Nutrition and Weight Gain

Question 1:
For patients expecting multiples (twins or triplets), do you routinely recommend additional supplementation beyond the standard recommendations? If so, what is your usual regimen?

Response from Dr. Fox:
For women with multiple pregnancies, I recommend additional calories as well as vitamins. I also recommend formal nutritional counseling. Women of normal weight with multiple pregnancies should be gaining approximately a pound every week, on average. If they are overweight or obese, they can gain a little less. In regard to vitamin specifics, it depends on their daily intake at baseline. A good reference for this topic is the article by Goodnight and Newman: “Optimal nutrition for improved twin pregnancy outcome” (see Obstet Gynecol 2009;114:1121–34).

Question 2:
When a patient conceives within 6–12 months after bariatric surgery, do you adjust supplementation (oral or parenteral) for these patients? Should these patients minimize or avoid continued weight loss?

Response from Dr. Fox:
It depends on the type of bariatric surgery (restrictive or maldigestive) and whether they are still in the phase of rapid weight loss. I would advise against pregnancy during the period of rapid weight loss, and if they do conceive during that time, I would advise against continued rapid weight loss. Often, if they are that close from their operation, they will still be following up with their bariatric surgeon as well.
Question 3:
If a patient follows a strict vegan or other restrictive diet, do you provide any additional recommendations or diet-specific counseling?

Response from Dr. Fox:
I review sources of iron and protein with them, but I do not routinely recommend additional supplementation. I do screen all pregnant women for anemia in the third trimester and recommend oral iron for women with mild anemia.

Question 4:
Given some of the emerging literature and data, would you suggest advising women with higher prepregnancy body mass indexes to maintain or even lose some weight during pregnancy? Are there nutrition programs or apps that you suggest to your obese patients to help with minimal weight gain during their pregnancies?

Response from Dr. Fox:
I follow the recommendations of the National Academy of Medicine (see Table 1 in the article), but I do mention to obese women that it may not be harmful to gain less weight. I do not recommend women attempt to lose weight in pregnancy.

Alcohol

Question 5:
How do you counsel women who engaged in moderate alcohol consumption (3–5 drinks per week) in the first trimester prior to realizing they were pregnant? Do you offer any specific recommendations for alcohol consumption while breastfeeding?

Response from Dr. Fox:
Most women who consume alcohol prior to realizing they were pregnant do so early enough (<8 weeks of gestation) that it would be unlikely to affect brain development. For those who consumed moderate amounts at a later gestational age, I reassure them that most data show no long-term effects at this level of intake. I usually recommend women avoid alcohol while breastfeeding as it does get excreted into breastmilk; however, similar to pregnancy, it is not certain that small amounts of alcohol have any long-term effects on newborns.

Other Foods to Avoid

Question 6:
When a patient is concerned about a possible foodborne exposure (eg, accidentally eating undercooked pork or beef, consuming a product now recalled for possible Listeria), what is your usual approach for counseling and/or work-up for her?

Response from Dr. Fox:
I usually reassure them, especially if they did not actually become ill. Only if there is a clinical suspicion of Listeria do I recommend cultures.
Exercise and Bedrest

Question 7:

Patients often ask whether they should make certain activity modifications, specifically lifting (both occupational and recreational/athletic) and high-intensity aerobic exercise (indoor spinning/cycling, high-intensity interval training, boot camp workouts). Are there safety parameters to provide or other evidence to guide these patients for lifting or high aerobic demand during pregnancy?

Response from Dr. Fox:

As far as we know, strenuous exercising is safe in pregnancy, aside from the risk of injury. I generally tell women who do work out regularly that they can continue as long as they feel well and are gaining weight. For women who do not exercise regularly, I generally tell them to increase their exercise to the recommended levels, but not much more, as this was not something they did before pregnancy.