



Dieting, Carbs and Pregnancy

This article was originally published in the monthly Ask the Midwife column that appeared from 2003-2007 in the Willy Street Reader in Madison, WI. Ingrid Andersson, CNM, addressed questions related to health and nutrition in the childbearing year.

Question: I am just 4-5 weeks pregnant. Before I knew I was pregnant I started the "induction phase" of the Atkins diet plan that limits carbs to less than 20 grams a day. I am still following this strict plan (it has been about 8 days with a recommended 14 days to complete) - is this safe? I feel fine and probably am eating better than I was before. I am also taking vitamin supplements. I have tested my urine which indicates that I am in ketosis. Is this ok for the baby?

Congratulations for making positive changes in your diet!

You don't mention why you are are dieting, exactly, but it sounds like you found yourself pregnant before achieving the end results of your diet plan.

Some women in early pregnancy feel trapped in their bodies or doomed to dislike their pregnant bodies, because they are told dieting in pregnancy is unsafe. It is true that most diet programs are not safe in pregnancy, and I am sorry to say the Atkins Nutritional Approach, by its own admission, offers no plan that can meet a pregnant woman's nutritional needs.

But that doesn't mean you can't have a positive relationship with food and weight and feel great in pregnancy. By promoting healthy proteins and fats and eating to satisfaction, Atkins taught good principles for pregnancy. Fat and protein often go together in foods and give a deeper, fuller and longer-lasting sense of food satisfaction. Safe and healthy fats and proteins include legumes, avocados, olives, nuts, seeds and foods from happy, antibiotic-free, artificial hormone-free, cruelty-free grazed and wild caught animals. The success of the Atkins plan may lie in increased food satisfaction, which in turn leads to fewer cravings and less overall consumption. You can individualize the Atkins principles to your pregnancy.

A popular – and pregnancy-endangering – feature of the Atkins is a goal of achieving ketones in your urine. Ketonuria can be measured with home urine strips and shows that you are burning fat. It typically means you have depleted your carbohydrate reserves and are entering starvation mode. While a non-pregnant adult may tolerate this condition, a pregnant woman will feel nauseated, tired, weak, suffer from chronic headaches and sleep issues. This diet plan can set you up for severe first-trimester nausea, vomiting and fainting.

The carbohydrates we eat are broken down by the body into glucose, an absolutely essential fuel for heat and energy. As breastfeeding newborns, our first food is sweet milk – on-demand, quick-acting, blissful fuel – and thus, we are programmed to desire carbs for survival. After weaning, we still seek carb fixes, of course, but the processed carbs in abundant supply at cheap prices for us sedentary people living in the era of industrial agriculture, do not – ironically, tragically – help us thrive.

The thing is, we evolved for carbs with marvelously complicated molecules and higher protein ratios, which the body breaks down slowly, much more slowly than carbs in soda, juice, soft breads, white rice, etc. While a diet dominated by simple carbs may be appropriate for rapidly developing babies who digest and burn energy quickly, and for athletes and physical laborers (including laboring women!), for the rest of us, a sudden surge of glucose is stressful, especially to our pancreas, which releases high levels of insulin in

attempt to bring our blood sugar levels under control. Over time, our beleaguered pancreas becomes trigger-happy and begins overreacting by producing too much insulin (leading to hypoglycemia or pre-diabetes), until it eventually wears out and produces too little (diabetes). Meanwhile, our roller-coaster habit of carb fixing leaves our bodies starved for protein, vitamins, minerals and other nutrients. Pregnant women, especially in the first trimester, can be especially susceptible to this crazy cycle (which affects mood and other functions also) due to the dynamic energy needs of a changing body and growing baby.

In other words, don't throw the Atkins baby out with the bath water, but aim for a diet of roughly one-third complex carbs to one-third healthy fats to one-third healthy proteins, and neither sugar nor ketones in your urine. Aim for this balance at every snack and meal, because fats and proteins work to slow down overall metabolism.

The best way of deciding which carbs are “complex” or healthy, is with a measurement called the glycemic index (GI). The GI of a food much more accurately tells you what you really want to know: how quickly will carbs in this food enter my bloodstream? Foods with a high GI are converted quickly into glucose and prompt a strong insulin response from your pancreas (e.g. mashed potatoes). Foods with a low GI are converted into energy more slowly (boiled potatoes with the skins on, cooled then fried). You can find glycemic index food lists on the web.

Slightly bitter, sour, or tart vegetables and fruits (kale, broccoli, cabbage, eggplant, leeks, lettuces, peppers, garlic, mushrooms, onions, kiwi, tomatoes, most berries and stone fruits) and certain legumes (chick peas, lentils, peanuts, and soybeans) have low GIs. Among the highest GI foods are white rice, corn, very ripe bananas, figs, fruit juices, honey and other sweeteners and all breads (unless coarse, with multiple whole grains, nuts and seeds).

In summary, if we put the principle of thirds together with what we know about carb metabolism, we can eat well and happily guided by three basic ideas: 1. Go for full-textured, full-flavored fruits and vegetables and chewy, crunchy grains and beans and combine them with healthy fats and proteins at every snack and meal. 2. Eat every 2 hours, to satisfaction but not beyond. 3. Stay active! Daily well-rounded activity will make everything going on in your mind and body more satisfying and efficient.

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