

Nutrition, Eating and Weight Gain During Pregnancy: Perspectives of Pregnant and Parenting Adolescents

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To gain a better understanding of attitudes and experiences towards eating and weight gain during pregnancy, 14 focus groups were conducted with 93 pregnant adolescents and teen mothers from Minneapolis and St. Paul, Minnesota. Participants ranged from 14-19 years and were from diverse ethnic/racial groups including blacks, whites, Hispanics, Native Americans and Southeast Asians.

A series of questions were developed to guide the discussion on topics related to attitudes and experiences around food, nutrition and weight gain during pregnancy, and suggestions for health professionals working with pregnant adolescents. Each focus group was moderated by a nutritionist experienced in adolescent health and focus group techniques. All focus groups were tape recorded, transcribed verbatim and analyzed for emerging themes. The following is a summary of the topics discussed.

FOOD AND NUTRITION DURING PREGNANCY

Changes in Eating During Pregnancy

The adolescents were asked if and how their eating changed during pregnancy. The majority indicated they increased their food intake during pregnancy. Some

increased their intake of specific food groups including fruits, vegetables and dairy products, while others ate more in general (including candy, fast food, and baked goods). Many viewed their pregnancy as an affirmation to eat greater quantities of food because they were eating for two. Rarely did anyone decrease the amount of food they consumed. A number of teens chose fast foods as the mainstay of their diets because it was quick and easy, while others reported eating less fast food because mothers, family, or friends told them that fast food would jeopardize the baby's health.

The adolescents were also asked to identify their favorite snacks and beverages during pregnancy. Candy, cookies, chips, pizza, ice cream, fast food, and pickles were identified as preferred items. Carbonated beverages, orange juice, Kool-Aid®, milk, and water were identified as their favorite beverages. Many said they had changed from caffeinated to decaffeinated sodas for the health of the baby. Many participants began drinking milk (some in large quantities) during their pregnancy.

“Well, I did think about what I ate, I made sure I drank a lot of milk and stuff like that, but I really didn't take it into consideration until I felt the baby.”

The majority of the teenagers did not change their meal patterns. A few reported eating three meals a day, but most continued to consume a large amount of food

through snacks. If changes in meal patterns were made, breakfast was the meal most likely to be added.

Importance of Healthy Eating

In 5 of the focus groups, the young women were asked to rate how important it was to eat healthy foods during pregnancy on a scale from 1 to 10, with 1 being “not at all important” and 10 being “extremely important.” Responses ranged from 6 to 10, with over half stating “10.” When asked to discuss why they chose “10,” the main reason was the relationship between healthy foods and the baby’s health. The respondents who did not choose “10” gave reasons that related more to their *ability* to eat healthy foods rather than the *importance* of eating healthy foods. For example, “I chose 8 because I feel that it is important to, but somehow you kind of forget. I mean everyday I do try to eat all the food groups...it’s just mainly the vegetables sometimes I forget, or don’t feel like eating it.” The following were reasons given for the number chosen:

“I chose ten because it’s healthy for you, it’s healthy for your baby. It gives you energy and it also makes you feel better. It’s better—low calories, low fat.”

“I chose eight because I think it’s important but I don’t think it’s really like extremely important. I’m kind of in between...but I think it’s important, but I don’t think your baby’s like gonna die or anything if you don’t eat that much healthy food.”

“Ten. Most foods I eat, I try to look at, ‘Would I feed an infant or a baby this?’ I kind of compare. Like, I wouldn’t give them a hamburger or a cheeseburger or something like that, so I try to eat healthy because I know it’s better for the baby. And my health.”

Difficulty Following Food Guide Pyramid

Teenagers were shown the Food Guide Pyramid and asked what made it difficult to follow the eating recommendations. The idea of wanting to eat whatever is in sight, without thinking about nutrients, was frequently mentioned.

“All you think about is what you see. You go to the grocery store and you think about what you see.”

Some girls said they do not think or care about eating according to the Food Guide Pyramid.

“We don’t have enough time in the day...to keep track of everything you’re eating and how much and...”

“‘Cause we’re really not worried about how much we eat and how much we don’t eat. And what kind of fat we’re getting and what kind of fat we’re not getting.”

Other girls said they liked the taste of “junk food” and are used to eating it. Still others said healthy food tastes “nasty” and they do not feel like eating it.

“Most of the healthy food is nasty. So you like the more junk food and greasy foods and stuff.”

Some participants suggested that it is hard to eat like the Food Guide Pyramid depicts “if you weren’t raised to eat the healthy food. Sometimes it’s hard to get used to that, unless you have somebody around encouraging you to eat healthy food.” Other adolescents mentioned preferences of other household members as a barrier, for example:

“My little brother is 11 so he won’t eat anything... so when my mom goes shopping, she has to keep in consideration what he’ll eat. Otherwise he just won’t eat and then he’ll go to bed cranky and stuff.”

Other adolescents said the time it takes to prepare healthy foods is a barrier.

“We don’t always buy all that stuff because it takes so long to make it. And with me being pregnant, I don’t have the energy I would have normally to cook all the food. It’s easier to just make something convenient, or go out to eat or something.”

Does the Food You Eat Affect Your Baby?

The most difficult question for teenagers to answer, particularly the younger ones, addressed the relationship between food and the health of their baby. While most acknowledged there was a positive relationship, they were unable to explain why. The most common beliefs and explanations were:

“A greater amount of food is needed when you are pregnant because only a small amount of food goes to the baby.”

“Everything you eat goes first to the baby, and second to the mother.”

“Everything you eat goes directly to the baby.”

There were also many misconceptions such as “the good food you eat goes to the baby, but the junk food goes to the mother and makes her fat.” Other myths related to cravings, “If you crave something, you gotta eat it, your baby is telling you what it needs.” Several teens also believed that an excessive amount of one particular food eaten during pregnancy would cause the baby to have either a birthmark representing that food, or would result in having the baby develop an affinity for that particular food later in childhood.

Advice For Eating During Pregnancy

Participants were asked to imagine that their best friend was pregnant and the friend asked them what she should be eating during pregnancy. Despite earlier responses of not caring about following the Food Guide Pyramid, some participants used it as a guide for suggestions to their “friend.” Suggestions included eating more fruits and vegetables, drinking more milk and juice, and staying away from fast foods, fats and caffeine. Nearly all groups stated the best friend should not drink alcohol.

“Eat more fruits and vegetables rather than fast food and soda. Instead drink, like, milk and water.”

“Don’t skip a meal. Eat small meals during the day.”

“Don’t get lots of to go foods because it’s just not that good for your or the baby.”

More than half of the groups mentioned she should eat what she wants or craves.

“I’d tell her whatever she’s craving for, you can go for what you’re craving for if it gets that bad.”

One group felt that whatever their friend was told, she wouldn’t listen because “now-a-days you can’t give nobody advice on nothing.”

Vitamin/Mineral Supplementation

The majority of adolescents said they were told by their health provider to take prenatal vitamins. Approximately half took their vitamin supplements and stated they did so because they were afraid of the detrimental

effects to their baby if they did not. Others either refused, or had difficulties taking their supplements. The following reasons were given for not taking their supplements.

- Forgetfulness
- Unpleasant taste
- Side-effects (constipation and nausea)
- Problems swallowing
- Unappealing odor
- Unaccustomed to taking pills
- Belief that supplements would increase the size of the baby

“I didn’t take them. I mean, I didn’t want to take them. My sisters say they ain’t going to do nothing but blow you up more than you are. And I got low hemoglobin, and I didn’t take those pills either.”

“I’d be scared not to take them ‘cause I think something bad would happen.”

“It tastes nasty. It’s a funny aftertaste. Like if you take it with orange juice, it tastes really, really nasty.”

“I think after the first day I just stopped. I just carried them around with me, right? They always gave me new prescriptions every time I came in for an appointment, so...but I never took ‘em. I never told ‘em (that I didn’t take the prenatal vitamins.)”

“Them things stink!!!”

Advice Received During Pregnancy

The following question was posed to each of five focus groups: “During pregnancy, lots of different people give us advice. Think about the advice you were given about nutrition. Who gave you the best advice and why was it the best?” All the groups agreed that they received lots of advice on pregnancy, with the best advice coming from their mothers, female relatives, friends, and health care providers. Most frequently mentioned were mothers and the most common reason was that their mothers had been through pregnancy.

“Mom’s had four kids, she’s gotta know something.”

“I went by my mom’s advice. My mom’s and my boyfriend’s advice. Because they’re the ones who are around me every day. They know what I’m used to

and what's not good for me and stuff like that. So, I just went by their advice."

"I got most of my advice from my mom and the school. I like the advice from my mom because I know I came out fine, and I know there's nothing wrong with me."

Other family members were also mentioned as giving the best advice:

"My sister, she's never had a baby before but she'd always, like, 'Well, your baby's gonna be big and healthy, you just gotta keep doing what you gotta do. You gotta do it right and do it well.' Every time I'd try to do something stupid, she's like, 'No, you gotta have a healthy baby!'"

A few girls mentioned their health care provider.

"Well, actually I could say my doctor because she was just straightforward...And told me, basically gave me one of those (Food Guide Pyramid) and told me what to eat and what not to eat."

"I talked to a 'nutritionalist.' And that's just her job so that probably would be the best advice because that's what she's supposed to do."

Some said that they did not listen to any of the advice they were given. Reasons for this were that they "didn't feel like listening," and "everybody is not the same, so I went by my own thing."

"I just didn't listen! 'Cause, I'm me. I ain't going to listen to what they say. Everybody's pregnancy is different."

Girls also reacted to negative experiences. The girls often mentioned "don't judge me" as advice for health professionals they encounter. A related comment included:

"Don't push (us) so much (in what to eat). 'Cause the more you knock on us the more we're going to go the other way."

With regards to nutrition advice, the participants wanted their needs and eating habits to be considered when advice was being given. The following comments were made:

"They should ask you how you feel about the advice they give you."

"Instead of telling them (pregnant adolescents) what they need to stop doing, tell them what they should do, and consequences they'll suffer if they don't do it."

"Let them know you care rather than just trying to give out information that you're supposed to give out."

WEIGHT GAIN

Recommended Weight Gain

The adolescents were asked if they were told by their health provider to gain a certain amount of weight, and if so, what amount was suggested. Over half of the participants said they were told how much weight to gain, but the majority could not remember exactly what that amount was. Answers ranged from "15 pounds" to "25 to 40 pounds," with one participant stating she was supposed to gain 10 pounds a week. A few participants said they were not given a specific amount to gain, because what really mattered was that the weight increased. Comments included:

"They say that (pregnant adolescents) usually don't gain enough weight, so they want us to eat as much as we can to gain enough weight."

"My doctor didn't really tell me how much weight I should gain. Every time she would weigh me she'd tell me, 'Oh you look good!' and if I'd ask her how much more weight I should gain at the end and she'd tell me, but she didn't really give me a guideline to follow. As long as it was going up somehow."

"My doctor told me she only wanted me to gain 15-20 pounds 'cause I was already a big person, so she just told me that I shouldn't gain so much 'cause it'll stick to me."

There was an overwhelming feeling of confusion as to why an adequate amount of weight gain was important.

"Why should you gain 30 pounds and the baby only comes out about 7 or 8 pounds?"

Feelings about Weight Gain

When asked how they felt about gaining the recommended amount of weight, participants used descriptors like “ugly,” “fat,” and “blimp.” More than half the teens implied they responded negatively to the idea of gaining weight during pregnancy.

Few adolescents could think of anything positive associated with gaining weight. Many identified the inability to fit into clothing and limited resources to purchase new clothes as the major problem associated with gaining weight.

“I used to cry. I’d cry especially a lot near the end because I couldn’t fit into any of my clothes and I didn’t want to buy any more clothes that I wouldn’t use. I had to wear the same thing almost every other day and I’d cry and cry because I didn’t have anything. I got so sick of it.”

“It’s harder in the summer when all your friends are wearing little bikinis and the summer clothes that you wish you could wear. And you’re stuck.”

“Well, when I watch TV or look through magazines or something I see skinny little models and start to get jealous. Or like, my next door neighbor, she’s really, really little and she’s like, ‘Oh I’m so fat!’ and it just makes me so mad. Or like some girls, they’re really, really tiny and they’re like, ‘Oh my god I’m so fat,’ and they don’t know what it’s about. There are girls who just got pregnant and they’re not showing at all and they’re like, ‘Look, I’m showing so much. I’m getting so fat.’ And I’m like, no you’re not! Shut up!”

“I cried. Because all of my life I claimed that I was only 110 (lb). Then when I was getting up there with my pregnancy, I got to almost 200, so that bums me out. And I ain’t been back to my other size since. So I still have problems dealing with it.”

Many of the teenagers said their families, friends, or boyfriends teased them about their weight. It was apparent that the majority of the teasing, regardless of the intention, made them feel bad. One teenager, Sara, who was 6-1/2 months pregnant, received a T-shirt from her boyfriend with the word “refrigerator” on the back. She said while the T-shirt was funny at first and she was happy because it was the first gift she had received from him, she felt hurt soon after at the message it implied. Nicknames throughout pregnancy were

common such as “fatty,” “chubby,” “Big Bird,” “beluga” and “Mr. Ed.”

Several teens who were normal weight prior to pregnancy gained an excessive amount of weight during pregnancy (40+ pounds). They related overeating to emotional stress and depression.

“I’ve gained over my weight. I gained 16 pounds in one month. I eat non-stop. I guess it’s just from the depression.”

“I don’t go out much. I’m home by myself all day. I just sit and watch TV and eat and eat and eat.”

Consequences of Not Gaining Recommended Weight

When asked what would happen if they didn’t gain the weight that they were told to gain, their answers focused mainly on the baby’s health. Every group mentioned the baby would be either “small” or “little” or “low weight.” All but one group mentioned prematurity as a consequence of not gaining the suggested amount of weight.

“Your baby could come out too early and too small.”

“If you ain’t getting the right foods to make you gain weight, the baby’s gonna stay small.”

PHYSICAL ACTIVITY

When asked about their physical activity level and how it changed during pregnancy, most adolescents said their activity level went down during pregnancy. Common reasons for this were that they were physically uncomfortable and lacked energy or were “lazy.” Some indicated that they did not exercise because “people were constantly staring at them.” They often felt people were judging them because of their age.

“They would look at you. Older people, they’ll stare at your stomach—I hated going out in public. It would have been better if I would have been older or married.”

While adolescents were aware of the weight gain associated with pregnancy, they did not think that exercise would help control the amount of weight they gained.

“I didn’t want to exercise because I didn’t think I’d get that fat. Surprise, surprise.”

SUGGESTIONS FROM ADOLESCENTS FOR HEALTH PROFESSIONALS

Adolescents were asked, "What advice would you give to doctors, nutritionists or nurses talking to pregnant teenagers like yourselves, about eating well during pregnancy?" They felt that health professionals should:

- Take time to listen and be supportive.
- Take more time for clarification.
- Treat everyone as an individual, by giving individualized examples.
- Treat adolescents the same as everyone else. Many felt that if they were older, they would have been given more information. "Don't treat us like we are dumb."
- Ask how we feel about the advice given.
- Let them know you care rather than just trying to give out information.
- Focus recommendations on the baby through discussions on ways to make the baby healthy.
- Assess how the person feels about her pregnancy; it will make a difference as to how the person takes care of herself.
- Assess weight gain in a nonjudgmental manner.
- Discuss a wider variety of healthy foods to eat, including fast foods.

IMPLICATIONS FOR COUNSELING

Information collected from the focus groups provides several areas to be cognizant of when working with pregnant teens. The following summarizes key points learned from the adolescents.

- Pregnant teenagers want to have healthy babies. This desire should be viewed as an opportunity for a "teachable moment" to motivate teenagers to improve their eating practices.
- Pregnant teenagers want to be treated like other clients, with respect and dignity.
- Counseling interventions for pregnant teens cannot rely on adult perspectives. It is important to develop

a clear understanding of adolescent psychosocial development and adolescent lifestyle, and also to listen to how teenagers view eating and weight gain during pregnancy.

- Despite the majority of young women knowing the basic message of the Food Guide Pyramid and acknowledging the importance of nutrition for themselves and their babies, barriers exist to making healthy food choices. Teens need help translating nutrition knowledge to their own behavior and balancing their typical food intake with healthier choices. Health professionals should explain, in simple terms, how teens' actions have a direct effect on the well-being of their infants.
- Eating is a personal issue and adolescents do not like to be criticized about their food choices. Health care providers need to communicate two messages to adolescents: 1) teens are not expected to have perfect eating practices; and 2) teens should focus on moderation, variety and balance of foods. Even slight changes in food choices can make a difference.
- Weight gain and changing body shapes are sensitive and difficult issues for many teens to cope with. Health providers should emphasize healthy eating in adequate amounts, explain the components of weight gain and why adequate weight gain is needed. Boyfriends and family members need to be aware that teasing comments can be hurtful, and the importance of weight gain during pregnancy.
- Pregnant teens are sensitive to the stigma society attaches to those who are sexually active and become pregnant. Counseling should be conducted in a supportive and nonjudgmental manner.
- Teens are strongly affected by their social support system. Mothers, family members or friends were most often cited as those who gave the best nutrition advice during pregnancy. Health providers should inquire about support systems and help identify close contacts who can assist the pregnant teen in efforts to make healthy eating and lifestyle choices.
- The most effective messages, when working with adolescents, are those that are simple, concise, and individualized.
- Health care providers should increase the teenagers' sense of responsibility for their health and the health

of their babies by encouraging them to internalize the belief that their actions have a direct effect on the well-being of their infants.

- Adolescents feel strongly that establishing a relationship with health care providers will improve communication. To build trust, health care providers should establish confidentiality, use patience and visual aids to convey recommendations, and remain nonjudgmental. Listening is critical. By understanding the perspective of pregnant adolescents, health providers will be better prepared to respond and help adolescents.
- The use of peer leaders with pregnant adolescents may improve the transfer of nutrition information because peers have a significant influence on an adolescent's health behavior. Adolescents may be more likely to change a behavior if the behavior-change message is offered by someone similar to or admired by them.

COUNSELING TIPS FROM NUTRITION PRACTITIONERS IN THE FIELD

Nutritionists who work with pregnant adolescents were asked to share counseling tips. Nutritionists were contacted through computerized listserves from professional nutrition organizations. Here are their suggestions for working with pregnant adolescents:

- Provide information on healthy eating choices in places where teens eat, such as fast food restaurants, school meals, and convenience stores.
- Remember teens are interested in doing what is right for the baby and often feel they need to prove this to adults. Capitalize on this.
- Talk *with* the teen, not *to* her.
- Find something positive in whatever eating habits the client might have and build on it.
- Know what is on every fast food chain menu.
- Keep sessions short.
- Offer “need to know” vs. “nice to know.”
- Be positive.
- Never use the word “diet” as it is associated with weight loss.
- Be straightforward and nonjudgmental.
- Be a good listener.
- Address her baby by name if the teen has already found out the sex and named the baby.
- Ask if the adolescent has any friends with babies and if so, how often these babies are fed. Connect that feeding frequency with how often the teen needs to eat.
- When eating at fast food restaurants, suggest cheeseburgers and milkshakes for additional calcium.
- Setting limits can make teens feel safe and lets them know you care about them, even if it appears they are resistant.
- Teens may have difficulty letting you know they like you. Don't be discouraged.
- Use your time with teens as an opportunity to demonstrate what functional communication is really like.
- If you find it difficult to address alcohol intake, ask the teen with an exaggerated amount (e.g., “So, do you usually drink a case of beer on the weekend?”). This may elicit a truthful answer because what that teen may consume will be less than what they heard you estimate.
- Paint nutrition in terms of healthy skin and hair, muscles, etc. Teens are interested in appearance. Long-term health issues are not interesting to the teen, but immediate health and beauty issues are.
- When the breastfeeding adolescent returns to school, suggest she meet the school nurse to find out where she can pump and store breastmilk.
- Teens like to hear they can still eat their favorite foods while breastfeeding.