Defense Health Agency (DHA) Clinical Communities Speaker Series

Feb 2022 CCSS: Challenges in Women's and Infants' Health

S02: Select Nutritional Diagnoses in the Child Bearing Female: Clinical Implications

Unanswered Questions from the Session

1. Is the 5-10% affected by PCOS only counting for the US population? Seems very low if you are talking about the world. Thank you.
   ANSWER: The 5-10% was from a meta-analysis of Ovid and Pubmed articles. The meta-analysis included studies from China, Australia, US, and India, so not every population was researched but can usually be applied to other populations as well.

2. Do you offer patients Ovasitol as part of their treatment plan for insulin resistance and help with ovulation as it has been highly studied and has the same effects as metformin and birth control without the side effects? Thank you.
   ANSWER: I apologize, as a dietitian, I do not order medications for insulin resistance, so it is outside my scope to answer this question.

3. Is it possible to be misdiagnosed with PCOS for Hemorrhagic cysts, and vice versa? Along with Hemorrhagic cysts what would be the right treatments? A lot of providers will refrain from removing the organ entirely due to age.
   ANSWER: As a dietitian, this is outside my scope to answer effectively. But, one point in my presentation was the delay in diagnosis due to provider care or symptoms presented, so because of that, I can assume that any misdiagnosis is possible.

4. Should we be avoiding the routine prescription of a prenatal vitamins (PNV) as there is limited evidence to suggest they improve outcomes and often contribute to common 1st trimester pregnancy discomforts like nausea and constipation? Is there more efficacy in just prescribing folic acid? Also should we be routinely screening women for Vitamin D deficiency?
   ANSWER: Prenatal vitamins are meant as a supplement to the diet. Yes, we can meet all nutrition needs through pregnancy through our diet, if that diet is properly balanced. The main concern is the folic acid that you mentioned, because of how quickly it is needed during pregnancy (most times before a female even knows). If a woman were trying to conceive, I would recommend a PNV or folic acid before-hand. If a woman has a history of iron deficiency or anemia and trying to conceive, I would recommend the PNV before-hand. However, I would always outline all the options for the patient, and they can decide if they want to meet their nutrition needs through diet or 'be on the safe side' and take the PNV anyway, weighing the side effects and the benefits, just like any medication. It is up to them at the end of the day. Yes, I think all adults, not just women, should be screened for Vitamin D deficiency. It is very common.

5. What are the current recommendations for smoked fish and pregnancy? Does smoked fish, like salmon, fall into the same category as raw fish and should be avoided or completely cooked?
   ANSWER: Smoked fish should be fully cooked fish, so the recommendations are just the same with any other animal product, should be cooked to a proper internal temperature (fish should

be 145 degrees). If it is a high mercury fish, such as tuna, shark, tilefish, or mackerel, then it should be limited to just a couple servings per week, if at all, due to the mercury content.

6. While the recommended weight gain is charted, are there considerations about the body index? Note that body mass index (BMI) is found to be a true scale for only about 40-50% of the population.
   ANSWER: At this time, we only prescribe weight gain based on pre-pregnancy BMI, not body fat percentage. Yes, BMI may be high due to high muscle mass, but even if that is the case, weight is still high, and it is excess pressure on lower extremities and joints. Maybe the science/recommendations will change in the future, but it is not common practice to assess body fat percentage of females in the hospital/clinic setting.

7. Are there studies that compare the recommended weight gain to the actual gains? Are these looked at both racially and socioeconomically?
   ANSWER: I apologize, I have not researched this topic myself, so cannot answer this question effectively. I am sure they are out there though!

8. How do you decide who to test for gestational diabetes (GDM)?
   ANSWER: In most clinical settings, it is part of standard pre-natal care, around the 24-28 week gestation mark. If it is not already common practice, then we could look at risk factors such as weight gain to date, pre pregnancy BMI, history of GDM in another pregnancy, or personal or family history of abnormal blood glucose.

9. Intermittent fasting (i.e.) 12-hours instead of 8 for those with blood sugar issues...looks like that might be okay for pregnancy. What do you think?
   ANSWER: Are you asking 12-hours fasting vs 8-hours fasting? 8 hours fasting is not really fasting, it is just going to sleep, can be said with 12-hours fasting or 12 hours period of eating. If it is 8 hours eating, and therefore 16- hours fasting, I would not recommend this, because we are awake for much longer than 8-hours a day.

10. Some of my clients have been asking about "baby lead weaning" for introducing solids. Do you have any information or opinion on this, especially related to safety?
    ANSWER: Yes! I am a fan of baby-led weaning. I do not have specific resources, because there are so many factors that determine those first foods. What the baby is interested in, what they pick up first, what is the rest of the family eating? It really just depends. For safety, I still go by the texture progression table in my presentation. It should be pureed/mashed/blenderized consistencies first (and preferably a high iron source), before advancing. Therefore, a parent can just take whatever the family is eating for dinner that night, and over-cook it and mash it up really good, and then it will be to the right consistency.

11. What are your thoughts on baby-led weaning when baby meets all signs of readiness? I hear many parents choosing to skip iron-fortified cereals and purees and go directly to baby-led weaning with proper cutting.
    ANSWER: I am a fan of baby-led weaning. I do not have specific resources, because there are so many factors that determine those first foods. What the baby is interested in, what they pick up first, what is the rest of the family eating? It really just depends. For safety, I still go by

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12. How should the feeding timeline be adjusted for women that choose to extend breastfeeding? Is there any age at which breastfeeding should be ceased?
    ANSWER: My professional stance as a dietitian is that the feeding timeline should not be adjusted, even if still breastfeeding. At some point, the breastmilk will be the supplement, as the solids foods start to take over the majority of the intake. I often see negative impacts when the timeline of the different foods are delayed. I would still support a family who chooses to continue to breastfeed, but should also be introducing foods according to the timeline. There is no age where it 'SHOULD' be ceased, that is up to the family to decide, BUT I have seen occasions where because it continues, it might be impacting the feeding timeline, selective eating, growth patterns, and/or behavior. When I see patients with one of those examples, only then do I recommend weaning if >12 months.

13. Is rice cereal still recommended when transitioning to solids?
    ANSWER: It can be any iron-fortified cereal, such as oatmeal, does not have to be rice cereal. Or, it can be a high iron food source, like really mashed/pureed beans or meat.

14. Speech language pathologist (SLP) and feeding specialist here, were the new Centers for Disease Control and Prevention (CDC) guidelines considered when looking at these feeding milestones? There is clearly a disconnect.
    ANSWER: The guidelines I briefed were from the Academy of Nutrition and Dietetics, who is my credentialing body. Are these the CDC guidelines you're referring to? https://www.cdc.gov/nutrition/infantandtoddlernutrition/foods-and-drinks/when-to-introduce-solid-foods.html If so, upon reading through, it is similar to the Academy of Nutrition and Dietetics, talks about developmental progression more, and doesn't have specific foods in any order, but does talk about texture, which is what I covered. The feeding timeline I presented just has examples of foods, as just that, examples, but texture is key and should have variety of the different food groups. The table is helpful for parents who would like ideas.

15. What are your thoughts on baby-led weaning?
    ANSWER: I am a fan of baby-led weaning. I do not have specific resources, because there are so many factors that determine those first foods. What the baby is interested in, what they pick up first, what is the rest of the family eating? It really just depends. For safety, I still go by the texture progression table in my presentation. It should be pureed/mashed/blenderized consistencies first (and preferably a high iron source), before advancing. Therefore, a parent can just take whatever the family is eating for dinner that night, and over-cook it and mash it up really good, and then it will be to the right consistency.

16. Is the blood glucose monitor, Durable Medical Equipment (DME) and testing items covered under TRICARE for diagnosis of gestational diabetes?
    ANSWER: If someone is a Tricare beneficiary, then yes, these items are covered. (and I hope

they're covered for all health insurances, but I am not sure).

17. I have seen some differing opinions on when it is appropriate to begin giving baby solids. Some say 4 months is appropriate, some others say definitely not before 6 months due to a lack of maturity of their digestive system. Is it your opinion that if they are sitting up and are showing interest in foods then they are ready for solids?
    ANSWER: Yes, my professional opinion is if those conditions are met (and can hold their head up), then they are ready.

18. Not a question, but a comment of thanks. Thank you for not shaming mothers who can't breast feed, don't produce enough milk, or choose to formula feed. Women are shamed to often for not just breast feeding. As a NICU nurse we deal with this often especially when not able to produce enough. We have to let mom's know a fed baby is best and she is still a great mom no matter how her baby is fed. So thank you for what you said about whatever families use is good.
    ANSWER: Thank you for your comment!

19. Should solids be introduced to a breastfed baby at 4 or 6mths?
    ANSWER: It can be either if they are also showing that they are developmentally ready, sit up, holding head up mostly, showing interest in food. Each baby is so different, but also how many weeks gestation were they born, because that changes their 'months of age' too.

20. Do you recommend introducing allergenic foods to babies in the pediatrician's office for kids at high risk for allergy?
    ANSWER: I would not recommend that as 'necessary' but if that is what a family would like to do to be safe, then there is no penalty in trying that. I would recommend that if family does want to do that, to notify the pediatrician's office ahead of time, so they are not surprised if you are bringing in eggs to the appointment.

21. Can you discuss foremilk-hindmilk imbalance?
    ANSWER: Hindmilk does contain more fat than the foremilk. The argument is to ensure infants get hindmilk for the fat content, but the reality is that if an infant is fed with breastmilk, they are getting the best nutrition. Hindmilk contains more fat, but there can also be high fat in pumped/breastfed milk that occurs later in the day too. If nursing, and a baby turns away, they are done, should not continue to nurse just to force the hindmilk. Baby will get what it needs anyway.

22. When I refer to Nutrition they are adult - We refer out for all OB as there is not availability here in my facility. Are there ways to allocate community referrals vs the patients locating their own? A state or national organizational website to locate? Thanks
    ANSWER: A nutrition resource available in all states would be WIC (Women, Infants, and Children), there should be offices everywhere (but families have to qualify for WIC). Eatright.org is the Academy of Nutrition and Dietetics and then Choosemyplate.gov is the USDA's resource. I don't know of any other resources that have been allocated by state or by nation, I apologize, but I am sure they are out there.

23. Are there any resources for standardized education factsheets for pregnant Active Duty Service

Member (ADSM)?

ANSWER: Choosemyplate.gov or eatright.org 'might' have some, but not specifically for active duty. If you work with a dietitian locally, they should have handouts available. Otherwise, you can always reach out to me and I am happy to share what I have. It is from the Academy of Nutrition and Dietetics. Amanda.m.cain9.mil@mail.mil.

24. Through Lactation education, ideally do not start foods/cereal until six months of age, breastmilk/formula only for the first 6 months, not starting at age four. Do you have any information on this as your slides recommend starting cereal at age four months?

    ANSWER: Breastmilk/formula can provide all necessary nutrition for the first six months, but if a child is showing interest in food at 4 months, and is developmentally ready to receive it, then some foods can be introduced as just that, an introduction, but it won't be a big part of their nutrition intake until past 6 months.

25. What are your thoughts on "baby led weaning" for babies once they are able to sit on their own and grasp foods?

    ANSWER: I am a fan of baby-led weaning. I do not have specific resources, because there are so many factors that determine those first foods. What the baby is interested in, what they pick up first, what is the rest of the family eating? It really just depends. For safety, I still go by the texture progression table in my presentation. It should be pureed/mashed/blenderized consistencies first (and preferably a high iron source), before advancing. Therefore, a parent can just take whatever the family is eating for dinner that night, and over-cook it and mash it up really good, and then it will be to the right consistency.

26. Do you recommend devices (food feeders) that assist in the developmental stage of infant?

    ANSWER: There have been a lot of products invented over the years to assist with feeding, but I don't think they are necessary. I think I gave this example in my brief, I knew a dietitian who would put food in her mouth (whatever she was eating), chew it up a bit, and then take it out and hand it to her seven month-old. Back in the day, we didn't have food feeders, and we've been surviving for a long time.

27. Is there a printed source for a moderate Carbohydrate approach that I can share with my Patients with gestational diabetes? And can they return to regular diet if they are breastfeeding?

    ANSWER: The picture of the MyPlate (1/4 plate fruit, ¼ plate veg, ¼ plate grains, ¼ plate protein) is the best handout for moderate carbohydrate approach. It includes the 4 main food groups in their proper portion, evenly distributed. Remember that vegetables is for non-

    starchy vegetables (corn, potatoes, peas, winter squash go in the grain portion of the plate). Once baby is born, usually blood glucose returns to normal and they no longer have GDM, so yes, they can return to a regular diet after birth. But always check with doctor first, sometimes GDM advances to Diabetes Mellitus (DM).

28. For patients who are vegan, is there a replacement option for whole milk for infants age 1-2?

    ANSWER: I would recommend soy milk. As long as it's not a low fat version, it will contain similar protein, fat, and carbs as whole cow's milk. I would not recommend other plant-based milks because their protein content is usually lower, unless the infant has a soy allergy, then

they can have almond, cashew, or even pea protein milk.