

Nutrition in Pregnancy

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Before, during, and after pregnancy, nutrition and pregnancy relates to nutritional consumption as well as dietary planning. The foetus nutrition begins during conception. As a result, the mother's diet is critical before to conception (perhaps several months prior), as well as during pregnancy and breast-feeding. A growing number of studies have found that the mother's nutrition has an impact on the child's health, including the risk of cancer, cardiovascular disease, hypertension, and diabetes later in life. Malformations or physiological difficulties in the foetus can result from an insufficient or excessive amount of certain nutrients, and moms who are malnourished run the risk of neurological diseases and handicaps. Due to a lack of sufficient nourishment, an estimated 24 percent of newborns are born with weights that are less than ideal. Personal behaviours such as consuming significant amounts of caffeine or alcohol can have a severe and irreversible impact on the baby's growth during the early stages of pregnancy [1].

Caffeine use during pregnancy is linked to a higher risk of miscarriage. Available evidence suggests that the benefits of eating fish during pregnancy exceed the hazards; nonetheless, the type of fish matters. Folic acid, a synthetic form of the vitamin folate, is essential both before and during pregnancy.

Prior to becoming pregnant, you should eat well

As with other diets, there is a risk of over-supplementing; nonetheless, both governmental and medical counsel encourage that mothers follow the directions on vitamin packaging to determine the correct or Recommended Daily Dose (RDA). Prenatal iron supplementation enhances birth weight significantly, potentially lowering the risk of low birth weight. Prior to conception, folic acid intake is indicated to prevent the development of *spina bifida* and other neural tube disorders. In addition to eating folic acid-rich foods like green leafy vegetables, it should be taken at least 0.4 mg/day throughout the first trimester, 0.6 mg/day throughout the pregnancy, and 0.5 mg/day while breastfeeding. Iodine deficiency is common in pregnant women, and iodine is required for optimal thyroid function and foetal mental development, including cretinism. Pregnant women should take iodine-rich prenatal supplements. Sunlight exposure affects vitamin D levels. While it was previously considered that supplementation was primarily necessary in high-latitude areas, current investigations of Vitamin D levels in the United States and other countries have revealed that many women had low levels. As a result, there is a rising push to advocate 1000 IU of Vitamin D daily supplementation throughout pregnancy. Vitamin B₁₂ deficiency has been discovered in a substantial proportion of pregnant women, although supplementation has yet to be proven to benefit pregnancy outcomes or newborn health [2].

Docosa Hexaenoic Acid (DHA) and Eicosa Pentaenoic Acid (EPA) are long-chain polyunsaturated fatty acids that are favourable for foetal development. Several studies have found that moms who consume more nutrients had a lower risk of preterm birth and low birth weight. Iron is required for the foetus and placenta to grow normally, especially during the second and third trimesters. It is advised that concentrations in the first and third trimesters be larger than 11 grams per deciliter, and that levels in the second trimester be greater than 10.5 grams per deciliter. It is also necessary for the formation of hemoglobin prior

to pregnancy. Although there is no evidence that a hemoglobin level of 7 grams/100 ml or greater is harmful to a pregnancy, it should be noted that maternal hemorrhage is a leading cause of maternal death globally, and having a reserve capacity to carry oxygen is preferable. Iron supplementation reduces the risk of maternal anemia and iron insufficiency in pregnancy, according to the Cochrane study, but the positive effect on other mother and child outcomes is less obvious [3, 4].

Pregnant women's nutrition

Vitamin and mineral recommendations for pregnancy and breastfeeding have been set by the United States and the European Union. The amounts in the following table are the higher of the two. Recommendations for pregnancy and lactation are listed individually in the citations. RDAs (Recommended Dietary Allowances) and PRIs (Population Reference Intakes) are set higher than average requirements to accommodate women with higher-than-average demands. Because there isn't enough data to make a recommendation for specific nutrients, the term Adequate Intake (AI) is used to describe what appears to be sufficient [5].

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Received: 5-Jan-2022, Manuscript No: jpch-22-52671, Editor assigned: 7-Jan-2022, PreQC No: jpch-22-52671 (PQ), Reviewed: 12-Jan-2022, QC No: jpch-22-52671, Revised: 17-Jan-2022, Manuscript No: jpch-22-52671(R), Published: 24-Jan-2022, DOI: 10.4172/2376-127X.1000513

Citation: Haney B (2022) Nutrition in Pregnancy. *J Preg Child Health* 9: 513.

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