

HISTORY OF BIRTH WITH NUTRITION RELATED CONGENITAL/BIRTH DEFECT (339)

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake such as inadequate zinc, folic acid, or excess vitamin A.

- Pregnant Women: any history of birth with nutrition-related congenital or birth defect
- Breastfeeding and Delivered Women: most recent pregnancy

ASK ABOUT:

- Pregnant Women:
 - Prepregnancy weight and weight gain pattern
 - Prescription medications for acne such as Accutane®
 - Common problems of pregnancy affecting appetite and intake (nausea, vomiting, heartburn) and her coping strategies
- Breastfeeding and Delivered Women:
 - Knowledge about how to access special medical services for the infant
 - Family and social support
- All Women:
 - Dietary supplements including prescribed and non-prescribed products and her health care provider's recommendations regarding those products
 - Access to health care and barriers to obtaining care

NUTRITION COUNSELING/EDUCATION TOPICS:

- A woman who has had an infant born with a birth defect may feel like she did something to cause the defect. She may need extra support, understanding and reassurance during subsequent pregnancies.
- The single greatest risk factor for a pregnancy with a neural tube defect (NTD) is a personal or family history of such a defect. More than 50% of recurrences can be prevented by taking folic acid before conception. Recent studies suggest that intake of folic acid may also be inversely related to the occurrence of cleft lip and palate.
- Recurrent birth defects can also be linked to other inappropriate nutritional intake prior to conception or during pregnancy such as inadequate zinc (low birth weight) or excess vitamin A (cleft palate or lip).
 - Meat, poultry, whole grains, dry beans and peas, and nuts are excellent sources of zinc.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Some dietary supplements contain levels of vitamin A that could be harmful, so encourage her to only take supplements as directed by her primary care provider.
- Pregnant Women:
 - Discuss an appropriate weight gain goal based on her prepregnancy BMI. Explain that an adequate weight gain is an important factor in having a healthy baby.
 - Review the basics of a healthy pregnancy diet using MyPyramid as a guide. Make appropriate suggestions based on her typical eating pattern as needed.
 - Explore additional strategies for dealing with common problems of pregnancy that affect her appetite and food intake.
 - Encourage her to take her prenatal vitamin and mineral supplements as recommended by her primary care provider.
- Breastfeeding Women:
 - Provide support as needed for establishing and maintaining breastfeeding.
- Breastfeeding and Delivered Women:
 - A woman who has had a baby with a neural tube defect should be taking a much higher dose of folic acid to prevent future NTDs. This high dose of folic acid should be taken before conception and during the early months of pregnancy. Encourage her to follow her provider's advice on the use of folic acid supplements.
 - Multivitamins and fortified breakfast cereals are the best sources of folic acid.

POSSIBLE REFERRALS:

- If she is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss the products with her health care provider.
- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
- If access to sufficient food is a concern, refer to other food assistance programs such as SNAP, local food pantry, etc.
- If the household and family situation is so stressful that it affects her ability to care for herself and her children, refer to a social services agency.
- Breastfeeding Women:
 - If she could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.
 - If she needs a breast pump, provide access to an electric pump based on WIC policies.