

Preconception Nutrition

Karen Antell, MD, MPH, FAAFP

Ideally, planning for optimal nutrition during pregnancy begins before conception. However, approximately half of all pregnancies are unintended, and rates in Delaware are among the highest in the nation. In 2011, when women who had recently delivered a baby were asked if they had been trying to become pregnant, 51.3% of the national sample said yes – but in Delaware that number was 43.3%.¹ Women with unintended pregnancies often present later for prenatal care, and may miss opportunities for early screening and intervention to prevent adverse pregnancy outcomes.²

Improving nutrition for women of childbearing age may impact future pregnancy outcomes, even if pregnancies are unplanned. Important nutrition-related issues that may impact pregnancy outcomes include obesity and food safety. Additionally, folic acid supplementation is key to neural tube defect prevention in pregnancy. Other important supplements include Vitamin D, calcium and iron. Specific recommendations are outlined in Tables 1 and 2 below.

Table 1. Food safety concerns in pregnancy³⁻⁵

Exposure or infection	Clinical concern	Common sources of exposure	Strategies to avoid exposure
<i>Listeriosis</i>	Higher risk of infection in pregnant women. Associated with miscarriage and stillbirth.	Unpasteurized milk and cheese, cold smoked seafood, cold cuts and leftover foods, pate	Drink pasteurized milk, avoid soft cheeses such as Brie and queso fresco, heat hotdogs, cold cuts and leftover foods until steaming
<i>Salmonella infections</i>	Can cause fever, vomiting and diarrhea, leading to dehydration	Raw or undercooked meat, poultry or eggs	Avoid raw or undercooked meat, poultry and eggs, wash cutting/cooking surfaces and utensils in hot, soapy water
<i>Toxoplasmosis</i>	Can cause miscarriage and stillbirth	Raw or undercooked meat or poultry	Avoid raw meat or poultry. Cook meat to 145 degrees F and poultry to 165 degrees F (check with meat thermometer).
<i>Mercury exposure</i>	Can affect fetal neurologic development	Certain types of fish	Avoid shark, swordfish, king mackerel or tilefish. Limit albacore (canned white) tuna to 6 oz per week.

Table 2. Supplements in Pregnancy⁴⁻⁶

Supplement	Benefit	Recommended dosage and source
-------------------	----------------	--------------------------------------

Folic acid	Prevention of neural tube defects	400 mcg in a supplement to reach goal of 600 mcg total intake per day. In women with prior history of pregnancy affected by a neural tube defect or on anti-seizure medication, the recommended supplement is 4 mg per day. Ideally, supplementation should begin 3 months before conception.
Vitamin D	Important for fetal bone, tooth development	600 IU in supplement, fortified milk, fatty fish (such as salmon)
Iron	Used in production of hemoglobin to carry oxygen to developing fetus	27 mg in supplement or iron-rich foods such as red meat, lentils, soybeans and spinach. Absorption of iron from non- meat sources is improved when consumed with Vitamin C-containing foods such as fruits and vegetables.
Calcium	Important for fetal bone, tooth development	1300 mg per day from dairy foods or supplement; also found in dark leafy greens and sardines
Omega-3 fatty acids	Important for fetal brain development	8-12 ounces of fish or shellfish per week. Recommended fish include shrimp, catfish, pollock, salmon, scallops, sardines, light tuna. May also be taken as a supplement – recommended 650 mg omega-3 fatty acids, of which 300 mg come from Docosahexaenoic acid (DHA)

Obesity is an important risk factor for gestational diabetes, hypertensive disorders of pregnancy including preeclampsia, and preterm delivery. Additionally, obesity is linked to higher rates of cesarean delivery and birth trauma and may be a risk factor for childhood obesity and associated health problems. New recommendations for healthy weight gain during pregnancy are based on pre-pregnancy body mass index, or BMI. Table 3 summarizes the weight gain recommendations.

Table 3. IOM Recommended Weight Gain by Pre-Pregnancy BMI^{7,8}

Pre-pregnancy BMI	Recommended total weight gain
<18.5	28-40
18.5-24.9	25-35
25.0-29.9	15-25
>= 30	11-20

References

- Centers for Disease Control and Prevention. (2015). Pregnancy risk assessment monitoring system (PRAMS). PRAMStat data, <http://www.cdc.gov/prams/pramstat/index.html>

2. Mosher, W. D., Jones, J., & Abma, J. C. (2012). Intended and unintended births in the United States: 1982–2010. National health statistics reports; no 55. Hyattsville, MD: National Center for Health Statistics.
3. National Institute for Health and Clinical Excellence. (2008, Mar). Antenatal care: routine care for the healthy pregnant woman. Clinical guideline, CG62. <http://www.nice.org.uk/CG62>
4. Nutrition During Pregnancy, (2015, Mar). AP001, publication of the American College of Obstetricians and Gynecologists.
5. FAQ001. (2016, Mar). Nutrition During Pregnancy, publication of the American College of Obstetricians and Gynecologists Retrieved from: <https://www.acog.org/-/media/For-Patients/faq001.pdf>. Accessed May 2016.
6. Greenberg, J. A., Bell, S. J., & Ausdal, W. V. (2008, Fall). Omega-3 Fatty Acid supplementation during pregnancy. *Reviews in Obstetrics & Gynecology*, 1(4), 162–169. [PubMed](#)
7. Institute of Medicine. (2009). Weight gain during pregnancy: Reexamining the guidelines. Report Brief, May 2009. Retrieved from: <http://www.nationalacademies.org/hmd/~/-/media/Files/Report%20Files/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines/Report%20Brief%20-%20Weight%20Gain%20During%20Pregnancy.pdf>. Accessed May 2016.
8. Davies, G. A. L., Maxwell, C., & McLeod, L., & the MATERNAL FETAL MEDICINE COMMITTEE, & the CLINICAL PRACTICE OBSTETRICS. (2010, February). Obesity in pregnancy. *J Obstet Gynaecol Can*, 32(2), 165–173. [PubMed](#)

Copyright (c) 2016 Delaware Academy of Medicine / Delaware Public Health Association.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.