

Having a Healthy Pregnancy



MaternityCare

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Having A Healthy Pregnancy

The amount of weight gained in pregnancy will vary between women and will depend on a number of factors including pre-pregnancy weight, age, physical activity, food choices and pregnancy-related symptoms such as morning sickness or increased hunger. Healthy weight gain during pregnancy is a result of extra blood volume, fluid retention (i.e. swelling), amniotic fluid, the placenta, the baby and normal extra fat tissue.

Some women may gain more weight than recommended during their pregnancy. Your Obstetrician or Midwife may encourage you to make dietary and lifestyle changes to prevent or limit excessive weight gain to help reduce the risk of complications to you and baby.

To prevent gaining too much weight your Dietitian may recommend a diet that is lower in energy (kilojoules) but high in nutrients (protein, vitamins, minerals). It is very important that you do not diet or over restrict the amount of food you eat as adequate nutrition is vital for your baby's growth and development.

This handout will help you to understand:

- **Ideal weight gain in pregnancy**
- **Nutrition requirements and supplements in pregnancy**
- **Ideal meal portioning**
- **Individualised dietary changes suggested by your dietitian**



Ideal Weight Gain In Pregnancy

The table below indicates how much weight you should gain throughout your pregnancy, based on your pre-pregnancy Body Mass Index (BMI). Many women will not gain any weight in their first trimester of pregnancy, and therefore this weight gain will be seen in trimesters 2 and 3. If you have gained weight during the first trimester, you may need to make changes to slow down the rate of weight gain in the remainder of your pregnancy.

Pre-pregnancy BMI	Singleton pregnancy total weight gain range (kg)*	Multiple pregnancy total weight gain range (kg)#
Underweight (BMI < 18.5 kg/m ²)	12.5 – 18	
Normal weight (BMI < 18.5 – 24.9 kg/m ²)	11.5 – 16	17 - 25
Overweight (BMI 25.0 – 29.9 kg/m ²)	7 – 11.5	14 - 23
Obese (BMI > 30.0 kg/m ²)	5 – 9	11- 19

*IOM 2009 #Provisional guidelines

BMI calculation:

Weight (kilograms) ÷ [Height × Height (meters)]

e.g. 75kg ÷ [1.68 x 1.68] = 26.6kg/m² (overweight BMI category)

Gaining too much weight during pregnancy, regardless of pre-pregnancy BMI, is associated with increased risk of:

- Large-for-gestational age babies
- Macrosomia (large birth weight babies >4kg)
- Caesarean section
- Gestational diabetes (associated with increased weight gain in early pregnancy)
- Urinary incontinence risk increases with every 10kg of weight gain
- Increased risk of your baby gaining too much weight in childhood

However, gaining less weight than recommended, regardless of pre-pregnancy BMI, is also associated with complications, including:

- Preterm birth
- Small for gestational age babies

It is important to note that the above IOM guidelines only provide suggested limits on weight gain during pregnancy, rather than specific goals, and may not be appropriate for women of different ethnic backgrounds (pregnancy care guidelines 2019).

There are also risks associated with a pre-pregnancy BMI in the underweight, overweight and obese ranges, independent of weight gain during pregnancy. If you are planning another pregnancy aim for a pre-pregnancy BMI in the healthy weight range to reduce your risk of complications.

Nutritional Supplements

Your requirement for some nutrients increases during pregnancy, to support the growth and development of your baby. Some nutrients are easily obtained in adequate quantities from diet, while others are difficult to achieve through diet alone. This is why some vitamin and mineral supplements are recommended in pregnancy:

- Folate:** 500 micrograms folic acid supplement for at least 4 weeks prior to conception and during the first 12 weeks of pregnancy. This dose is found in most pregnancy multivitamins.

If you fall into the obese category based on your pre-pregnancy BMI (see page 2), it is recommended that you take a supplement providing 5mg of folate (such as Megafol 5®)

- Iodine:** 150 micrograms supplement each day. This dose is found in most pregnancy multivitamins.
- Vitamin B12:** 2.6 micrograms each day for vegetarians and vegans (2.8 micrograms for breastfeeding)
- Vitamin D:** 400 IU supplement each day. This dose is found in most pregnancy multivitamins. However if you have your vitamin D levels tested and your levels are found to be low (<50nmol/L), additional supplementation is recommended.
- Iron:** 27 mg each day. This should be achieved through dietary intake. It is important to have your iron tested during your pregnancy. If your iron levels are found to be low, you should commence taking a supplement as recommended by your healthcare provider. If you find that iron supplements are causing gut problems talk to your pharmacist as a variety of supplements exists, including those with fewer gastrointestinal side effects such as Maltofer®. You should avoid taking iron supplements with milk, yoghurt, cheese, tea, coffee, or bran as these will reduce the absorption of the iron supplement, and don't take your iron supplement at the same time of day as your pregnancy multivitamin or calcium supplements.
- Calcium:** 1000 mg each day. This should be achieved through dietary intake, however if you avoid dairy and dairy alternatives you should take a calcium supplement of at least 1000 mg/d – split the dose into 2 x 500mg at separate times of the day to improve absorption.
- Omega-3:** Having enough omega-3 fatty acids during pregnancy may reduce the risk of preterm birth or having a low birthweight baby. You can get omega-3 from eating 2-3 serves of oily fish such as tuna or salmon each week or taking an omega-3 supplement if you are not eating enough fish. Refer to the section on 'Foods to Avoid in Pregnancy' for more information on fish consumption during pregnancy.

In summary, most pregnancy multivitamins will provide all the additional nutrients you need during pregnancy. However, in some circumstances you may need to take additional supplements on top of your pregnancy multivitamin, e.g.

- If you are found to be deficient in a specific nutrient
- If your diet is lacking in these nutrients, e.g. vegetarian/vegans
- If you require high dose folic acid e.g. high pre-pregnancy BMI/malabsorption

N.B. Taking vitamin A, vitamin C or vitamin E supplements during pregnancy has been shown to have little or no benefit and may cause harm.

Diet Recommendations

Eating a nutritionally balanced diet will give your baby the vitamins and minerals they need as well as helping you achieve healthy weight gain during your pregnancy. Use the Australian Guide to Healthy Eating to choose a balanced diet. Visit eatforhealth.gov.au for more information.

A standard serve of vegetables is about 75g (100-350kJ) or:

- ½ cup cooked green or orange vegetables (for example, broccoli, spinach, carrots or pumpkin)
- ½ cup cooked, dried or canned beans, peas or lentils*
- 1 cup green leafy or raw salad vegetables
- ½ cup sweet corn
- ½ medium potato or other starchy vegetables (sweet potato, taro or cassava)
- 1 medium tomato

*preferably with no added salt

Serves per day	
18 years or under	5
19-50 years	5
Women	5
Pregnant	5
Breastfeeding	5½
	7½



Vegetables and legumes/beans

Serves per day	
18 years or under	2
19-50 years	2
Women	2
Pregnant	2
Breastfeeding	2



Fruit

Serves per day	
18 years or under	7
19-50 years	6
Women	7
Pregnant	8
Breastfeeding	9



Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Serves per day	
18 years or under	2½
19-50 years	2½
Women	2½
Pregnant	3½
Breastfeeding	2½



Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

Serves per day	
18 years or under	3½
19-50 years	2½
Women	3½
Pregnant	3½
Breastfeeding	4



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

A standard serve of fruit is about 150g (650kJ) or:

- 1 medium apple, banana, orange or pear
- 2 small apricots, kiwi fruits or plums
- 1 cup diced or canned fruit (with no added sugar)
- Or only occasionally:
 - 125ml ½ cup fruit juice (with no added sugar)
 - 30g dried fruit (for example, 4 dried apricot halves, 1½ tablespoons of sultanas)

A standard serve (500kJ) is:

- 1 slice (40g) bread
- ½ medium (40g) roll or flat bread
- ½ cup (75-120g) cooked rice, pasta, noodles, barley, buckwheat, semolina, polenta, bulgur or quinoa
- ½ cup (120g) cooked porridge
- ½ cup (30g) wheat cereal flakes
- ½ cup (30g) muesli
- 3 (35g) crispbreads
- 1 (60g) crumpet
- 1 small (35g) English muffin or scone

A standard serve (500-600kJ) is:

- 65g cooked lean meats such as beef, lamb, veal, pork, goat or kangaroo (about 90-100g raw)*
- 80g cooked lean poultry such as chicken or turkey (100g raw)
- 100g cooked fish fillet (about 115g raw weight) or one small can of fish eggs
- 2 large (120g) eggs
- 1 cup (150g) cooked or canned legumes/beans such as lentils, chick peas or split peas (preferably with no added salt)
- 170g tofu
- 30g nuts, seeds, peanut or almond butter or tahini or other nut or seed paste (no added salt)

*weekly limit of 455g

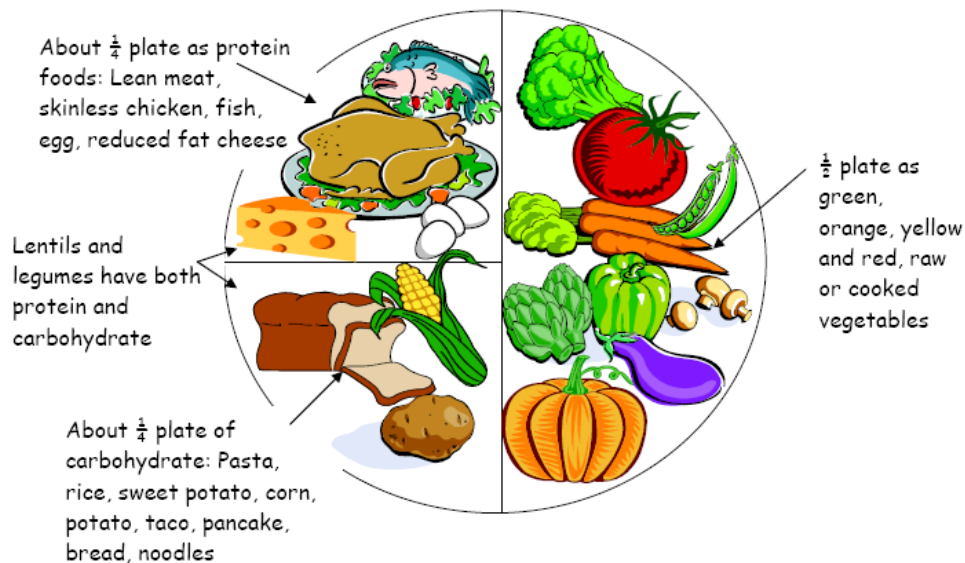
A standard serve (500-600kJ) is:

- 1 cup (250ml) fresh, UHT long life, reconstituted powdered milk or buttermilk
- ½ cup (120ml) evaporated milk
- 2 slices (40g) or 4 x 3 x 2cm cube (40g) of hard cheese, such as cheddar
- ¾ cup (200g) yoghurt
- 1 cup (250ml) soy, rice or other cereal drink with at least 100mg of added calcium per 100ml

A healthy dietary pattern high in vegetables, fruit, legumes, lean meat, fish, wholegrains, low-fat dairy and water has been shown to reduce the risk of developing:

- Gestational diabetes
- Gestational hypertension
- Antenatal depression

A helpful tip is to dish up extra vegetables as these are lower in energy but high in vitamins and will help fill you up. The picture shows what your plate should look like for lunch and dinner. Source: KEMH BLOOM programme



You should aim to eat 3 main meals and 3 snacks, and try to:

- Increase the proportion of non-starchy vegetables at your main meals, following the diagram above aim for $\frac{1}{2}$ of your plate. Aim for a variety of colours.
- Reduce your fat intake:
 - Minimise fats used in cooking and preparing foods e.g. use minimal butter/margarine on bread, use spray oil or <1 teaspoon when frying or baking, limit oils when dressing salad etc.
 - Always choose lean meats (such as 5 star mincemeat), cut any visible fat off before cooking, choose skinless chicken, avoid processed meats
 - Switch to low fat dairy products, such as skim milk “99% fat free” yoghurts, reduced fat hard cheese and low fat cottage cheese
 - Avoid creamy dressings and sauces such as mayonnaise, Caesar / ranch dressing, sour cream, carbonara, cream or coconut milk
- Replace ‘discretionary’ foods and snacks with lower energy and high nutrient choices, such as fresh fruit and vegetables. See below for a list of healthy snack ideas.
- Limit takeaway foods, as these are generally high in energy, fat, sugar and/or salt. Try putting a cap on your intake, such as once per week.

Some more practical tips for healthy eating:

- Try to choose low GI carbohydrate foods. These are generally higher in fibre and fill you up for longer. Visit <https://www.glycemicindex.com/> for more information and a list of foods, or ask your dietitian for a handout on low GI foods.
- Limit intake of sugary foods to help reduce excess weight gain
 - Limit commercial baked products such as biscuits, cakes, pastries
 - Limit soft drinks and cordials, choose diet options instead. Small amounts of artificial sweeteners and diet products are safe during pregnancy
- Read nutrition information panels to help choose the healthiest option. See below for more information.

Drink ideas:

- Water
- Low fat or skim milk
- Tea, coffee or Milo made with low fat or skim milk
- Diet cordials and diet soft drinks
- Smoothies made with low fat/ skim milk, diet yoghurt, diet ice cream and fruit, e.g. banana and berry (no added sugar)

Snack ideas:

- Low fat yoghurt (check the sugar content) e.g. Yoplait Light, Fruche Light, Nestle Diet am & pm®
- Fresh piece of fruit
- Frozen yoghurt
- Fruit salad +/- low fat yoghurt
- Fruit smoothie (using low fat milk, yoghurt and a serve of fruit)
- 1 cup of popcorn (homemade)
- Half a round of wholegrain sandwiches (include some salad)
- 2 – 3 dried apricots
- Handful of unsalted, unroasted nuts (e.g. peanuts, cashews, almonds)
- Corn on the cob
- Home-made custard made with low fat milk and artificial sweetener
- Light/ diet chocolate mousse
- Small can of baked beans

Reading nutrition information panels:

You want to look at the per 100g/mL column so you can compare one product to another and choose the most suitable.

HANDY HINT: Check the ingredient list! If sugar, fat, salt is listed in the first 3 ingredients, the product is HIGH in these substances.

Compare the products...

FATS: Look for products with <3-5g total fat per 100g

SUGARS: Look for products with <5-10g sugar per 100g

FIBRE: 3-6g per serve is considered HIGH FIBRE - aim for the highest fibre content

SALT: Look for “low salt” or “reduced salt” products with <300mg per 100g (if sodium content is <120mg per 100g - the product is low salt)

Nutrition Information			
Servings per package – 16			
Serving size – 30g (2/3 cup)			
	Per serve	Per 100g	
Energy	432kJ	1441kJ	
Protein	2.8g	9.3g	
Fat			
Total	0.4g	1.2g	
Saturated	0.1g	0.3g	
Carbohydrate			
Total	18.9g	62.9g	
Sugars	3.5g	11.8g	
Fibre	6.4g	21.2g	
Sodium	65mg	215mg	
Ingredients: Cereals (76%) (wheat, oatbran, barley), psyllium husk (11%), sugar, rice, malt extract, honey, salt, vitamins.			
Ingredients ▲ Listed from greatest to smallest by weight. Use this to check the first three ingredients for items high in saturated fat, sodium (salt) or added sugar.			

Total Fat ▶
Generally choose foods with less than **10g per 100g**.
For milk, yogurt and icecream, choose less than **2g per 100g**.
For cheese, choose less than **15g per 100g**.

Saturated Fat ▶
Aim for the lowest, per 100g.
Less than 3g per 100g is best.

Other names for ingredients high in saturated fat: Animal fat/oil, beef fat, butter, chocolate, milk solids, coconut, coconut oil/milk/cream, copha, cream, ghee, dripping, lard, suet, palm oil, sour cream, vegetable shortening.

Fibre ▶
Not all labels include fibre.
Choose breads and cereals with **3g or more per serve**

◀ 100g Column and Serving Size
If comparing nutrients in similar food products **use the per 100g column**. If calculating how much of a nutrient, or how many kilojoules you will actually eat, use the per serve column. But check whether your portion size is the same as the serve size.
Energy
Check how many kJ per serve to decide how much is a serve of a 'discretionary' food, which has 600kJ per serve.

Sugars
Avoiding sugar completely is not necessary, but try to avoid larger amounts of added sugars. If sugar content per 100g is more than 15g, check that sugar (or alternative names for added sugar) is not listed high on the ingredient list.

Other names for added sugar: Dextrose, fructose, glucose, golden syrup, honey, maple syrup, sucrose, malt, maltose, lactose, brown sugar, caster sugar, maple syrup, raw sugar, sucrose.

◀ Sodium (Salt)
Choose lower sodium options among similar foods. **Food with less than 400mg per 100g are good, and less than 120mg per 100g is best.**

Other names for high salt ingredients: Baking powder, celery salt, garlic salt, meat/yeast extract, monosodium glutamate, (MSG), onion salt, rock salt, sea salt, sodium, sodium ascorbate, sodium bicarbonate, sodium nitrate/nitrite, stock cubes, vegetable salt.

Physical Activity During Pregnancy

Physical Activity:

It is important to engage in physical activity throughout your pregnancy to maintain your body weight and limit excessive weight gain. Physical activity/exercise is safe during most pregnancies and has many benefits for you and your baby, including:

- Reduce musculoskeletal pain and muscle cramps
- Reduce the risk of developing pregnancy-related conditions such as gestational diabetes, pre-eclampsia and incontinence
- Improve swelling, circulation and reduce constipation
- Improve sleep and reduce fatigue
- Reduce anxiety and depression
- Increase endurance and prepare for labour
- Reduce risk of labour complications e.g. the use of forceps

If you did not participate in regular physical activity prior to pregnancy, now is a great time to start. Begin with 15 minute sessions of gentle exercise, three times per week. Aim to increase this to 20-30 minutes of moderate intensity exercise, each day of the week. Another way to increase your level of physical activity is through incidental activity. For example, take the stairs or park further from the shopping centre. If you are concerned about how to exercise safely during your pregnancy, you may like to see a Physiotherapist or speak to your Obstetrician.

Recommended exercises:

- Walking
- Exercise classes with a Physiotherapist
- Pilates or low impact aerobics
- Swimming/water activities
- Stationary cycling
- Pregnancy Yoga
- Resistance training

Stop and seek medical attention if you experience:

- Pain
- Dizziness/blurred vision/nausea/vomiting
- Bleeding/contractions/leaking/vaginal heaviness

Foods to Avoid

There are certain foods and drinks that you are recommended to avoid during pregnancy, such as:

- Raspberry leaf tea
- Alcohol
- Raw eggs
- High risk listeria foods : For further information, visit this website:
<http://www.foodstandards.gov.au/consumer/safety/listeria/documents/listeria-1.pdf>

Additionally, the following recommendations are given for fish, to prevent harmful effects of mercury.

Note 1 serve equals 150 grams.

2 – 3 serves per week of any fish and seafood not listed in the column below
OR
1 serve per week of Orange Roughy (Deep Sea Perch) or Catfish (including Basa) and no other fish that week
OR
1 serve per fortnight of Shark (Flake) or Billfish (Swordfish/Broadbill, and Marlin) and no other fish that fortnight

Diet Recommendations:

References

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2020, Exercise During Pregnancy. Available from: [https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Exercise-during-pregnancy-\(C-Obs-62\).pdf?ext=.pdf](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Exercise-during-pregnancy-(C-Obs-62).pdf?ext=.pdf) [18th July 2020]

Sports Medicine Australia 2017, The Benefits and Risks of Exercise During Pregnancy. Available from: <https://sma.org.au/sma-site-content/uploads/2017/08/pregnancystatement.pdf#:~:text=SMA%20STATEMENT%20The%20benefits%20and%20risks%20of%20exercise,and%20risks%20with%20their%20%20treating%20medical%20practitioner.> [18th July 2020]

Middleton P, Gomersall JC, Gould JF et al (2018) Omega-3 fatty acid addition during pregnancy. Cochrane Database of Systematic Reviews.

Huang R-C, Silva D, Beilin L, Neppe C, et al (2020) Feasibility of conducting an early pregnancy diet and lifestyle e-health intervention: the Pregnancy Lifestyle Activity Nutrition (PLAN) project. *Journal of Developmental Origins of Health and Disease* 11: 58–70. <https://doi.org/10.1017/S2040174419000400>

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2019) Vitamin and Mineral Supplementation and Pregnancy. Available from: [https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Vitamin-and-mineral-supplementation-in-pregnancy-\(C-Obs-25\).pdf?ext=.pdf](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Vitamin-and-mineral-supplementation-in-pregnancy-(C-Obs-25).pdf?ext=.pdf) [2nd September 2020]

Australian Government Department of Health (2019) Pregnancy Care Guidelines. Available here: <https://www.health.gov.au/resources/publications/pregnancy-care-guidelines> [2nd September 2020]

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2017) Management of Obesity in Pregnancy. Available from:

[https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Management-of-obesity-\(C-Obs-49\)-Review-March-2017.pdf?ext=.pdf](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Management-of-obesity-(C-Obs-49)-Review-March-2017.pdf?ext=.pdf) [2nd September 2020]

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