

Prenatal Nutrition Exercise

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Answer Key

1. Name some groups of women who would have a hard time with this 1952 prenatal diet.

Women who are vegetarians, lactose intolerant, and women from many ethnic groups.

2. The diet calls for a 6 ounce glass of juice daily. How does that size compare with current glass and cup sizes in the US? Do you have a 6 ounce glass at home?

Most servings are now measured as 8 ounces. American coffee cups generally hold 12 ounces. A 6 ounce glass is called a juice glass and you don't see them often in the US. As food sellers increased serving size to accustom Americans to eating and purchasing more, our conception of a "serving" has changed. When you're doing a dietary assessment, ask women about the size of the beverages they're drinking. I used to have a model food basket in my office with an 8 ounce cup and a 12 ounce cup to show women what a serving was.

3. Look at the daily recommendation for fruits and vegetables. Would that meet current recommendations for fruit and vegetable intake?

If the diet guidelines are followed, this diet meets the US 7 A Day fruit and vegetable recommendation that was recommended about 10 years ago. 7 A Day was dropped to 5 A Day because US adults didn't hit 5 servings of fruits or vegetables a day. The government lowered the bar so adults wouldn't feel the servings were unachievable.

4. A square of butter is a tablespoon. How does the fat intake recommendation compare with current recommendations?

This diet recommends a solid fat instead of oils. Current recommendations focus on increasing unsaturated plant oils such as olive oil, canola oil or sesame oil.

5. When the diet refers to whole grain cereals, it is referring to cereals such as oatmeal, Ralston Chex, and Cheerios. Look at the cereals, breads, potatoes, rice and pasta recommendations. How does this compare with current recommendations? What happens when carbohydrates are limited in a diet? Don't worry about hormonal perturbations. Think about energy and cost.

Grains are a main source of inexpensive fuel. Low carbohydrate diets are expensive and out of reach for many of our patients. The total carbohydrate intake in the 1952 diet is 3 servings. Carbohydrates were low in an effort to keep weight gain low thinking that would prevent preeclampsia. Current recommendations would have twice this amount of carbohydrates.

6. Where's the dairy in this diet? (Commercial yogurt wasn't available in the US until the middle 1970s.) What other dairy might have been recommended?

Three glasses of skimmed milk would meet calcium needs for a day. Remember that skimmed milk retains its protein and contributes to daily protein. It's interesting that cheese is listed as a dessert-snack might be more accurate for the way cheese was eaten.

7. Two to three eggs daily and 8-10 ounces of lean meat? (4 ounces is about the size of a deck of cards.) Does that meet the current recommendations for protein intake during pregnancy? What other sources of protein are in this diet?

Each egg has 6 grams of protein

4 ounces of chicken has 36 grams protein

Each glass of milk has 8 grams of protein

With 3 eggs, 8 ounces of meat, and 3 glasses of milk, this diet would have at least 114 grams of protein. This is almost 2 times the current RDA for pregnancy and lactation. This is a high protein diet making it expensive. High protein diets were believed to prevent preeclampsia.

Notice that this diet excludes great sources of inexpensive protein that have constipation preventing fiber: nuts and beans.

20-25 almonds have the protein of 1 egg.

8. Why were corn, dried lima beans or dried beans off limits?

That is a good question that I can't answer. They are known gas producers in many women. Maybe these and highly seasoned foods were forbidden in an effort to reduce GI complaints and calls to the doctor about gas pains.

9. Why were highly seasoned or spiced foods not to be eaten at all?

See the answer for #8.

10. Comment on the recommendation to avoid salt.

Salt was excluded in an effort to reduce swelling. The thinking was that if swelling were reduced, preeclampsia would be prevented. This isn't true. Salt should not be excluded during pregnancy but shouldn't be used in excess. Salt should be iodized so that women have adequate iodine for the fetus. Exclusive use of gourmet salts, such a smoked Himalayan salt, can result in iodine deficiency goiter and hypothyroidism.

11. How does the recommendation to limit ALL fluid intake to 7 glasses (6-8 ounces each) compare to current recommendations? What is the research evidence for current fluid recommendations?

Fluids were limited to try and prevent preeclampsia. See a pattern here? No medications had been discovered for blood pressure control in the 1950s and magnesium sulfate wasn't yet used to prevent eclamptic seizures. (I worked on a neurology unit as a new RN in the mid-1970s where we gave IM formaldehyde to prevent seizures. I guess it worked.) Women died from eclampsia in the 1950s and 1960s and obstetricians were trying anything to prevent it.

12. Could a My Plate Diet be followed from the foods on this list?

Yes. There are enough fruits and vegetables recommended to make a My Plate Diet.

13. Why do you think coffee, tea and alcohol aren't addressed on this diet? What are the current recommendations?

Coffee and tea were daily staples even during pregnancy during this era. Few women breastfed so the effect on newborns wasn't apparent. Alcohol had not been linked with fetal alcohol syndrome and many women had daily cocktails before dinner or *spiritus fermenti* as a sedative at bedtime. Hospital nurses passed out shots of brandy with the 9 PM medication rounds. Women who had bothersome Braxton-Hicks contractions were told to take a glass of wine and put their feet up. Alcohol is an excellent tocolytic and was used as an IV drip during this era to stop labor contractions.

Times change and scientific recommendations change. Hang onto this and look back in 30 years. I wonder what pregnant women will be eating then!