

Pregnancy Risk Factors

Category <i>information sources</i>	Risk factors	Why this is relevant
Anthropometrics <ul style="list-style-type: none"> • <i>pre-gravid weight, height, BMI</i> • <i>weight, height, BMI through pregnancy</i> 	Pre-pregnancy overweight	Goals for weight gain throughout pregnancy
	Pre-pregnancy underweight	Goals for weight gain throughout pregnancy
	Inadequate rate of weight gain	Goals and recommendations for energy intake
	Excessive rate of weight gain	Goals and recommendations for energy intake
Biochemical <ul style="list-style-type: none"> • <i>hemoglobin and/or hematocrit</i> • <i>other measurements, as appropriate</i> 	Anemia and/or iron deficiency	Need for supplemental iron
	Other biochemical indicators outside normal range	Ongoing monitoring of specific medical conditions
Medical/Clinical – Current Pregnancy <ul style="list-style-type: none"> • <i>observation</i> • <i>client report</i> • <i>medical record</i> 	Multiple fetuses	Increased nutrient needs, adjustment of weight gain goals
	IUGR	Evaluation of weight gain
	Macrosomia	Evaluation of weight gain and/or for gestational diabetes
	Lactation during current pregnancy	Recommendations for nutrient intake, especially energy
	Hyperemesis gravidarum	May indicate need for medical nutrition therapy
	Activity restriction for current pregnancy	Affects energy intake recommendations
	Hypertension, edema	May indicate need for medical therapy
	Nausea or vomiting	Can increase nutritional risk if significant effects on intake and/or weight gain
	Positive urine screen for glucosuria, ketonuria	Need for medical nutrition therapy
	Blood glucose screen at 24-28 weeks	Need for medical nutrition therapy
	Obvious signs of malnutrition	Need for medical nutrition therapy
Medical/Clinical – Previous pregnancies <ul style="list-style-type: none"> • <i>client report</i> • <i>screening questionnaires</i> • <i>medical record</i> 	History of pregnancy-induced hypertension (PIH), gestational diabetes, anemia, inadequate weight gain, infection, hemorrhage	Can be indicate increased risk for subsequent pregnancies
	History of premature delivery, infant with low birthweight, or	May indicate previous nutritional problems and

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	high birthweight (>4000 g or 8 lb, 12 oz)	increased risk for current pregnancy
	Infant with birth defect, e.g., neural tube defect	May affect recommendation for folate intake
	Maternal weight changes in previous pregnancies outside recommended range	Potential indicator of risk for current pregnancy
	Parity and interconceptual period	May increase risk for iron deficiency and excessive maternal postpartum weight retention
Medical/Clinical – Maternal, current and history <ul style="list-style-type: none"> • <i>client report</i> • <i>screening questionnaires</i> • <i>medical record</i> 	Chronic diseases (e.g., diabetes, hypertension)	Need to ensure specialty care May require medical nutrition therapy
	Gastrointestinal disorders (e.g., malabsorption, lactose intolerance)	Need to ensure specialty care May require medical nutrition therapy
	Genetic metabolic disorder (e.g., phenylketonuria)	Refer for specialty care and medical nutrition therapy
	History of mental illness or depression	May affect nutrient intake and may indicate need for referral for specialty care
	Eating disorders (e.g., anorexia nervosa)	Refer for specialty care and medical nutrition therapy
	Oral health, dental issues	May affect nutrient intake Periodontal disease associated with low birthweight, SGA
	Recurrent infections or illness (e.g., foodborne illness, sexually transmitted diseases)	May affect nutrient needs May have implications for pregnancy outcome
	Observable injuries, old or new	May indicate domestic abuse and need for referral
	Present or past use of tobacco, alcohol, drugs	May affect nutrient needs and intake Refer for treatment
	Physical activity and exercise (recreation preferences, sedentary behavior)	May affect recommendations for energy intake
	Age <19 years	Affects recommendations for weight gain and nutrient intake
	HIV infection/AIDS	Medical nutrition therapy to manage symptoms,

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		medication-nutrient interactions Affects infant feeding choice
	Bariatric surgery (gastric bypass)	May affect recommendations for specific nutrients (iron, vitamin B12, folate, calcium) Affects amounts and types of foods consumed
Drug-nutrient interaction <ul style="list-style-type: none"> • <i>client report</i> • <i>medical record</i> 	Use of medication (prescription or over-the-counter)	Nutrient interactions Appropriateness during pregnancy
	Substance Abuse	Increased risk to fetus Refer
	Use of tobacco	Associated with fetal growth retardation and low birthweight, other complications
	Inappropriate use of vitamins, minerals, herbs	Potential drug-nutrient interactions Consideration of safety during pregnancy
Dietary intake <ul style="list-style-type: none"> • <i>client report, including interview, food records or diet recall</i> 	Inappropriate nutrient intake (energy, protein, vitamins, minerals, fluid)	Recommendations for nutrient intake, supplements
	Inappropriate food pattern (frequency of meals and snacks)	May affect nutrient intake
	Nausea, vomiting, constipation, taste and appetite changes, reflux or "heartburn"	May affect food choices and interfere with adequate intake
	Food insecurity and/or inadequate food supply	Affects food choices, nutrient intake Refer (housing, food, transportation)
	Vegetarianism	May increase risk for some specific nutrient deficiencies (e.g., iron, zinc, calcium, vitamin D, riboflavin, vitamin B12, iodine)
	Lactose intolerance	Affects food choices, nutrient intake

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	Limited support system	May affect food choices and availability Refer if post-partum depression is suspected Refer to behavioral health specialist
	Domestic abuse	Refer
	Psychological stresses; disinterest in healthy eating practices	May affect food choices and availability Refer if post-partum depression is suspected Affects development of nutrition interventions
	Negative feelings about pregnancy and parenting	Refer (risk for post-partum depression) Refer to behavioral health specialist
	Beliefs/practices related to food and eating (cultural, regional, etc.)	Can affect food choices, nutrient intake
	Low level of mastery or self-esteem	Can be associated with a low rate of weight gain
	Pica	Can interfere with iron absorption, alter energy intake Potential for intestinal obstruction, toxicity