DIETARY INTAKES OF PREGNANT WOMEN

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Recent recommendations arising from research with pregnant women have called for the increased consumption of folate-rich foods, supplementation of diets before and during pregnancy with folate and fortification of staple foods such as breads and cereals to reduce the incidence of neural tube defect affected births in Australia (NHMRC 1993). The issue of whether women can ingest sufficient amounts of folate is an area of concern for nutritionists. Dietary intake studies from large representative samples are virtually nonexistent in Australia.

The aim of this study was to examine nutrient intakes and issues concerning diet during pregnancy of women attending Western Australia's largest antenatal hospital outpatient clinic over a six-week period in 1994. A sample of 262 women supplied demographic information and answers related to dietary changes during pregnancy. One hundred and eighty nine women completed valid food frequency questionnaires examining their usual intake in the preceding three months (72% response rate). Nutrient composition was calculated using NUTTAB data with the exception of folate contents which were calculated using British food composition figures. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS-X).

Nutrient (n=189)	Mean	± Std Dev	RDI	%<66%RDI
Energy (kJ)	9265	3065		
Calcium (mg)	1215	596	1000	16.4
Folate (mg)	299	126	400	46.0
Iron (mg)	12.9	4.7	22-36	67.7
Zinc (mg)	12.2	6.4	16	41.3

The majority of the women were in the second or third trimester (95%), half had previous children (50%) and 63% were aged between 20 and 29 years. The mean energy and calcium intakes appeared adequate compared to recommendations. Intakes of folate, iron and zinc were below the recommended dietary intakes. Large proportions of the sample had intakes of folate, iron and zinc considered to be at risk of nutrient deficiency. The nutrient intakes compare to recent overseas results (Borrud et al. 1993). Careful planning of dietary intakes during pregnancy is required to provide adequate levels of nutrients, particularly levels of folate to reduce risk of a neural tube defect affected pregnancy as shown by these results. It is clear that there is room for improvement and a need for continued or increased emphasis for nutrition education programs for women of child-bearing years.

NHMRC (1993). 'Revised statement of the relationship between dietary folic acid and neural tube defects such as spina bifida'. 115th session (AGPS: Canberra).

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