NUTRITION FOR A HEALTHY PREGNANCY

Weight Gain

Gaining weight during pregnancy is natural, healthy, and necessary for both the mother and developing baby. However, the common saying that an expecting mother is "eating for two" is not entirely accurate. Caloric needs during pregnancy vary based on the mother's BMI and the trimester. As a general rule, the total weight gain for a woman according to BMI at the start of pregnancy should be approximately:

- Underweight (less than 18.8 BMI): **28-40 lbs**
- Normal weight (18.5-24.9 BMI) **25-35 lbs**
- Overweight (25-29.9 BMI): **15-25. lbs**
- Obese (30 or greater BMI): **11-20 lbs**

(Callahan, A., Leonard, H., Powell, T., 2020).

Energy Needs by Trimester

1st trimester:
In the first trimester, caloric needs do not increase.
2nd trimester:
energy needs increase by about 340 calories per day
3rd trimester:
energy needs continue to increase to about 450 extra calories per day.

Energy needs can vary greatly based on the mother's BMI, activity level, and age (Kominiarek, M. A., & Rajan, P., 2016).

RDAs for Macronutrients

As caloric needs increase, so will macronutrient intakes.

Carbohydrates
During pregnancy, carbohydrate should be increased from `130g/ day to `175g/day, with an emphasis on whole foods that contain fiber.

Protein:
Protein needs increase to about 1.1g per kg of body weight per day. This helps to support enzymes, hormones, and muscle tissues in both the mother and developing baby

Fats:
Fats are crucial for the brain and eye development, and should account for about 25-35% of daily caloric intake,
(Callahan, A., Leonard, H., Powell, T., 2020).

Crucial Micronutrients

Micronutrient intakes also increase during pregnancy. Two micronutrients to pay special attention to are:

- **iron,** which supports oxygen delivery to the fetal and maternal tissues. The RDA for pregnant women is 27mg/day (National Institutes of Health, 2025).
- **iodine** is important for the baby's developing brain. Without enough iodine, the risk of complications such as pregnancy loss increases (Callahan, A., Leonard, H., Powell, T., 2020). The RDA for pregnant women is 220 mcg/ day (National Institutes of Health, 2024).

Sources:

It can feel overwhelming to meet all the dietary recommendations while pregnant, especially if dealing with nausea and food aversions. Below is a list of a variety of sources of each nutrient:

Carbs: whole grain bread, pasta, brown rice, sweet potato
Protein: salmon, low fat cheese, chicken, eggs, tofu, beans
Fat: olive oil, avocado, low mercury fatty fish
Iron: meat, nuts, legumes, seafood, fortified cereal
Iodine: dairy, iodized salt
(Callahan, A., Leonard, H., Powell, T., 2020).

Risk Factors

Women who become pregnant under the age of 16 or over the age of 35 are considered to be at a higher risk than others. Girls **younger than 16** who become pregnant are at a higher risk of preeclampsia, eclampsia, giving birth before 37 weeks, and having a low birthweight baby (Ambia, A., 2023).
Pregnancies that take place **after the age of 35** pose a higher risk for gestational diabetes, conceiving multiples (ie. twins, triplets, etc), chromosomal conditions, pregnancy loss, low birth weight and preeclampsia (Mayo Clinic, 2025).

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