mozzarella, or American.
- Drink cultured buttermilk. Use it when you bake.

Try these products to help digest milk foods.

- Ask your health care provider about products like Lactaid™ and DairyEase™
- You can take these pills before you eat ice cream, yogurt, and cheese or drink milk.
- You can also get liquid drops to add to milk.
- You can buy milk with low or no lactose in it or with Lactaid™ or DairyEase™ in it.

Choose non-milk foods rich in calcium.

- Ask for the list of *Foods rich in calcium*.

If you still have problems:

- Do not eat milk foods.
- Ask your health care provider before you take any medicines for diarrhea or gas.

Take extra calcium.

- Talk to your health care provider and/or dietitian about what type and how much to take.



¿Tiene problemas para digerir la leche?



Es muy importante que coma alimentos que contienen calcio y proteína durante su embarazo. Los productos de leche pueden proveerle esas sustancias. Pero, algunas mujeres no pueden digerir estos productos. Eso se debe a que la leche contiene lactosa, un azúcar que algunas personas no pueden digerir.

Hay cosas que puede hacer para digerir mejor los productos con leche.

- Coma o tome porciones pequeñas de leche, helados, o yogur congelado, de 5 a 6 veces al día. No trate de comerse una porción grande.
- Tome leche para acompañar una comida, no la tome sola entre comidas.
- Hierva la leche. O úsela para hacer caldos o caserolas al horno.
- Tome leche con chocolate o leche descremada.

Escoja alimentos que tienen poca lactosa.

- Pruebe el yogur natural. Lea la etiqueta. Busque el ingrediente “live active cultures.”



- Coma quesos añejos, como el monterey jack, cheddar, mozzarella, o queso Americano.
- Use leche con crema natural (buttermilk). Úsela para hornear.

Pruebe los productos que le pueden ayudar a digerir los productos con leche.

- Consulte con su médico sobre productos como Lactaid™ y DairyEase.™
- Puede tomar estas pastillas antes de comer helados, yogur, y queso, o tomar leche.
- También puede conseguir unas gotas, para añadirle a la leche.
- Puede comprar leche con poca o sin lactosa, o que contiene Lactaid™ o DairyEase.™

Escoja comer alimentos que no contienen leche pero que contienen mucho calcio.

- Pida la lista que se titula *Alimentos altos en calcio*.

Si todavía le causa problemas:

- No consuma productos de leche.
- Consulte con su médico antes de tomar cualquier medicina para la diarrea o para quitar los gases del estómago.

Tome calcio extra.

- Consulte con su médico o con la nutricionista sobre el tipo de calcio y la cantidad que debe tomar.



Foods rich in calcium



You need three servings each day of foods rich in calcium. All milkfoods are high in calcium.

If you can't drink milk or eat yogurt, try 5 ounces of cheese every day. If you do not like cheeses and other milk foods, or can't digest milk foods, choose 3 servings of non-milk foods with plenty of calcium.

Milk and milk foods

Each serving has about as much calcium as one cup of milk.

- 8 oz. fluid milk
- 8 oz. milkshake
- 8 oz. plain yogurt
- 1 cup pudding
- 1½ cups frozen yogurt
- 1 cup custard
- 1½ cups ice cream
- 1½ oz. hard, aged cheeses
- 2 oz. processed cheese
- 8 oz. buttermilk
- 2 cups cottage cheese



Non-milk foods with calcium

You can also choose these non-milk foods that are rich in calcium. Each serving size has about as much calcium as a cup of milk.

- Calcium-fortified cereal (one serving)
- 9 oz. tofu with calcium chloride
- 8 oz fortified soy milk
- ¾ cup fortified orange juice
- ½ cup canned mackerel or salmon (with bones)
- 2 tbs. blackstrap molasses
- 1½ cups cooked turnip greens
- 5 medium or 2½ oz. sardines
- 10 dried figs
- 1½ cups tempeh
- 3 cups cooked kale or mustard greens
- 3 cups okra
- 5 medium oranges
- 3 cups fresh cooked broccoli
- 7 medium corn tortillas made with lime or calcium carbonate
- 2 cups baked beans or pork and beans
- 4 oz. almonds
- 5 cups cooked bok choy or collard greens



Alimentos ricos en calcio



Debe comer 3 porciones al día de comidas ricas en calcio. Todos los productos con leche contienen mucho calcio.

Si no puede tomar leche o comer yóгур, pruebe a comer 5 onzas de queso cada día. Si no le gusta el queso, y otros productos lácteos, o no puede digerir comidas que contienen leche, entonces debe escoger 3 porciones de otro tipo de alimento rico en calcio.

Leche y productos lácteos

Cada porción de los siguientes alimentos contienen tanto calcio como una taza de leche.

- 8 onzas de leche
- 8 onzas de malteada (nieve con leche)
- 8 onzas de yóгур sin sabor
- 1 taza de pudín
- 1½ tazas de yóгур congelado
- 1 taza de flan
- 1½ tazas de nieve (helado)
- 1½ onzas de queso duro y añejo
- 2 onzas de queso procesado
- 8 onzas de leche con crema (buttermilk)
- 2 tazas de requesón



Alimentos sin leche pero con calcio

También puede escoger estas comidas sin leche que contienen mucho calcio. Cada porción contiene tanto calcio como una taza de leche.

- Cereales seco fortificado con calcio (una porción)
- 9 onzas de tofu con “calcium phosphate”
- 8 onzas de leche de soya fortificada con calcio.
- ¾ taza de jugo de naranja fortificado con calcio.
- ½ taza de macarelas o salmón en lata (con espinas)
- 2 cucharadas de melaza
- 1½ tazas de hojas de nabo cocidas
- 5 sardinas medianas o 2½ onzas de sardinas
- 10 higos secos
- 3 tazas de repollo rizado u hojas de mostaza cocidas
- 3 tazas de okra
- 5 naranjas medianas
- 3 tazas de bróculi fresco cocido.
- 7 tortillas de maíz medianas, hechas con cal o bicarbonato de soda.
- 2 tazas de frijoles horneados, o frijoles con carne de puerco.
- 4 onzas de almendras
- 5 tazas de bok choy cocido, u otras hojas verdes cocidas.





Anemia

Refer immediately to health care provider and registered dietitian if no improvement within one month or if she does not consume animal products.

Background

The health care provider will determine if the client is anemic and diagnose the type of anemia. Anemia is the lack of adequate blood cell number, cell size or hemoglobin, causing inadequate oxygen to get to cells in the body. Signs of anemia are paleness, fatigue, dizziness, headache, shortness of breath, and chronic infections.

Three quarters of all anemia is due to iron deficiency. Inadequate amounts of dietary folic acid and vitamin B₁₂ may also cause anemia.

Steps to Take

Use these questions and interventions to assess and counsel your client.

Iron Deficiency Anemia

Hematocrit <33% or Hemoglobin <11 g/dl.*

How many meals and snacks does she eat?

- Do the 24-hour food recall.
- Plot her weight on the appropriate weight gain grid.

How often does she consume iron rich foods?

- Discuss the Nutrition handouts *Get the iron you need* and *If you need iron pills*.
- Encourage her to eat more:
 - animal-protein foods

- dry beans, peas, and legumes
- vitamin C-rich fruits and vegetables
- fortified grains and cereals
- dried fruits and nuts

How many times a day does she have tea, colas, coffee, antacids, or pica items?

- Advise woman to avoid these substances.
- If needed, review the Pica section.

Folic Acid Deficiency Anemia

Mean Corpuscular Volume (MCV) >95.

How often does she consume fruits and vegetables?

- Discuss the Nutrition handout *Get the folic acid you need*.
- Have her select foods that she likes.
- Ask if she is willing to eat more foods rich in folic acid: fruits, vegetables, dry beans and other food sources.

Vitamin B₁₂ Deficiency Anemia

Does she eat animal foods or dairy products?

- Encourage her to eat more meat, eggs, fish, milk, yogurt and cheese.
- Have her select foods that she likes.
- Discuss the Nutrition handout *Get the Vitamin B₁₂ you need*.

Does she choose NOT to eat animal foods or dairy products? (A person who consumes NO animal products is called a vegan.)

- Refer to health care provider and/or registered dietitian.
- Discuss the *When you are vegetarian: What you need to know* Handout in this section.





Anemia (cont.)

Follow-Up

Use the following to reassess the client's condition.

- Check intake of iron supplements, amount and how taken. Make sure she is taking them properly.
- Check intake of other nutrient supplements including vitamin B₁₂ or folic acid.
- Assess for Pica (eating nonfood items).
- Review *Anemia* sections as needed.
- Assess discomforts which may have developed as a result of taking iron supplements (vomiting, constipation, or diarrhea).
- Check lab results on hemoglobin and hematocrit levels and whether they have improved.

CAUTION!

Advise the woman to keep iron pills tightly sealed and stored out of the reach of any child.

Danger of iron poisoning leading to death is a major concern for small children.

Referral

Refer to health care provider and registered dietitian if:

- Anemia has not improved within 1 month from the start of treatment.
- She has a history of Sickle Cell disease or other medical disorders causing anemia.
- Unable or unwilling to take iron supplements due to discomforts.
- Poor dietary intake.
- Vegan food practices with limited food choices.

* Smokers and those at high elevations require different criteria for anemia. For more specific criteria, refer to: Nutrition During Pregnancy and the Postpartum Period: A Manual for Health Care Professionals, Maternal & Child Health Branch, WIC Supplemental Food Branch, June 2001.



Get the iron you need



When you are pregnant, you need more iron.

Your body uses iron every day. So every day you need more iron. You need iron to make red blood cells. This keeps you and your baby healthy. When you don't get enough iron, your baby has a higher chance of being born too early or too small.

Here's how to get more iron.

Take prenatal vitamins with iron.

Eat more iron-rich food.

- Every day, eat 3 servings of animal products, like meat, fish, poultry, or eggs.
- Eat foods high in iron and foods with Vitamin C at the same time. This will help you use more of the iron from the food you eat.
- When you cook, use cast iron pots and pans.

You may need to take extra iron.

- Ask your doctor about taking extra iron every day.
- Take your iron pill at bedtime or between meals.

When you take your iron pills:

- Do not drink milk at the same time.
- Do not drink coffee, tea, or cola beverages at the same time.
- Do not eat yogurt, cheese, or bran at the same time.
- Do not use antacids.

This will help your body take in more iron.



Get the iron you need



Eat more of these iron-rich foods.

These meats and shellfish are high in iron:

- Beef
- Dark turkey meat
- Cooked beef tongue
- Cooked oysters
- Cooked clams

Any cereal fortified with iron is high in iron.

- Read the label.

These foods are good sources of iron:

- Lentils
- Navy beans
- Kidney beans
- Garbanzo beans
- Soybeans
- Blackeye peas
- Pumpkin seeds
- Lima beans

Try these fruits and vegetables. They also have iron.

- Prunes
- Dried apricots
- Spinach
- Raisins

Eat iron rich foods along with foods high in Vitamin C.

The vitamin C in food helps your body take in more iron. Try these foods high in vitamin C:

- Oranges
- Lemons
- Grapefruits
- Broccoli
- Tomatoes
- Cabbage



Consuma el hierro que necesita



Usted necesita más hierro cuando está embarazada.

Su cuerpo utiliza el hierro cada día. Así que cada día necesita más hierro. Necesita hierro para producir glóbulos rojos. De esa manera, se mantiene sana, y mantiene sano a su bebé. Si usted no consume suficiente hierro, su bebé corre más riesgo de nacer prematuro o nacer muy chiquito.

Cómo consumir más hierro.

Tome vitaminas prenatales que contienen hierro.

Coma alimentos que contienen mucho hierro.

- Cada día, coma 3 porciones de productos origen de animal, como carne, pescado, pollo, o huevos.
- Coma productos que contienen mucho hierro y vitamina C al mismo tiempo. De esa forma, su cuerpo puede utilizar más del hierro que usted ingiere.
- Cuando cocine, use sartenes y ollas de hierro pesado.

Tal vez necesite tomar más hierro.

- Consulte con su médico si debe tomar más hierro todos los días.
- Tómese sus pastillas de hierro al acostarse o entre comidas.

Cuando tome pastillas de hierro:

- No tome leche al mismo tiempo.
- No tome café, té, o sodas al mismo tiempo.
- No coma yogur, queso o cereal de salvado (bran) al mismo tiempo.
- No use antiácidos.

Esto le ayuda al cuerpo a absorber más hierro.



Consuma el hierro que necesita



Coma más productos que contienen mucho hierro.

Carnes y mariscos que contienen mucho hierro:

- Carne de res
- Carne oscura del pavo
- Lengua de res cocida
- Ostras cocidas
- Almejas cocidas

Cualquier cereal fortalecido con hierro contiene mucho hierro.

- Lea las etiquetas.

Alimentos que son fuentes ricas en hierro:

- Lentejas
- Frijoles rojos
- Frijoles rojos grandes
- Garbanzos
- Frijol de soya
- Frijol de punto negro
- Semillas de calabaza
- Habas verdes

Prueba las siguientes frutas y verduras. Contienen mucho hierro.

- Ciruelas pasas
- Chabacanos secos (albaricoques)
- Espinacas
- Uvas pasas

Coma alimentos ricos en hierro junto con productos ricos en vitamina C.

La vitamina C en ciertos alimentos ayuda a que el cuerpo pueda absorber más hierro. Pruebe los productos siguientes que contienen mucha vitamina C:

- Naranjas
- Limones
- Toronjas
- Brócoli
- Tomates
- Repollo o col



Get the folic acid you need



When you are pregnant, you need more folic acid.

Make sure you get plenty of folic acid. It will:

- Help lower the chances of having a baby with birth defects.
- Help you and your baby keep healthy.
- Give your baby a healthy start on life.



Here's how to get more folic acid.

Make sure you:

- Take your prenatal vitamins every day.
- Eat grains and cereals fortified with folic acid. Read the labels. Look for the words folic acid or folate.
- Eat 5 or more fruits and vegetables every day.
- Eat beans or lentils at least once a day.
- Talk to your health care provider about any medicines you take. Some may make it hard for your body to use folic acid.

It is good to know:

- Folic acid and folate are the same vitamin.
- Folic acid is added to foods.
- Folate is found in foods naturally.

Heat can destroy folate.

Do not overcook vegetables.

- Eat fruits and vegetables raw.
- Steam or sauté vegetables.
- Beans still have plenty of folate in them, even after they are cooked.



Get the folic acid you need



Eat these foods rich in folic acid.

Grains and cereals are fortified with folic acid:

- Bread
- Rice
- Flour
- Grits
- Wheat germ
- Corn meal
- Farina
- Pasta
- Many kinds of breakfast cereals

Read the labels on breads and cereals. They may have added folic acid.

Ingredients: Rice, wheat gluten, sugar, defatted wheat germ, salt, high fructose corn syrup, dried whey, malt flavoring, calcium caseinate, **Vitamins and Minerals:** ascorbic acid (vitamin C), alpha tocopherol acetate (vitamin E), reduced iron, niacinamide, pyridoxine hydrochloride (vitamin B₆), riboflavin (vitamin B₂), thiamin hydrochloride (vitamin B₁), vitamin A palmitate, folic acid and vitamin B₁₂. To maintain quality, BHT has been added to the packaging.

Beans and lentils are high in folate.

- Blackeye peas
- Lentils
- Split peas
- Garbanzo beans
- Kidney beans
- Lima beans
- Pinto beans
- Navy beans
- Black beans

Nuts and seeds are also high in folate:

- Peanuts
- Sunflower seeds

These fruits and juices are high in folate:

- Strawberries
- Orange juice
- Cantaloupe
- Avocado
- Papaya

Many vegetables are high in folate:

- Broccoli
- Asparagus
- Corn
- Okra

These greens are high in folate:

- Mustard greens
- Romaine lettuce
- Spinach
- Cooked turnip greens



Consuma el ácido fólico que necesita



Cuando está embarazada necesita más ácido fólico.

Asegúrese de consumir suficiente ácido fólico. Porque:

- Ayuda a reducir las posibilidades que su bebé nazca con defectos de nacimiento.
- Les ayuda a mantenerse sanos, tanto a usted como a su bebé.
- Su bebé podrá tener un buen comienzo en su vida.



Para conseguir más ácido fólico.

Debe hacer lo siguiente:

- Tome sus vitaminas prenatales todos los días.
- Coma granos y cereales fortalecidos con ácido fólico. Lea las etiquetas. Busque las palabras “folic acid” o “folate” en la etiqueta.
- Coma 5 o más frutas y verduras diarias.
- Coma frijoles o lentejas por lo menos una vez al día.
- Consulte a su médico sobre las medicinas que toma. Algunas no dejan que el cuerpo use el ácido fólico.

Debe saber que:

- El ácido fólico y el folate son la misma vitamina.
- El ácido fólico es lo que le agregan a ciertos alimentos.
- El folate es lo que los alimentos contienen naturalmente.

El calor uede destruir el folate.

No cocine demasiado las verduras.

- Coma frutas y verdura frescas.
- Cocine verduras al vapor o salteadas.
- Los frijoles contienen mucho folate, aún después de cocinar los.



Consuma el ácido fólico que necesita.



Coma productos ricos en ácido fólico.

Granos y cereales que están fortalecidos con ácido fólico:

- Pan
- Arroz
- Harina
- Sémola
- Trigo integral
- Harina de maíz
- Farina
- Pasta
- Algunos cereales secos

Lea las etiquetas de las cajas de cereales y los paquetes de pan. Tal vez le agregaron ácido fólico.

Ingredients: Rice, wheat gluten, sugar, defatted wheat germ, salt, high fructose corn syrup, dried whey, malt flavoring, calcium caseinate, **Vitamins and Minerals:** ascorbic acid (vitamin C), alpha tocopherol acetate (vitamin E), reduced iron, niacinamide, pyridoxine hydrochloride (vitamin B₆), riboflavin (vitamin B₂), thiamin hydrochloride (vitamin B₁), vitamin A palmitate, folic acid and vitamin B₁₂. To maintain quality, BHT has been added to the packaging.

Los frijoles y las lentejas son ricas en folate:

- Frijoles de punto negro
- Lentejas
- Chícharo seco
- Garbanzos

- Frijoles rojos grandes
- Habas
- Frijoles pintos
- Frijoles rojos
- Frijoles negros

Las nueces y semillas también son ricas en folate.

- Cacahuates
- Semillas de girasol

Frutas y jugos ricos en folate son:

- Fresas
- Jugo de naranja
- Melón
- Aguacate
- Papaya

Hay muchos vegetales ricos en folate:

- Brócoli
- Espárragos
- Elotes
- Okra

Vegetales verdes ricos en folate son:

- Hojas de mostaza
- Lechuga romana
- Espinacas
- Hojas de nabo cocidas



Vitamin B₁₂ is important



Pregnant women need Vitamin B₁₂.

If you don't get enough Vitamin B₁₂, you could get Vitamin B₁₂ anemia. When you don't get enough Vitamin B₁₂, it can damage your nervous system.

Vitamin B₁₂ is found in animal foods—like meat, milk, or eggs. If you don't eat these foods, talk to your health care provider. You may need more Vitamin B₁₂.

How Can I Get More Vitamin B₁₂?

- Eat animal foods like milk, cheese, eggs, or meat.
- Eat soy foods, like tofu, fortified with Vitamin B₁₂. Read the label.
- Try brewers yeast with B₁₂, such as Red Star®.
- Ask your health care provider if you should take B₁₂ pills or shots.



La Vitamina B₁₂ es importante



Las mujeres embarazadas necesitan Vitamina B₁₂.

Si no consume suficiente Vitamina B₁₂, le puede dar anemia de Vitamina B₁₂. Cuando su cuerpo no recibe suficiente Vitamina B₁₂, su sistema nervioso se puede dañar.

Hay Vitamina B₁₂ en productos animal — como carne, leche, o huevos. Si no consume ninguno de esos alimentos, consulte con su médico. Tal vez necesite más Vitamina B₁₂.



¿Cómo consigo más Vitamina B₁₂?

- Coma productos de animal, como leche, queso, huevos, o carne.
- Coma productos de soya, como el tofu, fortificado con Vitamina B₁₂. Lea las etiquetas.
- Pruebe la levadura preparada con Vitamina B₁₂, como la marca Red Star®.
- Consulte con su médico, y pregúntele si debe tomar pastillas o deben inyectarle Vitamina B₁₂.





Prenatal Vitamin and Minerals

Prenatal vitamins and minerals supply iron and other nutrients to pregnant women and are especially important for women who might have nutritional problems because of inadequate diet, heavy cigarette smoking, alcohol and drug use, or carrying more than one fetus. Assess the woman's diet using the 24-hour food recall and compare to the *Daily Food Guide* to determine the adequacy of her diet.

All women should receive at least routine supplementation of 30 mg of iron to maintain iron stores and prevent anemia. Clients treated for anemia who do not have a folate-rich diet (dark green leafy vegetables, legumes, whole grains and citrus fruits) are encouraged to take .4 mg of folic acid. It is believed that folic acid taken in the preconception period and during the first trimester may reduce the incidence of certain birth defects. Clients being treated for anemia who take more than 30 mg of elemental iron per day should take a prenatal vitamin daily with enough zinc and copper.

Excess supplementation can lead to toxicity and congenital defects. Counsel women to take one vitamin daily. Warn clients not to exceed 100% of the US RDA, especially for vitamins A and D.

Taking prenatal vitamins cannot compensate for poor food habits. Women need several nutrients that are not included in prenatal vitamins. To be well-nourished, encourage pregnant women to eat an adequate quantity of a wide variety of nutritious foods.

Recommended Contents of a Prenatal Supplement

Vitamins

Vitamin B ₆	2 mg
Folate .4 mg	400 mcg*
Vitamin C	50 mg
Vitamin D	200 IU

Minerals

Calcium	250 mg
Iron	30 mg
Zinc	15 mg
Copper	2 mg

Use the Nutrition handout ***Take prenatal vitamins and minerals*** with the client for prenatal vitamins discussed on this page. For calcium and iron supplements discussed on the following page, use the handouts ***If you need iron pills*** or ***You may need extra calcium***.

*During the early weeks of pregnancy (or if a woman is planning pregnancy) a diet adequate in folate or 400 mcg of supplement is recommended.

The above adapted from the Institute of Medicine - Nutrition During Pregnancy: part I and II. Washington, DC: National Academy Press, 1990.





Prenatal Vitamins (cont.)

Calcium

Calcium is needed by the body to form strong bones and teeth and maintain good muscle function. Calcium supplements are used to supply calcium when the diet intake is inadequate.

Pregnant women need a total of 800 mg of calcium per day from diet and/or supplementation. The health care provider will recommend the amount and type of calcium for each client.

Some calcium supplements and antacids may contain high levels of lead. Sources of information about lead in calcium supplements include: pharmacists, the manufacturers and the Natural Resources Defense Council (NRDC) at 415-777-0220.

How Much Calcium Do Calcium Supplements Contain?

Type/Elemental Calcium/Dose

Nonchewable

950 mg Calcium Citrate 200 mg

Tablets

1000 mg Calcium Lactate, 140 mg

1200 mg Calcium Gluconate, 108 mg

Chewable Tablets

500 mg Calcium Carbonate, 200 mg

750 mg Calcium Carbonate, 300 mg

317 mg Calcium Carbonate, 127 mg

64 mg Magnesium Hydroxide

Liquids

200 mg Calcium Carbonate/ml, 80 mg/ml

Iron

All pregnant women should take 30 mg of elemental iron daily. Iron supplements are used to prevent anemia and maintain an adequate supply of iron in the pregnant woman's body.

Pregnant women who have iron-deficiency anemia need 60 to 120 mg of elemental iron daily. The health care provider will recommend the correct amount and type of iron for your client.

How Much Iron Do Iron Supplements Contain?

Amount/ Type Elemental Iron/Tablet

Tablets

195 mg Ferrous Fumarate, 65 mg

325 mg Ferrous Sulfate, 60 mg

300 mg Ferrous Gluconate, 35 mg

Time Release

160 mg dried Ferrous Sulfate, 50 mg

150 mg Ferrous Gluconate, 50 mg

(with stool softener)

Chewable

100 mg, 33 mg

Liquids

220 mg Ferrous Sulfate, 44 mg

(5% alcohol)

330 mg Ferrous Gluconate, 35 mg



Take prenatal vitamins and minerals



Here's how:

- Take only one tablet a day. If you take more, it can be harmful.
- Take it at a different time than your iron or calcium pills.
- Take your prenatal pill with water or juice. Do not take with milk, cheese, or yogurt.
- Take it at bedtime or between meals.



Be careful!

Keep your prenatal vitamin and mineral pills out of reach of children. If children eat them, they can get very sick or even die.

If your child does swallow any:

Call the Poison Control right away 1-800-876-4766.

You may:

- Get constipated.
- Have diarrhea.

Talk to your health care provider about what to do.



Tome vitaminas y minerales prenatales



Cómo hacerlo:

- Tómese sólo una pastilla diaria. Si toma más, puede hacerle daño.
- Tome su pastilla prenatal a una hora diferente de cuando toma sus pastillas de hierro o calcio.
- Tome su pastilla prenatal con agua o jugo. No la tome con leche, queso, o yóгур.
- Tómela a la hora de dormir, o entre comidas.



Tal vez:

- Se sienta estreñida.
- Le dé diarrea.

Consulte con su médico, y pregúntele qué debe hacer.

¡Tenga cuidado!

No ponga sus pastillas prenatales de vitaminas y minerales al alcance de los niños. Si los niños las toman, se pueden enfermar gravemente, y hasta se pueden morir.

Si su hijo se traga una pastilla:

Llame de inmediato al Centro de Control de Envenenamientos al: 1-800-876-4766.



If you need iron pills



Take only the iron pills your health care provider tells you that you need:

- If you take more than one pill, take each pill 3 or 4 hours apart.
- Do not take iron at the same time as your prenatal vitamins.
- Do not take iron with milk, yogurt, cheese, or other milk foods.
- Try to take iron between meals.
- Do not stop taking the iron without telling your doctor.

Call your health care provider and ask for advice:

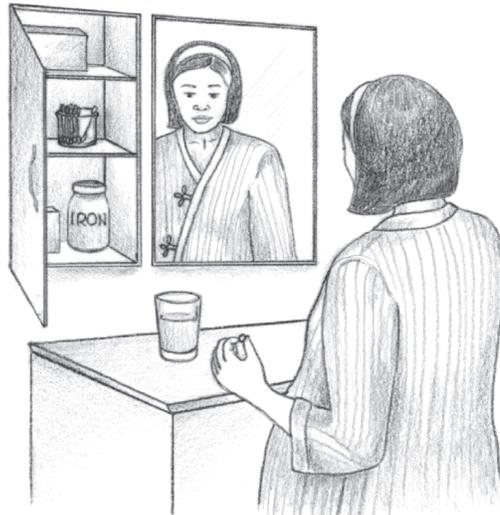
- **If you vomit or feel sick to your stomach.** You may need to take your iron pills with food or at bedtime. You may want to use time released iron.
- **If you get diarrhea.** You may need to take less iron.
- **If you get constipated.** It's a good idea to eat high fiber foods. Drink more fluids. Or ask about a stool softener.

Be careful!

Keep your iron pills out of reach of children. It only takes a few iron pills to kill a small child.

If your child swallows any iron pills:

Call 911 or Poison Control right away at 1-800-876-4766.



Si necesita pastillas de hierro



Tome sólo las pastillas de hierro que le recomiende su médico:

- Si debe tomar más de una pastilla, tome una pastilla cada 3 a 4 horas.
- No tome pastillas de hierro a la misma hora en que se toma sus vitaminas prenatales.
- No tome pastillas de hierro con leche, yóгур, queso, u otros productos lácteos.
- Trate de tomar sus pastillas de hierro entre comidas.
- No deje de tomarse el hierro sin antes consultar a su médico.

Llame a su médico y pídale consejos:

- **Si vomita o siente náusea.** Tal vez deba tomarse sus pastillas de hierro con la comida, o cuando se va a acostar. Tal vez prefiera las tabletas que distribuyen el hierro lentamente.
- **Si le da diarrea.** Tal vez deba tomar menos hierro.
- **Si se siente estreñida.** Sería bueno que comiera productos con mucha fibra. Beba más líquidos. O, pida que le receten algo para poder ir al baño.

¡Tenga cuidado!

Guarde las pastillas de hierro fuera del alcance de los niños. Con unas pocas pastillas de hierro puede morir un niño pequeño.

Si su hijo se traga una de estas pastillas:

Llame de inmediato al 911, o al Centro de Control de Envenenamientos al 1-800-876-4766.



You may need extra calcium



Calcium helps you and your baby grow and stay healthy. If you are not getting enough calcium:

- Talk to your health care provider about taking calcium pills.
- Take your calcium pills just as your provider tells you to.
- If there is more than one pill, take one every 3 to 4 hours. Do not take all the pills at one time.
- Do not take calcium at the same time as your prenatal vitamins or iron tablets.
- Don't take more than 1000 mg of calcium a day.



You may have problems when taking calcium.

- You may get constipated or have diarrhea. Ask your health care provider for help.
- If you take too many calcium pills, you could get kidney stones. Take only what your health care provider recommends.

Stay away from these kinds of calcium pills:

- Do not use calcium phosphate. Your body does not use the calcium in it very well.
- Do not take oyster shells, bone meal or dolomite pills.
- Some calcium pills and antacids have lead in them. Ask your pharmacist for safe choices.

Be careful!

Keep your calcium pills out of reach of children.

If your child does swallow any:

Call Poison Control right away at 1-800-876-4766.



Tal vez necesite más calcio



El calcio le ayuda a usted y a su bebé a crecer y a mantenerse sanos. Si no está recibiendo suficiente calcio:

- Consulte con su médico y pregúntele si debe tomar pastillas de calcio.
- Tome sus pastillas de calcio de acuerdo con las indicaciones de su médico.
- Si debe tomarse más de una pastilla, tome una cada 3 a 4 horas. No se tome todas las pastillas al mismo tiempo.
- No tome calcio a la misma hora en que se toma sus pastillas prenatales de vitaminas, o las de hierro.
- No tome más de 1,000 miligramos de calcio al día.



Tal vez sufra de ciertos problemas cuando tome el calcio.

- Puede sentirse estreñida o le puede dar diarrea. Consulte con su médico.
- Si toma demasiadas pastillas de calcio, se le pueden formar piedras en los riñones. Tome sólo la dosis que su médico le recomiende.

Hay varios tipos de calcio que debe evitar:

- No use fosfato de calcio (calcium phosphate). Su cuerpo no usa bien el calcio de esa sustancia. Lea las etiquetas.
- No tome pastillas de conchas de ostras (oyster shells), de huesos desechos (bone meal), o de dolomita (dolomite). Lea las etiquetas.
- Algunas pastillas de calcio y ciertos antiácidos contienen plomo. Consulte con el farmacéutico para que le ofrezca opciones seguras, que no van a hacerle daño.

¡Tenga cuidado!

No ponga las pastillas de calcio al alcance de los niños.

Si su hijo se traga una pastilla:

**Llame de inmediato al
Centro de Control de
Envenenamientos
al 1-800-876-4766.**





Pica

Refer immediately to health care provider if a woman is eating large amounts of nonfood items that may be harmful to her and her baby.

Background

Pica is an abnormal craving that results in regular, compulsive intake of nonfood items with little or no nutritional value. Some pica items may contain toxic substances, block the intestines, harm tooth enamel, and displace nutrient-rich foods in the diet. Pica may result in poor nutrition intake or absorption by the body. The items may include clay, dirt, laundry starch, cornstarch, ice, coffee grounds, gravel, mothballs, or other substances.

Pica occurs in pregnant women of any age, race, culture, geographic area, or income level.

Steps to Take

Use these questions and interventions to assess and counsel your client.

Ask if she eats dirt, clay, starch, or other items which are not foods. If yes, then ask her how much she eats.

- Discuss the concerns about the pica in simple terms. Use nonjudgmental language.
- Use the *Possible Problems From Pica* section to explain some of the potential problems with eating these non-foods.

Find out why she eats these items. Does she like the taste or texture? Does she feel that she needs to satisfy her craving?

- Encourage the woman to talk about her feelings and reasons for craving the pica item.
- Advise her to avoid the item and state why.

Is she willing to stop eating these items and try substitutes?

- Encourage healthy substitutes.
- Ask her to try raw vegetables, oranges, hard candy, pretzels, sour pickles, and gum instead of pica items.

Does she eat ice? How much?

- If the client eats more than one cup per day, evaluate for anemia.
- Ask her to try eating fruits, puddings, or juice popsicles instead of large quantities of ice.

Does she eat enough from each food group?

- Encourage her to eat a balanced diet. Review the *Daily Food Guide* servings and amounts.
- Check to see if she is iron deficient. Make sure she takes the recommended supplements.

Does she report constipation, gas, bloating, back or abdominal pain? Is she unable to stop eating these substances?

- Report her physical complaints and pica practice to the health care provider.





Pica (cont.)

Possible Problems from Pica During Pregnancy

PICA ITEM	CONTENT	MAY RESULT IN
Ice	Water	Iron Deficiency Anemia*
Baking soda	Sodium, alkali	Excess sodium load, alkalosis
Cigarette butts	Nicotine	Poisoning from nicotine
Clay, dirt	Bacteria, parasites, lead or mercury	Infections, poisonings from lead or mercury. May cause blockage of intestines, infection, or death.
Paint chips, colored	Lead	Lead poisoning
Paper (lead content)	Lead	Lead poisoning
Coffee grounds	Caffeine	Poisoning from caffeine
Moth balls and toilet bowl freshener	Naphthalene/paradi, Chlorobenzene	Poisoning Hemolytic anemia
Laundry starch, cornstarch, flour	Non-nutritional starch	Low intake of nutrients Excess calories
Lemons	Citric acid	Erodes tooth enamel

*Small bits of ice are not a problem. Ice eating does not cause anemia. Anemic women may crave large quantities of ice, however. If the woman eats more than one cup per day, evaluate for anemia. If not anemic, reevaluate at each trimester.

(Adapted from M. Story, 1990)

Follow-Up

Use the following to reassess the client's condition.

- Reassess the pica practices, amounts taken, and frequency.
- Praise her for any positive changes made.
- Try to help her list other foods which may help stop the pica practice.
- Check for iron-deficiency anemia, especially if ice-eating.
- Set new goals for making changes in the behavior.

Referral

Refer to health care provider and registered dietitian if behavior has not changed, and the item contains toxic substances or may result in a medical or nutrition problem.





Stretching Your Food Dollar

If the woman cannot afford to buy food, see Psychosocial Guidelines for financial concerns.

Background

Inadequate financial resources can affect the quality and the quantity of food available in a household and lack of access to affordable food can strain limited resources even further. If food is limited, it is often the woman who skips meals or eats less nutritious foods to provide for other family members. Nutrition assessment should include information on resources available for food, access to affordable markets, and any problems with food scarcity or hunger. Education and counseling on food buying, storage, and preparation can help increase food-buying power. It is important to have knowledge of food assistance and nutrition education programs in the community and to encourage low-income women to participate in them.

Emergency food assistance is helpful but is not a long-term solution to helping families have adequate food and nutrition. Home or community gardening, produce stands, farmer's markets, group buying clubs and food cooperatives, provide long-lasting alternatives to maximize food-buying power. The WIC program and Food Stamps help the client purchase needed food. Helping the client gain access to affordable food is critical for her food security.

Steps to Take

Use these questions and interventions to assess and counsel the client.

How many meals and snacks does she eat (include all foods and beverages)?

- Do a 24-Hour Food Recall and assess food intake using the *Daily Food Guide*.
- Encourage selection of less processed foods that are less costly.
- Use the Food Recall to assist the client in planning for leftovers, e.g., baked chicken becomes chicken soup on day two.
- Assess nutrition content of food choices. High fat, high sugar foods are expensive and provide little nutritional value.

Is she enrolled in the WIC program or any other food assistance programs?

- If not, make a referral to WIC.
- Refer to other food assistance programs or charities in your community.

How many people live in her household? Does she run out of money for food? How often?

- Give information on food resources for other family members.
- Help her prepare a food budget for the month. See your local University of California Cooperative Extension for information and assistance on budgeting and food preparation.





Food Dollar (cont.)

Where does she shop for groceries?

- Discuss the Nutrition handout *You can eat healthy and save money: Tips for shopping*. Encourage her to compare prices and shop for the best value.
- Suggest less expensive and more nutritious food items.
- If she does not have access to an affordable market, offer information on transportation.

Who does the shopping and who prepares the meals? Does she buy many convenience food items?

- Discuss the Nutrition handout on choosing low-cost, nutritious foods (*You can buy low-cost healthy foods*).
- If someone else buys the food, ask if they could join her at her next visit to discuss food selection.
- How often does she eat out?
- Suggest quick and easy meals to prepare at home versus eating out often.
- Discuss nutritious and less expensive choices at her favorite eating spots.

Follow-Up

- Complete a Food Recall at next visit to assess for adequate foot intake.
- Check to see if referrals made were helpful. If she didn't follow up on referrals, discuss possible barriers.

Resources

- Contact the local University of California Cooperative Extension for client pamphlets and education materials.
- The Financial Concerns section in the Psychosocial Guidelines has a food resource section.



You can eat healthy and save money



Tips for food shopping

You don't have to spend lots of money to get the foods you need to keep healthy.

Shop around the outside aisles of stores. Get fresh, less processed foods.

- Buy fresh fruits and vegetables in season.
- Choose whole chicken or a bulk size bag of chicken pieces.

Buy things in bulk, like rice, beans, oatmeal, or pasta.

- Buy plain food items. For example, get a bag of rice — not boxed rice mixes with spices. Or buy fresh potatoes, not instant potatoes or other mixes.
- Choose less processed foods. Buy cheese in blocks, not sliced.

Look in the frozen food section.

- Choose frozen vegetables without sauces or spices.
- Frozen juice is cheaper than other juice.

Buy store brands and specials.

- Look for “2 for 1” specials.
- Buy the weekly specials the store offers for foods you often eat.

Plan your menu for the week.

- Plan menus around foods that are in season.
- Make extra, and freeze to use later.
- Plan for leftovers. For example, serve grilled chicken one night and chicken soup the next.

Don't buy on impulse.

- Make a shopping list ahead of time.
- Shop when you are not hungry.
- Shop without your children when you can. Candies and toys are often put at children's eye level. That can get expensive.
- Only use coupons to buy foods you normally eat.

Compare prices. Prices may be cheaper at:

- Large supermarket stores
- Discount warehouses
- Farmer's markets
- Food co-ops
- Food buying clubs



Puede comer bien sin gastar mucho



Consejos para comprar comida

No tiene que gastar mucho para obtener los alimentos que necesita para mantenerse saludable. Le recomendamos que:

Vaya a los mostradores del exterior de la tienda. Los alimentos son más frescos y menos procesados.

- Compre frutas y verduras frescas de la temporada.
- Compre un pollo entero, o una bolsa gigante con piezas de pollo.

Compre en grandes cantidades, como arroz, frijoles, o avena.

- Compre alimentos simples. Por ejemplo, compre una bolsa de arroz simple—no compre arroz en caja con especias. Compre papas frescas, en lugar de papas instantáneas, u otros alimentos pre-cocinados.
- Escoja alimentos sin procesar. Compre queso en trozos grandes, no raspado o rebanado.

En la sección de comidas congeladas.

- Compre verduras congeladas sin salsas ni especias.
- El jugo congelado es más barato.

Compre alimentos en oferta o con la marca de la tienda.

- Busque las ofertas de “dos por uno.”
- Para alimentos que consume con frecuencia, compre el especial de la semana que ofrece la tienda.

Planee para la semana.

- Prepare sus menús de acuerdo con lo que la temporada le ofrece.
- Prepare más de lo necesario, y guarde lo que sobra en el congelador.
- Incluya las comidas que le sobran en los menús. Por ejemplo, sirva pollo asado una noche y al día siguiente haga sopa de pollo.

No compre por gusto.

- Haga su lista de compras por adelantado.
- Vaya de compras cuando no tenga hambre.
- Vaya de compras sin los niños, si puede. Los dulces y juguetes siempre los ponen al alcance de los niños. Eso le puede costar.
- Use cupones sólo para comprar alimentos que usted acostumbra comprar.

Tal vez encuentre mejores precios en:

- Supermercados grandes
- Almacenes con descuento
- Mercados al aire libre
- Cooperativas de comida
- Asociaciones para comprar comida con descuento



You can buy low-cost healthy foods



Bread, cereal, rice, and pasta

- Eat hot or cold low-sugar cereals, like oatmeal.
- Corn tortillas, soda crackers, graham crackers, popcorn, or pretzels make good choices.
- Choose whole grain foods, like whole wheat bread.

Fruits and vegetables

- Fresh fruits and vegetables in season are great. Check out produce stands and farmer's markets. You may get a better price there.
- Most of the time you can find good prices for potatoes, sweet potatoes, greens, carrots, onions, and cabbage.
- Bananas, oranges, apples, raisins, and prunes are almost always a good buy.
- Wash and cut your own lettuce for salads.

Milk foods

- Try powdered milk.
- Buy plain yogurt.

Meat, poultry, fish, beans, and other protein foods

- You may like beans (pinto, red, black, white, or pink). You can also try lentils, split peas, or blackeye peas.
- Try eggs, bean soups, peanut butter, peanuts, or tofu.
- Choose turkey legs, canned tuna, or whole chickens. Buy meat on sale.
- Cook pizza at home, rather than eating out.

Fats

- Use vegetable oils for cooking.
- Do not use butter, lard, or shortening.



Puede comprar alimentos nutritivos a bajo costo



Panes, cereales, arroz, y pastas

- Coma cereales fríos o calientes que no contienen mucha azúcar, como la avena.
- Tortillas de maíz, galletas de soda o de graham, palomitas de maíz, o pretzels son buenas elecciones.
- Escoja alimentos con granos integrales, como el pan de trigo integral.

Frutas y verduras

- Frutas y vegetales frescos de la temporada son mejor. Compare precios de los puestos con frutas frescas y los mercados al aire libre.
- La mayor parte del tiempo puede comprar papas, camotes, vegetales verdes, zanahorias, cebollas, y repollo a buen precio.
- Plátanos, naranjas, manzanas, pasas, y ciruelas pasas casi siempre están a buen precio.
- Lave y corte su propia lechuga para ensaladas.

Productos con leche

- Pruebe la leche en polvo.
- Compre yogur simple, sin sabor.

Carne, pollo, pescado, frijoles, y otros alimentos con proteína

- Tal vez le gusten los frijoles (pintos, rojos, negros, blancos, o rosados). También debe probar lentejas, gandules, o chícharos.
- Pruebe los huevos, caldos de frijoles, mantequilla de maní, cacahuates, o tofu.
- Compre patas de pavo, atún enlatado, o pollos enteros. Compre la carne en oferta especial.
- Haga su propia pizza en casa, en vez de salir a comer.

Grasas

- Use aceite vegetal para cocinar.
- No cocine con mantequilla, ni manteca de puerco o de vegetal.



You can stretch your dollars



Choose these easy meals and snacks

You can make these quick and easy meals.

Try:

- Bean and cheese burritos
- Eggs with salsa and tortillas
- Rice and beans with tortillas
- Spaghetti with tomato sauce

You might like:

- Lentil or bean soup
- Barley soup with carrots and beef
- Vegetable beef stew

Think about having:

- Baked potato with cheese and broccoli
- Vegetable and cheese lasagna
- Pasta salad with vegetables
- Homemade cheese & vegetable pizza

It's easy to make:

- Tuna noodle casserole
- Stir-fried tofu and vegetables
- Chili with cornbread



You may like these sandwiches:

- Egg salad sandwich
- Tuna salad sandwich
- Peanut butter and jelly sandwich
- Chicken salad sandwich

Try these salads:

- Three-bean salad
- Fruit salad. Use fruits in season.
- Green salads. Wash and cut your own lettuce mixture. You can dry the lettuce and store it in the refrigerator.
- Rice or couscous salad with chicken and fruit



You can stretch your dollars



You can choose healthy snacks.

Crackers can be good. What about:

- Graham crackers with milk
- Crackers and cheese
- Tuna or peanut butter and crackers

You may like these healthy cookies:

- Low-fat cookies
- Oatmeal cookies
- Rice cakes
- Fig or fruit bars

You may like:

- Apples and peanut butter
- Carrots and other fresh vegetables
- Fruit canned in juice or water
- Fresh fruit (in season)
- Fruit or vegetable juice

You can try:

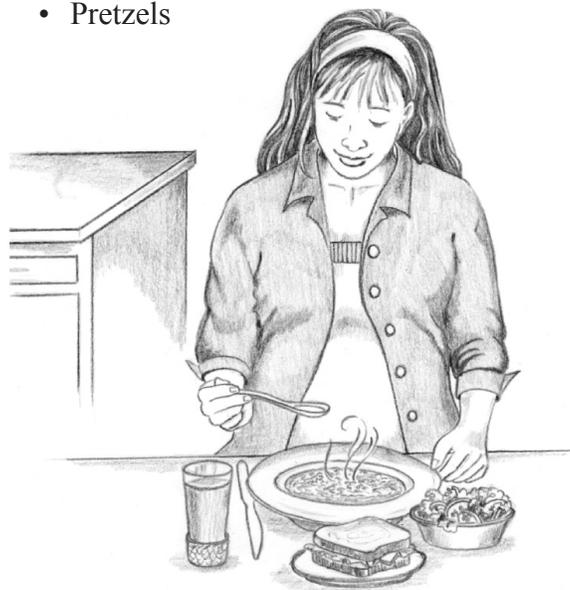
- Fruit popsicles
- Frozen yogurt
- Sherbet

How about:

- Yogurt
- Custard
- Pudding

You may want to try:

- Corn tortillas with cheese and salsa
- Cereal with milk
- Popcorn
- Bread sticks
- Pretzels



Puede estirar su dinero



Prepare comidas y bocadillos fáciles y sencillos.

Puede preparar comidas rápidas y fáciles de hacer.

Pruebe:

- Burritos de frijoles y queso
- Huevos con salsa estilo mexicano y tortillas
- Arroz y frijoles con tortillas
- Espagueti con salsa de tomate

Tal vez le guste:

- La sopa de lentejas o de frijoles
- Sopa de cebada con zanahorias y carne de res
- Estofado de res con verduras

Piense que pueden comer:

- Papas horneadas con queso y brócoli
- Lasaña de vegetales y queso
- Ensalada de pasta con vegetales
- Pizza hecha en casa con vegetales y queso

Es fácil hacer:

- Caserola de atún con fideos
- Tofu con vegetales al estilo chino
- Chili (frijoles con carne) con pan de maíz



Tal vez le apetezcan estas tortas:

- Torta de huevos cocidos con mayonesa
- Torta de ensalada de atún
- Sandwiches de mantequilla de maní con jalea
- Torta de pollo desmenuzado con mayonesa

Pruebe a hacer ensaladas como:

- Ensalada de ejotes, frijoles y garbanzos
- Ensalada de frutas. Use frutas frescas de la temporada.
- Ensaladas verdes. Lave y corte su propia mezcla de lechugas. Puede secar la lechuga, y guardarla en el refrigerador.
- Ensalada de arroz con pollo y fruta





Escoja bocadillos nutritivos.

Las galletas de soda son buenas.

Qué le parecen:

- Las galletas dulces de graham con leche
- Galletas de soda con queso
- Atún o mantequilla de maní con galletas de soda

Tal vez prefiera estas galletas nutritivas:

- Galletas bajas en grasa
- Galletas dulces de avena
- Tortitas de arroz esponjado (rice crackers)
- Galletas con relleno de higos o fruta

Tal vez le guste:

- La mantequilla de maní con manzanas
- Zanahorias y otros vegetales frescos
- Frutas enlatadas en jugo o en agua
- Fruta fresca que de la temporada
- Jugos de fruta o verduras

Puede probar:

- Las paletas de fruta (helados)
- Yóгур congelado
- Sorbete de frutas

Y qué le parece:

- El yóгур
- Flan
- Pudín

Tal vez quiera probar:

- Quesadillas con chile
- Cereal con leche
- Palomitas de maíz
- Palitroques
- Pretzels





Cooking and Food Storage

Background

Not having a stove, refrigerator, or means of food storage presents special challenges for meeting nutritional needs and keeping food safe. Assess the client's access to cooking facilities, including small appliances and food storage. The client may need help finding sites for hot meals and for acquiring alternate housing. Assist the client by becoming familiar with foods provided by the WIC program that can be used without refrigeration or cooking facilities.

Steps to Take

Use the following questions and interventions to assess and counsel the client.

How many meals and snacks does she eat (include all foods and beverages)?

- Do a 24-Hour Food Recall and assess food intake using the Daily Food Guide.
- If her eating patterns are erratic and she does not have access to food, refer her to any community assistance programs or charities she may be eligible for.

Does she have a working stove, oven, refrigerator, freezer, and storage facilities?

- Discuss her needs with the health care provider to search for available resources.

- If allowed, recommend use of small appliances such as hot plates, toaster ovens, etc. to prepare food.
- Review the handout **When you cannot refrigerate: Choose these foods.**
- Review the handout **Tips for cooking and storing food.**
- Refer to community agencies that serve meals or provide needed appliances.

Is she enrolled in the WIC program?

- If not, make a referral to WIC.
- Recommend that she not purchase all WIC foods at once and that she select foods that don't require refrigeration, such as dried milk, dried cereals, and canned juices.
- Help her problem-solve storage methods for the WIC foods she receives, e.g., wrapping cheese tightly in plastic, using a cooler, storing cereals in air tight containers, etc.

The health care provider is responsible for appropriate referrals for safe shelter and other resources as determined during the assessment.



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When you cannot refrigerate



Choose these foods

There are safe foods you can eat, even when you cannot refrigerate.

When you buy canned food, buy the size of can that your family will eat at one meal, so there are no leftovers. If cooking rice, pasta, or cereal, cook only what your family will eat at one meal, so there are no leftovers needing refrigeration.

Milk, yogurt, and cheese

- Buy dry milk powder. When you make it, use it in a few hours.
- Make instant pudding with dry milk.
- Buy canned processed cheese.
- Buy a small carton of cottage cheese or yogurt. Eat it the same day you buy it.

Meat, poultry, fish, beans, and other protein foods

- Peanut butter and nuts are good to have on hand.
- Buy single servings of sardines or tuna. Use small cans of chili beans, baked beans, or refried beans.
- Buy canned garbanzo, kidney, or pinto beans.
- Hard boil eggs. Eat them the same day.

Fats

- Use vegetable oils.

Fruits and vegetables

- Eat fresh fruits and vegetables.
- Choose small-sized canned fruits, like applesauce or peaches.
- Try canned vegetables.
- Eat dried fruits: raisins, apricots, dates, figs, or prunes.
- Buy small sized fruit and vegetable juices.

Grains, cereals, rice, and pasta

- Buy instant rice, pasta, or noodles that only need hot water.
- Eat hot cereals such as Cream of Wheat™, oatmeal, and grits.
- Buy dry foods such as cereals, breads, and tortillas.
- You could also buy bagels, crackers, pretzels, and rice cakes.



Si no tiene refrigerador



Escoja estos alimentos

Hay alimentos que no se necesitan refrigerar

Cuando compre comida enlatada, compre la medida de lata que su familia puede comer en una comida. De ese modo, no habrán sobras. Cuando cocine arroz, pasta o cereal, cocine sólo lo que su familia se puede comer a la hora de la comida. De esa manera no habrán sobras que necesiten refrigeración.

Leche, yóгур, y queso

- Compre leche en polvo. Cuando la prepare, úsela en un par de horas.
- Prepare pudín instantáneo con leche en polvo.
- Compre queso procesado en lata.
- Compre un envase pequeño de requesón o yóгур. Cómaselo el mismo día en que lo compró.

Carne, pollo, pescado, frijoles, y otros alimentos con proteína

- Tenga mantequilla de maní y nueces a la mano.
- Compre latas pequeñas de sardina o atún. Use latas pequeñas de chili con frijoles, y frijoles horneados o refritos en lata.
- Compre latas de garbanzos, o de frijoles rojos o pintos.
- Prepare huevos cocidos. Cómaselos el mismo día.

Grasas

- Use aceite vegetal.

Frutas y vegetales

- Coma frutas y vegetales frescos.
- Compre latas chicas de frutas enlatadas, como puré de manzana o duraznos.
- Pruebe los vegetales en lata.
- Coma frutas secas: pasas, chabacanos, dátiles, higos o ciruelas pasas.
- Compre latas chicas de jugos de frutas y vegetales.

Granos, cereales, arroz, y pastas

- Compre arroz, pastas o fideos instantáneos que sólo necesitan agua caliente para su preparación.
- Coma cereales calientes como la crema de trigo, avena, y sémola.
- Compre alimentos secos como cereales, panes, y tortillas.
- Compre también bagels, galletas de soda, pretzels, y tortitas de arroz esponjado.



Tips for cooking and storing foods



If you do not have a stove, use small appliances for cooking, like:

- Hot plate
- Electric fry pan
- Crockpot
- Toaster oven
- Rice Cooker
- Microwave
- Hot pot

Cook for only one meal at a time.

Here are tips to keep foods fresh:

- Keep food in the driest and coolest spot in the room.
- Do not store food near heaters or under sinks.
- Fill a cooler with ice to keep foods cold without a refrigerator. This works for cheeses, milk, cold meats, yogurt, eggs, and vegetables.
- Wrap cookies and crackers in sandwich bags or store them in airtight jars or boxes.



It's important to:

- Keep all food covered and off the floor.
- Tightly close bags of bread, bagels, or tortillas. That keeps them fresh and keeps out pests.
- Open food boxes with care. Close them tightly every time you use them.
- Store sugar, dried fruit, or nuts in screw-top jars. You can also try clean coffee cans with lids.
- Throw away spoiled food in plastic bags. Keep it away from other foods.





Si no tiene estufa, use aparatos domésticos para cocinar, como:

- Parrilla eléctrica
- Sartén eléctrico
- Olla eléctrica (crockpot)
- Horno para tostar
- Olla de vapor para hacer arroz
- Microondas
- Cafetera eléctrica para hervir agua

Prepare sólo lo que se va a comer a la hora de la comida.

Sugerencias para mantener fresca la comida:

- Mantenga la comida en el lugar más seco y fresco que tenga en el cuarto.
- No guarde la comida cerca de calentadores, o debajo del fregadero.
- Si no tiene refrigerador, llene una hielera de cubitos de hielo para mantener fría la comida. Es muy útil para quesos, leche, carnes frías, yogur, huevos y vegetales.
- Envuelva las galletas dulces y las de soda en bolsas de sandwiches o guárdelas en un envase y sáquele el aire.



Es muy importante que:

- Tape toda la comida, y que no la ponga en el suelo.
- Cierre bien las bolsas del pan, bagels, o tortillas. La comida se conserva fresca, y no le entran bichos.
- Abra las cajas de comida con cuidado. Cíerrelas bien cada vez que las use.
- Almacene el azúcar, frutas secas, o nueces, en frascos con tapas que queden apretadas. Las latas limpias de café con tapas plásticas son muy útiles.
- Tire la comida que se le arruine, y póngala en bolsas plásticas. Manténgala lejos de la otra comida.





Food Safety

When to Call the Doctor

A pregnant woman should contact her medical provider if she develops flu-like symptoms (chills, nausea, vomiting, diarrhea, abdominal pain or cramps, a stiff neck, a severe headache, fever).

Background

Food poisoning (or food-borne illness) is particularly dangerous for pregnant women and their babies. Severe food poisoning during pregnancy can cause abortion, preterm labor, stillbirth, and infant death. Symptoms of food poisoning can be mild to severe, from a stomach upset or slight fever to bloody diarrhea, severe headache, fever, and vomiting. Symptoms can occur within hours or after several weeks. Most often, people get sick within 4 to 48 hours. Even mild symptoms during pregnancy can result in a potential deadly outcome for the fetus or newborn.

Pregnant women and infants are at greater risk from food poisoning because their immune systems are weaker than healthy adults and children. Most food poisoning is caused by a few different types of bacteria. Food poisoning can also occur from contamination by parasites, viruses, fungi, and toxins, as well as from heavy metals and industrial and agricultural contamination.

Bacteria

Pregnant women need to be informed of the hazards of food poisoning and steps they can take to

prevent food poisoning from occurring. The more common bacteria responsible for food poisoning are *Listeria*, *Toxoplasma*, *Salmonella*, *Clostridium perfringens*, *Clostridium botulinum*, and *E. Coli* 0157:H7. Bacteria and the toxins they produce can contaminate food in a number of ways. Poor hygiene and inadequate hand washing can spread bacteria when food is prepared and handled.

Improper heating and refrigeration of food may allow bacteria to thrive and multiply. Soils containing certain bacteria can contaminate fresh fruits and vegetables. Overall, good personal hygiene, and safe food handling, cooking, and storage practices are essential in reducing the risk of infection. The food industry has many standards in place to help reduce the amount of such contamination.

Heavy Metals and Organic Chemicals

There is concern that some fish contain toxic chemicals like mercury, PCBs (polychlorinated biphenyls), and pesticides like DDT, chlordane, and dieldrin. These contaminants build up in the body over time and may harm a pregnant or breastfeeding woman and her baby. Maternal exposure to high levels of mercury has been linked to developmental delays in these women's children. Shark, swordfish, and Chilean sea bass have been documented as containing mercury and other contaminants and **should not be eaten** by pregnant women.

PCBs and other industrial and agricultural contaminants accumulate in the fatty tissue of fish and animals. Consequently, reducing the amount of fat consumed decreases exposure to these contaminants.





Food Safety (cont.)

Steps to Take

Avoiding Risky Foods During Pregnancy

- Refer to the handout Don't get sick from the foods you eat: Here's how for information on avoiding risky foods such as soft cheeses, undercooked food, raw and unpasteurized food, unwashed fruits and vegetables, and shellfish.
- If the client collects food in the wild, advise her to never eat mushrooms she has picked.
- If the client does home canning, offer information from the local University of California Cooperative Extension on safe food canning and heating instructions.

Reducing Exposure to Toxic Contamination

Refer to the handout Lower your chances of eating foods with unsafe chemicals in them.

- If the client buys food in cans that have lead seams, discuss the danger of lead exposure and encourage her to select safer products.
- Review her food intake. If she eats fish she or others have caught (sport fish), note how often and what kind of fish she eats. Share with her local health advisories issued by the Department of Fish and Game and the California Environmental Protection Agency Office of Environmental Health Hazard Assessment (OEHHA) regarding fish consumption.
- Does the client eat shark or swordfish? Advise her to not eat it while she is pregnant.
- Ask the client if she harvests mussels or shellfish herself and advise her to consume only shellfish bought in stores and restaurants. Cook all shellfish thoroughly, 4-6 minutes.

Follow Safe Food Handling Practices

If the woman does not have cooking facilities, refer to Cooking and Food Storage section in the Nutrition Guidelines.

Following is additional information for individual or group education on safe food handling.

When shopping:

- Buy only what will be used before the use-by date.
- Don't buy food in poor condition. Canned goods should be free of dents, cracks, and bulging lids (cans manufactured in the United States are safe from lead seams).
- Be sure refrigerated food is cold to the touch.
- Pick up perishable foods last when at the market; take them home quickly and immediately refrigerate them at temperatures below 40°F.
- Look for "Safe Handling Instructions" now found on packages of meat and poultry and follow them. The "Safe Handling Instructions" were mandated by the Food Safety and Inspection Services in 1994.

When storing food, keep it safe and refrigerate:

- Check the temperature of the refrigerator—it should run at 40°F or lower and the freezer unit should be at 0°F or lower.
- Wash hands in hot soapy water before preparing food and after using the bathroom, changing diapers, and handling pets.
- Replace sponges every few weeks and shop for germ disinfectant sponges.
- Use a separate cutting board for raw meat, poultry, or fish; plastic or glass is best.
- Wash hands, cutting board, and knife in hot soapy water after cutting up chicken and before cutting other raw foods or food to be served raw, such as salad ingredients.





Food Safety (cont.)

When serving food, never leave it out more than two hours.

- Keep household pets out of food preparation areas.
- Thaw food in the refrigerator, the microwave oven, or a water tight plastic bag in cold water.

When cooking, cook thoroughly:

- Cook meat, poultry, fish, or eggs until well done.
- Red meat is done when it's brown or gray inside.
- Cook hamburgers until they are brown with no pink in the juices and to 160°F.
- Poultry juices should run clear.
- Fish is done when it flakes with a fork.
- Cook eggs until the yolk and white are firm, not runny. Scramble eggs until firm not runny. Don't use raw eggs in drinks or recipes in which eggs remain raw or only partially cooked, such as Caesar salad.
- Stuff raw poultry just before cooking it. Or better, cook poultry and stuffing separately.
- Use a meat thermometer to ensure thorough cooking.

Store cooked food safely:

- Store food in small shallow containers for refrigeration. This ensures safe, rapid cooking.
- Do not cool food on counters.

When microwaving:

- Stir and rotate food for even cooking.
- Follow package instructions, including the standing time during which food finishes cooking.

When reheating:

- Bring sauces, soups, and gravy to a boil before serving.
- Heat leftovers thoroughly, until steaming hot.
- Microwave leftovers using a lid or vented plastic wrap for thorough heating.

When eating take out food:

- For hot food, pick up or receive food HOT and eat within 2 hours.
- If eating later, divide hot food into shallow containers, cover loosely, and refrigerate immediately.

Vegetables and meats or foods canned at home :

- Contact the local University of California Cooperative Extension for safe home canning practices and heating instructions.
- Botulism (the *Clostridium botulinum*) toxin can be destroyed by boiling for 10 minutes at sea level (add 1 minute for every 1,000 feet above sea level).

When in doubt, throw it out. Food will not always smell or look bad.





Food Safety (cont.)

Resources

Contact your local Health Department for additional information on food borne illnesses.

Contact your local University of California Cooperative Extension for additional information and educational materials on food safety and food preservation.

Call the USDA Meat and Poultry Hotline, Washington, D.C., 1-800-535-4555. Hotline home economists answer questions on safe handling and storage of meat and poultry. The hotline is staffed 10 am to 4 pm weekdays, Eastern Time.

Contact the State of California Department of Fish and Game Sport Fishing Regulations division or contact the California Environmental Protection Agency, Office of Environmental Health Hazard Assessment (OEHHA) directly at 916-327-7319 for more information on sport fish health advisories.

Be Food Safe! A curriculum unit for Nutrition Education Assistants by Joan E. Helzer, MA, RD and Lucia L. Kaiser, PhD, RD. March, 2000.

Includes handouts in English, Spanish, Cambodian, Chinese, Hmong, Laotian, and Vietnamese.

Order from:

ANR Communication Services
6701 San Pablo Ave.
Oakland, CA 94608
800-994-8849
<http://anrcatalog.ucdavis.edu>
Product code: 5800

People who are HIV positive or have any chronic infection such as hepatitis or tuberculosis are at high risk for food-borne illnesses.



Don't get sick from the food you eat



Here's how

You can get sick when you eat foods that are not safe. This can harm you or your baby.

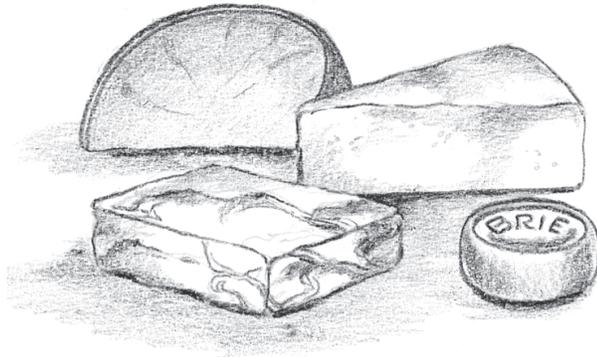
If you eat unsafe foods, you may get sick days or weeks later.

Call your doctor or clinic if you have:

- Chills
- Fever
- Headache
- Diarrhea
- Stomach ache

Don't eat or drink these raw foods:

- Unpasteurized milk or foods from raw milk
- Unpasteurized fruit or vegetable juice
- Raw eggs
- Raw meat or poultry, as well as uncooked hotdogs
- Raw fish or shellfish, like sushi, oysters, or shrimp



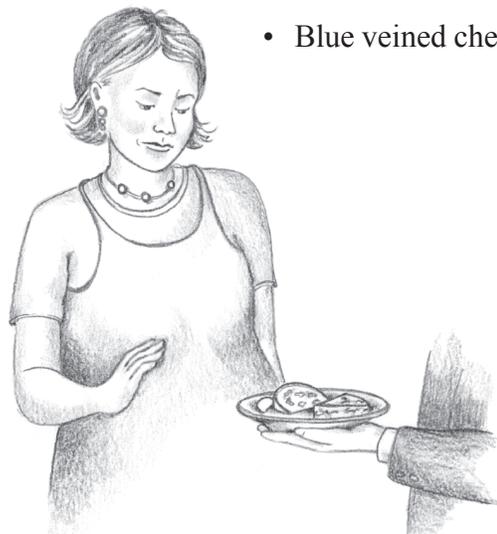
Some cheeses can be dangerous.

Don't eat Mexican-style cheeses, like:

- Queso blanco
- Queso fresco
- Queso asadero
- Contija
- Ranchero
- Queso enchilado

Stay away from these cheeses:

- Feta
- Brie
- Camembert
- Blue veined cheese like Roquefort



Don't get sick from the food you eat



Here's how

Cook your meat well.

- Don't eat undercooked meat, poultry, fish, or eggs.
- Don't eat uncooked hot dogs or pate.
- Stay away from cold cuts from the deli counter (like bologna). Or heat them well until they are steaming hot.

Wash your fruits and vegetables!

Before you cook or serve fruits or vegetables:

- Take away the outer layer of leafy vegetables.
- Soak and rinse well.
- Wash fresh fruits and vegetables under running water.



No se enferme con la comida que se come



Le sugerimos cómo evitarlo

Se puede enfermar con comer alimentos que son peligrosos. Pueden hacerle daño a usted o a su bebé.

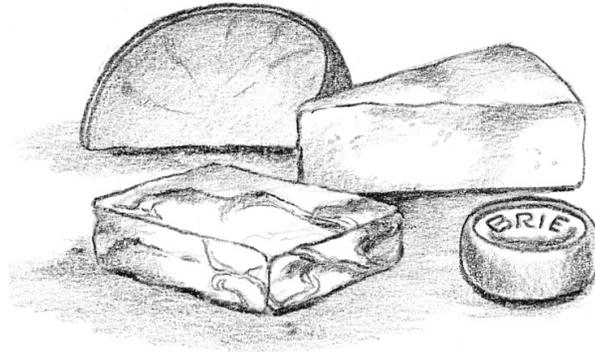
Si come algún alimento peligroso, tal vez no lo note hasta que pasen unos días o semanas.

Llame a su médico o a la clínica si tiene:

- Escalofríos
- Fiebre
- Dolor de cabeza
- Diarrea
- Dolor de estómago

No coma ni se tome ninguno de estos alimentos crudos:

- Leche sin pasteurizar, o productos lácteos de leche cruda
- Jugos de frutas o vegetales sin pasteurizar
- Huevos crudos
- Carne o pollo crudo, ni tampoco salchichas sin cocinar
- Pescado o mariscos crudos, como el sushi, ostras, o camarones



Algunos quesos pueden ser peligrosos.

No coma quesos Mexicanos, como:

- Queso blanco
- Queso fresco
- Queso asadero
- Cotija
- Queso ranchero
- Queso enchilado

Evite los quesos siguientes:

- Feta
- Brie
- Camembert
- Queso roquefort con las venitas azules



No se enferme con la comida que se come



Le sugerimos cómo evitarlo

Cocine bien la carne.

- No coma carne, pollo, pescado, o huevos que no estén bien cocinados.
- No coma salchichas crudas (hot dogs).
- No coma paté crudo (hígados de pollo).
- Evite las carnes frías del Deli (de la carnicería), como el salchichón (bologna). O caliéntelas hasta que suelten vapor.

¡Lave sus frutas y vegetales!

Antes de cocinar, o servir frutas o vegetales:

- Quíteles las hojas de afuera a las lechugas, repollos y vegetales parecidos.
- Enjúaguelos y lávelos bien.
- Lave las frutas o vegetales frescos bajo la llave del agua.



Lower your chances of eating food with unsafe chemicals in them



Many things around us are not safe. If you eat unsafe food, it can cause serious problems for you or your baby.

Here are some things you can do to protect yourself and your baby. This is very important when you are pregnant.

Eat many different kinds of food.

- When you eat many kinds of food, you lower the chance of eating something unsafe.

Be careful of mushrooms.

- Never eat mushrooms you pick yourself. They could be deadly.
- To be safe, eat only mushrooms you buy in a store or restaurant.

When you are pregnant:

- Eat fish no more than once a week or so.
- Do not eat shark or swordfish.
- Do not eat raw shellfish or fish.

It is safer to eat fish when you:

- Eat smaller fish. The bigger the fish, the older they are. Big fish are more likely to have chemicals in them that could cause serious health problems for you or your baby.
- Trim the skin and fat from fish.
- Eat only the fillet. Do not eat the organs or guts of fish or shell fish.
- Bake, broil, steam, or grill fish on a rack. Throw away the juices from the fat.

- Cook fish or shellfish at least four to six minutes.

Pay attention to the fish safety rules.

- Call your local health department to see if there are fishing areas you should stay away from. Pay attention to signs that say do not fish.
- Find out and follow all the fish health advisories given by the Office of Environmental Health Hazard Assessment (OEHHA).
- **Call 916-324-7572 or check out OEHHA's website at www.oehha.ca.gov. Select "Fish," then press the arrow key to "Advisories."**
- If you gather shellfish, be sure to follow all the rules. You may see signs that say NOT to gather mussels, clams, oysters, and scallops. Pay attention to these signs. These shellfish may have toxins that may be harmful or even kill you. Cooking will not destroy these toxins.
- Do not gather mussels from May 1 through October 30 in California.
- **Call toll-free at 1-800-553-4133 for more information about shellfish.**



Reduzca la posibilidad de comer alimentos con químicos dañinos



Hay muchas cosas que nos rodean que son peligrosas. Si come algún alimento peligroso, puede causarle serios problemas a usted y a su bebé.

Le damos consejos para que pueda protegerse usted y a su bebé. Esto es muy importante cuando está embarazada.

Coma comidas y alimentos variados.

- Al comer comidas y alimentos variados, reduce el riesgo de comer algo dañino.

Cuidado con los hongos.

- No coma hongos que usted ha cosechado o encontrado. Pueden ser venenosos.
- Para más seguridad, sólo coma hongos que compra en el mercado o en un restaurante.

Durante el embarazo:

- No coma pescado más de una vez por semana, más o menos.
- No coma tiburón o pez espada.
- No coma mariscos ni pescado crudo.

Es más seguro comer pescado cuando:

- Come pescados pequeños. Entre más grande el pescados más viejo. Los pescados grandes tienden más a tener químicos que pueden ser dañinos para usted y su bebé.
- Quítele la piel y la grasa al pescado.
- Coma sólo el filete. No se coma los órganos o intestinos del pescado o mariscos.

- Hornée el pescado. Hágalo a la parrilla o al vapor, o póngalo en el asador. Tire la grasa.
- Cocine el pescado y los mariscos, por lo menos, de 4 a 6 minutos.

Atenta con los reglamentos de seguridad con respecto al pescado.

- Llame al Departamento de Salud más cercano para información sobre las áreas de pescar que debe evitar. Obedezca los letreros que le dicen que no le permiten pescar.
- Averigüe y acate los avisos de salud con respecto al pescado publicados por la oficina llamada Office of Environmental Health Hazard Assessment (OEHHA).
- **Llame al 916-324-7572 o visítelos por el internet al sitio www.oehha.ca.gov. Seleccione “Fish” (pescado), y apunte la flecha a la palabra “Advisories” (avisos).**
- Si le gusta atrapar mariscos, siga los reglamentos. Si hay avisos que dicen que no debe pescar mejillones, almejas, ostras y escalopas, no lo haga. Hay mariscos que contienen materias tóxicas que pueden hacerle daño o causarle la muerte. Las toxinas no se destruyen al cocinarlos.
- No atrape mejillones en California, del primero de mayo al 30 de octubre.
- **Si necesita más información sobre mariscos, llame gratis a la línea 1-800-553-4133.**



Tips for keeping foods safe



Keep hot food hot.

- Measure the inside temperature of cooked foods. You can buy meat thermometers at the store. Stick the thermometer in the meat you are cooking. This measures the temperature inside of the meat.
- Boil, bake, or roast foods at high temperatures. The inside temperature should be at least 145°F. Whole poultry should be cooked to 180°F. Make sure that all foods are cooked all the way through. This kills most bacteria.
- Cook hamburgers until they are brown on the inside (160°F.) Make sure there is no pink in the juices.
- Reheat sauces, soups, and gravy to a boil.
- Heat leftovers until steaming hot.
- For take-out-food, eat it within 2 hours.



At potlucks and picnics, keep hot foods hot and cold foods cold!

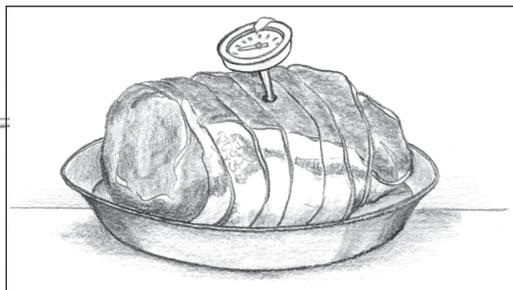
Keep cold food cold.

- Cooked foods should be stored at 40°F or below. Or freeze it right away.
- Look for Safe Handling Instructions on packages of meat and poultry.
- Milk products and meats should be stored at 40°F or below.

Remember:

Keep everything clean.

- Wash hands, counter tops, and utensils with hot, soapy water.
- Use a separate cutting board for raw meat, poultry, or fish. Wash the cutting board in hot, soapy water each time you use it.
- Wash all fresh fruit and vegetables before you eat them.



Tips for keeping foods safe



Buy safe food and handle it safely.

- Never leave food out of the refrigerator for more than 2 hours.
- Do not buy dirty or cracked eggs.
- Use pasteurized milk and pasteurized milk foods.
- Keep uncooked meat, fish, or poultry away from vegetables and other foods.
- When you marinate raw meat, fish, or poultry, put it in the refrigerator. Do not let it sit on the counter.
- Thaw meat, fish, and poultry in the refrigerator. Do not thaw it at room temperature. Do not let it drip on other foods in the refrigerator.

When in doubt, throw it out.

- Bad food will not always smell or look bad.





Mantenga caliente la comida caliente.

- Mida la temperatura de las comidas que cocina. Puede comprar un termómetro para carne en la tienda. Inserte el termómetro en la carne que está cocinando. De esa forma puede medir la temperatura interna de la carne.
- Hierva, hornee o ponga la carne en el asador a temperaturas altas. La temperatura interna debe de ser por lo menos 145°F. El pollo se debe cocinar a 180°F. Asegúrese de cocinar bien toda la comida. De ese modo, puede matar la mayoría de bacterias que pueda tener.
- Cocine la carne molida hasta que esté café por dentro (160°F). Asegúrese que el jugo que suelta la carne no se vea de color rosado.
- Recaliente hasta hervir las salsas, caldos, y salsa espesa (gravy) que se hace del jugo de la carne.
- Recaliente las sobras hasta que suelten vapor de tan calientes.
- Termínese la comida preparada que compra, antes de que pasen 2 horas.



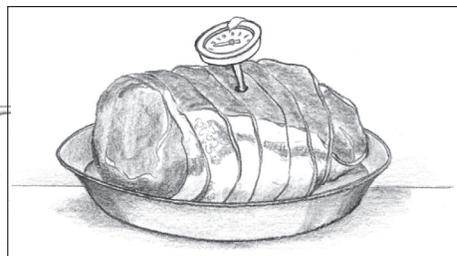
En los potlucks y días de campo mantenga caliente la comida caliente, y fría la comida fría.

Mantenga la comida fría bien helada.

- Los alimentos cocinados se deben guardar a una temperatura de 40°F o menos. O debe congelarla de inmediato.
- Lea las etiquetas en los paquetes de carne y pollo bajo “Safe Handling Instructions” (Instrucciones para el Cuidado de este Producto).
- Los productos lácteos y carnes deben guardarse a una temperatura de 40°F o menos.

Recuerde: Mantenga todo limpio.

- Lávese las manos, los mostradores, y sus utensilios con agua caliente y jabón.
- Tenga una tabla especial para sólo cortar la carne, el pollo y el pescado crudo. Lave la tabla con agua caliente y jabón cada vez que la use.
- Lave todas las frutas y verduras antes de usarlas y comerlas.





Compre comida nutritiva, y manténgala fresca.

- Nunca deje comida afuera del refrigerador por más de 2 horas.
- No compre huevos sucios ni quebrados.
- Use leche y productos lácteos pasteurizados.
- Mantenga la carne, pescado o pollo crudo lejos de sus verduras y otras comidas.
- Si pone a marinar carne, pescado o pollo crudo, guárdelos en el refrigerador. No la deje sobre el mostrador de la cocina.
- Descongele la carne, pescado, y pollo en el refrigerador. No los descongele a la temperatura ambiental. No deje que goteen sobre otras comidas que tiene en el refrigerador.

Si tiene sus dudas, mejor tírela.

- La comida no siempre huele mal ni parece estar mala, aunque ya esté pasada.





Vegetarian Eating

“Vegans” (vegetarians who avoid all animal products) should be referred to the registered dietitian and/or health care provider to plan a diet that includes adequate calories and nutrients for pregnancy.

Background

Vegetarianism generally describes a choice individuals make to eat all foods except the flesh of animals or fish and shellfish. People adopt vegetarian eating habits for reasons of health, religion, ethics, personal choice, and others. There are many variations of vegetarian eating. Find out what a client means when she states she is vegetarian. Some people decide to move in the direction of becoming vegetarian by eliminating certain flesh foods and continuing to eat others, such as chicken and/or fish. Ask the client what she does and does not eat.

Common Vegetarian Terms

Vegans or total vegetarians avoid all foods of animal origin, including all animals, birds, fish, eggs, and dairy foods. Some vegans also stop using all products that contain animal products, including leather, soaps made from animal fat, and products that have gelatin, such as Jell-O® and marshmallows. Special diet planning by the health provider and/or registered dietitian is needed for the pregnant and breastfeeding vegan woman.

Lacto-ovo vegetarians eat dairy products (lacto) and eggs (ovo) but avoid all animal flesh such as beef, chicken, lamb, pork, fish, and shellfish. People may choose to eat both dairy products and eggs or limit one and not the other. When a lacto-ovo

vegetarian’s calorie intake is adequate, protein intake is usually also adequate.

Many other variations exist; some people restrict their diet to fruit, others only eat food that can be eaten uncooked. Any severe dietary restriction requires a referral to the registered dietitian.

Special Concerns for Pregnancy

Pregnant and breastfeeding women who are vegetarians can get all the nutrients and calories they need and have a healthy, thriving baby. Avoiding meat does not put a woman at nutritional risk as long as she consumes adequate calories, protein, and other nutrients from other food sources. It is important to respect the client’s food choices and provide support and education as needed.

Protein

The increased need for protein during pregnancy may be met if the client eats a wide variety of plant foods. Protein is present in beans, tofu (made from soy beans), lentils, peanut butter, all nuts and seeds, wheat, rice, barley, and oats. Protein is also present in lesser amounts in vegetables. Adding dairy products and/or eggs to the diet makes it easier to obtain adequate protein.

Combining Protein

It was once believed that plant proteins needed to be combined or eaten together at each meal to benefit the body. This is no longer believed to be true, but it is important for the client to eat a wide variety of protein foods and to consume an adequate amount each day. Proteins are made up of amino acids and some of those amino acids must come from the diet. To ensure that the needed amino acids are supplied in the diet, various combinations of protein-containing foods should be eaten daily.





Vegetarian Eating (cont.)

Calcium and Iron

Calcium and iron needs also increase in pregnancy. If the woman chooses not to include dairy products, refer her to her medical provider to discuss calcium supplements and/or alternative calcium sources.

Iron from plant foods is not as well absorbed by the body as is iron from animal foods. A good source of vitamin C increases absorption of iron from beans, green vegetables, and grains. (See Prenatal Vitamin and Minerals, Iron, and Calcium in the Nutrition guidelines)

Other nutrients limited by the vegan diet are not addressed here as they require the skills of a nutrition professional.

Teenage Vegetarians

A pregnant or breastfeeding teenager with lacto-ovo vegetarian habits can meet the protein requirements with careful planning. Teen lifestyle and eating habits may make obtaining an adequate vegetarian diet difficult. Refer to the registered dietitian as necessary.

Steps to Take

Determine if the client eats eggs and/or dairy foods and the amount eaten. Refer vegans or people with other restrictive food habits to a registered dietitian for assessment, education, and meal planning. Follow the following steps for lacto-ovo vegetarians:

- Assess the overall quality of food intake and do not assume vegetarians eat a healthy diet. Complete a 24-Hour Food Recall or a Food Frequency and compare your findings with the vegetarian food guide for pregnancy. Assist the client in making any needed changes in her food choices.

- Determine the client's eating frequency. It is important for all pregnant women to eat every 3 to 4 hours throughout the day. Advise vegetarian women to include foods high in plant protein for meals and snacks. See the handout *When you are a vegetarian: What you need to know*.
- Assess nutrient supplement use. Lacto-ovo vegetarians may follow the same recommendations for prenatal vitamin and mineral use as non-vegetarians; no other supplements should be necessary unless her food intake is restricted.
- Assess the pregnant client's rate of weight gain by plotting it on the Weight Gain Grid. If her weight gain is lower than expected, assess her food intake and follow guidelines for low weight gain (see *Weight Gain During Pregnancy* in the Nutrition guidelines).
- Assess the client's diet for other sources of calcium if dairy products are not consumed. See the *Lactose Intolerance* section of the Nutrition guidelines for alternative sources of calcium.

Follow-up

- Assess food intake at each trimester or more often as needed.
- Praise the client for improvements she makes in her food intake.
- Assess the client's weight gain in pregnancy and intervene as necessary.
- If food intake is severely inadequate or restrictive, refer to the registered dietitian or health care provider.





Vegetarian Eating (cont.)

Resources

“Vegetarian Diets During Pregnancy,” by Reed Mangels, PhD, RD in Women and Reproductive Nutrition Report, Winter, 2000.

Below are suggested meal planning guidelines for pregnant vegetarians from that article:

Meal Planning Guidelines for Pregnant Vegetarians

FOOD ITEM	SERVING SIZE	NO. OF SERVINGS	COMMENTS
Grains	1 slice of bread; 1/2 cup cooked cereal, grain or pasta; 3/4 to 1 cup ready-to-eat cereal	7 or more	Choose whole or enriched
Legumes, nuts seeds, milks or 2 Tbsp nuts, seeds, nut or seed	1/2 cup cooked beans, tofu, tempeh; 3 oz of meat analogue; butter; 1 cup fortified soy milk; 1 cup cow’s milk, 1 cup yogurt, 1 1/2 oz cheese	5 or more	Calcium-rich foods such as dried beans, calcium-precipitated tofu, calcium-fortified soymilk, cow’s milk, and yogurt should be chosen often. A regular source of vitamin B ₁₂ should be used.
Vegetables	1/2 cup cooked or 1 cup raw	4 or more	Calcium-rich foods such as kale, collard greens, mustard greens, broccoli, and bok choy, should be chosen often.
Fruits	1/2 cup canned fruit juice or juice or 1 medium fruit	4 or more	Choose calcium-rich figs, and fortified juices often.



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When you are a vegetarian



What you need to know

Keep healthy without eating meat.

If you do not eat meat or animal foods, you need to eat different kinds of plant foods. This is important when you are pregnant or breastfeeding.

Every day, eat protein from plants—like beans, tofu, nuts, seeds, and peanut butter.

It also helps to eat dairy foods and eggs. That will give you more protein choices.

Eat legumes with grains.

- Rice and beans
- Cornbread and blackeye peas
- Corn tortillas and beans
- Lentil soup and whole wheat crackers
- Tofu and brown rice
- Lentils and pasta
- Baked beans and brown bread
- Humus and pita bread



Eat legumes with nuts or seeds.

- Tofu with peanuts and broccoli
- Trail mix with peanuts and sunflower seeds
- Split pea soup and whole wheat walnut bread

Eat grains with nuts and seeds.

- English muffins with peanut butter
- Rice with sesame seeds
- Pasta salad with walnuts and sunflower seeds
- Cereals sprinkled with nuts or seeds

Eat vegetables with legumes, grains, corn, or potatoes.

- Gumbo with okra, corn, and lima beans
- Collards and pinto beans
- Stir-fried vegetables and tofu
- Green leafy salad with garbanzo beans
- Corn and potato casserole
- Vegetable soup with barley and red beans



When you are a vegetarian



What you need to know

Here are some helpful tips.

Eat healthy foods every day.

- Don't skip meals.
- Choose healthy snacks — fruit, vegetables, whole wheat crackers, nuts, seeds, or tortillas.
- Eat many different kinds of plant foods each day.
- Follow the Daily Food Guide. It tells you how much you should eat every day.
- Eat whole wheat breads, flours, pastas, brown rice, and whole oats.

Take your prenatal vitamin and mineral pill every day.

- Talk to your health care provider about whether or not you need extra Vitamin B₁₂.
- You may also need extra iron or calcium.

Prepare your food the healthy way.

- Steam vegetables until just done.
- Bake, don't fry.
- Season with herbs and spices. Don't add too much salt, sugar, and fat.



Si usted es vegetariana



Lo que debe saber

Puede mantenerse saludable sin comer carne.

Si usted no come carne o alimentos de origen animal, debe comer todo tipo de alimentos de origen vegetal. Es muy importante que se alimente bien durante su embarazo, y cuando le da pecho al bebé.

Todos los días, coma proteína de origen vegetal –como frijoles, tofu, nueces, semillas, y mantequilla de maní.

También le sirve de mucho si come productos lácteos y huevos. De esa forma, puede escoger entre productos que le ofrecen mucha proteína.

Coma legumbres con granos.

- Arroz con frijoles
- Pan de maíz con frijoles de ojo negro (blackeyed peas)
- Tortillas de maíz con frijoles
- Sopa de lentejas con galletas de trigo
- Tofu con arroz natural (sin procesar)
- Lentejas con pasta
- Frijoles horneados con pan integral
- Jomos con pan árabe

Coma legumbres con nueces o semillas.

- Tofu con cacahuates y brócoli
- Mezcla de nueces y frutas secas con cacahuates y semillas de girasol
- Sopa de chícharos con pan integral con nueces

Coma granos con nueces y semillas.

- Los panecillos ingleses con mantequilla de maní
- Arroz con ajonjolí
- Ensalada de macarrón con nueces y semillas de girasol
- Cereales rociados con nueces o semillas

Coma verduras con legumbres, granos, maíz, o papas.

- Sopa de vegetales con okra, elote, y habas verdes
- Vegetales de hoja verde oscuro con frijoles pintos
- Vegetales con tofu al estilo chino
- Ensalada de lechuga verde oscuro con garbanzos
- Caserola de elote y papas
- Sopa vegetal con cebada y frijoles colorados



Si usted es vegetariana



Lo que debe saber

Consejos útiles.

Coma alimentos nutritivos todos los días.

- No deje de comer a sus horas.
- escoja bocadillos nutritivos – frutas, vegetales, galletas de trigo, nueces, semillas, o tortillas.
- Coma de muchas diferentes clases de proteínas de origen vegetal cada día.
- Vea la lista de grupos de alimentos. Le dice cuánto debe comer a diario.
- Coma panes integrales de trigo, harinas, pastas, arroz natural, y avena entera.

Tómese sus pastillas prenatales de vitaminas y minerales, todos los días.

- Hable con su médico y pregúntele si usted necesita tomar más Vitamina B₁₂.
- Tal vez necesite también más hierro o calcio.

Prepare su comida de una forma nutritiva.

- Ponga los vegetales al vapor hasta que estén listos, pero no recocidos.
- Prepare comidas al horno en vez de comidas fritas.
- Sazone la comida con hierbas aromáticas y especias. No le añada mucha sal, azúcar, ni grasa a la comida.





Tobacco and Substance Use

Pregnant or breastfeeding women who are actively and heavily using substances should be referred to the registered dietitian and/or medical provider for medical nutrition therapy.

Introduction

This guideline addresses the needs of pregnant and breastfeeding women recovering from substances, using substances occasionally or moderately, or using tobacco without more complex conditions.

Background

Substance use affects the nutritional status and the health of pregnant and breastfeeding women and their infants. The interaction of heavy substance use coupled with poor nutrition status can result in complicated conditions that put the mother and fetus at risk.

Substances can directly affect appetite and digestion and absorption of nutrients and can change the way nutrients are used in the body. Substance-using women may have irregular eating habits and daily stresses that further impair their ability to obtain, prepare, and eat adequate meals. Poor nutrition status can further aggravate the effects of substances. Nutrition assessment and counseling, food assistance, and multivitamin and mineral supplements are recommended for all women who have used or continue to use substances.

Effects of Substances on Nutrition Status

Substances are commonly used together, and it is often difficult to separate the effects of individual drugs. Possible nutrition-related effects caused by commonly used substances are listed below. This list

is limited and does not include all drugs that may be harmful to the mother and infant.

Tobacco

Smokers tend to gain less weight during pregnancy and have smaller babies than nonsmokers. Tobacco depresses appetite and increases the body's metabolic rate, making less energy available for the needs of the fetus and the pregnant woman. Smoking may affect many nutrients, including iron, vitamin C, folate, zinc and B₁₂. Smokers have been found to consume more fat, meat, alcohol, and coffee and less cereals, fruits, and vegetables than nonsmoker.

Alcohol

Heavy alcohol intake may interfere with nutrient absorption and impair the metabolism of several nutrients, including vitamin A, zinc, folate, and thiamine. A heavy user often consumes inadequate quantities of food, further harming her health and the health of her fetus. The toxic effects of alcohol are more severe if the mother is poorly nourished. No absolutely safe level of alcohol consumption during pregnancy has been established.

Marijuana

There is limited information on the effects of marijuana on nutrition.

Heroin

Nutrition-related effects include decreased appetite and poor nourishment, with vitamin deficiencies, iron deficiency, and folate deficiency anemia. Pregnant heroin users are often underweight and do not gain adequate weight.





Tobacco and Substances (cont.)

Cocaine

Little is known about the nutrition-related effects of cocaine. Cocaine, like amphetamines, depresses appetite and may decrease the woman's intake of nutrients. Cocaine users may have erratic eating patterns and gain inadequate weight during pregnancy.

The Role of Nutrition in Substance Recovery and Prevention of Relapse

Good nutrition can support substance cessation and prevention of relapse. Women in recovery who experience mood swings, strong cravings, and fatigue are more likely to use substances and/or substitute nicotine, caffeine, or sugar for harder drugs. A well balanced diet, normalized eating patterns, and avoidance of certain foods that simulate the high of substances may help the woman remain off substances and take control of important areas in her life.

Weight and Substance Use

Women may regulate their weight with tobacco and substances. Women in recovery often experience weight gain that results from changes in metabolism, more frequent eating, cravings, and substituting food for substances. Eating disorders such as bulimia and anorexia or food addictions are closely linked to substance use. Half of the clients in eating disorders clinics are found to abuse substances and half of clients in substance use treatment programs have eating disorders. Assessment of eating disorders, instruction on healthy eating, body acceptance, and self-esteem are vital for all women who have used substances or tobacco. All women with eating disorders should be under the care of appropriate professionals.

Steps to Take

Because substance use is so closely tied to nutrition status, it is necessary to provide a thorough nutrition assessment for all women who have used or continue to use substances. Conduct 24-hour Food Recalls or food frequencies to help the woman establish healthy eating patterns. Monitoring weight gain in pregnancy is critical to the development of her fetus and for her own health as well.

Assess Intake of Substances, Including Tobacco

Encourage client to discontinue use. Alert the medical provider regarding heavy and/or frequent substance use. Nutrition and psychosocial referrals are strongly recommended.

Complete a 24-Hour Food Recall or Food Frequency and Assess for Adequacy and Patterns of Food Intake

Signs of concern are poor diet quality, limited food choices, erratic eating patterns, and controlled eating. If the client's diet quality is poor, review the Daily Food Guide and assist her in making healthy choices that are available and acceptable to her. Assess her access to food and refer her to food assistance programs as needed. See *Stretching Your Food Dollar* in the Nutrition guidelines. Recommend prenatal vitamin and mineral supplements.

Assess Eating Patterns

Encourage the client to eat every three to four hours and to make healthy snack choices. It is important to avoid skipping meals and getting too hungry. Changes in appetite may point to continued substance use. If the client suffers from a persistently poor or ravenous appetite, consult the registered dietitian for a more in-depth assessment and interventions.





Tobacco and Substances (cont.)

Check for Cravings

Cravings are a normal part of recovery; they often include sweets, chocolate, and fatty foods. Clients with strong cravings may gain excess weight, experience blood sugar swings, and eat poor quality diets. Advise the client to use sweets and fatty foods sparingly as part of meals rather than as snacks. See the handout Choose healthy foods to eat on quick meals and snacks.

Check for Food Intolerances

Substance use can interfere with digestion of some foods. Milk products and fatty, spicy, and gassy foods (such as beans, broccoli, cauliflower, cucumbers, etc.) may cause discomfort. Use the Daily Food Guide and the guidelines regarding lactose intolerance and heartburn to assist the client in making acceptable substitutions.

Assess Weight History and Pregnancy Weight Gain

Assess the client's past weight history and her expectations and concerns about weight gain in this pregnancy. Women may need reassurance that weight gain in pregnancy is necessary. Underweight women need to gain more weight to return to a healthier weight. Help the client set an appropriate weight gain rate and goal. Follow weight gain guidelines for underweight or overweight women. Monitor weight and plot on the weight gain grid at each visit.

Assess Laboratory Values and Provide Interventions as Needed for Anemia or Blood Sugar Problems

The health care provider is responsible for treatment indicated by any abnormal laboratory values. Refer to the Anemia guidelines as necessary.

Avoiding simple sugars may help stabilize fluctuating blood sugar levels. Discuss appropriate interventions with the health care provider.

Ask about Breastfeeding History, Knowledge, and Experience

Past history or moderate use of some substance does not mean a woman can't breastfeed. Breastfeeding an infant can provide additional motivation to stop substance use and maintain recovery. Women who smoke, occasionally consume small amounts of alcohol, take methadone, or are in recovery can successfully breastfeed. Heavy substance users should not breastfeed. See the Breastfeeding guideline for more information on breastfeeding and substance use.

Follow-Up

- Monitor weight gain, food intake, prenatal vitamin and mineral use, and food access at each visit.
- Ask her about food cravings and mood swings. Assess her use of caffeine, sugar, and fatty foods.
- Find some positive change the client has made to reinforce at each visit.

Resources

Pregnant Substance-Using Women Treatment Improvement Protocol (TIP) Series No. 2, Guideline 16 - Nutritional Considerations, Center for Substance Abuse Treatment, Department of Health and Human Services, Public Health Service, Rockville, MD, 1993. [DHHS Publication No. (SMA) 93-1998. This resource is available from:

USDHHS
Public Health Service
Rockwall II
5600 Fishers Lane
Rockville, MD 20857
800-729-6686





Breastfeeding

Refer to the health care provider any patient with a risk condition or question about breastfeeding that you are unable to answer.

Breastfeeding is a natural “safety net” against the worst effects of poverty. If the child survives the first month of life (the most dangerous period of childhood), then for the next four months or so, exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence... it is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.

— James P. Grant, Executive Director of UNICEF

Goal

Help the client to:

- state how breastfeeding will benefit her and her baby
- deal with any concerns she or her support person(s) may have about breastfeeding
- breastfeed successfully for as long as she wants

Background

It is only in the last 50 years or so that it has been common to feed babies with anything but breast milk. Breast milk substitutes gained in popularity during the 1950s and 60s, when breastfeeding hit an all-time low. Hundreds of research studies have documented the many benefits of breastfeeding, for both the nursing infant and the mother. Although more women now choose to breastfeed, many

people still have negative ideas about breastfeeding. Unfortunately, it is still common for new mothers to receive misinformation about breastfeeding that results in their babies being weaned too early.

Important Information

Breastmilk gives infants the best start.

- Human milk perfectly meets the nutrition needs of the infant.
- It is always fresh and available at the right temperature.
- Human milk is easy for the baby to digest. Breastfed babies hardly ever have problems with constipation or diarrhea.
- Breastfeeding promotes proper tooth and jaw formation.
- Human milk contains disease-fighting substances (antibodies) that protect the infant from illnesses such as meningitis, diarrhea, ear infections, and infant botulism.
- The American Academy of Pediatrics recommends that infants be breastfed for at least their first year.

Breastfeeding has health benefits for the mother too.

- Breastfeeding triggers release of a hormone that contracts the uterus. This decreases the amount of blood lost after childbirth and quickens the uterus' return to its preconception size.
- Breastfeeding helps a woman lose excess weight.
- Breastfeeding helps increase the amount of time between pregnancies for women who choose not to use other methods of birth control.
- Women who breastfeed are much less likely to develop cancer of the ovaries or breast.
- Breastfeeding saves mothers both money and time.





Breastfeeding (cont.)

Many women have mistaken ideas about breastfeeding

Even though there are many health and economic advantages of breastfeeding, many women are unsure if it is the right choice for them. The most commonly mentioned barriers to breastfeeding are embarrassment, not enough confidence, loss of freedom, diet and health concerns, and opinions of family and friends (see Common Breastfeeding Barriers).

Most breastfeeding women wean their babies before they are 2 months old. Poor knowledge and lack of support for breastfeeding at the hospital and on the part of health care workers, family, and friends all contribute to many women feeling that they have nowhere to turn to for help when they encounter breastfeeding difficulties.

Items to Consider

Some women should not breastfeed

While almost all women can breastfeed their infants, there are a few women who may put their baby at risk by breastfeeding. Women with the following risk factors need to discuss infant feeding plans with their health care provider:

- Has tested positive for HIV
- **Is currently** using street drugs including heroin, cocaine, ecstasy, methamphetamines or marijuana
- Cannot limit her alcohol intake to less than 2 drinks daily.

Use the guidelines under Referral for situations that require the expertise of a health care provider and/or lactation specialist.

Medication use and breastfeeding

For most medical conditions there is medication that may be prescribed that is safe to use while breastfeeding. Health care providers have resources available to research the risks and benefits of each drug and select therapies shown to be safe. In general, women enrolled in a methadone treatment program are able to breastfeed under the supervision of their pediatrician. Breastfeeding women should discuss taking over the counter medications with their health care provider.

Some mothers may need to delay or interrupt breastfeeding.

Sometimes mothers must temporarily or permanently stop breastfeeding. Guidance from the health care provider is needed if a woman:

- Is receiving chemotherapy
- Is being treated with radioactive materials
- Has active, untreated tuberculosis (TB)
- Has open herpes lesions on her breast

Before a woman is counseled to stop breastfeeding, the health care provider should carefully weigh the risks of the infant receiving breastmilk against the risks of NOT breastfeeding. A recommendation to stop breastfeeding temporarily or permanently should be based on accurate information from reliable sources, not solely the Physician's Desk Reference.

Lactation specialists and some WIC agencies have resources for mothers that need to pump and discard milk. These women will benefit from specific instructions on how to maintain their milk production while they temporarily stop breastfeeding.

Infants needing special formula

Newborn testing identifies babies with galactosemia who cannot digest human milk and must receive special formula.

Some women already have experience with breastfeeding

If the client has successfully breastfed her other children for as long as she wanted to, plans on breastfeeding this child, and does not have any questions or concerns, give her encouragement for making this choice. Later in her pregnancy, provide her with the names and phone numbers of breastfeeding support programs in her area.

Be aware of your own feelings about breastfeeding

You may have had personal experience with breastfeeding. Your own experience may affect how you talk about breastfeeding with the client. There are strong emotions attached with breastfeeding. It is important to identify your own feelings. It may help to talk about your past experiences and feelings with the lactation specialist in your area.





Breastfeeding (cont.)

Steps to Take

Early pregnancy

If the client is not sure about how she will feed her infant or is interested in breastfeeding, this is the time to begin a discussion.

- **Ask the client, “What do you know about breastfeeding?”** Posing the question in this way lets the client talk about what she sees as advantages and disadvantages of breastfeeding without feeling committed to a firm decision.
- **Reinforce any benefits of breastfeeding the client may mention.** During following visits, mention other benefits for both the baby and mother.
- **Allow the client to talk about what she doesn’t like about breastfeeding.** Refer to Common Breastfeeding Barriers. The client may have tried to breastfeed her other children. Encourage her to talk about her past experiences.
- **Ask the client how her husband or partner, mother, and friends feel about breastfeeding.** For some women, the opinions of their mothers or friends is more important than that of their male partners. Find out who she sees as her most important support person. Encourage the client to bring this person to her next clinic visit.
- **The client may see breastfeeding as best for babies, but doesn’t think it will work in her particular situation.** Ask if she has certain concerns, such as going back to school, small breasts or wanting to lose weight. Help the client to visualize how breastfeeding can fit into her lifestyle.
- **Let the client know that no special preparation is needed to breastfeed.** Outdated advice to “toughen up” nipples may do more harm than good. If the client is concerned about her nipples going inward (inverted nipples), refer her to the lactation specialist. Inverted nipples almost always correct themselves as the infant suckles.

Late Pregnancy

This is the time to talk about the how-to’s of breastfeeding. Do not overload the client with too much information at once. Provide simple, positive messages. When breastfeeding instruction gets too complicated, the client can get overwhelmed and lose confidence.

- **Discuss breastfeeding basics.** The client may be worried that she cannot make enough milk. Even though this is a common worry, it is not a common problem. Let her know that as long as her baby is nursing properly, the more often she breastfeeds, the more milk she will make. Breast size has nothing to do with being able to make milk. Every time the baby nurses, hormones are released that signal the mother’s body to make more milk. When the baby has a bottle of a breast milk substitute, the mother’s body does not get as much hormonal stimulation and she will make less milk.
- **Proper positioning and “latch on” are the keys to breastfeeding success.** When the infant is properly positioned at the breast and suckling or “latched on” correctly, breastfeeding is comfortable for mom and satisfying for baby. However, when the baby does not latch on properly, the mother’s nipples can become very sore and the baby may not be able to take in enough milk.
- **Use a doll to show the client how to position the baby comfortably at the breast.** The baby should be held in a comfortable position with his mouth at the level of the mother’s nipple (she may need a firm pillow on her lap to do this). His whole body (knees, tummy, face) should be turned towards the mother’s chest and pulled in close to her. The baby should not have to turn his head or strain to hold on to the nipple. You can give the client the doll to practice with. Give her encouragement as she holds the doll properly.





Breastfeeding (cont.)

- **Give the client the handout *You can breastfeed your baby: Here's how to get started and You can breastfeed your baby: What to do the first time you breastfeed.***
- **Inform the client of sources of support.** This includes the phone number of the lactation specialist affiliated with your facility, sources of breastfeeding support at the hospital, her local WIC agency, and other local support groups. The client may know of other mothers who have breastfed successfully; encourage her to talk with them. If she likes reading, suggest books about breastfeeding that may interest her.
- **Review with the client *Signs That Breastfeeding is Going Well.*** Encourage her to seek help from her health care provider and/or lactation specialist if necessary. Emphasize to the client that it is better to call when the problem seems small than to wait for it to be a major problem.
- **Remind the client that it takes time for both mother and baby to learn to breastfeed.** Her efforts in the first few weeks will pay off in later months as she and her baby reap the rewards of breastfeeding.
- **Clients who are still breastfeeding exclusively** (*not using any sugar water or formula supplements*) should be congratulated for their commitment. Most new mothers feel a great deal of pride in being able to nourish their infant. Allow the client to talk about her experience. Be encouraging and supportive. Consult with the lactation specialist if the client has any questions that you cannot answer or are unsure about. Some topics to discuss with the client:
- **Review *Signs That Breastfeeding is Going Well.*** It is common for a client to say that “everything is fine.” Going over the points in this section will help reinforce what the client is doing right and open the conversation to a discussion of potential breastfeeding problems.
- **Talk about “growth spurts.”** The mother will know her baby is having a growth spurt when she suddenly starts wanting to nurse more. Let the client know that her body will respond to the more frequent nursings by making more milk. It may be tiring at first, but the baby’s nursing frequency will level off a day or two. This is not the time to offer breast milk substitutes—they will only cause the mother to make less milk.

Newborn Baby’s Two Week Visit

The first two weeks of breastfeeding will be the most difficult for the client. Most mothers will have a lot of questions; some will feel unsure if they are “doing it right” or if it is “worth the effort.” Many will have already begun formula supplements or will have quit breastfeeding completely. It is important to consider each client’s needs individually. Ask the client, “How are things going with breastfeeding? What do you like about breastfeeding? What are you finding difficult?”

- **Review the nutritional needs of a nursing mother.** Remind the client that her diet does not have to be perfect for her to make perfect milk, but it is healthier for her body when she eats well. See *The Daily Food*. Clients less than 18 years old should increase the number of dairy servings to 5 per day. Clients should continue to take their prenatal supplement. Moderate amounts of dieting and exercise are fine for the nursing mother. Many cultures have dietary restrictions during lactation. Be respectful of a mother’s need to follow these. Clients with extreme diet restrictions should consult with a registered dietitian.





Breastfeeding (cont.)

- **The client needs to be aware that harmful things can get into her milk.** Excessive alcohol, too much smoking, street drugs and even some over-the-counter and prescription medications can get into the milk in harmful amounts. An occasional glass of wine or beer will not harm the breastfeeding baby. However, clients do need to be aware that studies have found that the more a breastfeeding mother drinks alcohol, the more it affects her baby. If the client is taking something at levels that you think may be unsafe, consult with her health care provider.
- **If the client will be returning to work or school before six weeks postpartum,** help her with a plan to combine this with breastfeeding. The client may be eligible to borrow a breast pump from her local WIC agency or she may be eligible for a discount on rental from a local lactation consultant. Go over the handout *You can breastfeed your baby: Going back to work or school.*
- **Talk about any barriers to continuing to breastfeed expressed by the client.** See Common Breastfeeding Barriers. Remind the client that breastmilk is the ideal food for the baby for at least the first year. The baby needs nothing else until solid foods are introduced at 4-6 months.
- **Clients who are still breastfeeding but are also supplementing with formula** need to be assessed regarding why they feel the baby needs formula. Most of the signs of breastfeeding going well (weight gain, wet and soiled diapers) are not useful comparisons for the baby who is also receiving formula.
- **It is important that the client receive positive encouragement for her efforts.** Point out a few things that she is doing well: how she positions the infant at the breast, nursing at least some everyday, asking for help, etc.
- **Does the baby not seem satisfied after nursing?** If the baby has a weak suck or does not latch on properly, he may not be able to fully empty the breast. Refer the client to the lactation specialist.
- **Is the client experiencing pain in her nipple or breast?** It is very important to take any complaints of pain seriously. This is a sign that the mother should be evaluated by a lactation specialist and her health care provider.
- **Is the client struggling with one or more of the common barriers to breastfeeding?** In some cases, even though everything seems to be going well with breastfeeding, the client will want to wean anyway. See Common Breastfeeding Barriers.
- **Assess if, after going over the above issues, the client wants to get back to exclusive breastfeeding or not.** If so, refer her to a lactation specialist. She should not suddenly stop giving the baby formula. She will need to build up her milk supply gradually. If this does not interest her, praise her for giving her baby the benefits of breastmilk at least part of the time.
- **Clients who have weaned completely** may need to resolve their feelings about breastfeeding. Some will feel a great need to talk about why breastfeeding didn't work for them. Some mothers may be interested in getting help with **relactation** (*going back to breastfeeding after weaning the baby from the breast*). Refer these mothers to a lactation specialist as soon as possible. Others are perfectly happy with their choice to formula feed and will not feel as much need to talk about it. Review infant feeding guidelines: proper preparation of infant formula, and introduction of other foods.





Breastfeeding (cont.)

At The Six-Week Post-Partum Visit

About half the mothers who start breastfeeding will still be nursing at 6 weeks post-partum. At this point, most mothers and babies have learned to breastfeed with ease, yet only a few will continue beyond another month or two. This is the time to help the client picture breastfeeding working for her long-term, such as 6-12 months or more. Just as you did at the two-week visit, ask the client, “What do you like about breastfeeding? What are you finding difficult?” Use her responses to these questions as a guide for what to discuss further. You will probably review many of the same topics discussed at the two-week visit (see above). Some additional topics that you will want to go over include:

- Her baby will need to nurse less often as he gets older, but she should not try to put him on a rigid schedule. She should continue to nurse the baby whenever he seems hungry, about every 1 to 4 hours. Assure her that nursing her baby whenever he seems hungry will not “spoil” the baby. Some babies will start to sleep through the night in the next couple of weeks, and others will take longer.
- Although the baby’s weight gain will slow down, he should still be gaining steadily.
- The baby should still have at least 6 to 8 very wet diapers in a 24-hour period. It is common for the number of bowel movements to decrease. At this age, some breastfed infants develop a pattern of stooling a very large amount every 3-10 days. As long as the stool is a soft consistency, this is not considered constipation.
- The infant does not have to stop nursing when his teeth come in. Nursing is not any less comfortable for the mother when the infant has teeth. Occasionally, a teething infant will try to “teethe” on the nipple. Immediately taking the baby off the breast with a firm “no!” will discourage this behavior.
- Remind the client that her breast milk will provide the baby with all the nourishment he needs until 6 months of age. Then the mother should introduce appropriate complimentary foods such as infant cereal and plain mashed fruits and vegetables.
- When the mother chooses to wean, she should do so gradually, eliminating 1 feeding every 2 or 3 days or so. The infant should be weaned to infant formula if he is less than 1 year old.
- As the infant gets older, the mother (or her partner/family) may become more uncomfortable with nursing in public. Allow her to talk about her concerns. Suggest ways to nurse discreetly.

Referral

The above guidelines are intended for a healthy mother delivering a full-term, healthy baby. There are a few situations in which the breastfeeding mother and her infant will need specialized assistance. Refer such cases to the lactation specialist and the woman’s health care provider.

- A woman who has had prior breast surgery (such as implants or breast reduction surgery) may be able to breastfeed but may also have to supplement.
- Most women with a pre-existing medical condition such as diabetes can breastfeed but may need medical supervision.
- Any pain in the breast—including burning, stinging pain on the nipple; deep stabbing pains in the breast; a painful, tender, reddened area on the breast; lesions on the breast of any kind; blisters, cracks, or soreness on the nipple—is a condition that requires medical attention.
- Some infants have difficulty suckling at the breast. Infants who are premature, suffered trauma during birth, whose mothers were heavily medicated during labor, or are severely jaundiced,





Breastfeeding (cont.)

Signs That Breastfeeding is Going Well

- When the baby is nursing properly, the mother will feel a tug at her nipple but should not feel pinching or other kinds of pain. If the latch-on doesn't feel right, the client should take the baby off the breast right away and try again.
- The baby should be nursing 8 or more times in 24 hours. Some babies will even want to nurse every hour. Nursing this often will not cause sore nipples as long as the baby is suckling correctly. A baby that sleeps more than 2 or 3 hours during the day or more than 4 hours at night should be awakened to nurse during the first few weeks.
- The baby should suck rhythmically for at least 10 to 15 minutes per breast. Often the baby will appear drowsy and content after nursing.
- At first the mother's breasts will not feel any fuller than usual, but after 2 to 4 days they will become noticeably fuller and firmer. This is a sure sign that the milk is "coming in." This firmness will lessen as the mother's body adjusts to her baby's needs.
- Once the mother's milk comes in, her newborn should have at least 6 to 8 very wet diapers per 24 hours. The infant's stools will change from a sticky black or brown to a loose, curdy yellow. After the milk comes in, the infant should have a soiled diaper (bowel movement) with nearly every diaper change in the first few weeks. Stooling frequency will decrease and the amount increase as the baby gets older.
- It is normal for a healthy infant to lose a little weight in the first week after birth. The infant should return to his birth weight by two weeks of age. From 2 to 6 weeks, the infant should gain at least 4 to 7 ounces per week.
- The client should seek help from a lactation specialist or her health care provider if she is not noticing all of these signs of breastfeeding going well.
- The client should contact her health care provider immediately if she is experiencing any of the following: a tender red area on her breast (plugged duct); if she is feeling feverish or experiencing flu-like symptoms (signs of a breast infection [mastitis]); if she feels burning and stinging on her nipples and/or deep stabbing pains in her breast when the baby nurses (signs of a yeast infection).

may be very sleepy and have a weak, disorganized suck. These infants are at risk for poor weight gain.

- Refer an infant for medical attention who does not regain birth weight by two weeks of age or who does not continue to gain 4-7 ounces per week in the first 6 weeks.

Common Breastfeeding Barriers

Most women agree that breastfeeding is the healthiest way to feed a new baby. Despite this, many give reasons why they think breastfeeding won't work for them. Often these reasons are based on misinformation. Allow the client to voice her concerns. Acknowledge her concerns and be





Breastfeeding (cont.)

supportive. Provide her with correct information and help her create solutions that suit her. With this approach, she is able to think about breastfeeding at a personal level.

“I won’t be able to make enough milk.” Lack of confidence in her ability to make milk is a common worry. Information and encouragement will boost her confidence.

- Women all over the world give their infants only breast milk. It is extremely rare for a woman to not have the biological ability to produce milk.
- A woman’s ability to produce nourishing milk for her infant does not depend on breast size (large or small), age (whether a teen or older mother), body size (very thin or very fat), or nipple size.
- Most women notice an increase in breast size and fullness within a few months of becoming pregnant. You can boost the client’s confidence by pointing out that her breasts have become larger because they are already preparing to produce milk.

“Breastfeeding is embarrassing.” It is a sad fact that many in our society are more likely to think of breasts as sexual toys than as a way of nourishing our children.

- Allow the client to talk about situations where she may feel uncomfortable breastfeeding, such as at the mall, at a friend’s house, in front of men, etc. Help her to picture how she will handle these situations.
- Help the client identify clothes in her wardrobe that work well for breastfeeding discreetly: loose-fitting tops, two piece dresses, and bras that open easily in the front or easily stretch to the side. Printed tops help hide leaks.
- Suggest ways to breastfeed discreetly. For example, nursing is less noticeable when a shirt is

raised from the bottom instead of unbuttoned from the top. It also helps to have the baby wear a wide brimmed hat. She can practice breastfeeding in front of a mirror so that she can gain confidence in breastfeeding discreetly.

- Women who have been sexually or physically abused may have an especially difficult time feeling comfortable with handling their breasts and breastfeeding. Such women may benefit from a referral.

“I don’t want to be tied down” or “I’m going back to work or school.” Many women, especially those who are younger or very career-oriented, think of breastfeeding as being restrictive. They need to have others who can feed and take responsibility for the baby. Some women have not thought about combining breastfeeding with going back to work or school.

- Validate her need to have time away from the baby. Inform the client that breastfeeding can include some bottle feeding. Some women regularly express their milk for others to feed to the baby. Some mothers will leave the sitter with an occasional bottle to give to the baby (of formula or expressed milk) while the mom has an evening out. Some women choose to do a combination of breast and formula feeding on a regular basis.
- Ask the client to talk about specific activities she would like to do with which she feels breastfeeding will interfere. Talk about different options and their advantages and disadvantages. It is important for the client to understand that no matter what feeding method she chooses her baby will take a lot of time and responsibility.
- Emphasize the convenience of breastfeeding. Wherever mom and baby go, there is no need to worry about bringing along bottles, having access to clean water, or fussing over preparing formula.





Breastfeeding (cont.)

She will spend less time caring for a sick baby or running to the market for formula.

- If the client will be returning to work or school, review the handouts *You can breastfeed your baby: Going back to work or school and Going back to work or school: You can pump and store your breastmilk.*
- Remind the client that it is best to delay introducing a bottle until after breastfeeding is going well, usually by 4 to 6 weeks.

“I don’t want to worry about eating healthy foods” or “I can’t give up coffee or smoking.” Many people believe that a nursing mother must have a perfect diet, never consume alcohol, never smoke, go on a diet, or stop drinking caffeinated beverages, etc. in order to make adequate milk. In fact, few women can live up to these standards all of the time. Fortunately, the process of making breastmilk is not affected by most dietary practices.

- Inform the client that it is best for her body to get all the nutrients she needs, but she will still make perfect milk even if her diet isn’t perfect.
- Moderate amounts of dieting (no more than 4 pounds weight loss per month among women who are overweight) will not affect the amount of milk a woman produces.
- Breastfeeding women can and should exercise. Most women will find exercise more comfortable if a good quality sports bra is worn.
- Most infants are not affected by the mother having 1 or 2 caffeinated beverages (cola, tea, coffee) each day. However, if a client notices that her infant is restless and not sleeping well, she should try cutting back on caffeine.
- It is best for the infant to not be exposed to tobacco smoke, whether the baby is breastfed or not. Nicotine levels peak in breast milk quickly after smoking a cigarette and linger at least 1-1/2 to 2 hours. Advise the client, if she must smoke, to first

nurse the baby and then smoke right afterwards (outside and away from the baby). This way less nicotine transferred to the baby.

- Occasional use of alcohol will not harm the breastfeeding infant. However, women who binge drink (more than 3 drinks/day) or are regular drinkers (more than 7 drinks/week) should not breastfeed.
- There are very few situations in which it is best not to breastfeed (see *Some Women Should Not Breastfeed*). Before suggesting to a mother that she shouldn’t breastfeed, consult with her health care provider and the lactation specialist.

“My husband/friend/mother doesn’t think I should/could breastfeed.” Family and friends will strongly influence a woman’s choice to breastfeed. They can be a wonderful source of support or greatly undermine her confidence. Young mothers are especially swayed by peers and family.

- The influential family member or friend may have misinformation about breastfeeding. Encourage the client to bring them along to a prenatal visit. Allow support people to express their concerns. Provide them with correct information.
- It’s common for fathers to feel left out and jealous of the closeness the baby and mother share. Breastfeeding can intensify these feelings. Encourage the woman to bring the baby’s father along to the prenatal visits. Acknowledge his feelings and concerns. Share with him special ways he can participate in parenting the new baby.
- In many cultures, the opinion of the client’s mother is more influential than that of her male partner. If her own mother breastfed, the client is much more likely to choose breastfeeding for herself. Ask the client if she knows of any family or friends who have breastfed. Encourage her to seek their support.





Breastfeeding (cont.)

- Help the client to role-play ways in which she can express to her family and friends why it is important to her to breastfeed.

“Breastfeeding hurts too much.” Some women may have had a painful experience with attempting to breastfeed before, or may have heard “horror stories” from friends. It may be difficult to convince someone who’s had a painful experience that breastfeeding doesn’t have to hurt.

- Acknowledge her past experiences. Breastfeeding can be very painful when the baby is not positioned correctly. The client may have feelings of anger and frustration that no one was there for her when she needed help with breastfeeding.
- Review the “how-to’s” of breastfeeding. Inform the client that pain is a sign that the baby isn’t positioned properly or is not suckling at the breast correctly. Remind her that she should take the baby off the breast and try again if nursing is painful. She should seek help from a lactation specialist if breastfeeding doesn’t feel right.

Resources

Client pamphlets available through the California WIC Program, or Childbirth Graphics Catalogue (800) 299-3366 ext. 287

- Breastfeeding: Getting Started in 5 Easy Steps (English or Spanish)
- 20 Great Reasons to Breastfeed Your Baby (English or Spanish)
- Helpful Hints on Breastfeeding (English or Spanish)

Call Health Education Associates for pamphlets such as *Your Preemie Needs You*, *Bottle Feeding Your Baby*, *How to Nurse Your Baby* and many other titles. (508) 888-8044

Resources for staff education available through Childbirth Graphics Catalogue (800) 299-3366 ext. 287, or in local bookstores.

- The Breastfeeding Answer Book, La Leche League International
- The Womanly Art of Breastfeeding, La Leche League International
- The Nursing Mother’s Companion, K. Higgins

La Leche League International

Call (800) LA-LECHE Monday through Friday, 8 a.m. to 5 p.m. (Central time) for volunteers in your area who offer telephone guidance and monthly meetings for breastfeeding mothers.

Medications and Mother’s Milk by Thomas Hale, Pharmasoft Medical Publishing, 1-800-378-1317. This is a very up-to-date, easy to understand, inexpensive soft-cover guide reprinted yearly.

Counseling The Nursing Mother, a reference handbook for health care providers and lay counselors by Judith Lauwers and Candance Woessner. Jones & Bartlett, (978) 443-5000.

Fill in your local resources:

Nursing Mother’s Council

La Leche League

Lactation Consultant



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You can breastfeed your baby



Here's how to get started

Find out about breastfeeding before your baby is born!

There are many ways to learn about breastfeeding. You may want to:

- Talk with your friends who have breastfed.
- Spend time with mothers who are breastfeeding.
- You may want to read about it or go to classes.
- Go to breastfeeding support groups, like La Leche League, Nursing Mother's Counsel, or WIC.



Get off to a good start at the hospital.

It's a good idea to:

- Let the hospital staff know that you plan to breastfeed.
- Tell them you want to hold your baby skin-to-skin right after birth.
- Breastfeed your baby soon after birth.
 - During the first hour after birth, your baby will be awake and alert. Breastfeeding is easier when your baby is alert.
 - Tell the hospital staff that you'd like to breastfeed before your baby gets weighed, has any shots, or has eye medicine.
- Ask the hospital staff not to give your baby any bottles or pacifiers.
- Have your baby stay in the same room with you. This way you can breastfeed your baby whenever you or your baby wants to.



Usted puede darle pecho a su bebé



Cómo empezar

¡Aprenda a darle pecho a su bebé antes de que nazca!

Hay muchas formas de aprender a darle pecho a su bebé:

- Hable con amigas que le han dado pecho a sus bebés.
- Acompañe a madres que están dándole pecho a sus bebés.
- Lea libros al respecto, o vaya a clases.
- Asista a grupos de apoyo de madres que dan pecho, como por ejemplo, La Leche League, Nursing Mother's Counsel, o el Programa de Nutrición WIC.



Tenga un buen comienzo en el hospital.

Lo mejor es que:

- Le diga al personal del hospital que usted quiere darle pecho a su bebé.
- Dígales que la dejen cargar a su bebé, de piel a piel, sintiendo su cercanía desde recién nacido.
- Después de nacido, déle pecho a su bebé lo más pronto que pueda.
 - Su bebé va a estar despierto y alerta la primera hora después de nacido. Es mejor darle pecho cuando esté alerta.
 - Dígale al personal del hospital que quiere darle pecho a su bebé antes de que lo pesen, lo vacunen, o le den medicina para sus ojos.
- Pídale al personal que no le den ni biberón, ni chupón, a su bebé.
- Pídales que dejen que su bebé se quede en su habitación para poder darle de mamar cuando usted o su bebé lo desean.



You can breastfeed your baby



What to do the first time you breastfeed



Get comfortable with your back and arms supported.

- Put your baby's head at the level of your breast. You can put your baby on a pillow on your lap.
- The baby's whole body (face, tummy, and knees) should face your breast.
- Support your breast with your fingers well behind your areola. (The areola is the dark brown area around your nipple.)

Wait for the baby to open his mouth very wide.

- Tickle your baby's lips with your nipple until he opens his mouth wide, like a yawn.
- Quickly bring your baby onto your breast. His mouth won't be open very long.
- Make sure your nipple and areola are well into his mouth. The baby's mouth should cover much of your areola.

Make sure your baby takes the breast the right way.

- Your baby's lips should not be tucked in.
- Your baby's nose and chin should touch your breast.
- Listen for your baby's swallow.
- Breastfeed until your baby falls asleep or stops breastfeeding.



You can breastfeed your baby:



What to do the first time you breastfeed

Breastfeeding should be comfortable. If it doesn't feel right, put your baby on your breast again.

- Put your little finger in the side of his mouth. Slide it into the baby's mouth. This will break the suction.
- Then put your baby on your breast again.
- With practice, you and your baby can learn how to breastfeed well in a few days.



Ask for the help you need.

- It's not always easy. Talk to someone who knows about breastfeeding.
- Call a breastfeeding expert if you have questions or concerns.

Get help if it hurts when you breastfeed.

- **Do not let your baby breastfeed on the end of your nipples. Your nipples will get sore if you do.**
- **If you have pain, try again another way.**
- **If it still hurts, ask a breastfeeding expert to help you.**



Usted puede darle pecho a su bebé



Lo que debe hacer la primera vez que le dá pecho



Póngase cómoda, recostando la espalda y los brazos en donde pueda apoyarlos.

- Ponga la cabecita del bebé a la altura de su pecho. Puede ponerse una almohada sobre las piernas, y acostar al bebé sobre ella.
- El cuerpo del bebé, o sea, la cara, estómago y rodillas, deben quedarle completamente al frente de su pecho.
- Sosténgase el pecho, poniendo los dedos más allá de la aréola, que es la parte oscura que rodea al pezón.

Espere hasta que su bebé abra bien la boca.

- Con el pezón, hágale cosquillas en los labios al bebé, hasta que abra la boca lo más que pueda, como si fuera a bostezar.
- En cuanto pueda, acerque al bebé al pecho. Debe ser rápido porque el bebé no va a quedarse con la boca abierta por mucho tiempo.
- El pezón y la aréola deben quedarle hasta adentro de la boca del bebé. Asegúrese que la boca del bebé le cubre la mayor parte de la aréola.

Asegúrese de que su bebé se prenda bien al pecho.

- Los labios del bebé no deben quedarle volteados hacia adentro, sino volteados hacia fuera sobre el pecho.
- La nariz y barba del bebé deben tocar el pecho.
- Esté atenta de escuchar si el bebé está tragando su leche.
- Déle pecho a su bebé hasta que se duerma, o hasta que deje de mamar.



Usted puede darle pecho a su bebé



Lo que debe hacer la primera vez que le dá pecho

Darle pecho a su bebé debe ser cómodo para usted. Si cree que hay algo que no se siente bien, vuelva a colocar al bebé en su pecho.

- Ponga su dedo meñique en uno de los lados de la boca del bebé. Con cuidado, métalo en la boca del bebé e interrumpa la succión.
- Vuelva a ponerse al bebé en su pecho.
- Con un poco de práctica, su bebé va a aprender cómo mamar y usted va a aprender cómo darle pecho en muy pocos días.



Pida ayuda y asistencia si la necesita.

- A veces no es tan fácil. Hable con alguien que sabe cómo darle pecho a los bebés.
- Llame a una experta en lactancia si tiene preguntas o le preocupa algo.

Busque ayuda si siente dolor al dar pecho.

- **No deje que su bebé mame en la punta del pezón. Esto provoca que los pezones se sienten adoloridos.**
- **Si siente dolor, trate de nuevo, pero en una posición diferente.**
- **Si todavía le duele, consulte con experta en lactancia.**



You can breastfeed your baby



Making plenty of milk

When your baby is first born, your body makes an early milk called colostrum. It is just right for your baby's first few days. Your baby needs this first milk, even though you may not even see it. After three days or so, your full milk supply "comes in." Your breasts should feel fuller and firmer.

Here's how to make plenty of breastmilk.

Breastfeed your baby often.

- Every time your baby breastfeeds, your body makes more milk. Your body will also make more milk if you hand express or pump your milk.
- The more you breastfeed, hand express, or pump your breastmilk, the more milk your body makes.
- Keep your baby close. Babies like to be held. You can't hold a baby too much.

Breastfeed whenever your baby seems hungry.

- Pay attention to signs your baby needs to breastfeed. Your baby may move his hand to his mouth. He may move his mouth toward your breast. Watch for sucking noises or movements.

- Don't wait for the clock. Don't wait for your baby to cry.
- Newborn babies need to breastfeed about every 2 hours. Your baby may like to breastfeed more often. Or your baby may breastfeed a little less often. Either is OK.

Breastfeed your baby for as long as he seems hungry.

- Your baby may go to sleep or fall off the breast on his own. Your baby should look content and relaxed.
- Don't give your baby any bottles or pacifiers. They will lower your milk supply.
- Don't give your baby water. Breastfed babies do not need water.



You can breastfeed your baby



Making plenty of milk

For the first 8 weeks, breastfeed at least 8 times every 24 hours.

Breastfeed whenever your baby wants to breastfeed.

- Your baby may be sleepy during the first week or two. If your baby doesn't wake up after 4 hours, wake him up to breastfeed.
- Once you are making a good milk supply, your baby will let you know how often to breastfeed. There is no need to watch the clock. As long as your baby is growing and thriving, you know your baby is getting what he needs.

Have something to drink.

- Be sure to keep something you like to drink close by when you breastfeed. You may get thirsty when you breastfeed.



Usted puede darle pecho a su bebé



Cómo producir suficiente leche

Al nacer su bebé, la primera leche materna que el cuerpo produce se llama calostro. Es el alimento perfecto para los primeros días de vida de su bebé. Necesita esta primera leche materna, aunque usted no la pueda ver. Después de unos tres días, más o menos, su reserva completa de leche materna “le baja” a los senos. Los pechos se van a sentir más llenos y firmes.

Cómo producir bastante leche materna.

Déle pecho al bebé con frecuencia.

- Cada vez que le dá pecho a su bebé, el cuerpo produce más leche. También produce más leche si la exprime con la mano o con una bomba especial.
- Entre más le dá pecho a su bebé, exprime la leche a mano, o la bombea, el cuerpo produce más y más leche.
- Mantenga a su bebé muy junto a usted. A los bebés les encanta que los carguen. No se preocupe por cargar ni acariciar demasiado a su bebé.

Déle pecho a su bebé cada vez que dé señales de que tiene hambre.

- Fíjese en las señales que su bebé le muestra que podrían significar que quiere pecho. Su bebé se puede llevar la mano a la boca. Tal vez dirige la boca hacia el pecho. O tal vez haga ruidos o movimientos como si estuviera chupando.

- No siga un horario fijo para darle pecho a su bebé. No espere hasta que el bebé llore de hambre.
- Los recién nacidos deben mamar más o menos cada dos horas. A su bebé tal vez le guste que le dé pecho más seguido. O tal vez prefiera mamar con menos frecuencia. Esto es normal.

Déle pecho a su bebé hasta que le parezca que ya no tiene hambre.

- Su bebé tal vez se duerma, o suelte el pecho. Su bebé debe lucir como que está tranquilo, satisfecho y contento.
- No le dé ni biberones ni chupones a su bebé. Tienden a disminuir la cantidad de leche que usted puede producir.
- No le dé agua a su bebé. Los bebés alimentados con el pecho no necesitan agua.



Usted puede darle pecho a su bebé



Cómo producir suficiente leche

Durante las primeras 8 semanas, déle pecho a su bebé por lo menos 8 veces cada 24 horas.

Déle pecho a su bebé cada vez que su bebé se lo pida.

- Su bebé tal vez tenga mucho sueño las primeras dos semanas. Si su bebé no despierta después de dormir 4 horas, despiértelo para que tome el pecho.
- Cuando ya empiece a producir una buena cantidad de leche, su bebé le avisará qué tan seguido quiere comer. No necesita ver el reloj. Mientras que su bebé esté creciendo y luzca contento, usted va a saber que su bebé está recibiendo lo que necesita.

Beba algún líquido.

- Esté segura de mantener algo de tomar cerca de usted cuando dá pecho. Tal vez sienta sed al darle pecho a su bebé.



You can breastfeed your baby



How to know your baby is getting plenty of milk

You know your baby is getting plenty of milk when by the fifth day, your baby has:

- At least 6 wet diapers every 24 hours. The urine should be light yellow to clear.
- At least 3 yellow bowel movements (BM or poop) every 24 hours.

Your baby should:

- Swallow every few sucks.
- Be content after breastfeeding. Your baby's arms and hands will be relaxed.
- Go for a well-baby visit at 3 days and at 2 weeks old. Your baby's health care provider will check how much weight your baby is gaining.

Your baby may lose a little weight during the first week. Your baby should be back up to his birth weight or more by two weeks of age.

Take your baby to see your health care provider right away if your newborn baby:

- Has less than 3 yellow bowel movements a day.
- Still has black, tarry bowel movements after the 4th day.
- Has less than 6 wet diapers a day.
- Seems unhappy and cries most of the time.
- Sleeps too long or doesn't wake up to breastfeed at least 8 times a day.
- Does not gain weight.



You can breastfeed your baby



How to know your baby is getting plenty of milk

Get the help you need to breastfeed.

It's a good idea to get help and advice if you have any problems or worries. No problem is too small. Don't be afraid to ask for help right away if:

- You have any questions or worries, no matter how small.
- You feel pain, pinching, burning, or stinging when you breastfeed.
- You are worried you are not making enough milk.
- Your breasts do not feel fuller and firmer 3 days after your baby is born.

You can call these numbers for help and advice.

WIC:

24 HOUR HELP:

MOTHER TO MOTHER:

BREASTFEEDING CONSULTANT:

DAY TIME:

NIGHT TIME:

1-800-LA LECHE



Usted puede darle pecho a su bebé



Cómo asegurarse de que su bebé está recibiendo suficiente leche

Usted sabe que su bebé está tomando suficiente leche cuando al quinto día, su bebé tiene:

- Por lo menos 6 pañales mojados en un término de 24 horas. La orina debe ser de amarillo claro a transparente.
- Por lo menos 3 pañales con pupú amarillo en un término de 24 horas.

Su bebé debe:

- Tragar la leche después de succionar varias veces.
- Sentirse contento después de tomar pecho. Los brazos y manitas del bebé van a estar muy relajados.
- Ir a un examen general para bebés a los 3 días de nacido, y cuando cumpla 2 semanas. El médico de su bebé lo va a pesar para saber si ha aumentado de peso.

Su bebé tal vez pierda un poco de peso la primera semana de nacido. Pero cuando ya tiene dos semanas, debe haber recuperado por lo menos el peso que tenía al nacer.

Vaya de inmediato al médico si su bebé:

- No hace pupú amarillo por lo menos 3 veces al día.
- Todavía tiene evacuaciones negras como brea, después del cuarto día de nacido.
- Tiene menos de 6 pañales mojados al día.
- Parece estar triste y llora la mayor parte del tiempo.
- Duerme mucho, o no se despierta para tomar el pecho por lo menos 8 veces diarias.
- No aumenta de peso.



Usted puede darle pecho a su bebé



Cómo asegurarse de que su bebé está recibiendo suficiente leche

Obtenga la ayuda que necesita.

Es buena idea pedir ayuda y consejos si tiene problemas o preocupaciones. No hay problema que sea mínimo. No tenga pena de pedir ayuda si:

- Tiene preguntas de cualquier clase, aunque le parezcan sin importancia.
- Siente dolor, pellizcos, ardor o le quema cuando le dá pecho al bebé.
- Le preocupa tal vez no tener suficiente leche.
- No siente los pechos llenos, y más firmes, a los 3 días de nacer su bebé.

Puede llamar a estos números para obtener ayuda y consejos.

WIC:

ASISTENCIA DE 24 HORAS:

DE MADRE A MADRE:

ESPECIALISTA EN LACTANCIA:

DURANTE EL DIA

POR LA NOCHE:

1-800-LA LECHE



You can breastfeed your baby



Going back to work or school

Think about what will be best for you.

You could:

- Find a day care provider near your school or work.
- Change your work or school schedule around your baby's needs.
- Take your baby with you to work or school.
- Work at home.
- Breastfeed or pump during your breaks and at lunch.
- Wait to go back to work or school. It can help to wait until your baby is at least 3 months old.

There are many ways to keep up your milk supply:

- You can breastfeed your baby more often when you are together.
- You can breastfeed often during the night.
- While you are apart, you can hand express or pump your milk. It's a good idea to hand express or pump as often as your baby would breastfeed.

Take the time to breastfeed often.

- Breastfeed when you first wake up.
- Breastfeed again at the sitter's when you drop your baby off and when you pick your baby up.
- Your baby needs to be in your arms, skin-to skin, smelling you, being warmed by you. You may want to sleep near your baby.



Call a breastfeeding expert for help and advice.



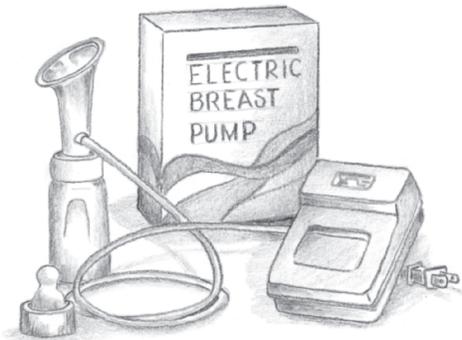
Going to work or school?



You can pump and store your breastmilk

Get a good breast pump.

- Many of the pumps you can get in stores do not work well. Ask a breastfeeding expert where you can get a good one.



- Call your local WIC agency.
- Call a lactation consultant.
- Read the directions on the pump.
- Learn how to hand express.

Plan ahead.

- Talk with your employer or school counselor.
- Find a comfortable place to pump.
- You will need a place to wash your hands and rinse out your pump.
- You can store your milk in a bottle or disposable bottle bag.

Find a place to keep the milk cold.

- You can use a refrigerator or an insulated lunch bag and ice pack to store your container of milk.
- Keep the milk in the refrigerator if it will be used the next day. Or you can freeze it to use later.
- Be sure to date every container.
- If you put your breastmilk:
 - In the refrigerator, use it in 3 days.
 - In a small freezer inside your refrigerator, use it within 2 weeks.
 - In the separate freezer section of your refrigerator, use the milk within 3 months.
 - In a deep freeze, use the milk within 6 months.
- When you thaw frozen milk, use it within 24 hours. Throw it away if it is not used in that time.
- Do not thaw frozen milk in a microwave oven.



Usted puede darle pecho a su bebé



Regresando al trabajo o a la escuela

Piense qué es lo mejor para usted.

Usted podría:

- Buscar a alguien cerca de su escuela o del trabajo que le cuide al bebé.
- Cambiar su horario de trabajo o de la escuela para poder atender a su bebé.
- Llevarse al bebé al trabajo o a la escuela.
- Trabajar en su casa.
- Darle pecho o extraer la leche con una bomba durante sus horas de descanso y del almuerzo.
- No regresar tan pronto ni a la escuela ni al trabajo. A veces es mejor esperar hasta que su bebé tenga 3 meses.

Hay muchas maneras de mantener suficiente leche:

- Puede darle pecho más seguido cuando están juntos usted y su bebé.
- Le puede dar pecho más seguido por la noche.
- Cuando estén separados, usted puede exprimir su leche con la mano, o con una bomba. Es mejor si se acostumbra a exprimir los pechos con la frecuencia con que le daría pecho a su bebé.

Tome el tiempo necesario para dar pecho con frecuencia.

- Déle pecho en cuanto usted se despierte.
- Déle pecho de nuevo al bebé cuando lo lleve a la niñera, y cuando lo pase a buscar.
- Su bebé necesita estar en sus brazos, tocándola piel a piel, oliéndola, sintiendo su calor. Tal vez quiera dormir cerca de su bebé.



Llame a una especialista en lactancia para obtener ayuda y consejos.



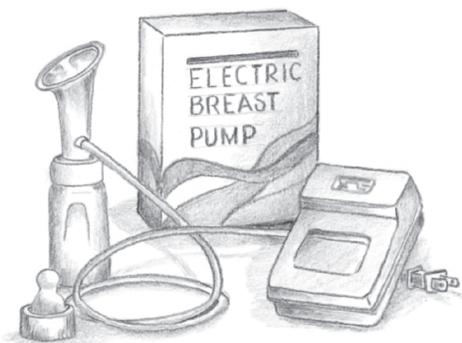
¿Tiene que regresar al trabajo o a la escuela?



Puede extraer y almacenar su leche materna

Compre una bomba de calidad.

- Muchas de las bombas que puede conseguir en las tiendas no son muy buenas. Pregúntele a una persona experta en dar pecho adónde puede conseguir una bomba de calidad.



- Llame a la agencia WIC más cercana.
- Llame a una especialista en lactancia.
- Lea las instrucciones que vienen con la bomba.
- Aprenda a exprimir su leche a mano.

Haga planes con tiempo.

- Hable con su jefe en el trabajo, o con su consejero escolar.
- Busque un lugar cómodo para extraer su leche.
- Debe ser un lugar donde puede lavarse las manos, y enjuagar la bomba.
- Puede almacenar su leche en un biberón.

Busque un lugar donde la leche se mantenga helada.

- Puede usar el refrigerador. O use una hielera para almuerzos con un paquete de hielo seco adentro, para guardar el envase con leche.
- Mantenga la leche en el refrigerador si la va a usar al día siguiente. Póngala en el congelador si la va a usar después.
- Marque los envases con la fecha.
- Si pone su leche:
 - En el refrigerador, úsela antes de 3 días.
 - En el congelador pequeño de su refrigerador, úsela antes de 2 semanas.
 - En el congelador que está a un lado del refrigerador, use la leche antes de 3 meses.
 - En un congelador, sin refrigerador, use la leche antes de 6 meses.
- Si descongela la leche, debe usarla antes de que pasen 24 horas. Si no la usa en ese término de tiempo, tírela.
- No caliente la leche en el horno de micro-ondas.

