

Nutritional Status among Pregnant Women in Batangas City, Philippines

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Abstract: This study aimed to determine the nutritional status among pregnant women in Batangas City. It is set to identify the profile of pregnant women per barangay within Batangas City. This study is analyzed thru quantitative means, that show how different nutritional and other determining subsistence factors contribute to nutritional deficiency among pregnant women. This set as the guideline for the meal plan that will help in enhancing their nutritional status. Using stratified sampling, 305 participants were chosen from different barangays to assess nutritional health practices and current presence of their disease along with their Anthropometric measurements with the use of checklist and nutritional assessment tool, based from World Health Organization (WHO). This served how the participants were profiled. There were few noticeable factors that affect the nutritional development poorly of pregnant women like low income, irregular check-up and failure to have antenatal care. The body mass index mean was 55.64 which are in range of normal weight. This a is good sign for the community of Batangas, but there are still is a need to promote awareness and provide pregnant women with a meal plan to supply the needed nutrients. Thus, the final results revealed that in average, the pregnant community in the said barangays is achieving the desirable amount of nutrients that are needed to support their pregnancy.

Keywords: *Nutrition, Nutritional Status, Pregnant Women*

INTRODUCTION

Pregnancy is a critical time of human development. Anything that compromises the fetal environment may have important and lasting effects on the child's future health. It is important as a society to prioritize helping women understand the impact that their lifestyle choices have on their children. Maximizing the health of the pregnant mother will ensure her child the best start at life possible (Lisa, 2014).

Lytle (2010), cited that what a woman eats when she is pregnant can have profound and lasting effects on her child's health. Undernutrition is known to result in depressed growth in height and weight, delayed skeletal development and biochemical maturity and increased rates of morbidity and mortality. Undernutrition in the Philippines remains a serious problem. In the line with its commitments to achieve the Millennium Development Goals by 2015, the Philippines government seeks to reduce child mortality or under 5 deaths by two thirds to 27 per 1,000 live births (MDG 4) and maternal mortality by three quarters to 52 per 1,000 live births.

Monte, Valenti, and Giorgio (2011) mentioned that pregnancy opportunely nutrition "teaching moments" as woman finds herself suddenly more interested in her weight and well-being than usual.

As cited by Kuche (2015), adequate nutritional status of pregnant mothers is essential for their health and pregnancy outcomes. Due to increased nutritional requirements, pregnancy is a critical period for meeting the body's demand for macro and micro-nutrients.

Nutrition is a vital component of fetal development, as the baby cannot build with materials he or she does not have limiting exposure to damaging substances such as nicotine, caffeine, food-borne, bacteria and alcohol will also aid in the child's development. Finally, encouraging healthful lifestyle practices during pregnancy such as moderate exercise and healthy eating will impact not only the child's long-term health, potentially the mothers as well, during the prenatal period, fetus has the enormous tasks evolving in only 9 short months from single celled, fertilized egg to a human infant. To accomplish this, the fetus must have all the necessary resources available in the proper quantities and at the exact times they are needed. Mothers have been producing healthy infants for thousands of developments (Lisa, 2014). It is often said that a pregnant woman is "eating for two". The mother needs to provide an extra energy and macro nutrients for their babies. Mothers-to-be often overestimate their need for additional nutrients needed by the mother and the baby.

Given the factors that hinder the nutritional status of the pregnant women in Batangas City, awareness and knowledge in order to have possible solutions in the nutritional status of the pregnant women is very important, thus, given emphasis in this study.

OBJECTIVES OF THE STUDY

This study determined the nutritional status of pregnant women in Batangas City. Specifically, it identified the profile of pregnant women per barangay; assessed their nutritional status; and determined the factors that contribute to nutritional deficiency among pregnant mothers.

METHODS

Research Design

Quantitative design was utilized in this study. Quantitative plan is characterized as basically exploratory research. It is utilized to pick up a comprehension of basic reasons, feelings, and inspirations. It gives bits of knowledge into the issue or creates thoughts or speculations. It was utilized as a part of recognizing the profile and nourishing status of the pregnant moms. It was utilized as a part of social occasion the information of the respondent with respect to the components that add to the nutritious inadequacy of the pregnant moms.

Participants

There were 305 participants for this research which were chosen from Batangas City. Using stratified random sampling, and for the responds of City Health office, pregnant women, during the time of data gathering participated in this study.

Instruments

The researcher utilized nutritional assessment tool from World Health Organization (WHO) to identify the profile and nutritional status which includes anthropometric measurement and dietary practices. The last part includes contribute to nutritional deficiency.

Data Collection Procedure

The data collection from the Philippine Health Office in Batangas was credited and conducted from different barangays with the highest number of respondents. The researchers were obliged to visit the 12 districts of batangas together with their barangay health to have consent and permission to handle and collect data from the respondents and their designated health center. The assessment tool and questionnaire were distributed to gather information from each barangays. The researchers went to the health center to get the weekly scheduled check-up of each pregnant women for better health assessment, however, when the

pregnant women cannot go to the health center the researchers conducts a house to house interview to achieve and gather the data needed.

Data Analysis

The data were analyzed through quantitative analysis. During the quantitative analysis, the frequency and percentage of the items were obtained and was analyzed on all accounts by the researcher's perspective and was affirmed by other significant and related studies.

RESULTS AND DISCUSSION

This part presents the data, analysis and interpretation based on the respondents' nutritional status.

Table 1. Age in Years

Age	Frequency	%
<15	17	5.57
15-19	10	3.30
20-24	64	21.00
25-29	66	21.60
30-34	67	22.00
35-39	50	16.40
>39	41	13.40

Table 1 shows the profile of the respondents in terms of age in years. It shows that most of the respondents, pregnant women, are ages 30-34 with 22 percent. Based on the results, women who are pregnant at the age of 30-34 has the highest rate of pregnancy. It was supported by McCarthy (2018), that even fertility begins to decline at age 30, this change happens gradually, over the next five years or so, thus, pregnancy during this age still high.

It was followed by ages 25-29 years old with a frequency of 66 21 percent. Those mother who are 20-24 years old got a frequency of 64 or 21 percent.

Women at the age of 25-29 are lifestyle conscious, who exercise and eat sensibly, and continue to do so throughout pregnancy, thus, have easier delivery and be able to get the body back in shape more quickly than a less fit woman might. Although this is true at any age, 20s are more likely to be at optimal fitness, making delivery and postpartum weight loss easier. Doctors think that hormonal changes that occur during ovulation (increased

estrogen and progesterone), which stimulate the ovaries and breasts every month, may raise the risk of these cancers; the more often pregnancy is, the less often you ovulate.

Ages ranging from 20-24 are the most fertile years of a pregnant woman. Menstruations are probably regular, and most, if not all, of them are ovulatory. 21% of the respondents belong to this age group. Even now, however, may not conceive exactly when want to. The average woman between 20 and 24 years old has about a 20 percent chance each month of getting pregnant when she has unprotected intercourse. Once conceive, the blood pressure will probably be checked at each prenatal appointment, even though most women in their 20s have only a small risk of hypertension during pregnancy.

In addition, 35-39 year-old respondents got a frequency of 50 with a percentage of 16.40 percent. There are some mothers who are in the ages 39 years old who become pregnant. Next are those mothers in the age of 15 years old and below got a frequency of 17 and a 5.57 percent. Mothers who are 15-19 years old have the lowest frequency of 10 and a 3.30 percent. Fertility continues to decline after age 35, and it takes a sudden decrease at age 38, due to the fact that the woman's eggs are aging, and they become more difficult to fertilize.

The risk of high blood pressure during pregnancy is about double for women over 35 compared with younger ones. Hypertension affects about 10 to 20 percent of pregnant women in this age group. Gestational diabetes is two to three times more common in women over age 35 than in younger women, and recent studies show the risk is even higher if the woman has gained weight over the years. Therefore, upon interview with the respondents, they mentioned that they don't want to be pregnant when they reach this age.

However, there are still 13.40 % of women who became pregnant at the age of 39 and above. The respondents mentioned that mothers over 40 have a nearly 50 percent chance of having a C-section as a result of delivery complications such as having low-birth-weight and stillborn babies.

Lastly, there are some mothers who are in the age of 19 years old and below. They belong to teenage pregnancy, an increasing concern. The nutritional, physical, psychological, social, and economic demands on a pregnant adolescent are tremendous. Young women who are still in need of nurturing and financial support are suddenly responsible for helpless newborn. Pregnant teenagers will need much counseling and emotional support from

caring, experienced people before nutritional improvements can be suggested.

Table 2. Gestational Months of Pregnancy

Gestational Months	Frequency	%
1 st Trimester	89	29.18
2 nd Trimester	146	47.90
3 rd Trimester	70	23.00

Table 2 presents the gestational months of pregnancy. It was noted that there are more pregnant women in the 2nd trimester with a frequency of 146 and a percentage of 47.90%. Based on the data gathered, it has the highest result because most of respondents said that they accept their pregnancy in this stage. Having a peace of mind is being noticed in this period. Mothers are ready for the responsibility of bearing a baby in their womb. Based on the article of Healthline (2018), second trimester is the most comfortable period of time for the majority of pregnant women. Most of the early pregnancy symptoms will gradually disappear. You will likely feel a surge in energy levels during the daytime and be able to enjoy a more restful night's sleep.

Next is the first trimester of pregnancy with a frequency of 89 or 29 percent. The findings indicate that most of the pregnant mothers will have hormonal changes adjustment in their body. When the woman first find out the pregnancy, it will be a shocking feeling which likely may be accompanied by denial. Pregnant women are doubtful in this period of pregnancy. The mothers cannot fully accept their pregnancy. As cited by Almond (2010), women who struggle with a lot of unresolved aggression in themselves, fear that their child will become an angry reflection of the "monster within" them, or within their closest relatives-parents, siblings, spouses.

On the third trimester of pregnancy, with a frequency of 70 or 23 percent. The results revealed that most women are prepared for the coming of their baby. Both parents start attending classes about teaching parenting strategies, skills, and expectations.

Table 3. Place of Giving Birth

Place of Birth	Frequency	%
Lying in Clinic	30	9.80
Health Center	81	26.60
Hospital	140	45.90
Home	54	17.70

Table 3 illustrates choice of the respondents to give birth. It shows that most of the respondents want to deliver their baby in the hospital with a frequency of 140 and a percentage of 45.90%. Based on the study of Murkoff, hospital birth is the safest place to give birth. It offers the most advanced technology when the baby needs immediate medical care.

Some mothers deliver their baby at the health center with a frequency of a 81 and a percentage of 26.60. Giving birth at home got a frequency of 54 and a percentage of 17.70%. Some of the pregnant mothers preferred to give birth at home because of their beliefs, culture and tradition. According to the respondents, they are more comfortable in giving birth at their own place. As stated by the respondents, they preferred home birth delivery because hospital or lying clinic is far from home. According to Benedek and Leifer (2010), the importance of pregnancy goes without saying. This journey affects the lives of women drastically and the impact on each women varies. It is influenced by culture, socioeconomic status, and the laws and politics of where they live. The pregnancy process, its effect on women and the women's behavior in response to it, it is also influenced by the unique psychological makeup of each women.

Respondents stated they delivered baby in the health center because they knew that nurses and midwives assigned in the health centers are trained. In addition, health centers are accredited in the Department of Health. Based in the article of World Health Organization (2013), providing technical support, catalyzing change, and building sustainable institutional capacity. WHO offers technical support and training to its member countries in the fields of maternal and child health, control of diseases and environmental health services.

Meanwhile, giving birth at the lying-in have the lowest frequency of 30 and a percentage of nine. Few of the respondents stated that they follow an old childbirth practice in which the mother takes a period of bed rest during the postpartum period after giving birth. Based on the article by WebMD (2015), women with a low risk pregnancy who desire a more natural birth experience, a birth center might be a good option.

Table 4. Vitamin Intake

Vitamin intake	Frequency	%
Folic Acid	295	96.70
Iron	217	71.10
Others	8	2.60

Table 4 reveals that majority of the respondents' vitamin intake with 295 or 97% of women consume folic acid than any other vitamins for pregnancy. Most of the respondents said that folic acid can reduce the risk of fetal birth defects. Based on the article of WebMD (2018), Folic acid is a man-made form of a B vitamin called folate. It plays an important role in the production of red blood cells and helps the baby's neural tube develop into brain and spinal cord. The best food sources of folic acid are fortified cereals. Folate is found naturally in dark green vegetables and citrus fruits.

The next is iron consumption with a frequency of 217 and a percentage of 71.10. The respondents stated that iron is another supplement during their pregnancy and it can be utilized to the body to make additional blood hemoglobin for pregnant mothers and to the child. According to Adikari (2016), maternal iron requirements are higher than average absorbable iron intakes; that if a woman's diet does not contain enough iron to meet these needs, the body can meet fetal requirements only by drawing upon maternal iron stores.

However, aside from folic acid and iron, other vitamins such as calcium, sodium, and potassium were taken by respondents. Respondents stated that calcium is also important for a pregnant woman. It can help prevent losing bone density as the baby uses calcium for its own bone growth. For the sodium, it is responsible for maintaining fluid and acid-base balance. It also allows passage of materials like glucose through cell wall and maintains normal muscle irritability or excitability. And lastly, potassium can maintain fluid and electrolyte balance. It exerts influence upon acid-base balance and plays a significant role in the activity of the skeletal and cardiac muscles. It acts as a muscle relaxant in contrast to calcium which stimulates muscular contraction. It is also important in carbohydrate and protein metabolism. In the study of Caudal (2008), vitamins do not give the body energy. They merely help convert food into energy. It cannot increase the physical capacity by taking extra vitamins. However, if vitamin intake lacks patients may suffer fatigue. The body cannot make its own vitamins except for vitamin D and niacin which are produced in sources.

In addition, according to respondents, they ate fruits and vegetables available in their backyard, because due to financial reasons, they regularly ate those fruits and vegetables.

Table 5 . Presence of Disease

Disease	Frequency	%
Anemia	35	11.48
Hypertension	23	7.54
Diabetes	19	5.43
Allergy	43	14.10
Asthma	76	24.90
Renal Failure/UTI	2	0.70

Table 5 shows the presence of disease. It was stated that most of the pregnant women suffer from asthma during pregnancy with a frequency of 76 and a percentage of twenty four (24%). Based on the survey, most of the respondents experienced shortness of breath and coughing. According to Dombrowski et al (2014), asthma triggers during pregnancy as at any other time. Like the situation with asthma symptoms, during pregnancy sensitivity to triggers may be increased, decreased, or stay about the same. These differences are attributed to changes in hormones during pregnancy.

The next in rank is allergy with a frequency of 43 and a percentage of fourteen (14%). Most of the respondents are allergic to pollens, dust, iodine and other more environmental and food factors. Based on the article of Pregnancy Info (2018), changes which occur in the body while pregnant weren't enough, many women suddenly experiences allergies to substances that have never occurred before. Those who have never experienced a food allergy suddenly find themselves unable to eat favorite foods, and those who have never sneezed once during a high pollen count find themselves suddenly among the miserable.

Third in the rank shows that anemia has a frequency of 35 and a percentage of eleven (11%). Most of the respondents experienced fatigue, weakness, dizziness or pale skin color. Sukchan (2010), mentioned that nutrient intake is important to the well-being of pregnant women and the fetus. Inadequate nutrient intake can lead to maternal anemia, increasing risk for other maternal morbidities and mortality, fetal growth retardation and low fetal birth weight.

Fourth in the rank shows that hypertension has a frequency of 23 and a percentage of seven (7%). Some of the pregnant mothers are at risk having a preterm birth and placental abruption that may lead to a cesarean section. According to Mustafa (2012), hypertension is the most common medical disorder encountered

during pregnancy. Hypertensive disorders are one of the major causes of pregnancy-related maternal deaths.

It was followed by diabetes with a frequency of 19 and a percentage of five (5%). On the other hand, few of them acquired it genetically. In a study conducted by Kwak (2012), he explained that gestational diabetes mellitus is a complex metabolic disorder of pregnancy that is suspected to have a strong genetic predisposition. It is associated with poor perinatal outcome, and both women and their offspring are at increased risk of future development of type 2 diabetes mellitus.

The last rank shows that renal failure or urinary tract infection has a frequency of 2 and a percentage of 0.70. Few of the respondents experienced urinary incontinence due to expansion of the uterus. According to Wong (2018), due to pregnancy-related changes in the urinary tract, urinary tract infections may also be more common during pregnancy (especially from week six through week 24). It is said that the increased size and weight of the uterus may prevent the complete drainage of urine from the bladder, which can make pregnant women more urinary tract infection prone.

Table 6. Pre-natal visits

Pre-natal Visit	Frequency	%
Once a month	201	65.90
Once every two weeks	63	20.66
Once a week	41	13.40

Table 6 shows the prenatal visits of the respondents. Based on the results, most of the respondents don't have regular check-up. As noted in table 1.2, most of them are on the second trimester, which is supposed to have check-up once every two weeks. However, based on the results, 201 or 65.90% had their prenatal visit once a month. Only 63 or 20.66 %, visited the clinic/health centers once every two weeks. One of the respondents mentioned that they were not able to go to health center/clinic due to some economic reasons such as financial problems, accessibility to the clinic and unavailability of the relatives who will take care of their children. In a sense, they knew the importance of prenatal care, which is supported by the article came from WebMD (2018), that prenatal care is important for both the health of the mother and the child. When a mother doesn't get prenatal care, the baby is three times more likely to have a low birth weight.

Lastly, there are only few respondents who had their prenatal visits once a week with a frequency of 41 and a 13.40%. In the Philippines, prenatal care is basically performed by different health professionals such as doctors, midwives and nurses. However, some pregnant women still go to traditional birth attendant or *hilots* for their prenatal care. According to the latest survey from the 2008 NDHS, about 39% of women who had live births in the five years preceding the survey reported that they visited a doctor for their prenatal care, 52 percent of them visited either a nurse or a midwife while four percent (4%) went to traditional birth attendant (NSO and Macro International, 2010).

Most of the expectant parents are busy in the coming of their baby. Parental attachment to the fetus grows in this period. Fears of pain and mutilation and concerns about the mother's behaviour and possible loss of control during labor are important issues. According to Mehta & Sokol (2013), prenatal care is essential for ensuring the overall health of newborn and the mothers.

Table 7. Nutritional Status of Pregnant Mother in Terms of Anthropometric Measurements

Items	Mean	Std. Dev.
Height	158.38	7.49
Weight	55.64	7.78

Underweight BMI < 18.5 ;28-40 lb , Healthy Weight BMI <18.5-24; 25-35 lb, Overweight BMI 25.0-29.9; 15-25 lb, Obese BMI >30 ;15 lb

Based on the results, the respondents have an average nutritional status, however there some who are malnourished, seen in table 1.4, respondents did not take the vitamins regularly, although it is available in the health centers. In the study of Procter and Campbell (2014), maternal size at conception and nutritional history also influence pregnancy outcomes. Pregnant body mass index (BMI) is an independent predictor of adverse outcomes of pregnancy, and the prevalence of overweight and obesity in women of childbearing years has nearly doubled since 1976.

Table 8. Intake of Food

Dietary Practices	Frequency	Percentage
Plant Sources		
One time per day	93	30.50
Two/more time per day	200	65.60
None	12	3.90

Animal Sources		
One time per day	88	22.30
Two/more time per day	232	76.10
None	5	1.60
Dairy Prdoucts		
One time per day	99	32.50
Two/more time per day	182	59.70
None	84	7.90
Fruits		
One time per day	152	49.80
Two/more time per day	149	48.90
None	4	1.30

Table 8 shows the intake of food; majority of the respondents ate plant source foods two/more time per day with a frequency of 200 and percentage of 65.60 percent. It was followed by one time per day which got 30.50 percentage with a frequency of 93. The last, which got lowest percentage of 3.90 with a frequency of 12. Based on the Interview, most of the pregnant women have knowledge about proper nutrition needed in pregnancy. According to Fallah (2013), a healthy and balanced diet is quite important in life time and during pregnancy in particular.

On the other hand, maternal diet must provide sufficient energy and nutrients to meet the mother's usual requirements, as well as the needs of the growing fetus and enabling mother to maintain stores of nutrients required for fetal and infant health as well as for future breastfeeding practices. The main recommendation is to follow a healthy, balanced diet.

The highest for animal food source is two/more time per day with a frequency 232 or 76.10 percent. While second to the highest rank with a frequency of 68 or 22.30 percent, one time per day of animal food source. The lowest are those mothers who did not eat animal food source with a frequency of 5 or 1.60 percent. This tells us that almost of the respondents are eating food from animal source and it gives nourishment that can be absorbed by the mother and baby. In the study conducted by Roth & Townsend (2011), to meet the nutritional requirements of pregnancy, the woman should base her diet on the Food Guide Pyramid. Special care should be taken in the selection of food so that the necessary kcal are provided by nutrient-dense foods.

Based on the findings, two/more time, per day intake of dairy food products per day has a frequency of 182 or 59.70 percent. On the other hand, respondents who ate dairy food products one

time per day has a frequency of 99 or 32.50 percent. The lowest in the rank are those mothers who are insufficiently eating dairy food products with a frequency of 84 or 7.90 percent. Some of the respondents tell that pregnant women should eat dairy products that help build strength of bones and reduces of pregnancy complications. Dairy products are rich sources of calcium, protein and vitamin D, nutrients that are considered essential for the optimal growth of the fetus stated by Kovacs (2015). Riedijk, Oudesluijs and Tibben (2012), mentioned that women who follow good nutrition practices before pregnancy come into pregnancy in better health and are best prepared to avoid pregnancy complications.

First in the rank illustrates one time per day of eating fruit products, a frequency of 152 or 49.80 percent, while there are 149 or 48.90 percent of mothers who ate fruit products two/more time per day. However, there are only 1.30 percent or a frequency of 4 who do not eat fruit products. According to the respondents, fruit products is a natural product that helps give vitamins that a pregnant women needs. In a study done by Murphy (2014), consumption of fruits and vegetables is promoted as part of a nutrient-dense diet; however, in both highly developed and developing countries intakes are typically lower than recommended levels, including intakes among pregnant women. Low intake of fruits and vegetables may be attributed to a variety of factors such as taste, cost, familiarity and habit, availability, and time for preparation.

As can be seen in the table, plants, dairy, and animal sources got the same results of eating two/more time per day. Most of the pregnant women have adequate knowledge in the foods that they need during their pregnancy. They understand that proper foods can help the nutrition of their health and their baby. Majority of the respondents are eating plant sources foods such as kangkong, pechay, repolyo, kalabasa and malunggay which is helpful in milk production. Pregnant mothers know that frequently intake of animal sources foods such as meat and fish can give them nutrients they need such as vitamin A, vitamin B12 and vitamin D. Some of the respondents rarely consume dairy food products such as milk, cheese and butter because they do not have adequate knowledge about the benefits of the foods in their pregnancy. Few of the pregnant mothers are unaware of the proper foods they need during their pregnancy.

Table 9. Factors that Contribute to Nutritional Deficiency

Factors	Frequency	%
Lifestyle	0.34	34
Income	0.2	20
Educational Attainment	0.16	16
Nutrition	0.29	29

Table 9 shows the factors that contribute to nutritional deficiency, with the highest frequency of 0.34 and a percentage of 34. Said by most informants *“I often smoke when I have problems in life”*. Pregnant women were also more likely to smoke due to boredom if they were single, especially divorced or separated, from unskilled or semi-skilled occupational groups and if their husband or partner was unemployed. According to Roth (2011), Lifestyle and habits also need to be taken into consideration before becoming pregnant. Certain medications, smoking, illegal drugs, and alcohol can all be detrimental to the embryo. Good nutrition is essential before becoming pregnant and during pregnancy.

The next factor is nutrition which got a frequency of 0.29 and a percentage of 29. Most of the informants said that *“Food is not enough in our daily living”*. Mostly women with large families had a similar chance of experiencing a lack of supply of foods. In the study of Savage (2010), the first five years of life is a time of rapid physical growth and change, and are the years when eating behaviors can serve as a foundation for future eating patterns develop.

It was followed by educational attainment with a frequency of 0.16 and a percentage of 16. As responded by some of the informants *“I am not ready to be a mother”*. the children of teenage parents, especially those from working class families, often face many of the same challenges as their parents. Rastogi (2012), mentioned that certain factors of adolescence such as poor eating habits, indulgence in junk food and avoidance of regular diet make nutrition particularly challenging during adolescence.

Lastly, income got the lowest frequency of 0.2 and percentage of 20 as evidenced by few of the informants *“The Breadwinner in our family is my husband, but he does not have a stable job”*. Bhutta, Darmstadt & Hasan (2010), stated that nutrition plays a major role in maternal and child health. Poor maternal nutritional status has been related to adverse birth outcomes. Understanding the relation between maternal nutrition and birth outcomes may provide a basis for developing nutritional interventions that will improve birth outcomes and long-term

quality of life and reduce mortality, morbidity, and health-care costs.

It was shown that most of the respondents are unaware of the lifestyle behavior, because of not having regular follow-ups but some of the respondents have experiencing lack of supply of foods, teenager pregnancy and low income due to unstable job of husband.

CONCLUSIONS

Most of the respondents don't have regular check-up, thus, taking vitamins and eating nutritious foods are also not regular. The nutritional status of pregnant women is considered good; however, there are still some who are not good, due to less health education about proper nutrition. Lifestyle practices in the eating habits are the uneven factors that affects the well-being of pregnant women.

RECOMMENDATIONS

Members of the family may show their continuous support through working hand in hand in order to have a healthy pregnancy. The barangay health center personnel must intensify the DOH program on prevention and control of nutritional status among pregnant women. Health care provide should continue to attend training and seminars regarding proper monitoring of pregnant women. Barangay health workers should give health education to pregnant mothers regarding the diet they should have, such as eating nutritious foods. They can guide a simple meal plan that is affordable and available at their backyard. Further research may be done regarding the nutritional status among postpartum women.

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