Journal of Advances in Science and Technology
Vol. 13, Issue No. 2, March-2017, ISSN 2230-9659

A Guideline and Diet for Pregnant Women: Review

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Abstract – Devoid of the context of pregnancies in India, one wonders if the guidelines are a tool to further control women by invoking, through a lens of patriarchy, principles from traditional medical systems. While you are pregnant, it is important to make sure that you first check about anything that you eat or drink with your doctor. It is in this larger context that the ministry's booklet needs to be viewed. The booklet recommends that pregnant women consume a "sattvic diet" and specifically advises that eggs and meat should be avoided. As per NFHS 4, over a quarter of ever-married women report having faced spousal violence. Studies show that domestic violence often escalates in pregnancy and denial of sexual demands is a well-known trigger for domestic violence.

Keywords: Anemia, Pregnant Women, Diet

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INTRODUCTION

The guidelines for pregnant women released recently by the the department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy, or AYUSH Ministry, have garnered a lot of media attention. Titled *Mother and Child Care through Yoga and Naturopathy*, the booklet of guidelines purportedly draws on the principles of these alternative systems of medicine to help "manage all the motherhood problems". Media reports have focused on the "unscientific recommendations" in the booklet. However, a closer look at the ten-page bilingual booklet reveals several additional areas for concern. Any advisory/guideline for pregnant women needs to keep in mind the larger realities under which women go through pregnancy and childbirth in this country. India continues to have the largest number of maternal deaths in the world. WHO reports that five women die of pregnancy-related causes every hour in the country, a total of 45,000 maternal deaths every year. Pregnant women, especially those from marginalised communities like Dalits and *adivasis,* as well as those in geographically remote locations, continue to face great challenges in accessing healthcare especially during emergencies. The nutritional status of pregnant women remains very poor with very high levels of anemia among them – the recently concluded National Family Health Survey (NFHS 4) reports that half of all pregnant women in this country are anaemic, a figure that has seen only marginal improvement in the last decade since NFHS 3. It is well known that anaemia is perhaps the most important contributor to women's ill-health and deaths during pregnancy – over a third of all maternal deaths are due to excessive bleeding, a condition in which death is hastened by concomitant anemia and another 20% of these deaths are due to anemia itself. Maternal anemia also has adverse consequences for the foetus, including preterm birth and low birth weight. It is in this larger context that the ministry's booklet needs to be viewed. The booklet recommends that pregnant women consume a "sattvic diet" and specifically advises that eggs and meat should be avoided. The guideline also specifies a daily diet plan that advises whole wheat *roti* twice a day. With the heavily fluctuating prices of *dals*, eggs remain the cheapest and most wholesome protein source accessible to many women. It is a well-known scientific fact that proteins, an essential component of hemoglobin, are essential along with iron and vitamins, to correct anemia. In 2009, an expert group of the Indian Council of Medical Research had said that eggs are an excellent source of high quality protein for pregnant women and that addition of non-vegetarian food to the diet can increase protein intake in pregnancy. Thus, this ban on eggs and meat in the face of widespread malnutrition, and contrary to existing recommendations from governmental bodies themselves, makes one wonder if this is a push from the culturally hegemonic vegetarianism lobby rather than any advice based on sound scientific principles.

There are great variations in traditional diets among regions and communities in different parts of India, along with different cultural beliefs and taboos around

diets in pregnancy. In such a scenario, to prescribe a one-size-fits-all diet is naive and simplistic, to say the least. For example, there is no mention of rice, the staple food of several communities, in the recommended daily diet plan. Moreover, traditional forms of medicine have been known to tailor advice to individual constitutions and contexts and such generic advice as in the booklet goes against the grain of such systems. There is also no reference mentioned in the booklet to where these recommendations are drawn from, thus leading to questions on credibility of the recommendations.

Quite apart from these nutritional concerns, it is also important to look at the guidelines from a woman-centred view point. The guidelines prescribe what women should and should not do in pregnancy. In addition to the dietary advice, they also ask pregnant women to "have spiritual thoughts", "keep themselves in peace", "detach themselves from desire, anger, attachment, hateredness (sic) and lust", "avoid bad company and be with good people in stable and peaceful conditions always". In the patriarchal culture that most women live in in the country, they have very little say and decision-making power in everyday household matters, let alone on whom they associate with, the emotional conditions they live in, or over their desires, sexual or otherwise. As per NFHS 4, over a quarter of ever-married women report having faced spousal violence. Studies show that domestic violence often escalates in pregnancy and denial of sexual demands is a well-known trigger for domestic violence. In the author's own experience of working with Dalit women in a rural community in northern Tamil Nadu, even women who were otherwise considered empowered in terms of their leadership in local communities or in their financial participation in microcredit groups, often faced physical and sexual violence at the hands of their spouses. In a situation where they had no control over their sex lives, and where their spouses took very little responsibility for contraception, pregnancies were often not the joyous events they are made out to be for these women. There are several studies from across different regions in India that substantiate these observations and document widespread violence in women's lives. In addition, women often go through pregnancy in several challenging circumstances – drought, financial crisis, conflict. The guidelines do not seem to take any of these realities of women's lives into account while giving generic prescriptions of good behaviour. What is even more disappointing is that while all of this advice is directed to the pregnant woman, there is no mention of what support she would require from her family and society to enable her to follow these, thus placing the onus completely on the woman to adhere to such good behavior. In the patriarchal discourse, the woman has been seen as merely an instrument to produce progeny and heirs to sustain the traditional family structure. These guidelines also essentialise the woman to merely be a vessel for a healthy child. For instance, the guideline says malnutrition in pregnancy can lead to anemia, rickets and bow knee in the child. While maternal nutrition is indeed an important determinant of health outcomes of the infant, it is ironic that the ministry seems to forget the woman at the centre of it all, and that malnutrition in the form of anemia is the biggest contributor to the large number of women themselves dying during pregnancy. The guidelines also equate pregnancy with motherhood, failing to acknowledge the needs of a whole group of women for whom pregnancy may not result in motherhood, when the pregnancy may not be wanted or may not result in a live baby.

Given that these guidelines are based on a questionable interpretation of science and are completely devoid of the context of pregnancies in India, one wonders if they will indeed be of any use to the women they are addressed to, or whether they are a tool to further control women by invoking, through a lens of patriarchy, principles from traditional medical systems. What then would be more useful recommendations for women in pregnancy? Without going into specifics, something that would allow for adaptation to different contexts and realities, would spell out the support systems needed from partner, family, society and health systems, and would help women negotiate the power structures that control them. Let us hope the ministry learns from the responses these guidelines have generated and makes future guidelines more women-centred.

The Right Indian Diet During Pregnancy:

Once you are pregnant, it is rather important that you eat the right type of foods and in the right quantities. No one food group can provide your unborn baby and you with the nutrition that you need during these months. If you have been eating well till now, you are most likely on the right path already. However, if your diet was poor till now, or you were not including all nutrition groups in your everyday diet, you will have to make some changes.

Indian Food Sources For A Healthy Pregnancy:

While you are looking for an Indian food during pregnancy, here are a few key food groups that you should aim to include in your everyday diet plan:

1. Milk And Other Milk Products:

Include foods such as whole milk or skimmed milk, yogurt, buttermilk, cheese, cottage cheese (paneer). All these food items are rich sources protein, calcium, and vitamin B12.

2. Pulses, Dals, Cereals, Nuts And Whole Grains:

If you are not a meat eater, include pulses, dals, cereals, nuts and whole grains in your everyday diet to make up for your body's requirement of protein. If

you are a vegetarian, you will need about 45 gm of nuts each day, as well as about a two-third cup of pulses on a daily basis.

3. Fruits And Vegetables:

Include lots of fresh fruits and vegetables in your everyday diet as it will help you gain your body's required amount of fiber, vitamins and minerals. Make sure you have about five servings of each on a daily basis.

4. Fish, Meat, And Poultry:

If you eat meat and fish, make sure you include them in your everyday diet as well, as they will provide your body with the required amount of concentrated proteins.

5. Liquids:

While you are pregnant, you will need additional liquids to make sure that you are hydrated all the time. Drink as much water and liquids as you can through the day. You can simply have clean and filtered water throughout the day, or sip on infused water with fresh fruits. Avoid going for packaged juices as they are very high in their sweet content.

6. Fats:

Eating fats will help your body get the energy it needs to help you support the growing baby as well as prepare your body for the delivery. Vegetable oil is a good source of fat as it has unsaturated fats. Butter and ghee (clarified butter) contain a lot of saturated fats, and hence you should have them in small amounts only.

How To Spread Out Your Diet Through The Day:

To make sure that what you eat helps your body and also helps you stay interested, spread out your food through the day by following different food ideas. While you are pregnant, it is important to make sure that you first check about anything that you eat or drink with your doctor. Even though the suggested foods are considered healthy, your doctor will be the best person to assess your overall health and give you the go-ahead. Once you have a confirmation, here is how you can spread out the meal plan through the day:

1. Pre-Breakfast Snack:

- A glass of plain cow's milk
- Almond milk
- Milkshake
- Apple juice
- Tomato juice
- Dry fruits

2. Breakfast:

- Bowl of fruits
- Wheat *rava upma* with lots of vegetables
- *Poha* with lots of vegetables
- Oats porridge
- Whole wheat toast with butter and omelet
- Vegetable omelet
- *Paranthas* with fillings of spinach, dal, potatoes, carrots, beans, cottage cheese, cheese with curd
- Mixed bean cutlet or *patties*
- Some fruits to go along with the breakfast such as apricots, dates, sweet fig, banana, oranges
- Cheese toast or cheese and vegetable sandwich
- Vegetable *handvo*
- Rice *sevai* with lots of vegetables

3. Mid-Morning Snack:

- Tomato soup
- Spinach soup
- Creamy spinach soup
- Carrot and beet soup
- Chicken soup

4. Lunch:

- *Roti* with choice of *dal*, vegetable and a bowl of curd
- *Parantha* with *dal* and a bowl of curd

- Carrot and peas *parantha* with a bowl of curd and some butter
- *Jeera* or pea rice with *raita*
- Rice, *dal* and vegetable with vegetable salad
- Lemon rice with peas and some vegetable salad
- Vegetable *khichdi*
- Chicken salad with lots of fresh vegetables or vegetable soup
- Chicken curry with rice
- Grilled chicken with a bowl of curd
- Rice, dal, mint *raita* and a fruit
- *Kofta* curry with rice
- Cottage cheese *parantha* with butter and vegetable salad
- Curd rice
- *Parantha* with sprouted beans salad

5. Evening Snack:

- Cheese and corn sandwich
- Vegetable *idli*
- Spinach and tomato *idli*
- *Sevaiya* with lots of vegetables
- Carrot or *lauki halwa*
- Fruit smoothie with fresh fruits such as banana or strawberry
- Roasted peanut mixture with vegetables
- Cauliflower and peas *samosa*
- Bread cutlet
- Chicken cutlet
- Chicken sandwich
- Chicken soup
- A bowl of dried dates or dry fruits
- A cup of green tea
- Milk porridge with oats, *sevai*or *daliya*
- Vegetable *daliya*
- Mixed vegetable *uttapam*

6. Dinner:

- Rice with *dal*, spinach vegetable, and some green salad
- Roti with a bowl of *dal*, a vegetable of choice and a glass of buttermilk
- Mixed dal *khichdi* with a vegetable curry and a bowl of curd
- Vegetable *pulao*or chicken rice with a bowl of yogurt
- Plain *parantha* with a glass of buttermilk

Is It Important To Add Any Supplements To Your Indian Pregnancy Diet?

Your doctor will tell you whether or not you need to add any supplements to your diet while you are pregnant. Here are a few conditions in which your doctor may feel you would need a supplement, so make sure that you discuss it with your doctor:

- If you are too nauseous, it can be difficult for you to eat properly, especially in the first trimester. Your doctor may suggest that you go for a mineral and vitamin supplement along with your regular food, as it will help to give you the minerals and vitamins that are important during pregnancy.
- If you are a vegetarian or follow any other dietary restrictions due to religious or other reasons, you may be at the risk of contracting some nutritional deficiency. Speak to your doctor about the same to see if you need some supplements.
- One supplement that you will be asked to take while you are pregnant is folic acid. Taking a folic acid supplement while you are pregnant will help prevent various birth defects in your unborn baby, especially neural tube birth defects such as spina bifida. Your doctor will most likely prescribe you a folic acid supplement only after you are 12 weeks pregnant.
- In addition to folic acid supplements, your doctor will also prescribe you some iron supplements. Taking an iron supplement will make sure that your body gets the right amount of blood, and you are not deficient in

your energy levels. Your doctor will regularly check your iron levels at each appointment to check the dosage of iron supplements that you need.

- Your doctor may also advise you about supplements depending on your medical condition, such as if you are suffering from diabetes, have anemia or have a history of pregnancy complications from earlier pregnancies.

CONCLUSION

An Indian diet for pregnancy is rich in all the nutritional requirements that both you and your baby need during the pregnancy months. It will help you gain the right amount of weight and will also provide your body the energy it needs to help support your baby as well as keep you healthy and fit and in good shape for the delivery.

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