

California Perinatal Food Group Recall (PFGR): A New MyPlate Nutrition Assessment Tool

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Background: The goal was to revise an existing California Perinatal Food Group Recall (PFGR) and develop a separate one for those first diagnosed with gestational diabetes mellitus (GDM) before they are referred to a program that specializes in diabetes and pregnancy. We completed a literature search to see if there were any relevant advances in nutrition assessment tools before drafting two PFGRs. There were no dietary intake tools that combined MyPlate guidelines, the 2020-2025 Dietary Guidelines for Americans, and culturally considerate food recommendations. The new PFGRs were designed to be usable by community health workers. The new PFGRs are another option for food recall to the 24-hour food recall. They utilize MyPlate concept vs servings for a simpler food recall to be conducted by staff who may find it hard to calculate servings. These PFGRs are consistent with the MyPlate for Pregnant Parents and MyPlate for Gestational Diabetes recommendations which refer to the proportion of a food group in a meal based on a 10-inch sized plate instead of using serving sizes to describe the client's normal food intake. If the provider is comfortable measuring serving sizes, they may use the 24-Hr recall instead. These methods provide an overview of the client's daily diet; it does not ask the clients to describe everything they ate in the last 24 hours. All language in this project was revised to be gender neutral and inclusive of all parents.

Goal: Develop a Perinatal Food Group Recall (PFGR) based on MyPlate recommendations for pregnant clients with and without gestational diabetes.

Methods: We field tested both PFGR drafts with the accompanying directions. Users completed a survey to provide us feedback on instruction, formatting, pictures, and overall ease of use. This information informed our next series of drafts, which were reviewed by a highly experienced advisory group.

Results: We have created two PFGRs. Because of these PFGRS and a new MyPlate for Preconception, all 6 MY Plate handouts (Preconception, Pregnancy, GDM, Teens, children ages 2-5 years of age and children ages 6-12 years of age) are being updated for consistent wording, format and photos. When the MyPlate handout is combined with the new PFGR, more focus is placed on the on the overall diet and less on serving sizes so that they may be administered by community health workers. Note: Materials still are to be professionally formatted, made ADA compliant, and enter an extensive California review process.

Discussion: Long term evaluation will need to assess whether the lack of strict serving size recommendations might support overeating. Another important consideration to monitor over time is how the ease of use is impacted for clinics that rely on Electronic Health Records.