

Maternal nutrition during pregnancy



**ASSIGN
BUSTER**

Reflection on maternal nutrition during pregnancy and advice given to a client

The aim of this assignment is to reflect on my learning experience and the time spent with a midwife in an antenatal clinic advising pregnant women on a nutritional diet for a healthy pregnancy. Also, the reflection helped me recognise a negative aspect of my experience, as well as focus on the positive part of the event. For this essay I will use Gibbs' (1988) type of reflective cycle. The model contains six phases necessary to complete one cycle of reflection associated with description of an event; my feelings and deep thoughts, evaluation and analysis of the case, examination of the whole situation and summary of my experience.

My second clinical placement was in an antenatal clinic in a hospital. On the day I worked with a registered midwife providing nutritional advice to pregnant women. According to the Nursing and Midwifery Council (2015), in order to protect the chosen woman and her partner's anonymity, I will refer to them utilising the pseudonyms Anne and Tom.

Anne arrived on time for her appointment with the midwife. She was a twenty two year old lady, primigravida, nine weeks plus one day pregnant. Also, Anne had a body mass index (BMI) of 23, and her pregnancy was unplanned, but she was excited to discuss her nutritional needs with us. After welcoming Anne and introducing ourselves, I obtained a verbal consent from the client to participate and discuss nutritional issues during her pregnancy.

The midwife knew me well as we had worked together almost a week. I had some experience managing and recording maternal observation, but she was aware that I had never presented nutritional information directly to a woman. At first, the midwife advised me to get familiar with the hospital policy and procedural guidance about food and nutrition during pregnancy. A day before Anne's appointment, the midwife and I discussed the subject of high nutritional requirements and the appropriate diet to be maintained throughout the pregnancy.

I began my interview with Anne by communicating in a friendly and professional manner in order to establish a positive attitude to her future maternity care. After that Anne was asked some general questions in relation to her food preferences and allergies. At all times I was closely supported and supervised by the midwife, and as the discussion progressed I felt more confident in providing Anne with the required details for a healthy diet. I explained that a healthy eating is essential throughout pregnancy and a variety of different types of food is recommended to help the mothers stay fit and well. In addition, I indicated that plenty of fruits and vegetables of different colours will provide the body with essential vitamins, minerals and fibre, which will help the digestive system and prevent constipation. Anne remarked that she felt nausea in the mornings and that she could only tolerate certain foods. She added that meals did not taste the same as before. Also, she indicated that her stomach got upset and her appetite considerably diminished following the smell of certain foods.

Next, the midwife got involved in the conversation and reassured Anne that morning sickness in the early days was completely normal, but as long as it

was not severe would resolve by 16 to 20 weeks of pregnancy. Moreover, the midwife suggested that getting up slowly from bed in the morning may reduce the symptoms. Also, Anne was advised to drink plenty of clear fluids and to eat something dry, such as a toast or crackers for breakfast. I added that eating frequently small snacks and avoiding heavy meals can improve food intake significantly. Furthermore, Anne was encouraged to drink approximately two litres of water a day. It was essential for her body system to work perfectly and to prevent dehydration. On the other hand, soft fizzy drinks contain high amount of carbohydrates and could lead to overweight.

Particular attention was paid to meals containing substantial amounts of sugar, salt and fat. The National Health Service (NHS) (2009) states that an increased amount of saturated fat can lead to overweight and heart disease. Furthermore, the midwife went through all the information about protein meals, dairy food and carbohydrates. In addition, Anne was informed about some foods and drinks which were unsafe in pregnancy, as they may harm or cause severe malformation of the fetus. For example, daily consumption of caffeine needs to be limited to 200mg. There are concerns that high amounts of it can cause miscarriage or delivery of an infant with low birth weight. Alcohol intake is completely forbidden, due to the fact that it can affect the foetus's development. Risk of Salmonella virus can be avoided by cooking all meat and eggs thoroughly. Another harmful bacteria to pregnant women is Listeriosis, found in soft cheeses, unpasteurised milk, shellfish and undercooked meat (NHS, 2009). However, listeria can be destroyed by cooking all type of meat, eggs and ready meals thoroughly (National Institute for Health and Care Excellence [NICE], 2014).

I briefly informed Anne about some of the important vitamins and minerals she needed throughout pregnancy. For instance, folic acid, vitamin D, iron, vitamin C and calcium. For example, the daily recommended dose of folic acid in the first trimester of pregnancy is 400mcg (NICE, 2014). The midwife added that frequent intake of folic acid can diminish the risk of having an infant with health issues such as spina bifida. Furthermore, a nutrition brochure was offered to Anne and she was advised to read it. Finally, Anne was encouraged to take daily supplements due to the high level of vitamins and minerals required in pregnancy. Anne appreciated the nutrition-related details, but at the same time she looked overwhelmed with information.

Initially, I was somewhat anxious and hesitant to speak in front of a client and to provide Anne with evidence based information on nutrition in pregnancy. However, as the client became comfortable and appeared willing to understand the importance of healthy eating while pregnant, I felt confident communicating with her. Moreover, it was essential that I was supported by my mentor and encouraged to move outside of my comfort zone. The midwife and I felt united throughout our preparation for the interview with the client and we built strong cooperative skills. Sloper (2004) identified that cooperative working is beneficial for the clients, as it increases their satisfaction of care provided and builds trust in staff members.

Nevertheless, I felt that Anne was overloaded with information. It might have been more helpful to present a smaller amount of educational materials over several meetings, rather than the bulk of it in one single session. However, Anne was pleased with the information presented, as we tried to focus on her individual needs. Some studies show that an antenatal education

increases women's knowledge and helps them choose a variety of healthy meals during the pregnancy (Feilitzen, Radestad, Hildinsson & Häggström-Nordin, 2009). However, one of the main problems was that great amount of information was given in a short time. Lavender, Moffat and Rixon (2000), reported that some nutrition information may be given to women in their preconception consultation with a general practitioner.

On a few occasions use of medical jargon was observed. England and Morgan (2012) assert that use of medical language in the health sector can create misinterpretation and confusion in clients and this may have a negative effect on their care.

Both my mentor and I had prepared well for the session, applying evidence-based information. We had planned the discussion and kept the client engaged with the presentation material. Furthermore, I was guided by my mentor to find relevant sources of dietary information and present them to Anne in a simple way. After the interview I felt more comfortable speaking in front of a client and I realised that it is completely normal to feel nervous. On a few occasions, my mentor used sensitive humour to decrease the level of stress and to stimulate discussion. Moreover, developing a good relationship with my mentor helped me to expand my understanding of what I need to achieve through my clinical placement. Also, I had opportunity to combine my theoretical knowledge with practical experience and reflect on my clinical involvement.

It was vital understanding Anne, and I set aside my judgement in order to recognise her current condition of nausea and vomiting. Valuing Anne as an

individual and understanding her current condition will boost her belief in health professionals. Studies show that moderate nausea and vomiting during pregnancy do not need medical treatment (Tiran, 2014).

Nevertheless, women suffering from this must not be dismissed, but monitored and supported by health care professionals. Specifically, a knowledgeable midwife can advise the women on the use of complementary therapies. The Royal College of Midwives (2014) state that all midwives must have basic knowledge of the advantages and dangers of complementary therapies. On the other hand, if the midwife has little or no understanding of natural remedies, it can lead the clients to seek advice from unreliable sources, such as the internet. Therefore, it may be equally risky for these women, as information provided via internet can sometimes be unsafe or inaccurate. The women must be mentally supported by midwives, as hyperemesis can lead to serious conditions and women isolation (Dean, 2014). Effective communication between a client and a medical practitioner, as well as good nutritional planning, can significantly decrease the symptoms of hyperemesis.

Midwives often advise pregnant women to take multivitamin supplements. The best option is to provide vitamins and minerals through a varied diet, such as consuming plenty of fresh fruits and vegetables (NICE, 2014), as this will reduce the need for purchasing expensive supplements. On the contrary, use of over the counter vitamins by pregnant women could falsely raise the sense of security (Coutts, 2000). Moreover, synthetic supplements are often not distinguished by the human body and are excreted in urine or stored up as fat (Nolan, 1998). Additionally, pregnant women should be extra cautious

with supplements containing vitamin A, as high levels could be detrimental for the fetus (Blincoe, 2008).

The most significant challenge for me in a clinical setting was the ability to listen effectively to my mentor in order to support and advise a healthy pregnant women about the right nutritional choices. Furthermore, it was important to educate our clients about a balanced diet in order to maximize the possibility for growth of a healthy infant. Women with sensible eating habits and normal BMI will provide the fetus with the perfect environment (Seaman, 1997). Alternatively, poor maternal nutrition could affect the growth and development of the normal fetus.

Reflecting on that day and analysing the meeting with Anne helped me understand how I can improve presentation of information in the future. I have reviewed the session with my mentor and realise that I can facilitate discussion, rather than just provide information. My mentor openly shared her practical experience with me and this made me realise that I can use posters to visualise the dietary information. For example, next time I can play a short video related to the benefits of healthy eating to prompt further debate. Also, I need to increase my basic nutritional knowledge in order to support women better in their dietary needs.

Overall, the involvement in a clinical placement helped me become logical and creative in my future career. Moreover, various information presentation strategies were discussed with my mentor to help me improve my service user presentation in a clinical setting. The benefits of learning by doing increased my understanding of establishing a nutritious diet in pregnant

women in order to deliver a healthy infant. From others' experience and my own mistakes I learnt how to improve in the future.