

NGĀ KAI TOTIKA MĀ TE WAHINE HAPŪ

Eating for Healthy Pregnant Women



Eating well and doing moderate physical activity during pregnancy are important for you and your baby. Nutritional needs are higher when you are pregnant. Meeting these needs helps protect the long-term health of both you and your baby.

Seek antenatal (pre-birth) care as soon as you think that you are pregnant.

Some pregnant women may need special advice from a dietitian about eating. This includes women who:

- are 18 years old or younger
- have a medical condition affecting their eating, such as diabetes
- are having more than one baby (eg, twins or triplets)
- eat very little or have a history of eating problems
- are vegetarian or vegan.

If you think you should see a dietitian, ask your lead maternity carer (LMC, eg, your midwife, doctor or obstetrician) to arrange this for you.



Food for a Healthy Mother and Baby

Eat a variety of healthy foods every day from each of the four main food groups below:

1. vegetables and fruit
 2. breads and cereals (wholegrain is best)
 3. milk and milk products (reduced- or low-fat milk is best)
 4. lean meat, chicken, seafood, eggs, legumes, nuts and seeds.
- Limit your intake of foods and drinks that are high in fat (especially saturated fat), salt and/or sugar (see the section on page 9).
 - If using salt, choose iodised salt.
 - Take care when buying, preparing, cooking and storing food so that the food is as safe as possible to eat. Follow the food safety guidelines in the section Food Safety in Pregnancy on page 11.
 - Drink plenty of fluids each day, especially water and reduced- or low-fat milk.
 - Avoid alcohol during pregnancy.
 - Keep a healthy weight by eating well and being physically active each day (unless advised not to be physically active).

Traditional Māori and Pacific foods can be healthy choices.



Eat a Variety of Foods

You need a variety of healthy foods from the four food groups every day to provide for your growing baby as well as to maintain your own health.

1. Vegetables and Fruit

Vegetables and fruit provide carbohydrates (sugar and starch), fibre, vitamins and minerals and are low in fat.

- Eat plenty of vegetables and fruit.
- Enjoy fresh, well-washed vegetables and fruit or frozen or canned varieties. Steaming or microwaving vegetables is best. Go easy on butter or margarine.
- Include vegetables and fruit in a variety of colours.
- Limit juice and dried fruit intake because these foods have a high sugar content.

*Eat **at least six** servings per day of vegetables and fruit – **at least four** servings of vegetables and **two** servings of fruit. If you do choose juice or dried fruit, have no more than **one** serving per day.*



Serving size examples

Vegetables

- 1 medium piece of potato, kūmara, pumpkin, carrot, taro, kamokamo or yam (135 g)
- ½ cup cooked vegetables, eg, pūhā, watercress, silverbeet, taro leaves, bok choy, Chinese cabbage, broccoli, cabbage, corn or peas (50–80 g)
- ½ cup salad or bean sprouts (60 g)
- 1 tomato (80 g)

Fruit

- 1 apple, pear, banana or orange (130 g)
- 2 small apricots or plums (100 g)
- ½ cup fresh fruit pieces, eg, pineapple or mango (120 g)
- ½ cup stewed fruit (135 g)
- 1 cup fruit juice (250 g)
- 25 g dried fruit, eg, 2 tablespoons of raisins or 3 dates

2. Breads and Cereals

These provide carbohydrates (sugar and starch), fibre, and nutrients such as B vitamins and minerals.

- Eat plenty of breads and cereals, including rice, pasta, breakfast cereals and other grain products.
- Choose wholegrain varieties because they provide extra nutrients and fibre. They also help prevent constipation.

Choose **at least six** servings of breads and cereals each day.

Serving size examples

- 1 roll (50 g)
- 1 muffin (80 g)
- 1 medium slice rēwena bread (30 g)
- 1 medium slice bread (26 g)
- 1 cup cornflakes (30 g)
- ½ cup muesli (55 g)
- ½ cup cooked cereal, eg, porridge (130 g)
- 1 cup cooked pasta (150 g)
- 1 cup cooked rice (150 g)
- 1 cup cassava, sago or tapioca (150 g)
- 2 plain sweet biscuits (14 g)



3. Milk and Milk Products

Pregnant women need milk and milk products as sources of protein, vitamins and minerals, especially calcium and iodine.

- Choose reduced- or low-fat milk, yoghurt and hard cheese.
- Milk and milk products provide New Zealanders with most of their calcium. If you do not eat these foods or eat very little of them, ask your LMC about other calcium sources.
- Calcium is also found, in lower amounts, in foods such as wholegrain bread, broccoli, canned salmon, sardines, spinach, baked beans and tofu.
- If you are drinking soy milk, choose one that is calcium-fortified (check the label).
- If you follow a vegan diet, you will need to check that your soy milk has vitamin B12 in it.

Have **at least three** servings each day of milk or milk products, preferably reduced- or low-fat products.

Serving size examples

- 1 large glass milk (250 mL)
- 1 pottle yoghurt (150 g)
- 2 slices hard cheese (40 g)
- 1 large glass calcium-fortified soy milk (250 mL)



4. Lean Meats, Chicken, Seafood, Eggs, Cooked Dried Beans, Peas and Lentils, and Nuts and Seeds

These foods give you protein, iron, zinc and other nutrients.

- Your body needs more iron and zinc during pregnancy.
- Iron is important for healthy blood and for the development of your baby. During pregnancy, it is important to have a good iron intake to help prevent iron deficiency.
- Iron in lean meats, chicken and seafood is absorbed well by the body. Eggs, cooked dried beans, peas and lentils, and nuts and seeds also contain iron, but the iron is not as easily absorbed.
- Include foods rich in vitamin C with your meals to help absorb iron. Fresh vegetables and fruit, especially taro leaves (cooked), broccoli, tomatoes, oranges, kiwifruit, mangoes and pineapple, are rich sources of vitamin C. This is especially important for vegetarian and vegan women, who may find it hard to get enough iron.
- Liver is a good source of iron, but eat no more than a small piece (100 g) once a week.
- Make sure that vegetables, fruit, meat, chicken and seafood are fresh and that cooked food is cooked well, served hot and eaten immediately after cooking (see the Food Safety in Pregnancy section, page 11).
- Seafood and eggs are also useful sources of iodine (see the Iodine and Iodine Deficiency section on page 17).
- Fish is recommended because it is an important source of long-chain polyunsaturated fatty acids.





Serving size examples

- 2 slices cooked meat (about 100 g), eg, beef, pork or lamb
- $\frac{3}{4}$ cup mince or casserole (195 g)
- 1 medium steak (120 g)
- 2 drumsticks or 1 chicken leg (110 g)
- 1 medium piece of cooked fish* (100 g), eg, warehou or eel
- 1 medium, freshly cooked pāua (120 g)
- small can of canned fish, eg, skipjack or albacore tuna, sardines, salmon or mackerel (90 g)
- 8 medium, freshly cooked mussels (80 g)
- 1 egg (50 g)
- $\frac{3}{4}$ cup canned or cooked dried beans, eg, bean salad or lentil dish (135 g)
- $\frac{1}{3}$ cup nuts or seeds
- $\frac{3}{4}$ cup tofu

* See the mercury and fish information below.

Choose **at least two** servings from this group each day.

Food safety when choosing fish and seafood

- High intakes of mercury are unsafe for your baby. Some fish have higher levels of mercury, although there is little concern with canned tuna (check that it is skipjack or albacore tuna), canned salmon, mackerel or sardines, farmed salmon, tarakihi, blue cod, hoki, john dory, monkfish, warehou, whitebait and flat fish like flounder.
- Some longer-lived and larger fish (eg, uncanned wild-caught [not farmed] salmon, uncanned albacore tuna or mackerel, as well as kahawai, red cod, orange roughy and ling) can contain more mercury, so consumption of these should be limited to three 150 g servings per week.
- A small number of fish (eg, school shark, southern bluefin tuna, marlin and trout from geothermal regions and Lake Rotomahana) should be eaten only once a fortnight – or not at all if consuming other types of fish or seafood.
- The eating of Bluff and Pacific oysters and queen scallops needs to be limited because of their high cadmium concentrations.
- Mercury levels in fish are actively monitored by the Ministry of Primary Industries (MPI Food Safety). Over time, with new findings, the recommendations regarding mercury may change. For the most up-to-date information, check the MPI Food Safety website at www.foodsmart.govt.nz. Alternatively, contact MPI Food Safety (freephone 0800 693 721) or your health practitioner for more information.

Drink Plenty of Fluids Every Day

Use your thirst as a guide. Aim for nine cups of fluid each day.

Extra fluid may be needed during hot weather, after activity, or if you are vomiting or constipated.

Water or reduced- or low-fat milk are the best choices.

There is evidence that caffeine consumption may affect your baby's growth during pregnancy. Caffeine is naturally occurring in tea, coffee and chocolate and is present in many cola-type drinks. Limit your consumption of caffeinated drinks while pregnant. Have no more than six cups of tea or instant coffee (or three 'single' espresso-type coffees or one 'double' espresso-type coffee) each day.

Be cautious about drinking herbal teas. Discuss this with your LMC.

Avoid drinking tea with meals. The tannins in tea mean you will not absorb the iron in the meal as well as you could.

Limit soft drinks, flavoured waters, fruit drinks, cordials and diet drinks because these are low in nutrients and may be high in sugar. Energy drinks and energy shots are not recommended because they may contain high levels of caffeine and other ingredients not recommended for pregnant women.



Choose and Prepare Foods Low in Fat, Salt and Sugar

The best way to meet your extra needs is to choose foods from the four food groups. These are good sources of fibre, vitamins and minerals.

When shopping, read labels and look for foods that are lower in fat (especially in saturated fat), salt and sugar. If using salt, choose iodised salt.

To cut down on your intake of fat (especially saturated fat), salt and sugar:

- choose polyunsaturated or monounsaturated margarine or lower fat table spreads (fortified with vitamin D) rather than butter or dripping, and spread margarine thinly
- choose foods rich in polyunsaturated fat and omega-3, including green leafy vegetables, nuts and seeds, oily fish (canned tuna, sardines, salmon, mackerel; fresh warehou, eel), and oils (soybean, canola, flaxseed and walnut oils)

- choose lean meats; trim off any fat, remove skin from chicken before or after cooking, skim fat off stews or off the top of boil-ups and eat more grilled, boiled or steamed fish
- reduce intake of sausages or processed meats, which can be high in fat; if eating these foods, grill rather than fry them and always heat until piping hot – then serve them hot to reduce the risk of illness such as listeria (see the Food Safety in Pregnancy section on page 11)
- when cooking, choose to grill, steam, microwave, boil or bake foods, without adding fat
- eat meals without adding extra salt
- choose foods with no added sugar.

Many fast foods, takeaways and processed snacks are high in fat, salt and/or sugar. These include foods such as fish and chips, fried chicken, hamburgers, pies, chocolate bars, muesli bars, chippies, lollies, fruit leathers, cordials and soft/fizzy drinks. Limit intake of these foods and drinks. Only consider eating foods such as fried chicken, hamburgers and pies if they have just been made, are well cooked and are served piping hot (see the Food Safety in Pregnancy section, page 11).

Eat and Keep Active for a Steady Weight Gain

A healthy weight gain during pregnancy is best for you and your baby.

While there is no exact healthy weight gain, thin women may need to gain more weight and overweight women less. Talk to your LMC if you are concerned about your weight gain.

The weight you gain during pregnancy results from:

- the growing baby
- the growth of the placenta and the uterus
- fluid around the baby
- breasts getting bigger for breastfeeding
- more blood being made
- fat stores, which will be needed as energy for breastfeeding.

In early pregnancy, your energy (kilojoule or calorie) needs increase by a small amount. You can expect to eat more food as the pregnancy progresses, but this does not mean you need to 'eat for two'. A good appetite and a steady weight gain, especially after the first three months, will usually mean you are eating enough.

Dieting during pregnancy is not recommended because it may result in a smaller and less healthy baby and it could also affect your health.

Keeping active is important.

Being physically active each day can help you avoid putting on excess weight, strengthen your heart and lungs and give you the extra energy and strength needed for the birth. Unless your LMC advises otherwise, aim for at least 30 minutes of moderate physical activity on most, if not all, days of the week.

Choose activities you enjoy that match your level of fitness. Suitable activities include brisk walking, swimming, aqua-jogging or any activity that is comfortable for you and leaves you with enough breath to hold a conversation.

Wear suitable clothes when being physically active, for example, a good support bra, loose clothing and supportive footwear. Take breaks for a drink, food or a rest if you need to.

Contact sports and vigorous physical activity are not recommended. Avoid physical activity in extremely hot weather. Don't start a new sport during pregnancy.

You may need more rest. Listen to your body. If you are tired, rest.

Food Safety in Pregnancy

In pregnancy, your immunity is lower, so you and your unborn baby are more susceptible than usual to the kinds of food-borne illnesses that affect everyone. Bacteria such as listeria, salmonella and campylobacter and pathogens such as toxoplasma can cause food-borne illness. When you are pregnant, this can cause infection in you and your baby and miscarriage and stillbirth in extreme cases.

Following some simple food safety steps, including avoiding some foods when you are pregnant, can prevent most food-borne illness and keep you and your baby healthy.

To keep food safe, all foods should be safely handled, stored and protected from cross-contamination. For example, bacteria from raw chicken can contaminate cooked chicken if the same chopping board is used for both.

To keep food safe:

- keep cooked and ready-to-eat foods separate from raw and unprocessed foods so that there is no cross-contamination
- wash your hands, utensils and chopping boards between preparing raw and ready-to-eat foods, to avoid cross-contamination
- cook food thoroughly, especially meat, which should be cooked till the juices run clear
- eat freshly cooked food as soon as possible after cooking or put it in the fridge as soon as it has stopped steaming
- eat canned food immediately after opening the can or transfer the food immediately to a covered, non-metal container and refrigerate
- use cooked, prepared and canned food stored in the fridge **within two days**
- reheat cooked food thoroughly so that it is piping hot, that is, above 70°C, and do not reheat more than once (take special care to heat food thoroughly and evenly when using a microwave oven by stirring frequently).

- wash and dry whole raw fruit, vegetables and herbs thoroughly
- don't eat food that is past its use-by date
- clean the fridge regularly and check that the temperature is between 2 and 4°C
- ideally, consume milk and milk products within two days of opening, particularly cream, ready-made custard and yoghurt. Don't drink or eat raw (unpasteurised) milk or cheese.
- you can eat cottage cheese and cream cheese if they are bought in sealed packs and consumed cold or cooked within two days of opening
- avoid prepared ready-to-eat foods such as those bought from a supermarket deli or restaurant buffet unless they are heated until piping hot
- don't eat prepared ready-to-eat foods such as shop-bought sandwiches when you aren't certain of product age, storage conditions or staff food handling.

There are a number of foods that are considered high risk with regard to listeria and other bacterial contamination.

During pregnancy, do not eat any of the following foods:

- processed meats* such as pâté, salami, ham and luncheon
- cold pre-cooked meat* such as chicken (plain or smoked) and corned beef
- raw (unpasteurised) milk and raw milk products
- soft pasteurised cheese* (ie, brie, camembert, feta, blue, mozzarella and ricotta)
- pre-prepared or unrefrigerated salads, including rice or pasta salad, coleslaw, roasted vegetable and green salads
- hummus and other dips containing tahini
- raw, smoked* or pre-cooked fish* or seafood*, including sushi, smoked salmon, marinated mussels or oysters
- foods containing raw egg, eg, smoothies, mayonnaise, hollandaise sauce or desserts such as mousse
- soft-serve ice cream
- cream or custard, especially in pre-made cakes or pastries (unless home-made or pre-packaged and eaten within two days of opening).

* Note that these foods are safe to eat if heated thoroughly until piping hot, that is, above 70°C.

For more information and the most up-to-date list of high-risk foods to avoid, consult the MPI Food Safety resource *Food Safety in Pregnancy*. This can be viewed at www.foodsmart.govt.nz. Alternatively, contact MPI Food Safety freephone 0800 693 721 or your LMC for more information.

Snack Ideas

- **Sandwiches:** Use a variety of fillings such as banana, yeast extract spread, hard cheese, baked beans, jam or peanut butter. Try different bases, for example, wholegrain bread rolls, rēwena bread, crackers, rice cakes, crumpets, pita bread,

muffins and baked bread fingers.

- **Vegetable sticks:** Keep these in the fridge. Serve with plain unsweetened yoghurt or peanut butter.
- **Fruit:** Try fresh, canned (unsweetened), frozen or dried fruit, served whole, cut up with yoghurt or in an egg-free smoothie.
- **Cereals:** Choose cereals that are low in fat and sugar, for example, porridge, untoasted muesli, cornflakes, bran flakes and wheat biscuits.
- **Popcorn:** Pop using a little oil or margarine or use a microwave. Go easy on the salt.
- **Reduced- or low-fat milk products:** Try yoghurt, cubes of hard cheese, reduced or low-fat milk and milk puddings (eg, creamed rice). Remember to eat pre-packaged items within two days of opening.

Lunch Ideas

Base your lunch on breads or cereals:

- wholegrain bread/toast/roll
- wholegrain toasted sandwich
- pita, focaccia or Turkish bread
- pizza base
- rice or pasta
- rēwena bread
- crackers
- panini
- crumpets, muffins or fruit bread

... or try a microwaved baked potato.

Add a filling, topping or spread:

- canned baked beans, corn or spaghetti
- hard cheese
- yeast extract spread, jam, honey or peanut butter
- hard-boiled egg
- banana
- canned fish, such as tuna, sardines, salmon or mackerel (freshly opened)

... or try a pre-prepared frozen meal or pizza served piping hot.

Add an accompaniment:

- soup, either home-made, canned or made from a mix
- yoghurt
- glass of reduced- or low-fat milk
- freshly made salad or stir-fried vegetables
- vege sticks (eg, baby carrots or tomato)

... or try an egg-free fruit smoothie.



Finish with fruit:

- fresh
- canned
- frozen
- dried.

Buying Your Lunch

When buying your lunch, choose healthy and safe options, such as:

- hot soup and toast
- hot savoury foods, for example, pizza, baked potatoes, rice and pasta dishes. These foods should be heated until they are piping hot (ie, 70°C).
- freshly made, hot toasted sandwiches
- a savoury muffin
- yoghurt
- fruit
- egg-free fruit smoothie, freshly made.



Remember ...

Avoid high-risk foods. Follow the food safety advice provided on pages 11–12.

Eat Well to Cope with Pregnancy Symptoms

Nausea and vomiting are common during early pregnancy, and this is often the first sign of being pregnant. This is referred to as 'morning sickness', but it may occur at any time of the day or night, especially when you are tired or hungry.

Eat as well as you can. Your extra nutrition needs are small during early pregnancy, so nausea and vomiting rarely cause any nutritional problems. However, if your vomiting is severe and you are unable to keep any food or fluids down, seek advice from your LMC.

- Eat regularly, choosing smaller meals or snacks.
- Have fewer high-fat and spicy foods.
- Try a carbohydrate snack (such as a slice of dry toast, a cracker or fruit) before getting out of bed in the morning.

- Drink small sips of flat lemonade or ginger ale.
- Try ginger or foods flavoured with ginger.
- Give yourself extra time in the morning. Rushing can make you feel worse.
- Try and rest more.
- If cooking smells make you feel sick, cut down on cooking as much as you can or have someone else do the cooking while you are elsewhere.

Indigestion and Heartburn

These are common towards the end of pregnancy.

- Eat regularly, choosing smaller meals or snacks.
- Have fewer high-fat and spicy foods.
- Avoid drinking fluids with meals.
- If a certain food upsets you, leave it for the time being.
- Avoid lying down straight after a meal.
- Going for a walk may help.
- Raise the head of the bed or use extra pillows.
- Check with your LMC before taking antacids.

Alcohol

Alcohol is not recommended.

Your baby is sensitive to alcohol. The full effects of alcohol on your baby are unknown.


Alcohol, even in small amounts, will enter the baby's bloodstream, so whatever the mother drinks, the baby is having too. Alcohol could affect the development of your baby, especially of his/her brain.

Smoking

Being smokefree is recommended.

Smoking reduces the oxygen and food supplies to the baby and can slow down the baby's growth and development.

Avoid smoky environments. Second-hand smoking (inhaling other people's smoke) has the same effect as smoking.



If you smoke during your pregnancy, your baby is more likely to be born prematurely or be underweight. A small baby does not mean an easier birth.

If you want to quit smoking, seek advice from your LMC.

Medication

Seek advice about taking medication

Use medication only as advised by your LMC because they know which medications are safe for you and your baby.

Taking any other sort of drugs, for example, illicit drugs or party pills, is not recommended because these can affect the baby's growth and development.

Folic Acid

Folic acid is a vitamin that is needed for the formation of blood cells and new tissue. During pregnancy, your need for folic acid is higher. Lack of folic acid has been linked with neural tube birth defects (NTDs) such as spina bifida. The risk of having a child with these birth defects is low and can be reduced by taking a folic acid tablet.

- **Take a folic acid tablet** (0.8 mg) daily for four weeks (one month) before you might become pregnant through to 12 weeks (three months) after actually becoming pregnant. If you find out that you are pregnant and you haven't been taking a folic acid tablet, start taking tablets straight away and continue until the 12th week of your pregnancy.
- A higher dose folic acid tablet is also available for women with a higher risk of NTD pregnancy. Talk to your LMC about which folic acid tablet is best for you.
- Choose foods naturally high in folate or fortified with folic acid, such as:
 - well-washed, fresh, raw or lightly cooked vegetables
 - raw fruit, well-washed or peeled (citrus is especially high in folate)
 - bread and cereals, especially wholegrain
 - cooked dried beans and peas
 - yeast extracts
 - freshly cooked liver and/or kidney (no more than one serving a week)
 - folic acid-fortified breakfast cereals, bread or fruit juice.

*Remember: eat **at least six** servings of vegetables and fruit per day, aiming for **10** servings per day.*

Iodine and Iodine Deficiency

Iodine is an essential nutrient required in small amounts to support normal growth and development, including brain development. It is important that unborn babies receive enough iodine. Requirements for iodine increase during pregnancy and breastfeeding. Even with a well-balanced diet, it is difficult to get enough iodine from food alone.

Choose foods that are important sources of iodine and take a daily iodine-only tablet throughout your pregnancy.



Important sources of iodine in foods include well-cooked seafoods, milk, eggs, some cereals, seameal custard and commercially made bread (excluding organic and unleavened bread as they are not required to be made with iodised salt).

If you use salt, choose iodised salt.

- Take one 0.150 milligram (mg)/150 microgram (mcg or µg) iodine-only tablet daily during your pregnancy.

For further information, contact a health practitioner such as your LMC, dietitian, practice nurse or pharmacist.

Supplements containing seaweed, kelp and iodine are not recommended for pregnant women because the iodine content and quality of the supplements is variable.

Supplements

The only supplements recommended for all pregnant women are folic acid-only tablets and iodine-only tablets, which can be purchased from pharmacies at a reduced cost with a prescription from your LMC.

Choosing a variety of foods from the four food groups will meet your other requirements, and supplements will not be necessary.

Using vitamin and mineral supplements will not give you extra energy.

If you are taking any vitamin, mineral or herbal supplements, always let your LMC know. It is best to only take supplements when recommended by your LMC or a dietitian. Make sure they know that you are pregnant.



Vitamin D

Vitamin D is needed for strong bones and joints. While it is found in some foods in the diet, the main source of vitamin D in New Zealand is sunlight. Vitamin D is made in the body through the action of sunlight on the skin. Examples of foods that contain vitamin D are fresh and canned oily fish (tuna, sardines, salmon, herring, mackerel, warehou, eel), eggs and vitamin D-fortified yoghurts, dairy desserts, milk and margarines.

Some sun exposure is recommended so that your body can make vitamin D.

Between September and April sun protection is recommended (shade, clothing coverage, and a hat that shades the face and neck, sunscreen, sunglasses), especially between 10.00 am and 4.00 pm. A daily walk or some other form of outdoor physical activity in the early morning or late afternoon is recommended.

Between May and August some sun exposure is important. A daily walk or another form of outdoor physical activity in the hours around noon, with face, arms, and hands exposed is recommended.

If you have darker skin, completely avoid sun exposure, have liver or kidney disease, or are on certain medications (eg, anticonvulsants), then you are at higher risk of vitamin D deficiency. If you live south of Nelson-Marlborough in winter, you're also more likely to have low vitamin D levels in late winter or early spring.

If you are concerned about not getting enough vitamin D, or are at higher risk of vitamin D deficiency, discuss this with a health practitioner, such as your doctor (GP), dietitian, LMC or Well Child nurse.

Cravings and Aversions

Most women experience strong likes and dislikes (cravings and aversions) for certain foods at some time during pregnancy. If you eat a variety of foods from the four food groups every day, cravings and aversions are unlikely to affect your pregnancy.

If you are experiencing problems with cravings (for example, craving for unhealthy foods), have other eating problems or are unable to eat a variety of foods, ask your LMC to arrange for you to see a dietitian.

Constipation

Constipation can result from the pressure of the growing baby and from hormonal changes that cause your gut muscles to relax.

Choose wholegrain breads and cereals and vegetables and fruit (eg, bran muffins, kiwifruit, figs, corn and peas).

Drink plenty of fluids every day.

Go for a daily walk or be physically active in some other way.

Allergy Prevention

During pregnancy, it is recommended that you eat well from the variety of foods in the four food groups. Avoiding common food allergens during pregnancy is not recommended.

However, if you do choose to avoid common food allergens during pregnancy or breastfeeding, talk to your doctor or Well Child nurse. They can refer you to a registered dietitian who will make sure that your nutritional needs are being met and help you identify all hidden sources of the food allergen in the diet.

For more information

You are entitled to free care from an LMC during your pregnancy. The booklet ***Your Pregnancy*** (code HE1420) gives you information on choosing an LMC. Once your baby is born, you and your infant are entitled to receive free Well Child care in accordance with the Well Child Tamariki Ora National Programme. This includes advice about and support with your own and your baby's nutrition requirements. This programme is delivered by your LMC from conception until 2–6 weeks after the birth of your baby. From 2–6 weeks onwards, your Well Child provider (Plunket, public health service, Māori or Pacific provider) will provide this care.

Talk to your LMC or Well Child provider about other information you want to know.

Other organisations for information:

Healthline 0800 611 116

New Zealand College of Midwives

La Leche League (for breastfeeding support and information)

Maternity Services Consumer Council

NZ Multiple Birth Association, PO Box 1258, Wellington

Parents Centre New Zealand

Dietitian at local public health unit

Ministry of Primary Industries (for food safety and label reading advice)

For website information

Ministry of Health www.health.govt.nz

Health Education resources www.healthed.govt.nz

Ministry of Primary Industries www.foodsmart.govt.nz

Raising Children in NZ www.raisingchildren.org.nz



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