Webinar – Q&A-Dr. Rajavel Elango

Question: When using 1.2 g/kg per day or 1.6 g/kg per day for protein intake are you recommending using current body weight or ideal body weight in obese women?

Answer: I recommend the current body weight. Balance the energy requirements first. See if the gram per kilogram body weight of protein fits with 16-20% of the energy intake coming from protein. Calculate the energy first and then titrate the amount of protein to be less than 20%. I would recommend doing it both ways and then coming to a consensus. This is something that should be done by experts in the field and not individuals themselves.

Question: Prenatal gummies – they don't have iron, although there may be new formulations that do. Do you have any comments about that?

Answer: I don't think I'm aware of any of these gummies having iron with them, so I would certainly be cautious and read the labels well before you consume. As I mentioned, iron and folic acid really are the only two micronutrients that we need to supplement with. The rest is depending on your dietary pattern. You may or may not need them.

Question: What about fibre intake?

Answer: I would strongly recommend diversifying the diet to include more fruits and vegetables, which would take care of the fibre on its own.

Question: Can you comment on choline intake during pregnancy and recommended amounts based on current evidence?

Answer: There are adequate intakes of choline given out by the dietary reference intakes. Eggs have choline and a few other sources have them, but otherwise choline from a dietary source is low. Choose prenatal supplements which come with choline in them.

Question: Are you aware of any research looking at prenatal omega 3 intake and increased risk of neurodiversity in infants?

Answer: The number of studies which are out there on DHA and its impact on neurocognition is enormous. The findings of RCTs to date are inconsistent.

Question: Are there any guidelines for pregnant women with eating disorders? It's a huge area in my practice and appears to be missing in research.

Answer: So, the number of studies that are published, which are robust, is minimal at this point despite the great demand for it. I'm going to hope that at least they are being followed by a dietician. I think most of the principles that apply in the non-pregnant

state will apply here, but they will need individual nutrient supplements and need to be followed by a dietitian.

Question: There are recommendations for protein increases post-major abdominal surgery. Should these recommendations be considered after a C-section?

Answer: What I can tell you is that protein needs in the early stages of lactation are higher than late stages of pregnancy. Intuitively, I would assume that post c-section the demands would be high. Recommendations are not present at this point. My recommendation would be 16-20% of their energy coming from protein and higher than 1.5 g/kg per day of protein.

Question: Do you have any thoughts on the use of probiotics and fermented foods in pregnancy?

Answer: That's another area where there is a lot of studies which are coming out now, and similar to the other larger life stages where the influence of probiotics sometimes shows positive benefits, sometimes shows no effect. I think the same concern exists with pregnancy as well. The few studies which are out there do suggest some benefits and some suggest no. Again, I think I would fall on the side that if you are somebody who is consuming a dietary pattern that is diverse, which contains fruits and vegetables and complex carbohydrates. It is sufficient. They act as a great probiotic –natural probiotic and in the absence of any other complications from a gastrointestinal perspective, it should suffice. And people who are lacto-vegetarian, can benefit by using more dairy sources, which is also a natural probiotic.

Question: Are there any nutrient recommendations prior to conception that differ from the general population guidelines?

Answer: There is no strong evidence for individual nutrients having benefits, whether it is pre-conception or reproductive health. We do know that some evidence exists for nutrient deficiencies in women with PCOS, for example vitamin D. I would suggest that, preconception, women undergo a thorough nutrition assessment, which means both anthropometric assessment, as well as nutrition status, which is biochemical analysis of key nutrients like Vitamin B12, Vitamin D, and iron. There are thresholds which are established better for preconception. Research on its own hasn't found any one particular nutrient to be beneficial for conception.

Question: There are many individuals with eating disorders and disordered eating who are at higher weights. Focusing on weight and energy balance has been shown to exacerbate their eating disorder symptoms, which put both the mother and the baby at risk. Is there any reason why fundal height can't be used instead of weight for these individuals?

Answer: There is a lack of evidence which correlates any of these other measurements during pregnancy to nutrition and infant outcomes. The overwhelming evidence suggests that the pre-pregnancy BMI and its trajectory should be used on a week-to-

week basis. People forget that there are categories for rates of weight gain, based on pre- pregnancy BMI. There is a range, so you shouldn't focus on a single value. I know it is triggering for many people when we recommend very strict numbers to follow. I would suggest that's where experts can make sure that the right things are being said. The evidence is much stronger for measuring body weight compared to fundal height.