Nutritional Status of Pregnant Women in India

Dr Sumita Sharma¹, Dr Lipilekha Patnaik⁻², Dr Sumitra Pattanaik³, Dr DattatreyKar⁴, Prof. Dr RuchiBhuyan⁵

¹PG 2nd year, Dept of Community Medicine, IMS & SUM Hospital Siksha O AnusandhanUniversity ,Bhubaneswar ²Professor, Dept of Community Medicine, IMS & SUM Hospital, Siksha O AnusandhanUniversity ,Bhubaneswar ³Professor, Dept of Community Medicine, IMS & SUM Hospital, Siksha O AnusandhanUniversity ,Bhubaneswar ⁴Department of Medical Research Health Sciences.IMS & SUM Hospital, SOA Deemed to be University. ⁵Department of Medical Research Health Sciences.IMS & SUM Hospital, SOA Deemed to be University.

ABSTRACT

Nutrition during pregnancy can be especially important in young mothers who have not yet completed their growth and development. Proper maternal care is essential for healthy intra-uterine growth and can affect the baby's birth weight. Here a short review is presented with the emphasis on important role of women's nutrition in order to lead a healthy life as well as reduce malnutrition in children.

Introduction

Nutritional issues

The importance of good health affects the psychological, physical, developmental, behavioral and work performance of pregnant women. Iron deficiency due to anemia is still the most common nutritional cause. It can be related to folate deficiency, especially during pregnancy. Pregnant women form a large risk group that needs special care. According to the WHO, in developing countries, the incidence of anemia in pregnant women is 56% (WHO, 1992). The prevalence of anemia in India is 60-70%. In India, anemia is the second leading cause of death, accounting for 19% of all maternal deaths. (1)

Maternal nutrition -can also be a key factor in affecting women's health during pregnancy and adulthood. In this situation, rural women need to avoid the dangers of food, maintain a healthy immune system and avoid anemia. Nutrition during pregnancy can be especially important in young mothers who have not yet completed their growth and development. Proper maternal care is essential for healthy intra-uterine growth and can affect the baby's birth weight. Various studies in different parts of India have indicated that the low birth weight rate (babies weighing less than 2500 grams) ranges from 15% in Trivandrum to 46% in Baroda. (2) About one-third of children in India have low birth rates. Weight loss among many expectant mothers suggests malnutrition. However, it has also been shown that birth weight has improved as a result of improved health care as well as nutrition during pregnancy. The amount of calories and protein in Indian women during pregnancy and lactation, especially in the lower socioeconomic status, is likely to be substantially inadequate. Early malnutrition in pregnant women is often exacerbated by not supplementing their diet to meet the nutritional needs of pregnancy. The direct result is weight loss during pregnancy and the delivery of low birth weight babies. Lack of nutrition is likely to be a major factor affecting fund height and birth weight in late pregnancy, negative effect. To provide rapid growth, which includes bone formation, blood production, and building muscle, brain, and other tissues, the fetus needs ready-made nutrients. Therefore, it is important that the mother pays special attention to the nature and quality of her food during pregnancy and especially after delivery until the 12th week as it will determine the health of her baby.

In a study of pregnant women in the United States, the average pregnancy weight is 6.9 kg, ranging from 6.3 kg to 7.7 kg in the poorest group. Similar statistics have emerged in other studies. A study of 85 rural pregnant women from Varanasi found that both intrauterine growth in

calories and protein increased significantly in both urban and rural pregnant women. ()) They further revealed that regardless of mothers from urban or rural backgrounds, over 2000 kcal and 75 grams of protein weighed 3000 grams, average weight around 49.4 cm Crown heel length and head circumference Gave birth to newborns and 33.5 cm, respectively. He added that if maternal intake was less than 1,500 kcal and 45.0 grams of protein, fetal growth would be significantly lower in both rural and urban subjects. Regarding the style of food consumption, rural women in Orissa could not find better food, even for a single food item. 62.9% and 26.4% of urban women were consuming pulses, beans, milk or yogurt daily, but this number was only 37.5% and 8.1% for their rural counterparts.

As far as the use of suits, eggs, poultry, meat or fish by rural women is concerned, these figures of 2.2%, 0.6% and 1.6% clearly indicate the low status of rural women in Orissa. ()) Women who consume fewer calories than recommended due to many economic and financial reasons such as illiteracy, poverty and misconceptions, which will make it easier to get less nutrients, improve the quality of life in their rural areas. It requires sincere efforts. In a semi-rural Egyptian population, the average moderate energy intake from plant sources was 2000 Kcal / day during the 2nd and 3rd trimesters, a high carbohydrate intake in early pregnancy suppresses the development of ducts, especially However, if the amount of milk protein decreases late, such an effect on pregnancy can lead to long-term consequences for children at risk of heart disease. The average nutritional value of expectant mothers in the low-income groupNutritional issues The importance of good health affects the psychological, physical, developmental, behavioral and work performance of pregnant women. Iron deficiency due to anemia is still the most common nutritional cause. It can be related to folate deficiency, especially during pregnancy. Pregnant women form a large risk group that needs special care. According to the WHO, in developing countries, the incidence of anemia in pregnant women is 56% (WHO, 1992). The prevalence of anemia in India is 60-70%. In India, anemia is the second leading cause of death, accounting for 19% of all maternal deaths. (1)

Maternal nutrition can also be a key factor in affecting women's health during pregnancy and adulthood. In this situation, rural women need to avoid the dangers of food, maintain a healthy immune system and avoid anemia. Nutrition during pregnancy can be especially important in young mothers who have not yet completed their growth and development. Proper maternal care is essential for healthy intra-uterine growth and can affect the baby's birth weight. Various studies in different parts of India have indicated that the low birth weight rate (babies weighing less than 2500 grams) ranges from 15% in Trivandrum to 46% in Baroda. (2) About one-third of children in India have low birth rates. Weight loss among many expectant mothers suggests malnutrition. However, it has also been shown that birth weight has improved as a result of improved health care as well as nutrition during pregnancy. The amount of calories and protein in Indian women during pregnancy and lactation, especially in the lower socioeconomic status, is likely to be substantially inadequate. ())

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Conclusion -

Women play a vital role in child nutrition. The effective element of malnutrition in women is not limited to access to adequate and diverse food but is also affected by early marriage and perception, education, empowerment and decision-making power, and domestic violence. These factors directly or indirectly affect the nutritional status of women. Numerous policies in India address these issues but implementation remains weak. The important role of women's nutrition needs to be recognized in order to lead a healthy life as well as reduce malnutrition in children and this should be given priority in a higher program.

REFERENCES:

- [1] Chapman DJ, Nommsen-Rivers L. Impact of maternal nutritional status on human milk quality and infant outcomes: an update on key nutrients. AdvNutr. 2012;3(3):351-2. https://doi.org/10.3945/an.111.001123; PMid:22585911PMCid: PMC3649469.
- [2] CJ, Wagner CL. Nutritional management of the breastfeeding dyad. PediatrClin North Am. 2013;60(1):261-74. https://doi.org/10.1016/j.pcl.2012.10.008; PMid:23178069.
- [3] Dewey KG. Impact of breastfeeding on maternal nutritional status. AdvExp Med Biol. 2004; 554:91-100. https://doi.org/10.1007/978-1-4757-4242-8_9; PMid:15384569.
- [4] Subcommittee for a Clinical Application Guide, Committee on Nutritional Status during Pregnancy and Lactation, Food and Nutrition Board, Institute of Medicine, National Academy of Sciences. Nutrition during pregnancy and lactation. An implementation guide. Washington, D.C.: National Academy Press; 1992.

- [5] Michaelson KF, Larsen PS, Thomsen BL, Samuelson G. The Copenhagen Cohort Study on Infant Nutrition and Growth: breast-milk intake, human milk macronutrient content, and influencing factors. Am J ClinNutr. 1994; 59:600. PMid:8116536.
- [6] Picciano MF. Nutrient composition of human milk. PediatrClin North Am. 2001; 48:53. https://doi.org/10.1016/S0031-3955(05)70285-6.
- [7] The Standing Committee on the Scientific Evaluation of Dietary Reference Intakes and its Panels on Folate, Other B Vitamins, and Choline and Subcommittee on Upper Reference Levels of Nutrients; Food and Nutrition Board; Institute of Medicine. Dietary reference intakes for thiamine, riboflavin, niacin, vitamin B6, folate, vitamin B12, pantothenic acid, biotin, and choline. Washington, D.C.: The National Academies Press; 1998.
- [8] Yehuda S, Rabinovitz S, Mostofsky I. Nutritional Deficiencies in Learning and Cognition. Journal Pediatric Gastro enter Nutrition. 2006:43; S22-5