

Part 1

Healthy mother, healthy child

On Sept. 13 my wife and I had our fourth child. Benjamin Joseph Proodian was born weighing 7 pounds 12 ounces and mommy and baby Ben are great. I recently found an excellent article on nutrition during pregnancy that appeared in the Sept. 2005 issue of *Nutritional Wellness*, and felt the timing was right to share it with you. Having counseled many pregnant women in my career (including my wife), this article is a good synopsis of what all moms should know about their nutritional needs during pregnancy. But please remember to discuss any supplement decisions with your doctor before going on a supplement regimen.

Ah, the joys of pregnancy! For most women, finding out they've become pregnant is a wondrous occasion. However, that joy can be tempered by the myriad questions that arise soon thereafter. Do I know a good obstetrician? Are all of the associated medical costs covered by insurance? How much time will I need to take off from work? These and countless other questions abound.

During pregnancy, a woman's appetite may increase dramatically. This increase usually occurs for two reasons: First, as a fetus develops inside the womb, it draws considerable amounts of vitamins, minerals and other nutrients from the mother's body for nourishment. A baby's greatest nutritional needs occur between the 20th and 30th weeks of pregnancy. Second, a woman's body is engaged in an equally

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important task during pregnancy: establishing a supply of milk to feed her child in the weeks and months after birth. Proper nutrition is important in this regard, in that it will improve the quality of a woman's breast milk. It also affects the ability of a woman's body to rebound and return to "normal" after giving birth. Combined, these factors make it even more important that expectant mothers consume the right foods – and in the proper amounts.

Essential Nutrients of Pregnancy

Adequate intake of vitamins and minerals, from food sources and/or in supplement form, is integral to a safe, healthy pregnancy. Consumption of various nutrients should be monitored regularly to ensure that an expectant mother is meeting the nutritional needs of herself and her child; three of the most important to consider are folic acid, iron and calcium.

Folic acid, a B vitamin, has been shown to prevent up to 70 percent of all neural tube defects – birth defects of the brain and spine. Precisely why it prevents these defects remains unclear, but that's not the point; research indi-

cates it can significantly decrease the risk of spina bifida (incomplete closure of the spinal column, leading to fluid on the brain and other symptoms) and anencephaly (congenital absence of the brain and cranial vault). It also helps keep the child from developing certain types of heart defects or a cleft palate.

The March of Dimes, the Centers for Disease Control, and the Institute of Medicine recommend that all women consume at least 400 micrograms of folic acid a day, and that pregnant women consume at least 600 micrograms. Fortunately, folic acid is found in abundance in a variety of fruits and vegetables. Among the best sources of folic acid are Romaine lettuce, spinach, asparagus, beans, and sunflower seeds. These days, folic acid also is added to most breakfast cereals, pastas, breads, and fruit juices.

Iron is a vital nutrient used in the formation of hemoglobin, the substance in red blood cells that helps carry oxygen throughout the body. In fact, a woman's overall blood supply typically increases by 30 to 35 percent during pregnancy – usually between the 12th and 20th weeks. The placenta also absorbs iron for the fetus, which helps to build muscles, blood supply, and other tissues. The current recommended daily allowance for iron is between 15 and 18 milligrams. The National Institute of Health recommends that during pregnancy, dietary intake of iron be

increased to 27 milligrams per day. If iron intake does not meet increased requirements, iron deficiency anemia can result. Iron deficiency anemia in pregnancy is responsible for significant morbidity, such as premature deliveries and giving birth to infants with low birth weight.

Fortunately, pregnant women can consume a variety of foods to increase their overall iron levels. Among the best sources are beef, spinach, some types of shellfish (such as clams and oysters),* turkey, and chicken. Many cereals also are fortified with iron. [*See cautionary note on fish consumption later in this article.]

Calcium is necessary to build strong, durable bones and teeth. It also assists in the ability of blood to clot normally, aids in the proper functioning of nerves and muscle fibers, and helps the heart to beat normally. As such, it is critical that women consume adequate amounts of calcium during pregnancy. Low levels can diminish a woman's bone strength (along with that of her developing child), and can increase a woman's chance of developing osteoporosis later in life.

The recommended daily allowance for calcium for pregnant women varies according to age. For pregnant women under age 24, the RDA for calcium is 1,300 milligrams. For women over age 24, the RDA is slightly lower (1,000 milligrams).

Dairy products are considered the best dietary sources of calcium. For women who are lactose intolerant, calcium can also be derived from non-dairy sources such as tofu, sardines, and broccoli. Calcium supplements are available at most health food

stores and supermarkets.

The Importance of Protein

Also crucial to a healthy pregnancy is adequate protein consumption. The amino acids in protein are integral building blocks for many of the body's tissues. Protein intake is especially important during a woman's second and third trimesters, when the fetal growth rate increases.

The recommended daily allowance for protein varies according to age. In women over age 25, the RDA is between 45 and 50 grams. During pregnancy, the RDA increases to 70 grams per day. Recommended sources of protein include beef, chicken, fish, eggs, milk, cheese, tofu, and yogurt.

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There is nothing greater than the birth of a healthy child. Hopefully, this article has made you more aware of the nutritional needs of both the mother and unborn child. Now that after our fourth my wife and I have decided to "call it quits" ... anyone looking to do some baby-sitting????!! If you have any questions, feel free to e-mail me at jproodian@naturalhc.com.

Dr. James Proodian is an author, educator, and healthcare practitioner specializing in *Chiropractic Rehabilitation and other natural healing techniques*. He also provides free health lectures and health screenings for companies and other organizations throughout Monmouth County. Dr. Proodian can be reached at his practice, *Natural Healthcare Center*, at 732-222-2219, or his website at www.NaturalHealthcareCenter.com.

Part 2**Healthy mother, healthy child**

On Sept. 13th my wife and I had our fourth child. Benjamin Joseph Proodian was born weighing 7 pounds 12 ounces and mommy and baby Ben are great. Here is Part 2 of an excellent article on nutrition during pregnancy that appeared in the Sept. 2005 issue of *Nutritional Wellness*, and felt the timing was right to share it with you. Having counseled many pregnant women in my career (including my wife), this article is a good synopsis of what all moms should know about their nutritional needs during pregnancy. But please remember to discuss any supplement decisions with your doctor before going on a supplement regimen.

Water, Water Everywhere

Water often is overlooked as an essential ingredient during pregnancy – but it shouldn't be. Water helps prevent bladder infections, which are a common occurrence among pregnant women. It also helps to relieve constipation and reduce the incidence of hemorrhoids – and, of course, it helps keep the body hydrated. In fact, in some women, dehydration can actually cause contractions during the third trimester of pregnancy, which could trigger preterm labor.

Pregnant women should consume between eight and ten glasses of water or other fluids per day. If possible, they should avoid fluids that contain caffeine or artificial coloring. In fact, caffeine

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caffeinated beverages should not be considered as fluid intake because of their diuretic properties.

Where's the Fiber?

Constipation is a frequent problem during pregnancy. As such, it is recommended that expectant mothers consume higher amounts of fiber per day to improve digestion. Many doctors will recommend between 20 and 30 grams of fiber per day from dietary sources such as fresh fruits and vegetables, and whole-grain breads and cereals. Fiber tablets and mixes also are available, but these should be taken only after consulting with a health care provider first.

Prenatal Vitamins: What to Look For

Most women are encouraged to take prenatal vitamins to improve their health and the health of their child. These specially formulated multivitamin supplements help compensate for any nutritional deficiencies that may occur during pregnancy.

According to the Cleveland Clinic Foundation, pregnant women should take a prenatal

vitamin that contains the following:

- 4,000-4,500 IU of vitamin A
- 800-1,000 micrograms of folic acid
- 400 IU of vitamin D
- 200-300 mg of calcium
- 70 mg of vitamin C
- 1.5 mg of thiamine
- 1.6 mg of riboflavin
- 2.6 mg of pyridoxine
- 17 mg of niacinamide
- 2.2 micrograms of vitamin B12
- 10 mg of vitamin E
- 15 mg of zinc
- 30 mg of iron

Recommend Moderation

While pregnant women should consume certain foods/nutrients more frequently and in greater amounts, several other foods should be consumed in moderation (or avoided altogether):

Cheeses. Not all cheese is bad; in fact, cheese made from pasteurized milk is an excellent source of calcium. However, women should not eat unpasteurized soft cheeses (or any other unpasteurized dairy products) during pregnancy. Unpasteurized items may contain an organism called listeria, which may cause flu-like symptoms, premature delivery, or, in severe cases, miscarriage. Imported soft cheeses, such as Brie, Camembert, and Queso Fresco, are not subject to the same pasteurization processes as in the United States, and may be particularly problematic.

Listeria also may be present in some unpasteurized semisoft cheeses, such as Gorgonzola, Havarti, and Muenster.

Meat Products. As with unpasteurized dairy products, hot dogs, luncheon meats and some deli meats also may cause listeriosis. These products should not be consumed during pregnancy unless they are well cooked or reheated to the point that they are steaming hot. In addition, refrigerated paté and meat spreads should be avoided.

Coffee. Some studies suggest that consuming large amounts of caffeine during pregnancy may lead to low birth weight; other studies link high coffee intake to problems such as attention deficit hyperactivity disorder.

Fish. Fish and shellfish are an important part of any diet; they are rich in protein and omega-3 fatty acids, and low in saturated fat. However, in March 2004, the Food and Drug Administration and the Environmental Protection Agency issued a series of guidelines regarding the consumption of fish during pregnancy. The guidelines recommend that women who are pregnant, nursing, or considering having children, eat no more than two servings (totaling 12 ounces) of fish per week, in order to protect developing babies from receiving high levels of mercury. In particular, the guidelines recommend that shark, swordfish, king mackerel, golden snapper and white snapper (also known as tilefish) be avoided, and that pregnant women consume lower amounts of albacore tuna (rather than canned light tuna) and other types

of fish with lower mercury levels.

Alcohol and Tobacco. Because no safe level of alcohol consumption during pregnancy has been established, women should avoid alcohol altogether during pregnancy – and absolutely during the first trimester of pregnancy, while a considerable portion of a baby's nervous system is being formed. Smoking during pregnancy carries a wide range of potential adverse effects, ranging from premature birth and low birth weight to other, more insidious conditions.

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