

Kim Seely
Pregnancy Project
3/10/2015

I. Identifying data

- A. First name: Jori Thorup
- B. Description of the individual (including lifestyle - impoverished student, affluent lawyer's wife, busy, etc.): Housewife, green/healthy eating, newlywed, introvert

II. Health history

- A. Age: 23
- B. Previous obstetrical history, including:
 - (1) Parity (number of deliveries) and outcome (if applicable): N/A
 - (2) Interconceptual period (if applicable): N/A
 - (3) Birth weights of previous infants (if applicable): N/A
 - (4) Children's ages (if applicable): N/A
 - (5) Lactation experience (always applicable): None
- C. Estimated delivery date: June 28, 2015
- D. Laboratory data, if known - hematocrit, hemoglobin: N/A
- E. Any illnesses/sicknesses/chronic conditions: None
- F. Cigarette, drug, alcohol use: None
- G. Previous nutritional deficiencies (prior to pregnancy): None
- H. Use of medications or supplements (prior to pregnancy): Occasionally melatonin (maybe two or three times a month)
- I. Exercise/activity (prior to pregnancy and currently): Running (prior), walking (currently)
- J. Allergies, other food intolerances: Penicillin, gluten, dairy (my dairy and gluten sensitivities have all but diminished during my pregnancy)

III. Nutritional assessment

24 hour recall:

Breakfast: 2 c of mini spooners

Lunch: 1 pack of ramen, a slice of pizza

Dinner: 2 servings of rice and bean enchiladas

Snacks: 1 banana, 1 apple, 1 cucumber with lemon and salt, two small corn tortillas with light Nutella spread and pear butter

1. Macronutrient distributions:
 - Carbohydrate: 70% (Over)
 - Fat: 23% (OK)
 - Protein: 10% (OK)
 2. Food group equivalents:
 - Grains: 12 ½ oz (over)
 - Vegetables: 2 ¾ c (under)
 - Fruits: 2 ¼ c (OK)
 - Dairy: ½ cup (under)
 - Protein: 1 oz (under)
 - Oils: 4 teaspoon (under)
 3. Vitamins & minerals:
 - Low in calcium, potassium, zinc, choline, and vitamins C, A, D, K
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- A. Use of food assistance programs such as WIC, SNAP, food bank, church resources, etc.: None
 - B. Current use of prenatal or vitamin/mineral supplements: Prenatal supplement
 - C. Estimated percentage of income spent on food: 7%
 - D. Cooking and eating habits: previous to pregnancy, I always cooked, hardly ever ate out and fruits and veggies were essential to my daily eating. Since pregnancy, I haven't the energy to cook full meals and am craving/eating things I never thought I would eat ever again. Ex: ramen, pizza, mac n cheese. Since eating these things, I haven't been sick at all.

IV. Weight graphed

- (1) Pre-pregnancy weight (lbs or kg): 135 lbs
- (2) Height (in or cm): 5'9 ft
- (3) Pre-pregnancy BMI: 20

157 lbs at 22 weeks

Interpret weight gain: She has gained 22 pounds; the normal range for 22 weeks is between 9 and 14 pounds. She is gaining is too much weight.

V. Nutritional care plan

Summary

The 24 hour recall showed that she was eating fewer calories than recommended, which is interesting compared to the amount of weight gain she's experienced. The day recorded may have been an irregular day or she may have not included everything eaten. Her BMI at 22 weeks is 23.2, which is still in normal range, but her weight gain is much higher than recommended. This can lead to gestational diabetes, birth defects, delivering a larger baby, having a C-section, and postpartum weight retention.

Another risk factor is being low on the specified vitamins and minerals. Hopefully her prenatal supplement includes a multivitamin with these components. If not, she should increase them in the diet. She should increase the amount of protein and fat in her diet because too much of her energy is from carbohydrates. She was low in almost every food group and needs to increase her vegetable, dairy, protein, and oils intake.

Explain

First I will briefly educate this subject on the risks of excess weight gain during pregnancy that include gestational diabetes, birth defects, weight retention after the birth, having a large baby and having a C-section. I will recommend that she increase the amount of vegetables in her diet to increase vitamins and minerals. Broccoli, spinach, and kale are great sources of calcium and vitamin K. Other non-dairy sources include salmon, white beans, and almonds. If she hasn't been having problems with dairy since being pregnant, (which is interesting), then maybe she could try adding milk or yogurt. This might still be causing problems without symptoms, however, and it may be hard to change the diet so dramatically after delivery. Oranges are a good source of calcium and vitamin C. Beet greens, beans, sweet potatoes, and avocados are sources of potassium. Sweet potatoes also have vitamin A, as well as carrots and greens. Incorporating more protein sources such as meat, seeds, and lentils will increase zinc. Eggs, meat, and fish are good sources of choline and salmon, tuna, milk, and eggs are good sources of vitamin D. It was not specified what her prenatal supplement included but if any of these vitamins or minerals are not listed then here are recommended sources.

Education

I explained to Jori that the 24 hour recall showed that she was eating fewer calories than recommended, which is interesting compared to the amount of weight gain she's experienced. The day recorded may have been an irregular day or she may have not included everything eaten. I told her that her BMI at 22 weeks is 23.2, which is still in normal range, but her weight gain is much higher than recommended which can lead to gestational diabetes, birth defects, delivering a larger baby, having a C-

section, and postpartum weight retention. I specified which vitamins and minerals she was low on and mentioned that her prenatal supplement probably has adequate levels of vitamins and minerals needed for the baby, but that it's always best to get from food. I recommended that she should increase the amount of protein in her diet because too much of her energy is from carbohydrates. I explained that she was low in almost every food group and needs to increase her vegetable, dairy, protein, and oils intake.

I recommended that she increase the amount of vegetables in her diet to increase vitamins and minerals. I listed sources of calcium, vitamin K, vitamin C, vitamin A, potassium, zinc and vitamin D. I said that if she hasn't been having problems with dairy since being pregnant, then maybe she could try adding milk or yogurt. This might still be causing problems without symptoms, however, and it may be hard to change the diet so dramatically after delivery. I discussed possible protein sources to increase such as meat, seeds, eggs, and lentils.