RESEARCH ARTICLE

Assessing the Effect of Dietary Practices and Physical Activity on the Health of Pregnant Women

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Abstract

Background: Pregnancy is a period of significant physiological and hormonal changes that increase nutritional demands. Deficiencies, particularly in the first trimester, can lead to restricted fetal growth and have long-term consequences for both mother and child. Furthermore, common pregnancy complications like gestational hypertension and gestational diabetes mellitus (GDM) are linked to adverse outcomes, underscoring the need for proactive management through diet and lifestyle. **Objective:** The aim of this review is to synthesize the critical role of a balanced diet and structured physical activity in promoting positive maternal and fetal outcomes, preventing common gestational complications, and establishing a foundation for the child's long-term health. **Methods:** This study is structured as a narrative review, synthesizing established physiological principles and current recommendations for prenatal care. The analysis is based on a consolidation of known best practices regarding maternal nutrition and exercise physiology during pregnancy. **Main Outcome Measures:** The primary outcomes of interest include the impact of nutrition on fetal development, the prevention of gestational hypertension and GDM, birth outcomes, and the long-term health of the child. For physical activity, the focus is on recommended exercise structure and its benefits for maternal well-being. **Results:** A balanced diet before and during pregnancy is fundamental for supporting maternal adaptation and preventing complications such as gestational hypertension and GDM, which are associated with risks including pre-eclampsia, fetal growth restriction, preterm birth, macrosomia, and future type 2 diabetes. Adequate and stable nutrition throughout gestation supports appropriate maternal weight gain and is linked to improved delivery outcomes and a reduced risk of the child developing chronic conditions like heart disease and obesity later in life. **Conclusion:** A well-balanced nutritional intake and regular, appropriate physical activity are indispensable components of prenatal care. These interventions are critical for ensuring healthy fetal development, reducing the risk of common gestational complications, and improving both immediate birth outcomes and the long-term metabolic health of the child. Healthcare providers should emphasize education on diet and structured exercise as a cornerstone of antenatal management.

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1. Introduction

To satisfy the physiological needs of growing maternal tissues and blood volume as well as the growth and development of the foetus during the pregnancy, balanced nutrition is crucial. This will help prevent any preventable medical complications (Pakistan Dietary Guidelines 2019). The principles of antenatal standards of WHO provides 39 recommendations related to 5 types of interventions in the period of pregnancy. The healthy lifestyle and eating habits of pregnant women is promoted to prevent excessive gestational weight gain (GWG). During the period of pregnancy, the undernourished population, balanced energy and protein intake are recommended to avoid LBW[1].Regular exercise helps in improving health and fitness. National rules from the US Department of Health and Human services (HHS) and the American College of Midwifery and Gynecology suggests that pregnant females should exercise after consulting the health care provider. Bodily movements and workout are vital for good life. Exercise in pregnancy enables pregnant women to develop, preserve and reinstate extreme program and practical capability during their pregnancy[2].Research have also shown that expectant female's perception and boldness on the way to exercise in pregnancy is influenced greatly by tiredness, absence of initiation to work out, and insufficient previous knowledge on workout[3]. Expecting ladies who eat a reasonable eating regimen and follow daily physical activity, there are many investigations on substantial development during pre-birth period and the outcomes for the mother and new born. The guide lines for real action during pregnancy is extremely broad and isn't counted. The principal objective of this study is to overview the dietary practices and pattern of bodily movement activity movement of females during pregnancy. It will choose the impacts of these elements on the mother and neonatal child. Its third goal is to characterize the causes which impact the act of substantial development during this stage [4]. Exercise is a motivating technique for expectant women to handle their work's impact on their prosperity. Studies on exercise and expectant women's personal satisfaction have produced inconsistent results, nevertheless. The primary goal was to evaluate the influence of exercise on this group of People and conduct a systematic assessment of how it affects women's quality of life [5].Diet earlier conception and all through pregnancy is critical for both the mother and new conceived. Deficient eating regimen, primarily during the first trimester of pregnancy, limits fetal

development and has long haul ramifications for the mother and new conceived. Gestational hypertension and gestational diabetes mellitus (GDM) are the most well-known problems for anticipating mother. These issues have been connected with an expanded gamble of unfavorable to moms and new conceived, including stroke, fetal development limitation, early birth and demise for gestational hypertension; and improvement of type 2 diabetes, toxemia and fetal microsomal [6]. The objectives of the study were mentioned as to evaluate the dietary practices of pregnant women. To explore the association between Physical activity and health status on the outcome of Pharmacy.

2. Rationale

This study explored the current dietary practices and the level of physical activity of the pregnant women of Sialkot. Appropriate diet and physical activity ensure good health and well-being during pregnancy especially in last trimester and affect the outcome of the pregnancy. Health diet and right type of physical activity could potentially reduce the incidence of pregnancy related complications including overweight, blood pressure, gestational diabetes, miscarriages etc. This study helped to know the actual dietary practices and physical activity level of the pregnant women and we can have assessed their health according to the outcome of the pregnancy.

3. Review of the Literature

(Pakistan Dietary Guidelines, 2019) during the period of pregnancy, the nutritional requirements of pregnant women depend on the pre-pregnancy nutritional status, poor nutritious status before conception leads to the higher nutrient requirements and weight gain in the period of pregnancy. High and low weight gains lead to complications in pregnancy. Embryonic and cell differentiation is taking place in first trimester with nominal weight gain, additional caloric intake is essential during the second trimester onwards to avoid unwanted weight gain and pregnancy related medical problems[1]. suggested that high quality food along with satisfactory macro and micro nutrient usage during pregnancy is essential for physical fitness of the mother and newborn. The developmental start of health and disease suggests that most medical complications in adulthood initiate in fetal years. At the moment, the application of this research in maximum countries are neither famous nor in practice. Whereas this research is significant for normal food trends for a healthy lifestyle[2]. emphasized informative fertility of pregnant

women is a prompting aspect in the real acquisition of motherly and child health for learning advantage teachings. The research explored that prenatal training is of extreme advantage to both the mother and fetus in order to decrease risks of diseases associated with pregnancy. The staging and the amount of risk fluctuations depends on the kind of risk, rate of the workout, exercise quality, time duration of exercise achieved during the prenatal period is very helpful to both mother and the new born[7]. Proposed that workout enhances the planned practice of physical workout specially for attaining facts of attainment or enhancing ability of workout and its outcome into an elastic diversity of biological. physical, bodily and sense of emotional variations and kind and level of mentioned oscillations axis on the sort of, constancy of physical workout. The power of workout, time duration of exercise because of prenatal phase role is beneficial for the fitness of the women[8]. suggested in his study that physical work has been rationally recognized for inspiring the flow of the blood circulation equally to the expecting women and the vibrant organ of the fetus. Physical activity enhances the tone strongly. So it is usual and safe delivery that is valuable for all the stages of the newly born and mother. The elements that affect the ultimate benefits consists of age, culture, belief, ignorance and kind of training may also affect consciousness of expecting mothers on the physical workout. Stage of expecting female typically stimulus her knowledge on the direction of the physical workout[9]. explored that physical workout planning for expecting women must comprise at least 5 minutes of training (sluggish, flat activities and stretch). A time period of sustained, enthusiastic aerophilic workout must last around five to fifteen minutes for cooling down, which contain slight movements for normalizing heartbeat. ACOG Committee on Obstetric Practice (2002) listed that physiologic and morphologic ups and downs of pregnancy may slow down after including few methods of physical movement. A woman's overall health, comprising obstetrical and health hazards, should be measured before starting a workout program. Mostly, contribution of an extensive variety of entertaining activities of work out seems to be helping during pregnancy, but every workout game should be studied individually for its potential risk, and actions with a high effect on stomach problem as it should be handled carefully during pregnancy.

Gaston and Cramp (2011) declared in their study that wide diversity of early motherly age shows adverse awareness

of facts of physical workout which shows that earlier woman contribute in high level of physical workout than older women. They also researched in the study that females under 24 years meet American College of Obstetricians and Gynecologist guideline more than pregnant women over 25 years of age because of dangers of other fitness problems. Suggested that diet class refers to the dietary adequacy and foodstuff variety of a person's nutritional intake and its arrangement with national dietary rules. Food quality suggests a wider view of nutrition and nutrient consumptions, as opposed to determine single nutrients or diet. The Australian Suggested Food Score (ARFS) is a previously validated tool that evaluates overall diet quality of adults. The ARFS has been amended for use in pregnancy before as a way to measure overall diet quality in this resident[6]. Suggested that diet education during pregnancy about healthy diet and fit routine during pregnancy can be the precise time to encourage satisfactory daily iron, folic acid ingestion, and other pregnancy exact foodstuffs[10].

Proposed that fundamental suggestions for a solid pregnancy were not being encountered by ladies in our antenatal help comparable to eating and actual work. Overweight ladies show up less inclined toward as such for certain however not all proposals. This is maybe not unexpected in that frame of mind of moderately unfortunate information and restricted medical services proficient evaluation or guidance. There are potential chances to further develop the medical care administrations pregnant ladies got to further develop information and ways of behaving connected with accomplishing a solid way of life, and to be sure it seems pregnant ladies need this[11]. Suggested that actual work and pregnancy writing has developed throughout recent years, and there is adequate experimental proof to help the advancement of moderate-to-incredible pre-birth active work for maternal medical advantages. Future examinations and mediations ought to be painstakingly planned, hypothetically determined, and incorporate approved and dependable movement measures. Scientists and specialists ought to likewise think about the multi-layered determinants and results of pre-birth actual work and intercede to advance active work previously, during, and after pregnancy care visits were those really focused on by the experts in the mediation bunch. This verdict may be owing to the instructive mediation[12]. Proposed that optional examination shows that the GeliS mediation was tolerably viable in further developing the antenatal Dad conduct in a normal consideration setting. As there was no distinction between bunches in the extent of ladies with extreme weight gain, a moderate change in Dad

and dietary way of behaving alone probably won't be adequate to essentially affect generally GWG. Resulting investigations of the GeliS mother-kid companion could uncover the impact of antenatal Dad conduct on other maternal and posterity boundaries, with a unique spotlight on its drawn out influence on maternal and newborn child wellbeing[13]. It suggested that interventions have a negligible effect on reducing severe gestational weight gain (GWG) in pregnant overweight/obese women. This two-arm possible randomised control trial evaluated transfer and adherence to an intervention using modified dosages to control GWG, as well as pre- and post-change in GWG and secondary outcomes (physical activity: PA, energy intake: EI, theories of planned behavior/self-regulation constructs) in comparison to a standard care group[14].

Research Design and Methodology

Material and Methods

A cross-sectional study in which data was collected from pregnant women between ages 19-35 from second trimester till the end of their pregnancy form district Sialkot of Punjab Province of Pakistan with the help of research assistance from the respondent. The assessor instrument use in the collection of data for study was surveyed, which was tested on four hundred (400) pregnant women in Sialkot.

Study Design

A questionnaire, based on two parts i.e. a Food Frequency Questionnaire (Modified form of food frequency Questionnaire developed by KEM Hospital, Pune India) and a Physical Activity Level Assessment Questionnaire (Lisa Chasan Tabar et.al., Development and Validation of a Pregnancy physical activity) was used to collect the data from the pregnant women. The questionnaire were dispensed on the spot and answer of the questions were recorded face to face interview on the spot.

Study Population

In this study four hundred (400) pregnant women from Second trimester till the end of their pregnancy were assessed. The sample size was calculated according to the public health formula Open Epi from the selected population from Sialkot. The total population of Sialkot is six million. The pregnant women population is two

million. The pregnant women sample in this study was calculated by this formula, which is between 19 years age to 35 years.

Sampling Technique

Purposive sampling was used to select the pregnant women for this study from Sialkot. It took three to four months to take the sample from the selected population.

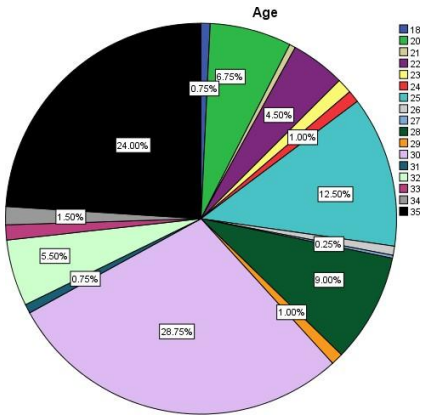
Inclusion Criteria

Pregnant women between ages 19-35, from second trimester till the end of their pregnancy, were included from Sialkot.

Exclusion Criteria

Only those pregnant women were included who have a normal progression of pregnancy. Women in their first trimester and those with existing medical problems, including diabetes, hypertension, heart disease and any other disease were excluded from the study.

Results and Discussions

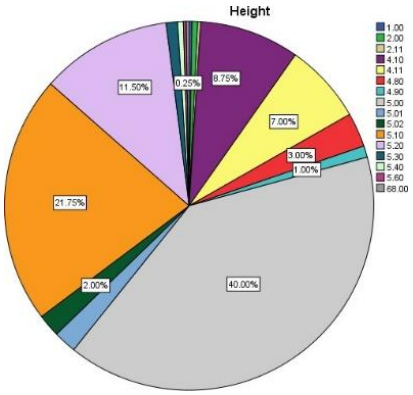


The pie chart shows socio demographic data,

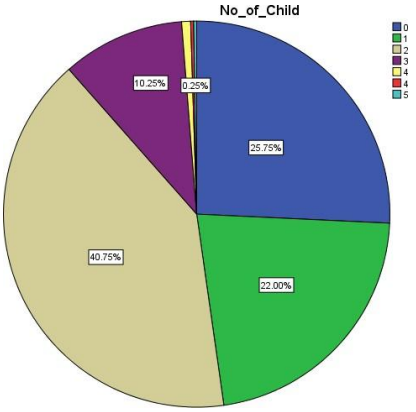
the minimum age of the respondent was 18

(.75%) years and the maximum age was 35

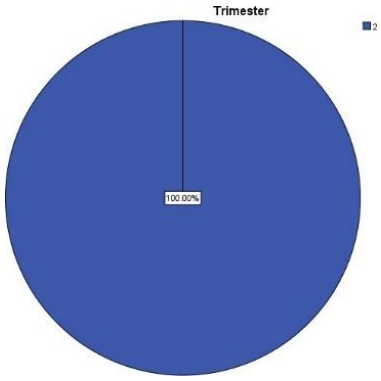
(28.75%) years



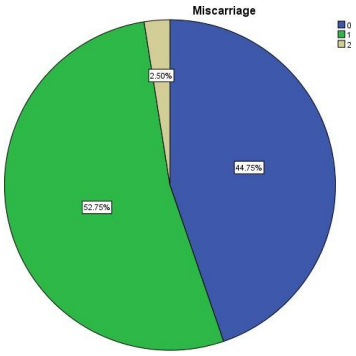
The pie chart shows height of the respondents the minimum height was 4 feet 9 inches (1%) and maximum height was 5 feet (40%).



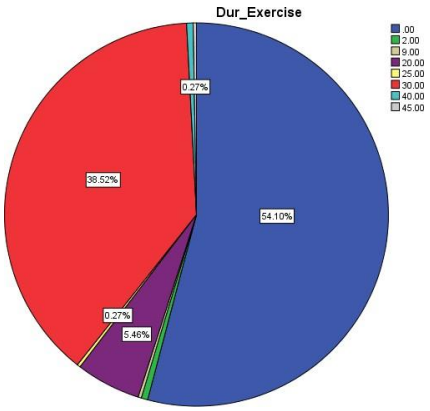
The pie chart shows female having children that (25.75%) did not have children and (40.75%) had children.



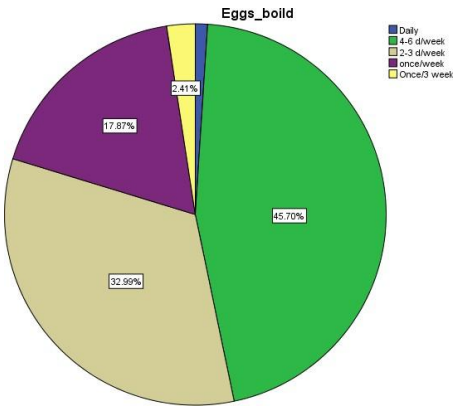
The pie chart shows that 400(100%) were in second trimester.



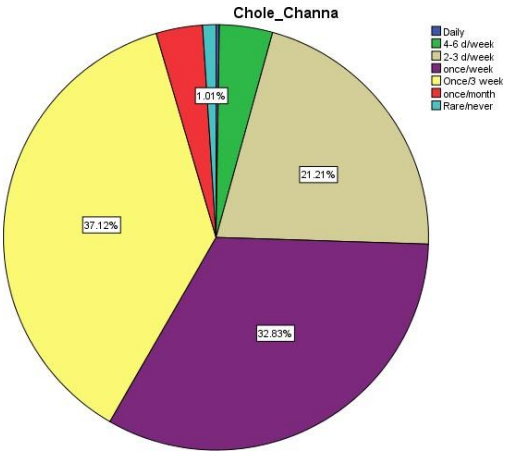
The pie chart shows that (44.75%) did not have miscarriages and 211(52.75%) had 1 miscarriage which was maximum.



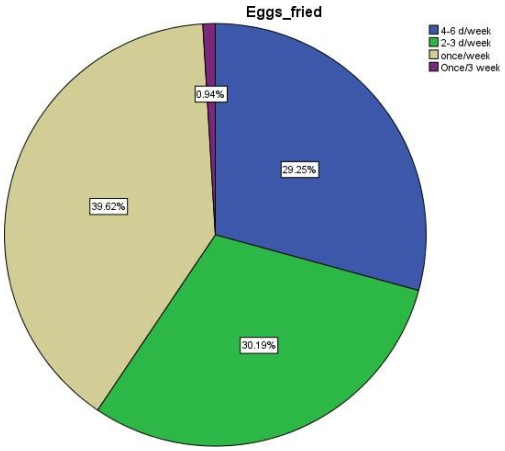
The pie chart shows that maximum (54.10%) of the respondents were not doing exercise and (.27%) were minimum who were doing exercise of 25 minute



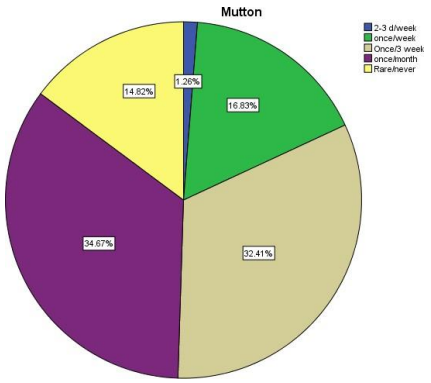
The pie chart shows that (2.41%) were eating boiled egg daily and (32.99%) were eating boiled 4-6 d/week.



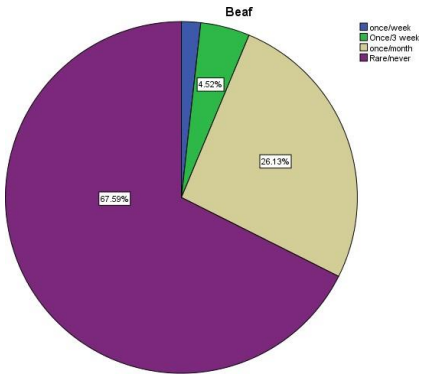
The pie chart that (1.01%) were eating Chole daily and (37.12%) were eating Chole once/3week.



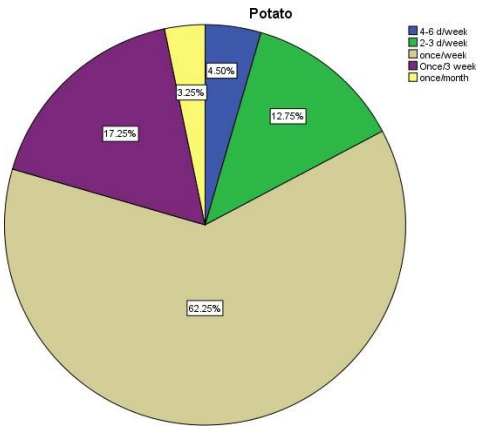
The pie chart shows that (0.94%) were eating boiled egg once/3week and (39.62%) were eating boiled egg once a week.



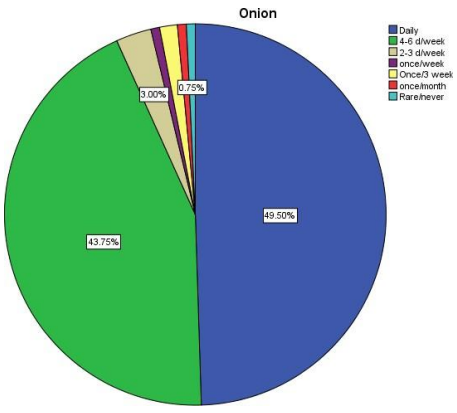
The pie chart shows that (1.26%%) were eating mutton 2-3 d/week and (34.67%) were eating mutton once a month.



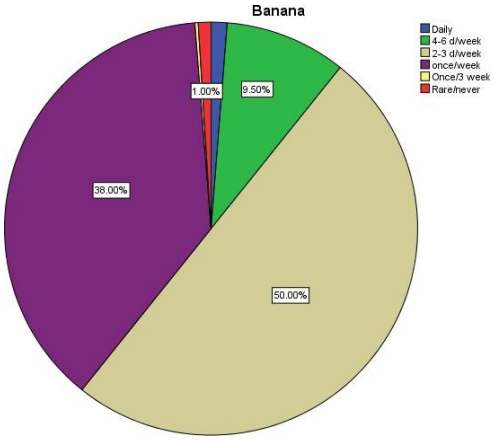
The pie chart shows that (4.52%) were eating beaf once a week and (67.59%) did not or rarely eat beaf which was maximum.



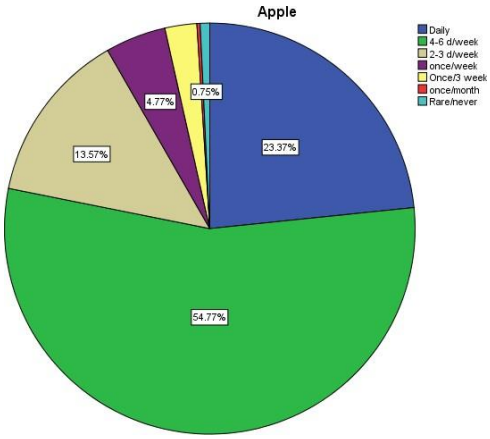
The pie chart shows that (62.25%) were eating potato once a week and (3.25%) were eating potato once a month.



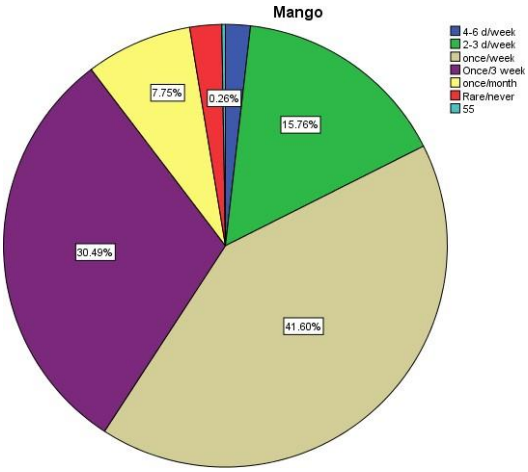
The pie chart shows that, (49.50%) were eating Onion daily and (.75%) did not or rarely eat Onion.



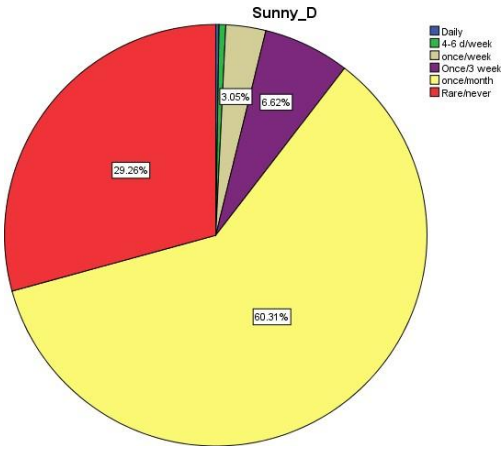
The pie chart shows that (50%) were eating Banana 2-3 d/week and (1%) were eating Banana once/3week.



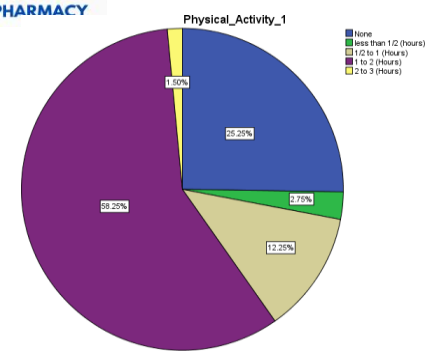
The pie chart shows that (54.71%) were eating Apple 4-6 d/week and (0.75%) were eating Apple once a month.



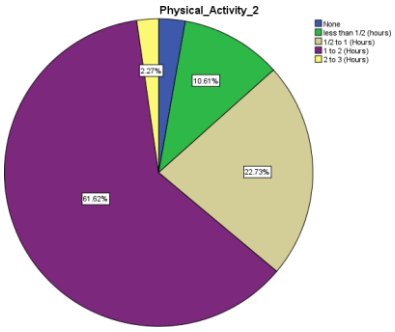
The pie chart shows that (0.25%) were eating Mango 4-6 d/week and (41.60%) were eating Mango once a week.



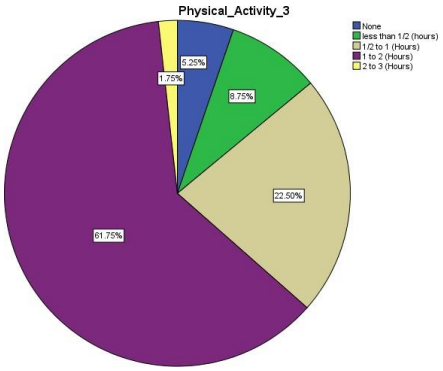
The pie chart shows that (.3%) were eating Sunny D daily and (60.31%) were eating Sunny D once a month.



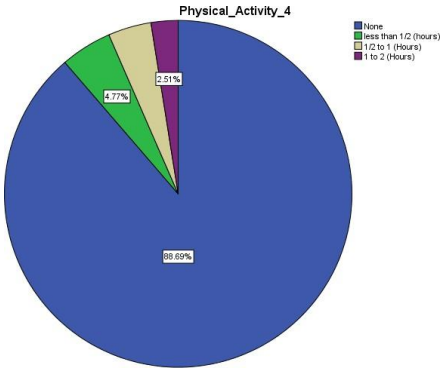
The pie chart shows that (58.25%) of the respondents were maximum who did not took care of an older adult 1 to 2 hours and (1.50%)of the respondents were minimum who took care of an older adult 2 to 3 hours.



The pie chart shows that maximum (61.62%) of the respondents prepared meals (cook, set table, wash dishes) 1 to 2 hours and minimum (2.27%) of the respondents prepared meals (cook, set table, wash dishes) adult 2 to 3 hours.



The pie chart that maximum (61.75%) of the respondents dresses, bath and feed children while sitting 1 to 2 hours and minimum (1.75%) did not dress, bath and feed children while sitting 1 to 2 hours.



The pie chart that maximum (88.69%) did not dress, bath and feed children while standing and minimum (2.5%) did dress, bath and feed children while standing 1 to 2 hours.

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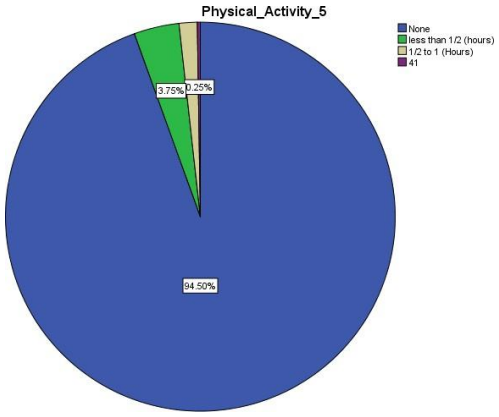
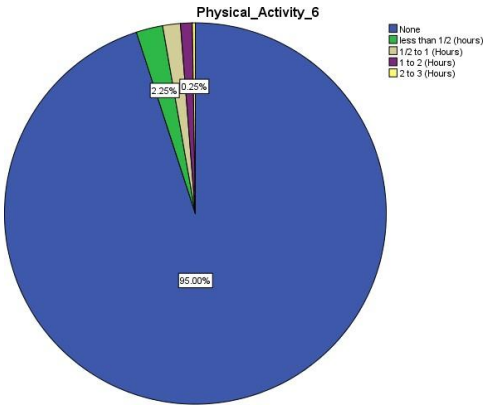


The pie chart shows that maximum (94.50%) of the respondents did not play with children sitting or standing ½ hour to 1 hour and minmum (0.25%) of the respondents played with children sitting o r standing ½ hour to 1 hour were minimum.



The standing ½ hour to 1 hour shows that maximum (95%) of the respondents did not play with children walking or running and minimum (0.25%) played with children walking or running 2 to 3 hours.

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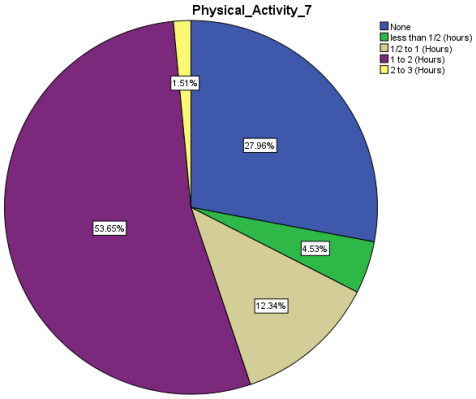

The pie chart shows that maximum (53.65%) of the respondents carried children 1 to 2 hours and minimum (1.51%) of the respondents carried children 2 to 3 hours.

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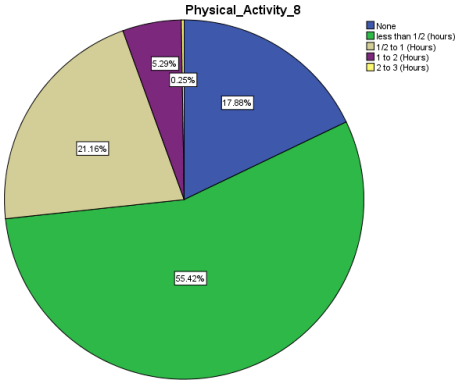

The pie chart shows that (55.47%) of the respondents sat and read, talked, or on the phone, while not at work less than ½ hours and minimum (0.25%) of the respondents sat and read, talked, or on the phone, while not at work 2 to 3 hours.

Correlations

		Health Status	Physical Activities
Correlation Coefficient		1.000	.590
Health Status	Sig.(2-tailed)		.000
	N	400	400
Physical Activities	Correlation Coefficient	.590	1.000
	Sig.(2-tailed)	.000	
	N	400	400

**. Correlation is significant at the 0.01 level (2-tailed).

The above table gives the correlation between health status of women and their physical activities. According to above table the Correlation coefficient is; 0.590 which means that there is good positive correlation between health status of women and their physical activities.

Association between Health status and Pregnancy Outcome

	Pregnancy outcome		Total
	Normal	Caesarean	
Blood Pressure	5	95	100
Gestational Diabetes	8	92	100
Health Status Miscarriages	5	35	40
Infection	5	55	60
Preeclampsia	10	90	100
Total	33	367	400

Discussion

Poor nutritional status during pregnancy was associated with hemorrhage at delivery, prolonged labor, and LBW infants. A person's risk of under nutrition may also be increased by preexisting medical conditions, cultural restrictions on food availability, or both. Even if a mother is not going hungry, the developed fetus may not be able to get the right nutrients from a host who is nutritionally compromised, which will limit growth. Because weight is

usually easily and consistently measured, nutrition during pregnancy is frequently equated with weight gain. However, the increased nutrient requirements to support adequate fetal growth outweigh the limited additional energy requirements, and maternal weight gain is not always indicative of health outcomes, particularly for heavier women. For the metabolic demands of pregnancy and fetal growth, more energy is needed throughout pregnancy. Pregnancy causes an average 15% increase in metabolism, while there is significant variation, especially in the third trimester. Only 340 kcal per day and 452 kcal per day, respectively, are added to the DRI for energy during the second and third trimesters, respectively. Given individual variances in energy production and basal metabolic rate, the range of permissible calorie consumption varies greatly when maternal weight is within the desired limits. It is more useful to adjust intakes to achieve the recommended weight increase than to determine calorie needs. To sustain the synthesis of maternal and fetal tissues, more protein is needed. Throughout the entire pregnancy, this demand rises, reaching its peak in the third trimester. In the first half of pregnancy, pregnant women receive the same amount of protein as non-pregnant women 0.8 g/kg of current body weight/day. In the second half, needs rise to 1.1 gm/kg/day. The RDA for carbs rises somewhat, assisting in maintaining healthy blood glucose levels and avoiding ketosis. Although intake may be higher in women who consume more calories, careful carbohydrate choices are necessary to ensure that a pregnant woman gets all the daily nutrients she needs. Complex carbs from whole grains, fruits, and vegetables should be prioritized over simple sugars, especially refined liquid sugars, whether they are naturally occurring (in juices) or artificially generated (soda). consumption of whole-grain breads and cereals per day to add more minerals, vitamins, and fiber to your diet, eat more leafy green and yellow vegetables as well as fresh and dried fruits. 14 g/day/1000 kcal is the DRI for fiber during pregnancy. Physical activity level of the pregnant ladies was not enough up to the level of required status. Most of the females adopted sedentary life during pregnancy. Very few ladies were involved in physical activity. The duration of physical activity was 30 minutes to 45 minutes. It also depends on the education level of the female. Females who were less educated usually adopt sedentary life style. It also depends on the social norm because in our society it is usually believed that pregnant lady does not need to any kind of physical activity. Working ladies were doing physical activity but their number was not significant.

Conclusions

In pregnant women, there is an association between workout and dietary patterns. In my study the socio demographic data was that minimum age of the pregnant women was 18 years and the maximum age was 35 years. The minimum weight of the pregnant women was 48 kg and maximum weight was 100 kg. The minimum height of the pregnant women was 4 feet 10 inches and maximum height was 6 feet. All the females were in second trimester of their pregnancy. 179 pregnant women did not have miscarriages, 10 had 1 miscarriage and 211 had 2 miscarriages. All the patients were taken from outpatient department from ten hospitals of Sialkot. The minimum education level of the pregnant women was matriculation and maximum level of education was masters. The maximum duration of exercise of pregnant women was 45 minutes and minimum duration was 15 minutes. 25 pregnant women did not have house help and 375 had house help. 68 pregnant women had nuclear type of family and 332 had joint family type. 291 pregnant women were house wives and 106 were working females. Data regarding Lentils showed that 169 pregnant women eat Moong 4-6d/week, 167 pregnant women eat Masoor 2-3d/week, 223 pregnant women eat Lobia once a month, 147 pregnant women eat Chanay once /3week. Data regarding Meat/Poultary showed that 133 pregnant women eat boil egg 4-6d/week, 42 pregnant women eat fry egg once a week, 42 pregnant women eat raw egg once a week. Data regarding Tubers and roots showed that 249 pregnant women eat Potato once a week, 143 pregnant women did not or rarely eat sweet potato. Data regarding fruits(pulpy) showed that 200 pregnant women eat Banana 2-3d/week, 346 pregnant women did not or rarely eat Papaya, 161 pregnant women eat mango once a week. Data regarding physical activity showed that 233 pregnant women did not take care of an older child for 1 to 2 hours, 244 pregnant women prepared meals (cook, set table, wash dishes) for 1 to 2 hours, 247 pregnant women were dress, bath and feed children while sitting for 1 to 2 hours, 353 pregnant women did not dress, bath and feed children while standing, 378 pregnant women did not play with children sitting or standing, 380 pregnant women did not play with children walking or running, 213 pregnant women carried children for 1 to 2 hours, 220 pregnant women sat and read, talked, or on the phone, while not at work less than ½ hours, 159 pregnant sat and using a computer or write, while not at work ½ hour to 1 hour, 186 pregnant

women watched TV or a video ½ hour to 1 hour, 344 pregnant did not play with Pets, 22 pregnant women did not do light cleaning (make beds, laundary, iron, put things away), 168 pregnant women shopped (for food, clothe or other items) ½ hour to 1 hour. **References**

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Annexure

Socio Demographic Data of Respondent

Name of Patient: _____Age: _____Weight: _____Height: _____

No of Children: _____Trimester: _____Miscarriage (If any): _____

Outdoor Patient/Indoor Patient: _____Hospital Name: _____

Education: _____Duration of Exercise (if any): _____

House help: Yes_____No: _____: Type of family: Nuclear/Joint_____

Working status: House wife/working lady _____

Food Frequency Questionnaire

Food item	Qty in household measures	Daily	4-6 d/wk	2-3 d/wk	Once/wk	Once / 3 wk	Once/ month	Rare / never
A) Drinks								
1. Tea								
2. Coffee								
3. Sherbat / Sugarcane juice								
4. Cold drinks								
Others								

B) Milk & milk products								
1. Milk (Bufflow)								
2. Milk (Cow)								

Food item	**Qty in household measures**	**Daily**	**4-6 d/wk**	**2-3 d/wk**	**Once/wk**	**Once / 3 wk**	**Once/ month**	**Rare / never**
5. Buttermilk / lassi								
6. Cheese								
7. Butter Cow Buffalow								
8. Ghee Cow Buffalow								
9. Milk powder								
C) Cereal (main course)								
3. Rice								
4. Moong kichadi								

Others								
D. Cereals (Bakery items)								
1. bread / bun								
E. Lentils								
1. Moong								

2. Masoor								
3. Lobia								
4. Channa								
Others								
F. Meat / poultry								
1. Eggs								
a. Boiled b. fried c. raw d. egg salan e. omlette								
2. Chicken								
3. Mutton								
4. Beaf								

Food item	**Qty in household measures**	**Daily**	**4-6 d/wk**	**2-3 d/wk**	**Once/wk**	**Once / 3 wk**	**Once/ month**	**Rare / never**
I. Tubers and roots / others								
1. Potato								
2. Sweet potato								

Food item	**Qty in household measures**	**Daily**	**4-6 d/wk**	**2-3 d/wk**	**Once/wk**	**Once / 3 wk**	**Once/ month**	**Rare / never**
10. Palak								
Others								
J. Fruits (pulpy)								

1. Banana								
3. Apple								
5. Mango								
Others								
K. Citrus & juicy								
1. Orange								

L. Fried items								
1. Potato								
Food item	**Qty in household measures**	**Daily**	**4-6 d/wk**	**2-3 d/wk**	**Once/wk**	**Once / 3 wk**	**Once/ month**	**Rare / never**
M. Sweets & Fast Foods								
1. Ice cream / kulfi								
2.Chocolates								
Others								
N. Miscellaneous								
1. Nutrient supplements (specify)								

2.Sunny D								

(Modified form of food frequency Questionnaire developed by KEM Hospital, Pune India)

PHYSICAL ACTIVITY LEVEL ASSESSMENT QUESTIONNAIRE

To Explore the association between Physical activity and health status During this trimester, when you are not at work, how much time do you usually spend

Activity	Number of Hours per day					
	None	Less than ½	½ to 1	1 to 2	2 to 3	3 to more
1. Taking care of an older adult						
2.Preparing meals (cook, set table, wash dishes)						
3. Dressing, bathing, feeding children while you are sitting						
4. Dressing, bathing, feeding children while you are standing.						
5. Playing with children while you are sitting or standing						
6.Playing with children while you are walking or running						
7. Carrying children						
8.Sitting and reading, talking, or on the phone, **while not at work**						