

The Web-based MyPyramid: An Education Tool to Deliver Prenatal Nutrition Information and Enhance Dietary Behavior of Pregnant Women

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Abstract

The web-based MyPyramid developed by the U.S. Department of Agriculture is a nutrition education program. Care providers can use the MyPyramid to enhance nutrition information delivery and foster healthy eating behaviors in their patients. Three interactive tools are available in the MyPyramid for pregnant women, including the “MyPyramid plan for Moms,” the “MyPyramid Menu Planner for Moms,” and the “MyPyramid Tracker.” These tools help pregnant women learn about nutritional needs for pregnancy, menu planning, and dietary monitoring.

About 60% of U.S. pregnant women do not gain the amount of gestational weight as recommended by the Institute of Medicine (2009, see Table 1 for detail), with more women gaining too much than too little; and those with pre-pregnancy BMIs greater than 25 are two times more likely than women with normal BMIs to gain gestational weight exceeding the Institute of Medicine’s recommendations (Olson, 2008). Research has shown that poor prenatal nutrition and maternal obesity before and after pregnancy are associated with infant and pregnancy complications (Bryant, Worjolah, Caughery, & Washington, 2010). Prenatal nutrition, therefore, is important because it influences the health of a pregnant women and her baby.

The first step to achieving adequate and balanced prenatal nutrition is to select healthy foods and to eat them in the right amounts and in appropriate combinations. Even women who have had healthy eating habits before pregnancy need nutrition information about extra energy

and nutrient needs during pregnancy. For those who have not established healthy dietary patterns before pregnancy, the prenatal stage provides a teachable moment for care providers to show these mothers-to-be basic nutrition facts and ways to choose healthier foods to meet their changing needs during pregnancy. In this paper, we describe the web-based MyPyramid, a nutrition education tool that care providers can use while teaching pregnant women about healthy eating, menu planning, and dietary monitoring in order to gain proper gestational weight.

Technology-enhanced Nutrition Education

Many care providers have adopted technologies to enhance nutrition information delivery and foster healthy eating behaviors in their patients. Neville, O'Hara, and Milat (2009) conducted a systematic review of 13 randomized controlled trials and quasi-experimental studies in this context published between 1996 and 2008 and found that seven of the 13 studies involving tailored interventions delivered with the computer, the Internet, or a multi-media method had improved study participants' dietary behaviors. It is likely that it was the interactive functions built into these technologies that helped to improve nutrition knowledge, nutrition self-efficacy, and dietary quality (Anderson, Winett, Wojcik, Winett, & Bowdem, 2001).

Computer-tailored interventions can provide individualized assessment and teaching based on a person's unique needs and conditions. For instance, some computer or Internet programs can calculate a person's daily caloric needs after the person has entered demographic and physical activity data. Another tailored function is that a computer or web program can offer real-time, instant feedback for a user to make a dietary adjustment. Many computer or web programs also allow users to develop menus or monitor dietary intake as well as assess the number of calories in foods; the proportions of macronutrients from fats, carbohydrates, and proteins; and the adequacy of micronutrients consumed. A person can repeatedly go back to the

information in the computer or on the web to review education content and learn the content at a pace that is comfortable to the person. Further, if a person owns a computer and subscribes to an Internet service, she/he can retrieve nutrition information at home without traveling to a location where nutrition education takes place. Well-designed computer and web programs with pictures or touch-screen functions can also facilitate nutrition learning in those with low literacy skills (Daggett & Rigdon, 2006; Trepka et al., 2008).

Web-Based MyPyramid

In 2005, the U.S. Department of Agriculture replaced the former Food Guide Pyramid with the interactive web-based MyPyramid (U.S. Department of Agriculture [USDA]), which provides food intake and physical activity recommendations for persons ages two and older. Nutrition recommendations in the MyPyramid are science- as well as population-based, reflecting the *Dietary Guidelines for American 2005* and the results from large surveys such as the National Health and Nutrition Examination Survey (Hornick, Krester, & Nicklas, 2008; Marcoe, Juan, Yamini, Carlson, & Britten, 2006).

MyPyramid is consumer-oriented with practical, motivating, and easy-to-understand nutrition messages. The development process for the MyPyramid was extensive. It involved soliciting public comments in the Federal Register and receiving feedback from consumer web testing, focus groups, and one-on-one interviews regarding how well nutrition messages were communicated and how appealing the design was to consumers (International Food Information Council, 2005; King, 2007). Although other online nutrition programs are available on the web, they either do not provide specific nutrition advice for pregnant women (e.g., the National Mindless Eating Challenge and the Eat Well Live Well Challenge programs) or require a membership fee (e.g., FitDay, eDiets, and Calorieking) for a user to track diet and obtain

nutrition analysis (Lewis & Burton-Freeman, 2010). MyPyramid provides valid and free nutrition information, personalized advice, and diet tracking/analysis for adults and children, including pregnant women and breastfeeding moms.

Major nutrition strategies in the MyPyramid include replacing unhealthy foods with healthy foods (Thobaben, 2007), emphasizing food groups rather than particular nutrients (Krebs-Smith & Kris-Etherton, 2007), recommending the daily amount needed for each food group in cups or ounces rather than serving sizes (Fowles, 2006), and adjusting daily intake when physical activity level is changed. From a health education point of view, these strategies are easy to understand for the general public. Care providers can utilize the MyPyramid as an education tool to teach prenatal patients about nutrition and pregnancy goals (Wansink, 2008). They can also encourage prenatal patients to explore the MyPyramid as a self-care tool for planning daily meals and snacks during pregnancy. In the following section, we explain what is in the MyPyramid, especially the “MyPyramid for Moms,” and how to use the interactive tools in the “MyPyramid for Moms” when teaching women about prenatal nutrition.

“MyPyramid for Moms” for Prenatal Nutrition Education

To access the MyPyramid, go to <http://www.mypyramid.gov>. Once you are on the MyPyramid web page as shown in Figure 1, click on the “MyPyramid for Moms” to find nutrition information about pregnancy and interactive tools.

The “MyPyramid for Moms” contains prenatal nutrition and gestational weight gain information, as well as interactive tools as shown in Figure 2. Women can also access information about nutrition while breastfeeding from the “MyPyramid for Moms” web page. Nutrition information targets specifically the 5 major food groups (grains, vegetables, fruits, milk, and meat and beans), suggestions on how to choose foods that are low in added sugars and

solid fats, and prenatal vitamins and minerals. In addition to the nutrition information, the “MyPyramid for Moms” addresses gestational weight gain. A pregnant woman can enter her height and pre-pregnancy weight to estimate her total weight gain needed during pregnancy, aligning with the Institute of Medicine (2009) guidelines. Other information related to gestational weight gain includes monitoring weight gain regularly and ways to increase or decrease calories when not gaining weight properly.

To help a pregnant woman gain more in-depth nutrition knowledge and hands-on skills, care providers can teach her how to use several interactive tools in the “MyPyramid for Moms,” such as the “MyPyramid Plan for Moms,” the “MyPyramid Menu Planner for Moms,” and the “MyPyramid Tracker.”

“MyPyramid Plan for Moms”

Beginning with the first interactive tool, the “MyPyramid Plan for Moms,” a woman can enter her age, due date, height, pre-pregnancy weight, and activity level to receive personalized nutrition advice for pregnancy. The personalized nutrition advice shown in Figure 3 is for a 25-year-old pregnant woman who is five feet and six inches tall and in her first trimester of pregnancy, has a pre-pregnancy weight of 128 pounds, and reports a daily physical activity level of less than 30 minutes. The nutrition advice highlights two key points. First, an estimation of nutrient needs is given in the form of food groups and the daily recommended amount in cups or ounces for each food group, which may be more useable than the general advice given by most health professionals encouraging an additional 300 calories daily. Second, the advice can dispel the myth that a mom is “eating for two” and thus needs considerably more calories. A woman learns that first trimester nutritional needs are similar to those for pre-pregnancy. The nutritional needs then increase in proportion to the growth rate of the baby. Since the baby gains the

majority of weight in the last trimester fueling higher nutrient needs, the calorie level recommended increases proportionally. A care provider can print the personalized nutrition advice from the web page and give it to the patient, or a woman can print the personalized nutrition advice at home.

“MyPyramid Menu Planner for Moms”

After reviewing her personalized nutrition advice from the first interactive tool, a care provider can help a pregnant woman proceed to the second interactive tool, the “MyPyramid Menu Planner for Moms.” A pregnant woman can use the interactive tool to do menu planning for up to 7 days. Using the built-in database, a woman selects foods and the amount for each food item she plans to eat for breakfast, lunch, dinner, and snacks. As a food is added to the menu, the built-in nutrition analysis software begins to analyze the foods and display results. The analysis results are presented in two formats. First, the color bars corresponding to each food group rise to indicate the amount a food item contributes to a specific food group and how well a food group has reached its recommended daily goal. The second format for the nutrition analysis is called “Reports.” A report displays the nutrition analysis results differently from the color bars format, with more specific food subgroups included and with an “X” marked next to the food groups or the food subgroups that do not meet the daily recommendations. Solid fats and added sugars that exceed the recommended amount also receive an “X.” Reports can be printed from the computer.

A sample menu analysis in a report format is presented in Figure 4. On the left side of the report is the menu that a woman has planned and on the right the analysis results. Note that the report shows that the woman will take in more calories (2,113) than she needs (2,000) for that day if she eats all the food items. The woman also will consume 1,082 calories from the “extras,”

exceeding the recommended limit (265 calories). Extras are the discretionary calories mostly from added fats and sugars in foods. Care providers, while reviewing the menu analysis with the woman, can teach the woman how to adjust the menu. This report also shows that the menu will result in deficiencies in many food groups and subgroups, such as the vegetable, fruit, and milk groups. There are built-in tips on the report page to help a pregnant woman improve her menu. For instance, she can choose from a variety of suggestions in order to meet the daily goal for the meat/beans food group by “Adding garbanzo or kidney beans to your salad” or “Packing a hard cooked egg for lunch.” These suggestions are more beneficial than simply showing a protein deficiency without constructive suggestions.

“MyPyramid Tracker”

Care providers can encourage pregnant women who are highly motivated to use the “MyPyramid Tracker” not only to track their daily nutrition intake and/or physical activity, but also their overall progress for up to one year. If a woman desires to use this tracker for a long time, she can create a user ID and a password before tracking and later use them to log in to the website. Food entry to the tracker system is similar to that in the “MyPyramid Menu Planner for Moms” except that a food item has been consumed. The build-in nutrition software analyzes food intakes based on the five food groups, total calories, and micronutrients and can display a history of progress (one week, one month, 3 months, 6 months, or one year).

Limitations of the MyPyramid

Consumer research has indicated that the acceptability of the web-based MyPyramid is satisfactory because nutrition messages in the MyPyramid are written at the recommended 7th to 8th grade reading level and the navigation of the website is easy (Haven, Burns, Herring, & Britten, 2006). Several limitations, however, have been observed in using the web-based

MyPyramid. Web information is subject to constant updates and revisions, frequent visits to MyPyramid, therefore, are recommended. Access to MyPyramid may be a problem for pregnant women who do not have a computer and Internet access (Digate Mute, 2005). However, print version of the MyPyramid is available and, within a clinical setting, the healthcare team could enter the information and provide the patient with a personalized daily goal sheet. Also the online MyPyramid does require basic computer skills. Women who are not accustomed to online information-seeking or using online interactive tools may feel intimidated when using the MyPyramid. Local community libraries often provide basic computer and web surfing classes. These classes may be useful in increasing these women's computer use skills.

Krebs-Smith and Kris-Etherton (2007) identify two potential problems related to the MyPyramid. First, though MyPyramid is used to teach the general public how to achieve nutritional goals, it is not specifically designed for patients to achieve a therapeutic dietary regimen related to a chronic disease or a genetic metabolic disease. For instance, patients who have preexisting diabetes or have developed gestational diabetes during pregnancy may find the carbohydrate-counting information in the MyPyramid inadequate for estimating their specific needs in pregnancy. Second, estimates of vitamin D in the MyPyramid are not available because food composition datasets in relation to vitamin D content are not complete. Additionally, although the "MyPyramid for Moms" gives guidelines for weight gain, these guidelines are based on pre-pregnancy weight and there is no assessment of current weight status in the web program. This could confuse a woman who has already exceeded her recommended prenatal weight gain. Patients should be counseled that this tool provides ranges for weight gain goals, but ultimately they should consult with their healthcare provider before adjusting daily intakes.

Although Spanish language materials are available within the general MyPyramid

website, the “MyPyramid for Moms” lacks a Spanish language version at this time and it does not address ethnically appropriate food choices. In their evaluation of the MyPyramid, Neuhauser, Rothschild, Fátima, and Rodríguez (2007) found that linguistic and cultural diversity was an area for improvement. These researchers suggested that MyPyramid should be used to complement, not to substitute for, needed nutrition education for diverse audiences. Even so, some researchers have used the MyPyramid as a tool to teach minority populations and to find out if not eating as suggested by the MyPyramid is because of cultural food preferences or the unavailability of healthy foods in a neighborhood. For instance, Zoellner, Bounds, Connell, Yadrick, and Crook (2010) interviewed African American adults living in the Mississippi Delta region. They found that individual-level factors (dislike food items, preference, tradition or customs) than environmental-level factors (cost, lack of availability) were more frequently mentioned by the study participants as the reasons why they did not conform to the MyPyramid nutrition recommendations. Those study participants wanted to be told, taught, and introduced to nutrition knowledge and information.

Further, care providers need to encourage pregnant women to use the MyPyramid on a long-term basis to reflect their typical dietary pattern since a single day’s food intake, even if a woman follows the MyPyramid recommendations, may not correspond with a woman’s intake on an average day. “MyPyramid Menu Planner for Mom” is an ideal tool. Many participants in a previous evaluation study, however, reported that meal preparation for women with small children could be difficult and inconsistent because they did not have time to shop or cook (Britten, Haven, & Davis, 2006).

MyPyramid recommends eating whole grain products (e.g., “Make half your grain whole”). In a previous study, non pregnant women who ate at least one serving of whole grains a

day were found to have a lower mean BMI and waist circumference than those without the whole grain consumption (Good, Holschuh, Albertson, & Eldridge, 2008). Compared to the former Food Guide Pyramid, a person who follows the MyPyramid recommendations can meet most of the nutrition needs with less energy intake, indicating a potential to prevent obesity (Gao, Wilde, Lichtenstein, & Tucker, 2006). To date, however, no research has been reported on the effectiveness of the web-based MyPyramid in improving pregnancy outcomes, including meeting the IOM recommended gestational weight gain. Future research may need to investigate how following the nutrition advice given by the MyPyramid and monitoring food intake influence gestational weight gain.

Conclusion

Proper prenatal nutrition and gestational weight gain are important for healthy pregnancy and infant outcomes. Pregnant women must receive education information from their care providers about balanced nutrition, healthy dietary habits, and proper weight gain during pregnancy. The web-based MyPyramid, developed by the U.S. Department of Agriculture, can be a tool for enhancing nutrition education. Care providers can use the content in the MyPyramid and its real-time, instant feedback feature to teach pregnant women prenatal nutrition and weight gain. They can also encourage pregnant women to utilize the interactive tools in the MyPyramid to plan for daily meals and to monitor food intakes in order to ensure adequate nutrition quantity and quality.

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Table 1. Institute of Medicine (2009) Recommendations for Gestational Weight Gain with Single Pregnancies Based on Pre-pregnancy Body Mass Index

Pre-pregnancy Body Mass Index	Total gestational weight gain
	lb (kg)
Underweight (< 18.5)	28-40 (12.5-18.0)
Normal weight (18.5 - 24.9)	25-35 (11.5-16.0)
Overweight (25.0 - 29.9)	15-25 (7.0-11.5)
Obese (\geq 30.0)	11-20 (5-9)

Additional information:

U.S. Department of Agriculture: <http://www.usda.gov/wps/portal/usda/usdahome>

American Dietetic Association: <http://www.eatright.org/>

Agency for Healthcare Research Quality (2008). *Outcomes of maternal weight gain*. AHRQ

Publication No. 08-E009.

Figure 1: MyPyramid Web Page

Go to <http://www.mypyramid.gov> to access the MyPyramid

USDA United States Department of Agriculture

MyPyramid.gov OMB Number 0584-0535

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The submission period for the Apps for Healthy Kids competition -- a part of the First Lady's *Let's Move!* initiative -- has closed. Check back soon for more information.

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 - MyFoodapedia
 - MyPyramid Plan
 - Menu Planner
 - MyPyramid Tracker
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- Multimedia
 - Audio & Video **<NEW**
 - Animation
- Specific Audiences
 - Preschoolers (2-5y)
 - Kids (6-11y)
 - Pregnant & Breastfeeding
 - General Population
- For Professional Use
- Steps to a Healthier Weight
- Dietary Guidelines
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I Want To...

- Look up a food **<NEW**
- See what's available
- Get a personalized Plan
- Learn healthy eating tips
- Get weight loss information
- Learn about food groups
- Plan a healthy menu
- Analyze my diet
- Listen to podcasts
- Print MyPyramid materials
- Ask a question

Spotlights

MyPyramid.gov
STEPS TO A HEALTHIER YOU

One size doesn't fit all. MyPyramid offers personalized eating plans and interactive tools to help you plan/ assess your food choices based on the [Dietary Guidelines for Americans](#).

Inside the Pyramid
Food groups, healthy eating tips, and more

Know Your Farmer, Know Your Food
Nutrition from farm to table

MyFoodapedia
Quick access to food info – food groups, calories & comparisons

MyPyramid Menu Planner
Plan menus to reach your personal goals

MyPyramid for Kids and Preschoolers
Get your child's Plan today

MyPyramid for Moms
Start out right as a new mom or mom-to-be

MyPyramid Tracker
Get feedback on your food & physical activity

Let's Move!
The First Lady's Campaign to Raise Healthier Kids


Tip of the Day
Select fruits with more potassium, such as bananas, prunes, dried apricots, cantaloupe, honeydew melon, and orange juice.

Follow MyPyramid on twitter

[Click here for more tips](#)

Click here to access nutrition and gestational weight gain information

Interactive Tools Dietary Guidelines for



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When you are pregnant or breastfeeding, you have special nutritional needs. This section of MyPyramid.gov is designed just for you. It has advice you need to help you and your baby stay healthy.

First — visit your health care provider if you haven't already. Every pregnant woman needs to visit a health care provider regularly. He or she can make sure both you and your baby are healthy. Your provider can also prescribe a safe vitamin and mineral supplement, and anything else you may need.

Next — get your own [MyPyramid Plan for Moms](#). Your Plan will show you the foods and amounts that are right for you. Enter your information for a quick estimate of what and how much you need to eat. Or, go to the [MyPyramid Menu Planner For Moms](#) to see how your food choices compare to what you need.


Then — learn more by choosing a topic from the menu below. The "Sources of Information" will take you straight to the government's best advice on pregnancy and breastfeeding.


- [MyPyramid Plan for Moms](#)
- [Pregnancy — Nutritional Needs](#)
- [Pregnancy — Weight Gain](#)
- [Dietary Supplements](#)
- [Special Health Needs](#)

- [Breastfeeding — Nutritional Needs](#)
- [Breastfeeding — Weight Loss](#)
- [Food Safety](#)
- [Sources of Information](#)

MyPyramid Menu Planner for Moms

Follow MyPyramid on





Use these interactive tools to gain more in-depth nutrition knowledge and skills

Last Modified: May 12, 2010 11:47 AM

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Figure 3: A Personalized Nutrition Advice from the MyPyramid Plan for Moms Web Page 17

USDA United States Department of Agriculture **MyPyramid.gov**
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Home About Us News & Media Site Help

You are here: Home / MyPyramid for Pregnancy & Breastfeeding / MyPyramid Plan for Moms

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 - Got a Question?
- Interactive Tools
 - MyFoodapedia **NEW!**
 - MyPyramid Plan
- MyPyramid Plan for Moms
 - Podcasts
 - PSAs
 - Animation
- Specific Audiences
 - Preschoolers (2-5y)
 - Kids (6-11y)
 - Pregnancy & Breastfeeding
 - General Population
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- Related Links

Eat these amounts from each food group daily. This plan is based on average needs for a pregnant woman like you. (A 25 year old female, 5 feet 6 inches tall, 128 pounds before pregnancy, physically active **less than 30 minutes** a day.)

Your calorie needs may be more or less than the average. Check with your health care provider to make sure you are gaining weight appropriately. To learn more about weight gain during pregnancy, [click here](#). To see how your food choices compare to your Plan go to the [MyPyramid Menu Planner](#).

The calories and amounts of food you need change with each trimester of pregnancy. Your Plans are based on **2000, 2200, and 2400** calorie food intake patterns. They may show different amounts of food for different months, to meet your changing nutritional needs. Changing the amount of calories you eat each trimester also helps you gain weight at the correct rate.

[View a printable \(PDF*\) version of your results](#)

	1 st Trimester	2 nd Trimester	3 rd Trimester	
	Jul - Sep	Oct - Dec	Jan - Mar	
▶ Grains ¹	6 ounces	7 ounces	8 ounces	tips
▶ Vegetables ²	2½ cups	3 cups	3 cups	tips
▶ Fruits	2 cups	2 cups	2 cups	tips
▶ Milk	3 cups	3 cups	3 cups	tips
▶ Meat & Beans	5½ ounces	6 ounces	6½ ounces	tips

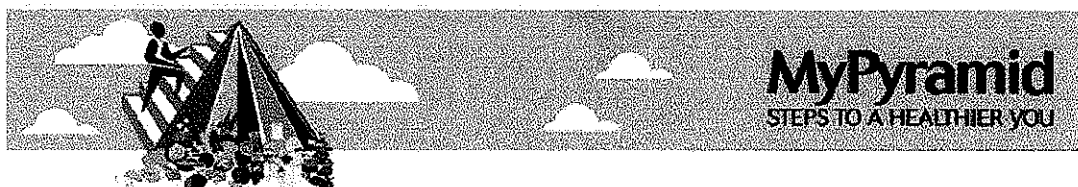
Click the food groups above to learn more.

1 Make Half Your Grains Whole

Aim for at least this amount of whole grains per day.	3 ounces	3½ ounces	4 ounces

* You will need the free Adobe Reader to view this PDF file.

Figure 4: A Sample Menu Analysis from the MyPyramid Menu Planner for Moms



Reports: Daily Menu For Carol : Day 1

Menu	Food Groups & Oils	My Menu	Goal	Status
Breakfast	● Grains	5 1/2 oz.	6 oz.	<input checked="" type="checkbox"/> good
● Fat free milk (skim)	● Whole Grains	0 oz.	3 oz.	<input checked="" type="checkbox"/> low
● Fried egg	● Vegetables	1 cup	2 1/2 cup	<input checked="" type="checkbox"/> low
● Blueberry pancakes	● Dark green	0 cup	Choose a variety of vegetables each day. Select vegetables from each subgroup several times a weeks.	
○ Butter	● Orange	0 cup		
● Water	● Dry Beans	0 cup		
	● Starchy	0 cup		
Lunch	● Other	1 cup		
● Ice cream, regular	● Fruit	0 cup	2 cup	<input checked="" type="checkbox"/> low
● Battered fried chicken (eat skin)	● Milk	1 3/4 cup	3 cup	<input checked="" type="checkbox"/> low
○ Chicken gravy	● Meat & Beans	6 1/2 oz.	5 1/2 oz.	<input checked="" type="checkbox"/> good
● Cooked green beans	● Oils	1 tsp	6 tsp	<input checked="" type="checkbox"/> low
○ Vegetable oil				
● Soft drink, regular				
Dinner				
● Chocolate flavored drink	Daily Limits	My Menu	Limit	Status
● Roast beef (eat lean & fat)	Total Calories	2113	2000	<input checked="" type="checkbox"/> good
● Cheese bread	Extras	1082 calories	265 calories	<input checked="" type="checkbox"/> high
● Chocolate cream pie	Solid Fats	681 calories	Extras have calories but few nutrients—limit your intake.	
● Zucchini or summer squash	Added Sugars	401 calories		
○ Butter	Alcohol	0 calories		
	Saturated Fats	36 grams		22 grams
Snacks				
● empty				

The Bottom Line

Food Choices
Check the status boxes to see where you need to improve. Then click on "My Next Steps" below to make a change.

Physical Activity
You entered: less than 30 minutes of moderate intensity physical activity most days. Your recommendation is for at least 30 minutes.
Take a step—get more physical activity

A pregnant woman creates her menu

An "X" indicates improvement is needed