

Assessment of Nutritional Patterns for Pregnant Women to Control Weight Gain

Thesis

**Submitted for Partial Fulfillment of Master Degree
in Community Health Nursing**

By

Amira Hesham Mohamad Mohamad

B.Sc. Nursing Science (2010-2011)

**Faculty of Nursing
Ain Shams University
2018**

Assessment of Nutritional Patterns for Pregnant Women to Control Weight Gain

Thesis

**Submitted for Partial Fulfillment of Master Degree
In Community Health Nursing**

Under Supervision of

Prof. Dr. Magda Abd El-Sattar Ahmed

Professor of Community Health Nursing
Faculty of Nursing - Ain Shams University

Dr. Mona Abo Bakr Abd El Latif

Lecturer of Community Health Nursing
Faculty of Nursing - Ain Shams University

**Faculty of Nursing
Ain Shams University
2018**



Acknowledgement

*First of all, all gratitude is due to **Allah** almighty for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.*

*Really I can hardly find the words to express my gratitude to **Dr. Magda Abd El-Sattar Ahmed**, Prof of Community Health Nursing, Faculty of Nursing - Ain Shams University, for her supervision, continuous help, encouragement throughout this work and tremendous effort she has done in the meticulous revision of the whole work. It is a great honor to work under her guidance and supervision.*

*I would like also to express my sincere appreciation and gratitude to **Dr. Mona Abo Bakr Abd El Latif**, Lecturer of Community Health Nursing, Faculty of Nursing - Ain Shams University, for her continuous directions and support throughout the whole work,*

I acknowledge with much gratitude to all pregnant women who participated in this work,

Last but not least, I dedicate this work to my dear family, whom without their sincere support and love, pushing me forward this work would not have ever been completed.

Amira Hesham Mohamad Mohamad

List of Contents

	Page
Acknowledgment	--
List of Abbreviations	i
List of Figures	ii
List of Tables	iii
Abstract	vi
Introduction	1
Aim of the Study	5
Review of Literature	
• Part I: Pregnancy period	6
• Part II: Nutritional patterns for pregnant women.	13
• Part III: Community health nurse role in control weight gain during pregnancy	42
Subjects and Methods	61
Results	69
Discussion	93
Conclusion	104
Recommendations	105
Summary.....	107
References	113
Appendices.....	135
Protocol	—
Arabic Summary	—

List of Abbreviations

ACOG	: American Congress of Obstetricians and Gynecologists
ALA	: Alinolenic acid
ASB	: Asymptomatic bacteriuria
BCG	: Bacille Calmette-Guerin
BMI	: Body mass index
DHA	: Docosaheptaenoic acid
DNA	: Deoxyribonucleic acid
EPA	: Eicosapentaenoic acid
FHR	: Fetal heart rate
hCG	: Human chorionic gonadotropin
HIV	: Human Immunodeficiency Virus
HPV	: Human papillomavirus
ICSI	: Institute for Clinical Systems Improvement
IOM	: Institute of Medicine
LAIV	: Live attenuated influenza vaccine
MMR	: Measles, mumps, and rubella
NEC	: Necrotizing enterocolitis
PCOS	: Polycystic ovarian syndrome
PPV	: Polysaccharide vaccine
RDAs	: Recommended dietary allowances
SD	: Standard deviation
SPSS	: Statistical package for social science
Td	: Tetanus-diphtheria
WHO	: World Health Organization

List of Figures

Fig.	Title	Page
Figures in Review of Literature		
1	Compression of abdominal contents as uterus enlarges.	9
2	Changes in fundal height with pregnancy	54
Figures in Results		
1	Distribution of pregnant women according satisfactory knowledge about nutrition during pregnancy	76
2	Distribution of pregnant women according to satisfactory reported practices toward exercise and daily activities, balanced nutrition and weight control	81
3	Mean reported practices scale of pregnant women toward physical exercise, rest, balanced nutrition and weight control	83

List of Tables

Table	Title	Page
Tables in Review of Literature		
1	Total weight gain during pregnancy, by pre pregnancy body mass index.	20
2	Describe how much each component part weighs during pregnancy if baby's birth weight is 3.5 kg and pregnant women gained 12.8 kg during pregnancy.	22
Tables in Results		
1	Distribution of pregnant women according to their characteristics age, occupation, level of education, marital status and monthly income.	71
2	Distribution of the pregnant women according to pregnancy time, number of delivery and number of abortion.	72
3	Distribution of pregnant women according to satisfactory knowledge about nutrition during pregnancy.	73
5	Distribution of pregnant women according to their total knowledge scale about nutrition during pregnancy.	75
6	Distribution of pregnant women according to their satisfactory reported practices toward physical exercise and rest.	77
7	Distribution of pregnant women according to their satisfactory reported practices toward balanced nutrition.	78
8	Distribution of pregnant women according to their satisfactory reported practices toward weight control.	79

Table	Title	Page
9	Distribution of pregnant women according to total satisfactory reported practices toward physical exercise, rest, balanced nutrition and weight control.	80
10	Distribution of pregnant women according to their reported practices scale toward exercise and daily activities, balanced nutrition and weight control.	82
11	Distribution of pregnant women according to anthropometric measure.	84
12	Distribution of pregnant women according to blood pressure, blood glucose level and albumin level.	85
13	Correlation of total knowledge scale with reported practices sub scale and total scale.	86
14	Correlation of total reported practices scale with reported practices sub scales.	86
15	Correlation of age with total knowledge scale about nutrition during pregnancy and reported practices sub scales and total scale toward physical exercise, balanced nutrition and weight control.	87
16	Correlation of weight gain rate with total knowledge scale about nutrition during pregnancy and total reported practices scale according to research question.	87
17	Relation between age of pregnant women with total knowledge scale toward nutrition during pregnancy.	88
18	Relation between pregnant women occupation and total knowledge scale toward nutrition during pregnancy.	88

Table	Title	Page
19	Relation between pregnant women education with total knowledge scale toward nutrition during pregnancy.	89
20	Relation between pregnant women monthly income with total knowledge scale.	89
21	Relation between BMI and health status of pregnant women.	90
22	Relation between ages of pregnant women with total reported practices scale.	91
23	Relation between pregnant women occupation and total reported practices scale.	91
24	Relation between pregnant women education with total reported practices scale.	92
25	Relation between pregnant women monthly income with total reported practices scale.	92

Abstract

Assessment of nutritional patterns for pregnant women to control weight gain

By

Amira Hesham Mohamad Mohamad

Nutritional status during pregnancy is essential for the growth and development of the fetus and the immediate and future health of a woman and her infant can be affected by the amount of weight gained throughout the course of a pregnancy. **Aim:** to assess nutritional patterns for pregnant women to control weight gain. **Design :** descriptive design study was followed **Setting :** The study was conducted in the two maternal and child health centers in Kafer Eldawar through using purposive sample technique. **Three tools** of data collection were used named interview questionnaire sheet and assessment sheet for Physiological measurement of pregnant women and review of medical record to obtain data about lab analysis. The main **result** of the study illustrated that pregnant women had average level of knowledge regarding nutritional patterns. In contrast pregnant women reported practices was unsatisfactory so there was statistically significant difference observed between knowledge and practices regarding nutritional patterns. The current study **concluded that** there was a negative correlation between knowledge and reported practices of pregnant women and weight gain rate during pregnancy. Based on this finding, the investigator **recommended that** health care provider should offer preconception counseling to help women achieve normal prepregnancy BMI then continue to work with women during pregnancy to gain weight within the recommended range.

Keywords: Nutritional patterns , Pregnant women , Control weight gain

Introduction

Good nutrition is vital to good health and essential for normal growth and development, it is also essential to establish and maintain a healthy pregnancy and give birth to a healthy child, good nutritional habits begun before conception and continued during pregnancy, promote adaptation to the maternal and fetal needs, nutrient needs typically increase more during pregnancy than during any other stage in a woman's adult life, additional nutrients are required during gestation for development of the fetus as well as for growth of maternal tissues that support fetal development (*Norton, 2015*).

A critical determinant of a positive pregnancy outcome is a healthy well- balanced maternal diet, A well-balanced diet is one that includes foods from all food groups in appropriate amounts, the food and nutrition Board of the Institute of Medicine (IOM), the National Academy of Science, and the US Department of Health and Human Services developed recommended dietary allowances (RDAs) of nutrient intake required to maintain optimal health of pregnant women (*Walter, 2017*).

The Recommended Dietary Allowance (RDA) increases for various macronutrients the RDA for carbohydrates is 175 grams/day for pregnant women, as compared to 130 grams/day for non-pregnant women, Protein requirements increase from 0.8 grams/kg/day to 1.1 grams/kg/day during pregnancy, it is also important

for women to get the right amount of various vitamins and minerals during pregnancy to optimize the growth and development of the fetus, Pregnant women should consume 600 µg/day of synthetic folic acid from fortified foods or supplements, 27 mg/day of iron, 15 µg/day of vitamin D, and 1.000 mg/day of calcium to meet the RDA for these nutrients (*National Research Council, 2011*).

Maternal nutrition plays an important role in pregnancy outcomes, and is associated with decreasing the risk of many maternal and fetal complications, optimal nutritional status before and during pregnancy contributes to high diet quality and positive pregnancy outcomes, Thus obtaining a nutritional history, assessing and monitoring current dietary intake, and determining weight status before and during pregnancy, The Institute of Medicine (IOM) has established weight gain standards for each trimester of pregnancy based on pre pregnancy body mass index (BMI) status, calculated as weight in kilograms divided by height squared in meters (kg/m^2) (*Falciglia, 2014*).

The amount of weight a woman gains during pregnancy can directly influence pregnancy outcomes and the long-term health of both mother and child, The IOM gestational weight gain guidelines were created to optimize maternal and fetal health outcomes, Weight gains above these guidelines are associated with many adverse health outcomes (*Coppage, 2014*).

During pregnancy women who exceed weight gain recommendations have an increased risk of gestational diabetes, preeclampsia, failed induction, and cesarean delivery and Infants born to mothers with excessive weight gain are more likely to experience low 5-minute Apgar scores, hypoglycemia, meconium aspiration syndrome, and large for gestational age compared with women who gain within the recommended guidelines After birth, women with excessive gestational weight gain are at increased risk for postpartum weight retention and the development of new or persistent overweight or obesity (*Whitaker, 2011*).

Community health nurse provide antenatal care which monitors the health and wellbeing of the woman and the progress of her pregnancy, and take a comprehensive assessment of the woman's social, psychological, physical condition, obstetric history and dietary habits, helps to identify any potential risks and enables choices to be offered , this is an important time for community health nurse to give information and discuss issues including keeping well in pregnancy , diet, nutrition and weight control (*Harris & Nimmo,2013*).

Significance Of the study:

Obesity become one of the most important threats to women health in general, it also become one of the most common medical conditions complicating pregnancy, it has become the most prevalent preventable cause of death worldwide (*Lucovnik, 2017*).

Approximately half of pregnant women exceed the recommendations set by the IOM for weight gain during pregnancy, weight gain in excess of the recommendations puts pregnant women at risk for gestational diabetes, hypertension, preeclampsia, and Cesarean delivery and complications during pregnancy and child birth are the main causes of maternal mortality worldwide (*Miao et al., 2017*).

Complications related to pregnancy and child birth are among the leading causes of maternal mortality for women of reproductive age in developing countries, resulting in the death of about half million women each year and about 99% from maternal mortality in developing countries, in Egypt maternal mortality ratio 33 deaths per 100.000 in 2015 (*UNFPA, 2015*).

Maternal mortality remains one of the main issues worldwide; over 800 women are dying each day in worldwide result from complications of pregnancy and child birth, according to WHO about 303.000 women died in 2015, the global maternal mortality ratio is 216 deaths per 100.000 live births and for every woman who dies, approximately 20 others suffer from series injuries or disabilities (*WHO, 2015*).

Aim of the Study

The study aimed to assess the nutritional patterns of pregnant women to control weight gain during pregnancy through:

- Assessing women knowledge toward control weight gain during pregnancy.
- Assessing women practices toward nutrition pattern during pregnancy.
- Assessing women physical health condition by measuring weight and height.

Research question:

1. Is there a relationship between nutritional patterns and weight gain during pregnancy?
2. Is there a relationship between women's knowledge, and their compliance regarding weight gain during pregnancy?
3. Is there a relationship between BMI and health status of pregnant women?