

UVM ScholarWorks

Nutrition During Pregnancy: Addressing common misconceptions and frequently asked questions

Item Type	Presentation
Authors	Burhans, Naomi
Publisher	University of Vermont
Rights	Attribution 4.0 International
Download date	2026-05-13 00:32:28
Item License	http://creativecommons.org/licenses/by/4.0/
Link to Item	https://hdl.handle.net/20.500.14849/9889

Nutrition During Pregnancy:

Addressing common misconceptions and frequently asked questions

Naomi Burhans

Host Clinic: Nuvance Health Primary Care - New Canaan

October—December 2025

Project Mentor: Dr. Alexandra Schieber, DO



Larner College of Medicine

Problem Identification

- Pregnancy and lactation cause major metabolic and physiologic changes
- Good nutrition before and during pregnancy and lactation is essential for maternal well-being and healthy fetal development [1]
- Poor nutrient intake can lead to complications such as low birth weight, growth restriction, and congenital defects [2, 3]
- Inadequate maternal nutrition may also raise a child's long-term risk of chronic illnesses like obesity, diabetes, and heart disease [4]
- Many pregnant women encounter common misconceptions about what foods are safe or unsafe, leading to confusion and inconsistent nutrition practices [5]

Providing evidence-based guidance throughout pregnancy requires strong interprofessional collaboration and recognizing the social determinants of health that influence a pregnant woman's ability to follow nutritional recommendations and maintain a healthy pregnancy.

Public Health Cost

- In Connecticut, 7.9% of infants are born weighing less than 5 lbs, 8 oz [6]
- Preterm birth and low birthweight contribute to infant illness, disability, and early mortality [7]
- Early birth complications create a major financial strain, with national costs estimated in the tens of billions of dollars each year [7]
- The economic burden of gestational diabetes mellitus in 2017 was nearly \$1.6 billion and annual burden per case averaged at \$5,800 [8]

Healthy and sufficient nutrition is an impactful modifiable factor in reducing the risk of these complications and supporting better outcomes for both mothers and their children [9].

Community Perspective

Anonymized staff at Malta House:

- **What nutrition-related challenges do residents at Malta House most commonly face during pregnancy?**

“Many of our residents enter the program with limited knowledge of prenatal nutrition. Common challenges include inconsistent eating schedules limited access to fresh produce before entering the program, food insecurity, and difficulty balancing cravings with healthy options. Some mothers also struggle with morning sickness, and gestational concerns that impact their appetite and food choices.”

- **Are there specific topics residents frequently ask about or seem unsure of regarding healthy eating in pregnancy?**

“Residents often ask about what foods are safe to eat during pregnancy, how to manage nausea.”

- **How do residents typically access food (on-site meals, food pantry, SNAP, donations), and are there barriers to getting nutritious options?**

“Residents primarily access food through the house pantry, and donated items. Many also receive SNAP benefits. Barriers include inconsistent SNAP activation timelines. However, the program works to maintain balanced pantry options and provide meals that meet their nutritional needs.”

- **Are there cultural, language, or literacy considerations we should keep in mind when providing nutrition education?**

“Yes. We serve a diverse group of mothers, including those who speak English as a second language and those with varying literacy levels. Being mindful of cultural food preferences is also important—many residents rely on familiar dishes, and adapting guidance to their cultural diets increases engagement and understanding.”

- **What kind of format or delivery method works best for the residents—printed pamphlets, simple visuals, short videos, or group discussions?**

“A combination approach works best. Residents respond well to simple visuals, hands-on demonstrations, and short videos. Group discussions are also effective because they allow mothers to ask questions and share experiences. Printed materials can be helpful if they are simple, visual, and easy to reference. Interactive sessions tend to have the highest engagement.”

Community Perspective cont.

Jo Bennett, Volunteer Engagement Coordinator at Malta House:

- **What has been your experience with the types of foods typically donated? Do the donations usually include nutritious options, or is accessing healthier foods more challenging?**

“Our donations come in two forms: **kitchen/pantry items** and **prepared foods**. We receive both on a regular basis, but one challenge is having a balance of food that is easy to prepare and healthy/nutritious. In my opinion, our moms, being on the younger side, could benefit from regular coaching on preparing tasty dishes using pantry staples and lean proteins.

As a nonprofit, I think there is a delicate balance between being grateful for the food that our supporters provide and being intentional about our nutritional “wish list”

We also receive **prepared foods**. This is frequently in the form of pizza, sandwiches, pasta, and baked goods. We also have groups that provide ‘community meals,’ which can be brought here or prepared on-premises. The latter is sometimes a good ‘teaching kitchen’ opportunity.

One important source of **pantry/kitchen** donations is the Lower Fairfield County Food Bank, from which two volunteers select and deliver fresh produce mostly fruit, eggs, yogurt, and milk, and occasionally a bit of meat. They also generally bring bread and packaged snack foods, and an assortment of shelf-stable items.

Due to the uncertainty around SNAP benefits, we have recently received more pantry/kitchen donations (including grocery gift cards) than usual.

One challenge is that our moms, in addition to being young, come from many cultures. I wonder if that could create an opportunity for themed nutritional guidance.”



University
of Vermont

Larner College of Medicine

Intervention and Methodology

To address common questions about nutrition during pregnancy, I created a pamphlet based on the American College of Obstetricians & Gynecologists (ACOG) and Centers for Disease Control and Prevention (CDC) frequently asked questions pages for both the mothers residing at Malta House and the staff who support them, providing a resource that can guide conversations and promote healthy choices.

Quick, easy,
healthy
recipe:

Mediterranean
quinoa salad:

Ingredients:

- Quinoa
- Chickpeas
- Cucumber
- Red onion
- Feta cheese*
*pasteurized
- Lemon Olive Oil Dressing
 - 2 tbsp olive oil
 - 1 tbsp lemon juice
 - Pinch of salt
 - Pinch of black pepper
 - Optional: ½ tsp dried oregano or parsley

Instructions:

1. Cook quinoa
2. Mix in chickpeas, cucumber, red onions, feta cheese
3. Dress with lemon olive oil dressing

More
questions?

VISIT:

Nutrition in Pregnancy
on the American College
of Obstetricians and
Gynecologists website:

<https://www.acog.org/womens-health/faqs/nutrition-during-pregnancy>

Plan healthy meals
during pregnancy at
MyPlate:

<https://www.myplate.gov/life-stages/pregnancy-and-breastfeeding>

This pamphlet was created by a medical student at UVM Larner College of Medicine

Nutrition in Pregnancy



Avoid Harmful Substances



- Avoid alcohol and other drugs such as tobacco
 - Most experts agree that it is safe to drink up to one cup of coffee a day = 12 ounces (200 milligrams) of caffeine
- *Pay attention to tea, chocolate, soft drinks, and other caffeine sources when calculating how much you're taking in*

Recommendations from ACOG



Food Safety



- Avoid undercooked meat, fish, and eggs
- Make sure to clean raw fruits and vegetables
- Avoid unpasteurized dairy products
- Do not eat bigeye tuna, king mackerel, marlin, orange roughy, shark, swordfish, or tilefish. Limit white (albacore) tuna to only 6 oz a week.
- Mercury is a metal found in some fish as mentioned above which has been linked to birth defects.

Recommendations from ACOG



Suggested Weight Gain



Pre-pregnancy BMI	Corresponding weight gain
• <18.5	• 28-40lbs
• 18.5-24.9	• 25-35lbs
• 25-29.9	• 15-25lbs
• >30	• 11-20lbs

Recommendations from CDC and ACOG

Supplementation

- Daily prenatal vitamins
 - Should include folic acid

Recommendations from CDC and ACOG

Most important!

Take care of yourself, mama! Eating well helps you and your baby grow strong together, so listen to what your body needs.



Results and Reflection

- This intervention aims to address common nutrition questions using guidance from ACOG and the CDC
- Pamphlets were distributed to the mothers at one of their morning meetings
- Staff shared that printed materials are engaging and easy for residents to reference
- These materials help promote discussion about nutrition between the mothers and the staff at Malta House

Limitations

- The frequently asked questions were adapted from ACOG and CDC resources rather than gathered directly from the Malta House residents
 - Identifying knowledge gaps directly from the residents would help tailor the handout to their needs and strengthen the impact of the intervention
- The pamphlets were available only in English, which may limit accessibility for residents who speak English as a second language

Recommendations for Future Interventions

- Develop resources that help residents make nutritious choices even when healthy food options or financial resources are limited
- Offer pamphlets in multiple languages and tailor materials to residents' cultural backgrounds and food preferences
- Incorporate strategies to address food insecurity as a core component of nutrition-focused interventions
- Encourage mothers to trust their bodies, recognize their own needs, and feel confident in their physical cues during pregnancy

References

- [1] Brink LR, Bender TM, Davies R, et al. Optimizing Maternal Nutrition: The Importance of a Tailored Approach. *Curr Dev Nutr.* 2022;6(9):nzac118. Published 2022 Jul 22. doi:10.1093/cdn/nzac118
- [2] Brown B, Wright C. Safety and efficacy of supplements in pregnancy. *Nutr Rev.* 2020;78(10):813-826. doi:10.1093/nutrit/nuz101
- [3] Yang J, Kang Y, Cheng Y, Zeng L, Yan H, Dang S. Maternal Dietary Patterns during Pregnancy and Congenital Heart Defects: A Case-Control Study. *Int J Environ Res Public Health.* 2019;16(16):2957. Published 2019 Aug 16. doi:10.3390/ijerph16162957
- [4] Thornburg KL, Valent AM. Maternal Malnutrition and Elevated Disease Risk in Offspring. *Nutrients.* 2024;16(16):2614. Published 2024 Aug 8. doi:10.3390/nu16162614
- [5] Maiti D, Sarvand V. Myths & Facts regarding diet in pregnancy—A survey review. *Int J Nurs Educ.* 2023;15(1):20-23. doi:10.37506/ijone.v15i1.18977
- [6] United Health Foundation. Explore low birthweight in Connecticut. America's Health Rankings. <https://www.americashealthrankings.org/explore/measures/birthweight/CT>.
- [7] Beam AL, Fried I, Palmer N, et al. Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008-2016. *J Perinatol.* 2020;40(7):1091-1099. doi:10.1038/s41372-020-0635-z
- [8] Dall TM, Yang W, Gillespie K, et al. The Economic Burden of Elevated Blood Glucose Levels in 2017: Diagnosed and Undiagnosed Diabetes, Gestational Diabetes Mellitus, and Prediabetes. *Diabetes Care.* 2019;42(9):1661-1668. doi:10.2337/dc18-1226
- [9] Marshall NE, Abrams B, Barbour LA, et al. The importance of nutrition in pregnancy and lactation: lifelong consequences. *Am J Obstet Gynecol.* 2022;226(5):607-632. doi:10.1016/j.ajog.2021.12.035