



## Dieting and Pregnancy

**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 indicate that I am in ketosis. Is this healthy for the baby?**

Congratulations for making changes in your diet that feel positive to you. The weight you start out at in pregnancy is probably more important than how much you gain while pregnant. Feeling strong and right in your body, feeling “at home” in your body, feeling generally energetic and attuned are important to your experiences of pregnancy, labor, and postpartum.

A recent March of Dimes report showed that being overweight or obese before pregnancy is associated with a 50% increase in preterm delivery. Furthermore, numerous reports show that maternal weight correlates with fetal weight, meaning if you want to minimize your chances of having a larger than average baby, losing weight before pregnancy is a good idea.

So what do you do when you get a positive pregnancy test before you achieve a positive sense of self or positive weight loss result?

Some women have told me they felt trapped and resigned to disliking their bodies during pregnancy, because dieting was forbidden. It is true that most diet programs are not safe in pregnancy, and I am sorry to say that the Atkins Nutritional Approach, by its own admission, currently offers no plan that can meet a pregnant woman’s nutritional needs. However, I believe you can still have a positive relationship with food and weight in pregnancy.

The popularity and success of the Atkins diet plan is reflected in the sudden appearance of “low-carb” everything, from low-carb beer to low-carb hamburgers. A number of studies report greater weight loss on very low-carb diets than on low-fat diet plans. Fat and protein often go together in foods and give a sense of food satisfaction that goes deeper and lasts longer than what quickly burned carbohydrates can give. The success of the Atkins plan may lie in increased food satisfaction, which in turn leads to fewer cravings and less overall food consumption.

Another popular feature of the Atkins plan is the home measuring system of weight loss progress. Urine test strips tell you whether and to what degree ketones are present in your urine. According to the plan, “Ketones in your urine give a clear indication that you are metabolizing fat. The higher concentration of ketones in your urine, the more fat you have burned..” Ketones in the urine may also indicate a diet excessively high in fat. Usually though, it indicates you have depleted your sugar reserves and are entering starvation mode. While a non-pregnant adult may tolerate this condition, a pregnant woman often will feel nauseated, tired, weak, have headaches or wake frequently at night – she is running on empty and should eat immediately, even if she doesn’t feel hungry.

Carbohydrates are truly “the staff of life” – bread, beans, rice, tortillas, potatoes, pasta. In human populations they have long been the dominant macronutrient, or calorie source, while protein and fats have been harder to come by, except in populations that live in marginal climates, such as the Inuit. While most foods contain all three (carbs, proteins, and fats) in varying proportions, your overall diet should be 10-25% protein, 50-60% carbohydrate, and 20-30% fat. Carbohydrate needs do not change during pregnancy.

Carbs are broken down by the body into sugar, or glucose, which is the fuel our bodies need for heat and energy. Glucose that is not immediately needed is taken to the liver and converted into glycogen and stored for future use. Through sweet mother's milk, we are programmed as newborns to desire carbs. (Incidentally, it has been theorized that the greater incidence of eating disorders among young adults who were not breastfed may be related to the lack of immediate gratification in infancy of that original "comfort food:" quickly absorbed mother's milk.)

Complex carbs contain complicated molecules that the body breaks down into sugar, or glucose, more slowly than refined carbs. Refined carbs are made up of simple molecules which absorb quickly, sometimes instantaneously. While refined carbs may be appropriate for rapidly growing babies, marathon runners, and physical laborers (including women in labor), for the rest of us that sudden surge of glucose is stressful, especially for the pancreas, which releases high levels of insulin in attempt to bring blood sugar levels under control. Over time, the pancreas learns to overreact to sugar in the system. As a result, the blood sugar may drop suddenly or drop too low, causing hypoglycemia. Sudden sugar lows wisely cause the body to crave more refined carbs for quick corrective energy. The pancreas again must deal with the sugar load, while the replacement of adequate nutrients with quick carb fixes leaves the body starved for protein and other nutrients necessary to healthy pregnancy and fetal growth. Pregnant women are especially susceptible to this vicious cycle.

Dr. Atkins understood the danger of carbohydrate addiction. In its promotion of healthy proteins and fats and eating to satisfaction, the Atkins diet is teaching good principles for pregnancy. You can individualize the Atkins principles to your pregnancy and eat and feel great.

Nutritionists now talk about the glycemic index (GI) of foods. This is a more precise concept than "complex carbs" vs "simple carbs" for getting at individual foods and their insulin responses from the body. Foods with a high GI are converted quickly into glucose and promote a strong insulin response. Foods with a low GI are converted into energy much more slowly. The lower the GI and the slower the insulin response, the better for your mind and body, especially if you are relatively sedentary.

Slightly bitter, sour, or tart vegetables and fruits (such as kale, broccoli, cabbage, eggplant, leeks, lettuces, peppers, garlic, mushrooms, onions, apricots, kiwi, melons, raspberries, tomatoes, plums) and certain legumes (chick peas, lentils, peanuts, and soybeans) have low GIs. Among the highest GI foods are white rice, corn, potatoes, bananas, figs, honey, all breads (not a big difference between white or whole wheat, unless it is stone ground, includes other whole grains, nuts, and seeds), fruit juices, all foods containing sugar. You can buy books that list the glycemic indices of foods, if you want to get really specific.

Personally, I like principles more than plans: go for strongly flavored fruits and vegetables and crunchy grains – whole whenever possible – and mix them with an organic fat or protein at every meal. Fats and proteins will stabilize carbohydrate metabolism because our bodies burn them over a longer period of time. Eat every 2-4 hours and to satisfaction but not beyond. On the weight issue: you do not need to gain more than 5-10 pounds in pregnancy, especially if you started out overweight. Regardless of numbers, eating in a way that gives you sustained energy and strength is the most important thing. I sometimes defer weight checks with clients for whom quantity seems to be a bigger focus than quality. Finally, daily walking or other sustained activity for 20-30 minutes is minimal for efficient metabolism and a happy pregnant body. Happy Spring!

Copyright © Ingrid Andersson, LM, CNM, MS

This text was originally published in the Willy Street Co-op Reader in the **Ask the Midwife** column, where Ingrid Andersson of Community Midwives, LLC in Madison, answers questions on pregnancy, childbirth and related topics. More of these articles can be found at Ingrid's website: [www.gentlehomebirth.org](http://www.gentlehomebirth.org)