

## 4-1 Risks for Pregnant Women



### Overview

Risk Group:	Description:
<b>Anthropometric</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> 101– Underweight Women</li><li><input type="checkbox"/> 111 – Overweight Women</li><li><input type="checkbox"/> 131 – Low Prenatal Weight Gain</li><li><input type="checkbox"/> 133 – High Maternal Weight Gain</li></ul>
<b>Biochemical</b>	---
<b>Clinical/Medical</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> 301 – Hyperemesis Gravidarum</li><li><input type="checkbox"/> 302 – Gestational Diabetes</li><li><input type="checkbox"/> 334 – Lack of or Inadequate Prenatal Care</li><li><input type="checkbox"/> 336 – Fetal Growth Restriction</li><li><input type="checkbox"/> 338 – Pregnant Woman Currently Breastfeeding</li></ul>
<b>Dietary</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> 427 – Inappropriate Nutrition Practices for Women</li><li>➤ 427.5 Eating Potentially Harmful Foods</li></ul>
<b>Environmental</b>	---

### Learning activity:

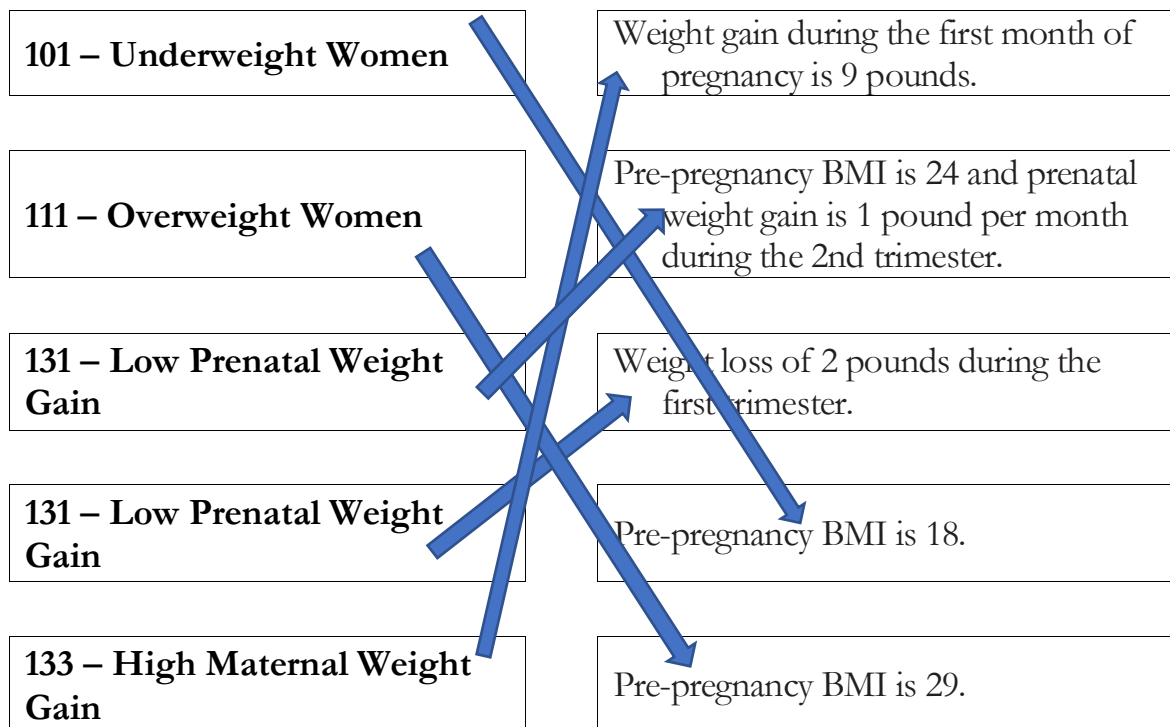
1. All of the anthropometric risks for pregnant women listed in the table above are based on pre-pregnancy weight. Why might this be an important consideration for this category? **A women's weight changes throughout her pregnancy. Pre-pregnancy weight is the starting point used to monitor the rate and amount of weight gain or loss.**

## 4-2 Anthropometric Risks



- ☐ 101– Underweight Women
- ☐ 111 – Overweight Women
- ☐ 131 – Low Prenatal Weight Gain
- ☐ 133 – High Maternal Weight Gain

### Learning activity



## 4-3 Clinical Risks



- ☐ 301 – Hyperemesis Gravidarum
- ☐ 302 – Gestational Diabetes

- ☐ 334 – Lack of or Inadequate Prenatal Care
- ☐ 336 – Fetal Growth Restriction
- ☐ 338 – Pregnant Woman Currently Breastfeeding

### Learning activity

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1. Would a pregnant woman who says “I’ve had a lot of morning sickness, but by noon I’m feeling better” be describing hyperemesis gravidarum (Risk 301)? **No**
2. What is the difference between diabetes mellitus (Risk 343) and gestational diabetes (Risk 302)? **Gestational diabetes is diagnosed during pregnancy and typically resolves after delivery. Diabetes mellitus is an ongoing condition that can be diagnosed at any age.**
3. Would someone who is 30 weeks pregnant and has had one prenatal visit during that time meet the criteria for inadequate prenatal care (Risk 334)? **Yes.**
4. A pregnant woman tells you that her doctor has diagnosed her with IUGR. How would this relate to fetal growth restriction (Risk 336)? **Intrauterine growth Restriction (IUGR) is another term for fetal growth restriction.**
5. A woman is breastfeeding her toddler once a day and is pregnant. Would she meet the criteria for Risk 338? **Yes.**

## 4-1 Dietary Risks

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- ☐ 427 – Inappropriate Nutrition Practices for Women
  - 427.5 Eating Potentially Harmful Foods



## Learning activity

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1. Sierra is being certified as a pregnant woman. She takes a cold bologna sandwich to work for lunch every day. Would she qualify for a dietary risk?

☒ YES – RISK # 427.5 ☐ NO

2. Rayanne is a pregnant woman. She loves eating sushi at least once a week especially when it is made with fresh salmon or raw ahi tuna. Would she qualify for a dietary risk?

☒ YES – RISK # 427.5 ☐ NO

## 4-1 Chapter Test

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1. Beth:

- ◆ Her pre-pregnancy BMI was 29.
- ◆ Her baby is due 2 months from today and she has gained 44 pounds.
- ◆ She is breastfeeding her older child who is 22 months old.

<b>What risks would be assigned?</b>	Risk #s: 111, 133, 338
<b>Additional documentation required?</b>	Yes    No
<b>Referral to the RD required?</b>	Yes    No

2. Mary:

- ◆ Her pre-pregnancy BMI was 25.

- ◆ She has lost 4 pounds since her pregnancy began.
- ◆ At 14 weeks into this pregnancy, she saw a health care provider for the first time and she was diagnosed with severe hyperemesis gravidarum.

<b>What risks would be assigned?</b>	Risk #s: 111, 131, 301, 334
<b>Additional documentation required?</b>	Yes    No
<b>Referral to the RD required?</b>	Yes    No

3. Wendy:

- ◆ Her prenatal weight gain grid shows that she has not gained the recommended amount of weight during this pregnancy.
- ◆ She recently saw a new health care provider who diagnosed her with IUGR.

<b>What risks would be assigned?</b>	Risk #s: 131, 336
<b>Additional documentation required?</b>	Yes    No
<b>Referral to the RD required?</b>	Yes    No

4. Susanna:

- ◆ Her pre-pregnancy BMI was 32.
- ◆ She typically drinks raw, unpasteurized milk as she believes it is healthier for her.

<b>What risks would be assigned?</b>	Risk #s: 111, 427.5
<b>Additional documentation required?</b>	Yes    No
<b>Referral to the RD required?</b>	Yes    No