

Pregnancy Nutrition

If you are planning to become pregnant, it is important to discuss your plans with your CF care team. Your CF dietitian will perform a full nutritional assessment to ensure your body is well prepared for pregnancy. Nutritional status should be routinely monitored throughout pregnancy and postpartum.

A good relationship between your CF care team and obstetrics team is vital to ensure the best outcome possible for both you and your baby.

Weight

Pre-pregnancy weight and weight gain during pregnancy are important factors in the baby's health. Achieving and maintaining a healthy weight prior to conception will contribute to optimising your chances of a healthy pregnancy and baby.

A BMI of at least 22kg/m² is recommended before falling pregnant. This is the lower end of the optimal BMI range for women with CF.

Additional calories will be required to support pregnancy for someone with CF. The increase in energy requirements required to grow a baby can make gaining weight a challenge, however weight gain is essential for the baby's growth and development. Those who gain adequate weight during pregnancy have better outcomes and bigger, healthier babies.

If a healthy weight cannot be achieved through a high energy diet, then other nutritional support options such as nutrition supplements or tube feeding may be needed.

Your CF dietitian will be able to work with you to try and reach your target weight before, during and after pregnancy.



Nutritional Needs

Daily calorie needs will vary from person to person, however general guidelines for pregnant women suggest an extra 300 calories a day may be required to support growth of the baby. If you were underweight prior to falling pregnant, or are struggling to gain weight, you may need more calories.

Speak to your CF care team about your vitamin and mineral requirements throughout your pregnancy. Fat-soluble vitamins, calcium intake and folate should all be considered.

During pregnancy food safety is important to prevent food-borne illness being passed onto the baby. It is recommended that you avoid foods which are high risk of containing listeria, a type of bacteria. These foods include; unpasteurised dairy products, soft cheeses, deli meats, raw or rare meat, eggs and seafood and pre-prepared salads.

Some types of fish contain high levels of mercury which can cause harm in pregnancy, which may need to be limited on an individual

basis. Your doctor can advise you about safe levels of caffeine during pregnancy. It is recommended to avoid alcohol.

Nausea

Nausea and vomiting are commonly experienced in the first 12 weeks of pregnancy due to hormonal changes. These problems often (but not always) go away after the first trimester. You should seek advice from your CF care team if you can't eat enough because you feel sick and/or are vomiting as you may benefit from medication.

If you find you are eating less due to nausea, try the following tips:

- Have something to eat every 2-3 hours. Long periods without eating can make nausea worse.
- Avoid foods with strong smells and strong flavours (such as very spicy or fatty foods).
- Eat foods that are cold or room temperature.
- Eat dry, plain foods such as crackers, toast, dried fruit, cereal or popcorn.
- If you can only tolerate a small range of foods, eat these more often. When you are struggling with nausea the most important thing is to focus on eating enough food throughout the day and focus on eating a wider variety of foods once you are feeling better.
- Sip on fluids such as fruit juice, cordial, ginger ale, lemonade or nutrition supplements.

Reflux

Many women experience reflux with pregnancy, particularly in the last 12 weeks due to slowing movement of the gut and pressure on the stomach from the large uterus. Discuss your symptoms with your CF care team as you may benefit from medication.

CFRD

If you have Cystic Fibrosis Related Diabetes (CFRD) and are considering pregnancy, you will need to do an oral glucose tolerance test (OGTT). Untreated diabetes and high blood glucose levels (BGLs) may lead to a loss

in energy, weight, and increase your risk for illnesses. It can also have harmful effects on your baby. If you have CFRD, monitoring your BGLs is necessary so that you can achieve optimal control prior to pregnancy. The OGTT will need to be repeated once pregnancy is confirmed and then again in the 2nd and 3rd trimesters.

Pregnant women with CFRD should maintain a high calorie diet with insulin as the preferred form of treatment unless otherwise advised. Your team including CF and pregnancy doctors, dietitian and diabetes educator will help you to achieve optimal BGL control during your pregnancy. This includes managing BGLs if nutrition support, including oral nutrition supplements or tube feeding, are required.

Breastfeeding

However you choose to feed your baby will be supported by your CF care team. Women with CF are encouraged to breastfeed however it is important to monitor your own nutritional status throughout this period. Breastfeeding increases the body's energy and fluid requirements, so it is important to eat and drink more to account for this. Drinking plenty of water and eating a diet high in fibre (fruit, vegetables, and wholegrains) can assist with successful breastfeeding. It is important to maintain your own self-care and adherence to your CF treatments whilst breastfeeding.

Information regarding the safety of your medications whilst breastfeeding will be provided by your CF doctor and pharmacist.

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