NATUROPATHIC PREGNANCY CARE

Optimizing Nutrition and Addressing Fatigue, Nausea, and other Common Concerns of Pregnancy

You are pregnant! Congratulations! The first trimester is a time of great transition and a myriad of potential emotions as you adjust to the idea of a new family constellation. It can also be a difficult time physically, with profound physiological changes as your body adapts to the needs of the growing fetus. For some women, the first trimester is dominated by nausea, extreme fatigue, and great confusion over conflicting prenatal advice or warnings. But, there is no need to suffer while you wait for the months to pass! Do you have questions about how to ensure your baby is getting what it needs from your diet? About whether or not to take iron if it makes you sick? About differentiating between various Omega 3s? About the safety of herbs during pregnancy? Ask a naturopathic doctor!

By adding a licensed naturopathic doctor to your care team, you will not only be able to resolve existing concerns including fatigue, nausea, anemia, vaginal infections, blood sugar changes, low thyroid function, constipation and heartburn, you can also learn how to optimize your diet to offer the best possible nutrition for you and your baby and develop a personalized supplement plan to address your unique pregnancy needs. The goal of naturopathic perinatal care? To promote a pregnancy free of complications, an efficient labor, successful delivery, ease with postpartum healing, and a healthy baby, naturally.

Did you know:

- That ginger and vitamin B6 are clinically proven to be safe and effective for nausea in pregnancy, according to randomized controlled trials?
- That probiotics during pregnancy are associated with lower rates of allergies, eczema and asthma in infants and young children?
- That there are a variety of herbs that are safe in pregnancy, including some for immune function, energy, mood, digestion, and more?

Nourishing Pregnancy Tea
(*Custom Blend Available From Mahalia Freed, ND*)

Combine Equal Parts of:
- Red Raspberry Leaf
- Nettle Leaf
- Alfalfa
- Peppermint (optional: for taste, and for some women to help with nausea)
- Oatstraw (optional: nutritive and calming)

Use 1-2 tbsp per cup of boiling water; Steep, covered, up to overnight; Drink warm or cool, 2-3 cups per day throughout your pregnancy
PRENATAL VITAMINS: DO YOU HAVE THE RIGHT INSURANCE?
By Dr Mahalia Freed, ND

Why do you take a prenatal multivitamin?

Does it have everything you need to stay healthy during pregnancy? (No!)
Does it contain all the nutrients your baby needs for optimal growth? (No!)

Multivitamins are sometimes described as a supplement “insurance policy”. Do you have the right insurance?

People don’t question whether or not to take a prenatal multivitamin. Even those who wouldn’t think to take a vitamin when not pregnant or trying to conceive assume they should take a prenatal. The intention behind this is noble, if somewhat symptomatic of the health concerns I see in practice: when nurturing another life, people are way more responsible than they are for themselves alone. Riding this trend, I encourage you to use the motivation of pregnancy or pregnancy preparation to enhance your own health. I also encourage you to work with a practitioner to determine what nutrients YOUR body needs, and in what dose.

Fact: nutritional needs change during pregnancy.
You need more protein, more calories, and more of a variety of specific nutrients (for those of you who like the details, see chart below for an incomplete list of top nutrients).

Building on dietary counselling, and individualized naturopathic support, I do recommend prenatal multivitamins in my practice, but not for every pregnant/trying to be pregnant person. I am also very specific about which brands are effective and toxin-free, as they aren’t all equal by any means. The top-selling prenataals at pharmacies are loaded with food colourings (known neurotoxins) as well as unnecessary fillers and binders with detrimental effects, from sodium lauryl sulfate (skin and membrane irritant, possible mutagenic) to talc (carcinogenic). And that is in addition to often not having sufficient quantities of the vitamins that are known to support healthy pregnancies that continue to term! One of the foundational principles of medicine is, “First, do no harm”. At what time is it more important to follow this guidance than when nourishing another life within our body? Make sure you know what is in your supplements, and whether this is right for YOU. For more about the effects of these “nonmedicinal” ingredients, see http://www.ewg.org/skindeep/. For more about nutrient needs in pregnancy, see below.
What nutrients do I need in pregnancy, and why?
(* = a nutrient that is commonly taken in supplement form during pregnancy.
Ask your ND if this is necessary for you!)

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Function</th>
<th>Sources</th>
<th>Daily Needs in Pregnancy (conservative #s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Iron</td>
<td>Energy, pregnancy maintenance, fetal &amp; parental red blood cells, prevention of preterm labor/low birth weight</td>
<td>Red meat, some dark green leafies, nettles, molasses, some dried fruits</td>
<td>18 – 60 mg</td>
<td>Take separately than Calcium and Magnesium</td>
</tr>
<tr>
<td>*Folic Acid</td>
<td>Healthy cell division, prevention of neural tube defects</td>
<td>Leafy greens, whole grains, fortified cereals, salmon, organ meats</td>
<td>800 mcg – 5 mg</td>
<td>Current guidelines = 5 mg per day during preg</td>
</tr>
<tr>
<td>*B6</td>
<td>Hormone metabolism, mood; used to treat nausea in pregnancy</td>
<td>Meat, organ meat, leafy greens, blackstrap molasses, brown rice…</td>
<td>25–100 mg</td>
<td></td>
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<tr>
<td>*Vit C</td>
<td>Healthy vessels and tissues (helps prevent varicose veins &amp; hemorrhoids, premature rupture of membranes)</td>
<td>Vegetables (broccoli, potato, peppers), some fruits</td>
<td>100 – 2000 mg</td>
<td>Also immune supportive!</td>
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<tr>
<td>Calcium</td>
<td>Healthy baby bones, maternal muscle tone (including uterus)</td>
<td>Tahini/sesame seeds, almonds, broccoli, kale, collards, milk products</td>
<td>1200 mg</td>
<td>Ensure you have enough Mg before supplementing Ca</td>
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<tr>
<td>*Magnesium</td>
<td>Preventing muscle cramps, constipation; helps w sleep, blood sugar balance</td>
<td>Green veggies, beans, nuts, seafood</td>
<td>450 -1000 mg</td>
<td></td>
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<tr>
<td>B1 (thiamine), B2 (riboflavin), B3 (niacin), B5, B12</td>
<td>All essential for various functions. Food sources may be adequate</td>
<td>Whole foods; Note that B12 is ONLY present in animal foods</td>
<td>2–100 mg</td>
<td>Part of multi or multi-B complex</td>
</tr>
<tr>
<td>Zinc</td>
<td>Immune system function, healthy fetal growth &amp; development</td>
<td>Seafood, mushrooms, organ meats, spinach, sunflower seeds</td>
<td>20 -50 mg</td>
<td>If needed, take in small doses, with food, to avoid nausea</td>
</tr>
<tr>
<td>*Probiotics</td>
<td>Digestive &amp; immune system health, Prevention of GBS + status in labor, prevention/reduction of allergies &amp; eczema in infants</td>
<td>Fermented foods</td>
<td>15 billion good quality, strain-specific units per day</td>
<td>Supplement esp in third trimester</td>
</tr>
<tr>
<td>*EPA/DHA (Essential Omega 3s)</td>
<td>Fetal brain development (DHA), decreased allergies for infant/child, maternal mood, heart health, decreasing inflammation, blood sugar regulation (EPA)</td>
<td>FISH, fish oil</td>
<td>~600 mg EPA, ~3-400 mg DHA</td>
<td>Source matters! Ask for advice re clean, stable, pure fish oil brands</td>
</tr>
</tbody>
</table>

Other nutrients to consider: Iodine (found in seaweeds, essential for healthy thyroid function), Beta- carotene (richly colored vegetables, esp orange & red, needed for eye development & various other functions), chromium, selenium…
This article highlights a common women’s health concern seen in my practice. Polycystic ovarian syndrome, or PCOS, affects not only reproductive health and fertility, but also cardiovascular health.

Definition and Clinical Consequences
Polycystic ovarian syndrome is a label referring to a complex and broad health picture. PCOS is diagnosed by presence of two of the following three things: (i) irregular ovulation or absence of ovulation, (ii) clinical and/or biochemical signs of high testosterone, and/or (iii) polycystic ovaries seen on ultrasound. While presentation varies, the most common clinical manifestations are infertility, male pattern hair growth, obesity, and absent or infrequent menses. However, these concerns represent only the tip of the iceberg with respect to the PCOS picture. Less obvious consequence of PCOS lie below the surface. Women and transgendered men who have PCOS are at risk for hypertension, insulin resistance, impaired glucose tolerance, type II diabetes, and abnormalities in blood lipids such as elevated triglycerides and oxidized cholesterol. Additional complications include increased risk of endometrial (uterine) cancer, an altered (increased) stress response, and difficulty maintaining or attaining desired body weight compared to people who do not have PCOS. Finally, there is an increased risk of cardiovascular disease.

Linking Heart Disease and PCOS
Metabolic Syndrome, or Syndrome X, is defined by a constellation of factors including obesity (30-60% of women with PCOS are obese), insulin resistance, hypertension, and the blood lipid abnormalities mentioned above. Each of these items is a known risk factor for cardiovascular disease, and each is commonly found in women and trans men with PCOS.

Treatment Approach
While biochemically complicated, and clinically variable, PCOS and associated risk factors are well-addressed via the individual, holistic, preventive approach to health care embodied by naturopathic medicine. According to one article published in the US journal Cardiology Review (2006), “the key elements involved in managing... metabolic syndrome are dietary and lifestyle modification”. Diet and lifestyle – the cornerstones naturopathic practice! Additionally, there are a variety of evidence-based naturopathic treatment options available to address an individual’s cardiac risk factors, along with their other presenting concerns. Depending on the person, naturopathic treatment goals may include decreasing free testosterone, regulating blood sugar, decreasing insulin resistance, inducing regular ovulatory menstrual cycles, changing the profile of blood lipids, and reducing elevated blood pressure. In practice, I address individual risk factors via therapeutic diet plans, lifestyle modifications, and a range of specific herbs and supplements as indicated.

What can you do?
The 2 best things you can do for yourself, whether you have a diagnosis of PCOS or not:

- **Exercise**: 5 – 7 days a week. With PCOS, ideally 30 minutes or more of aerobic exercise per day. Exercising (even 3 days a week) is a well-proven way of reducing your risk of everything from diabetes and heart disease to colon cancer and breast cancer. Exercise improves mood, making it part of the treatment for both PMS and depression. Find something fun, get out there and move your body!
- **Eat well**: dietary fibre (from whole grains, beans, vegetables, fruits, and ground flax seeds) and dietary antioxidants & other nutrients (from vegetables, fruits, nuts & seeds) are irreplaceably important in regulating blood sugar, maintaining healthy blood vessels, and even in correcting hormone imbalances. Eat more whole foods, try to make a rainbow on your plate at every meal. Need inspiration? Ask for cookbook and recipe suggestions.
VITAMIN D AND PREGNANCY: RESEARCH FINDINGS & RECOMMENDATIONS

**Trying to conceive?** Higher concentrations of Vitamin D in follicular fluid are an independent predictor of the success of IVF treatment. Vitamin D is hypothesized to support ovarian/uterine hormone production.

**Pregnant?** Women given adequate supplemental Vitamin D during pregnancy are less likely to develop high blood pressure or preeclampsia. Their babies are less likely to develop type I diabetes. Vitamin D helps support healthy immunity, and prevents autoimmune conditions like type I diabetes from developing.

**How much do I take?** Current Canadian guidelines vary between organizations, and what you need to take will depend on (i) your blood levels; (ii) the amount of sun exposure without sunscreen you get; (iii) your skin colour; and, (iv) the season. Please consult your ND for an individual prescription.

**Babies:** 400 IU per day, with more (800 – 1200 IU per day) in winter months, and after 1 year (as weight increases, so does necessary dose).

**Breast Feeding:** Current study recommendations are for supplementing as high as 6400 IU, though common prescriptions are for 2000-4000 IU per day.

**Adults, non-pregnant:** Recommendations range, as do individual needs. *Get your blood levels checked first.* Common supplemental doses range from 2000- 5000 IU per day, although some people do not require supplementation.

(Study References Available Upon Request)

Need more individual advice? Ready for a comprehensive preventive treatment plan? Consult with Mahalia Freed for a personalized assessment and treatment protocol.

*Mahalia Freed is a naturopathic doctor happily practicing in Toronto. In her family practice, Mahalia has a special focus in endocrinology (including PMS, PCOS, thyroid concerns), mental health, oncology, fertility, and perinatal care.*