## **Perinatal Food Group Recall**

To be completed by a CPSP Practitioner while reviewing What Should I Eat?

http://www.choosemyplate.gov/downloads/resource/pregnancyposter.pdf

On a typical day, how many servings of:				
1. Fruit do you eat?				Advise patient to:
1 serving is:		1st Tri 2nd Tri 3rd Tri Post		Aim for 2 or more servings/day.
• 1 cup or piece of fruit	Never			Eat a variety of fresh, frozen or canned fruits
• 1/2 cup 100% fruit juice	Fewer than 2 servings/day		]	each day.
• 1/2 cup dried fruit	2 or more servings/day			Choose fresh, frozen and canned fruits without
				added sugars.
Preferred fruits:		_		Limit fruit juice
2. Vegetables do you eat?				Aim for 3 or more servings/day.
1 serving is:	Never			Eat a variety of fresh, frozen or canned
• 1 cup raw or cooked vegetables	Fewer than 3 servings/day		1	vegetables without added sauces or salt.
• 2 cups raw leafy greens	3 or more servings/day			Choose some vegetables that are dark green
				or orange.
Preferred vegetables:		-		
3. Milk Foods do you eat?				Aim for 3 servings/day.
1 serving is:	Never			Choose nonfat or low-fat (1%) milk.
• 1 cup milk or yogurt	Fewer than 3 servings/day			If patient does not use milk products, refer to
• 1 1/2 to 2 oz. cheese	3 servings/day*			STT Do You Have Trouble with Milk Foods?
• 1 cup calcium fortified soy milk	More than 3 servings/day		1	and Foods Rich in Calcium.
	*4 servings/day for teens			
Preferred milk foods:		_		
4. Meat and Beans (Protein Foods) do you	eat?			Aim for 7 servings/day.
1 serving is:	Never			Grill, broil or bake instead of fry.
• 1 oz. meat, fish or poultry	Fewer than 6 servings/day			Take skin off poultry before/after cooking.
• 1 egg	6 - 7 servings/day			Eat lean meat (15% fat or less).
• 1/2 oz. or small handful nuts	More than 7 servings/day			Eat 12 oz. of fish per week. Choose
• 1 tablespoon peanut butter				water-packed and low-mercury fish,
• 2 tablespoons seeds, such as sunflower				e.g., canned light tuna
• 1/4 cup cooked dry beans, peas, lentils				Limit high-fat meats like sausage, hot dogs
• 1/4 cup or 2 oz. tofu				and bologna.
Preferred protein foods:				If patient is vegetarian, review <i>STT</i> " Vegetarian Eating."

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## On a typical day: 5. How many servings of Grains do you eat? Name: Advise patient to: 1 serving is: 1st Tri 2nd Tri 3rd Tri Post ☐ Aim for 6-8 servings/day. • 1 slice bread Never Fewer than 6 servings/day 13 ☐ Avoid highly sweetened cereals. • 1 cup dry cereal • 1/2 cup cooked rice, pasta or hot cereal 6-8 servings/day • 1 small corn or 1/2 small flour tortilla More than 8 servings/day ☐ Choose whole grains at least half of the time. 6. Do you eat Whole Grains? • Whole grains include: Yes П **13** ::13 • Whole-grain bread, pasta or tortillas **3** • Brown rice, oatmeal (old fashioned, not instant) Preferred whole grains: ☐ Use liquid oils from plants for cooking 7. Do you eat solid fats such as lard, stick margarine, butter or shortening? Yes $\Box$ and in dressings. · 📆 ::: ☐ Aim for 2 Tablespoons/day of oils No like canola, olive or corn oil or Preferred healthy plant oils: soft tub margarine. Avoid fried foods. ☐ Bake, broil, steam, or microwave. 8. How many cups of these beverages do you drink per day? • Regular soda, fruit drinks or punch, sports drinks ☐ Avoid sugary drinks. cups • Caffeinated drinks like coffee, tea, soda or energy drinks Aim for no more than 1 coffee drink per day. Preferred healthy beverages: 9. Do you eat these extra foods? ☐ Limit foods high in fat and sugar. Candy, chocolate, chips, cookies • Donuts, muffins, biscuits, cakes Choose low or non-fat products. Yes 3 П • Ice cream, frozen yogurt 3 :0 ☐ Choose fruits, vegetables, nuts and seeds Yes Ö. Sour cream, mayonnaise \_ (i)} ान as snacks. Preferred healthy snack foods: In the "Advise Patient to" Section, check and date items that the client is willing to improve/change. Incorporate this into the client's Individualized Care Plan. Signature Title NOTES: **Date** Time 1st Tri 2nd Tri 3rd Tri Post

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