

Obstetrical and Gynecology Ward Practice

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Nutrition in pregnancy

- *Folic acid:*

- Folate is needed to make DNA and RNA (the building blocks of cells), is a vitamin that occurs naturally in food, folate-deficient women who become pregnant are at greater risk of giving birth to low-weight, premature infants with neural tube defects, which can result in the malfunction of the spine (spina bifida), skull and brain. The Recommended Dietary Allowance (RDA) for folate equivalents for pregnant women is 600 micrograms.

- ***Iron:***

- iron is essential for the manufacture of red blood cells that carry oxygen around the body. During pregnancy iron is needed in larger amounts because the mother's blood volume increases and the baby's blood is also developing. Lack of iron can cause anemia, which means the red blood cells are not able to carry enough oxygen around the body leaving you tired and less able to fight off infections. Anemia during pregnancy can persist after the birth of the baby and can also affect the baby's iron stores. The dose is 200 mg tid.

- ***Calcium:***

- Total serum calcium decreases gradually during pregnancy. Calcium supplementation is not necessary in women with a diet that includes adequate dairy foods. Absent this, Calcium supplementation may be used on as-needed basis to meet the recommended dietary allowance (RDA) of 1200 mg during pregnancy.

- ***Zinc:***

- Zinc is a trace mineral. A zinc deficiency may be teratogenic in humans. Zinc levels in amniotic fluid correlate with antimicrobial activity, suggesting that zinc plays a role in protecting against intrauterine infection. Low dietary intake of zinc has been associated with IUGR (Intra Uterine Growth Retardation). The RDA during pregnancy is increased from 15 to 20 mg /day.

- ***Vitamin D:***

- Most vitamin D is synthesized from a precursor in the skin after exposure to UV light from the sun and relatively few foods are good sources of the vitamin. If supplementation with vitamin D is indicated, care should be considered. In human pregnancy, high maternal intake of vitamin D was implicated as the cause of a syndrome that included mental and physical retardation and hypercalcemia. 400-500IU vitamin D supplementation have been reported to be safe and adequate.

- ***Vitamin A:***
- Vitamin A appears to be important for fetal growth and poor maternal vitamin A status was associated with preterm birth, intrauterine growth retardation (IUGR), and decreased birth weight. Vitamin A may be important for lung growth. However an excess leads to teratogenicity mainly in the 1st trimester as CNS, CVS abnormalities , facial abnormalities and altered growth.

Gestational Disorders

A. Gestational Diabetes (GD)

B. Gestational Trophoblastic Disease

C. Seizure disorders

D. Thyroid Disease

E. Urinary Tract Infection

F. Anemia

G. Hypertensive Disorders of Pregnancy

I. Toxoplasmosis

J. Erythrocyte Immunization (Rh Disease)