

GYNECOLOGICAL, MATERNAL AND REPRODUCTIVE DIETETICS SPECIALIZATION COURSE

6 Month Advanced Specialization Course

A structured specialization for nutrition and dietetics students, graduates and practicing dietitians who want focused competence across female reproductive health, trimester specific pregnancy nutrition, pregnancy related clinical concerns, PMOS, gynecological conditions, fertility, postpartum nutrition, lactation, menopause and complex women's health care.

Who This Course Is For

Nutrition and dietetics students, graduates and practicing dietitians who want to develop specialized skills in gynecological, reproductive and maternal nutrition care within appropriate professional scope.

Specialization Approach

The course starts with female reproductive physiology and assessment, then studies pregnancy trimester by trimester, followed by pregnancy related nutrition complications, PMOS, major gynecological conditions, fertility, postpartum care, lactation, menopause, oncology and advanced case management.

Clinical Focus

Participants learn to connect medical diagnosis, menstrual and reproductive history, gestational stage, dietary intake, growth or weight trajectory, biochemical information, symptoms, medications, supplements, lifestyle, fertility goals and psychosocial circumstances before selecting nutrition intervention.

Overall Aim

To develop dietitians who can provide structured, evidence informed nutrition care across female reproductive health while

recognizing medical red flags, multidisciplinary needs and the limits of dietetic practice.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Female Reproductive Physiology, Menstrual Health and Specialized Assessment

Understand reproductive physiology, menstrual health, hormonal and metabolic relationships, clinical information and structured gynecological nutrition assessment.

Month 2

Pregnancy Nutrition by Trimester

Understand how nutrition priorities, symptoms, maternal needs, micronutrient concerns and practical dietary management change across the first, second and third trimesters.

Month 3

Pregnancy Related Nutrition Complications and High Risk Maternal Nutrition

Develop structured nutrition reasoning for GDM, hyperemesis, anemia, gastrointestinal difficulties, hypertensive disorders, multiple pregnancy and other high risk situations.

Month 4

PMOS and Gynecological Conditions

Apply individualized nutrition care to PMOS, endometriosis, adenomyosis, fibroids, heavy menstrual bleeding, amenorrhea, PMS, PMDD and related concerns.

Month 5

Fertility, Postpartum, Lactation, Menopause and Complex Women's Health

Support preconception and fertility care, postpartum recovery, lactation nutrition, menopause, gynecological oncology and pelvic surgery nutrition.

Month 6

Advanced Gynecological and Maternal Dietetic Practice

Integrate assessment, nutrition diagnosis, intervention, counseling, documentation, monitoring, referral and complex case defense.

MONTH 1: FEMALE REPRODUCTIVE PHYSIOLOGY, MENSTRUAL HEALTH AND SPECIALIZED ASSESSMENT

Theme: Understand female physiology before trying to influence it through nutrition.

Purpose: To build the reproductive, metabolic and clinical foundation required for specialized gynecological and maternal nutrition practice.

Week

Focus

Learning Content

Practical Application

1

Female Reproductive Physiology

Female reproductive anatomy relevant to dietetic practice.
Hypothalamic pituitary ovarian axis. Follicular phase. Ovulation.
Luteal phase. Menstruation. Estrogen. Progesterone. Androgens.
Insulin and reproductive metabolism.

Participants map the menstrual cycle and explain major physiological changes without attaching unsupported dietary protocols to cycle phases.

2

Menstrual Health and Reproductive Life Stages

Menarche. Reproductive years. Menstrual patterns. Pregnancy.
Postpartum transition. Lactation. Perimenopause. Menopause. How
nutrition priorities change across female life stages.

Participants compare nutrition priorities across adolescence,
reproductive age, pregnancy, postpartum and menopause.

3

Specialized Gynecological Nutrition Assessment

Menstrual history. Reproductive history. Medical diagnoses.
Fertility goals. Pregnancy history. Weight trajectory. Dietary intake.
Physical activity. Sleep. Stress. Gastrointestinal symptoms.
Medications. Supplements. Family and social circumstances.

Participants complete a structured reproductive and gynecological
nutrition assessment from a simulated case.

4

Clinical and Biochemical Information for Dietitians

CBC. Iron studies. Glucose related markers. Lipids. Vitamin B12.
Folate. Vitamin D where relevant. Thyroid results provided by the
medical team. Reproductive hormone findings as medical context.
Distinguishing nutrition interpretation from medical diagnosis.

Participants review a simulated clinical record and separate

nutrition relevant findings from findings requiring medical interpretation or referral.

Development Outcome: Participants should stop using vague labels such as hormonal imbalance and learn to identify what has actually been diagnosed, what nutrition problems are present and what falls within dietetic scope.

MONTH 2: PREGNANCY NUTRITION BY TRIMESTER

Theme: Pregnancy nutrition changes as pregnancy progresses.

Purpose: To understand normal pregnancy nutrition before progressing into pregnancy complications and high risk maternal nutrition.

Week

Focus

Learning Content

Practical Application

5

First Trimester Nutrition

Early pregnancy physiology. Maternal adaptation. Energy needs in early pregnancy. Protein and dietary quality. Folate. Iron. Iodine. Vitamin B12. Vitamin D and calcium considerations. Nausea. Vomiting. Food aversions. Constipation. Fatigue. Caffeine and food safety considerations.

Participants develop a first trimester nutrition strategy for a patient with nausea, food aversions and reduced dietary variety.

6

Second Trimester Nutrition

Increasing fetal growth and changing maternal needs. Energy and protein adequacy. Gestational weight trajectory. Iron and calcium needs. Dietary quality. Carbohydrate quality. Fiber. Hydration. Practical meal structure and physical activity collaboration.

Participants complete a second trimester assessment and decide whether intake, weight progression and micronutrient adequacy require modification.

7

Third Trimester Nutrition

Late pregnancy demands. Energy and protein adequacy. Accelerated fetal growth. Reflux. Early satiety. Constipation. Reduced meal capacity. Nutrient density. Iron status. Hydration. Meal distribution and preparation for delivery without unsupported dietary claims.

Participants develop a third trimester strategy for a patient experiencing reflux, early satiety and low iron intake.

8

Complete Trimester Integration

How intake, symptoms, gestational weight trajectory, micronutrient needs, supplements, food safety and practical meal planning change throughout pregnancy. Review of prenatal supplementation and duplication risk.

Participants follow one simulated patient from the first trimester to the third trimester and modify nutrition care at each stage.

Development Outcome: Participants should understand that first, second and third trimester nutrition cannot be treated as one identical pregnancy diet.

**MONTH 3: PREGNANCY RELATED NUTRITION COMPLICATIONS
AND HIGH RISK MATERNAL NUTRITION**

Theme: A complicated pregnancy requires clinical nutrition reasoning, not a standard pregnancy meal plan.

Purpose: To develop competence in pregnancy conditions that have significant nutritional implications and require coordinated medical care.

Week

Focus

Learning Content

Practical Application

9

Gestational Diabetes Mellitus

Pathophysiology relevant to nutrition. Dietary and glucose assessment. Carbohydrate amount, quality and distribution. Meal and snack structure. Fiber. Protein. Gestational weight trajectory. Glucose monitoring information. Physical activity collaboration. Medication awareness and multidisciplinary management.

Participants interpret simulated dietary and glucose records and build an individualized GDM nutrition intervention without unnecessary carbohydrate elimination.

10

Hyperemesis, Nausea and Gastrointestinal Difficulties

Nausea and vomiting. Hyperemesis gravidarum. Dehydration and inadequate intake risk. Reflux. Constipation. Food aversions. Meal size. Timing. Hydration. Nutrient density. When oral intake is inadequate and escalation is required.

Participants develop a stepped nutrition strategy for a pregnant patient whose symptoms are significantly limiting intake.

11

Maternal Anemia and Micronutrient Concerns

Iron deficiency. Iron deficiency anemia. Folate and vitamin B12 concerns. Vitamin D and calcium considerations. Dietary assessment. Absorption. Supplement history. Multiple deficiencies following restrictive intake or hyperemesis. Coordination with medical treatment.

Participants differentiate inadequate intake from clinically established deficiency and develop a nutrition plan linked to available laboratory information.

12

High Risk Pregnancy Nutrition

Hypertensive disorders and preeclampsia as medical conditions. Multiple pregnancy. Maternal obesity. Fetal growth concerns. Pregnancy after bariatric surgery. Preexisting diabetes. Complex medication use. Nutritional adequacy, specialist referral and multidisciplinary monitoring.

Participants prioritize nutrition care for a medically complex pregnancy involving more than one risk factor.

Development Outcome: Participants should be able to distinguish normal pregnancy nutrition from pregnancy requiring specialized medical nutrition therapy and multidisciplinary management.

MONTH 4: PMOS AND GYNECOLOGICAL CONDITIONS

Theme: Do not match a gynecological diagnosis with an internet diet. Identify the nutrition problem first.

Purpose: To apply evidence informed nutrition reasoning to PMOS and gynecological conditions in which nutrition can influence nutritional status, symptoms, metabolic risk or treatment tolerance.

Week

Focus

Learning Content

Practical Application

13

PMOS

Reproductive, endocrine, metabolic and psychological dimensions of PMOS. Dietary quality. Glucose regulation. Cardiometabolic risk. Body composition. Physical activity. Sleep. Eating behavior. Individualized weight management where appropriate. PMOS across different body sizes. Supplement evidence and misinformation.

Participants compare two PMOS cases with different metabolic and reproductive presentations and develop different nutrition priorities.

14

Endometriosis and Adenomyosis

Pain related poor intake. Gastrointestinal symptoms. Dietary restriction risk. Nutrient adequacy. Iron status where bleeding is present. Critical appraisal of anti inflammatory diets, elimination diets and supplement claims. Multidisciplinary care.

Participants support a patient who has developed extensive food restriction while managing endometriosis or adenomyosis.

15

Fibroids, Heavy Menstrual Bleeding and Iron Deficiency

Uterine fibroids as medical context. Heavy menstrual bleeding. Iron depletion and anemia. Dietary iron. Absorption. Protein and energy adequacy. Symptoms that affect intake. Supplement coordination and medical referral.

Participants develop nutrition care for a medically diagnosed fibroid case with heavy bleeding and iron deficiency.

16

PMS, PMDD, Amenorrhea and Menstrual Concerns

Dysmenorrhea. Premenstrual symptoms. Appetite changes. Food cravings. Fluid related symptoms. PMDD as a condition requiring medical and mental health involvement. Irregular menstruation. Functional hypothalamic amenorrhea concepts. Low energy availability. Restrictive eating and excessive exercise concerns.

Participants distinguish which concerns can be nutritionally supported and which require medical, psychological or multidisciplinary assessment.

Development Outcome: Participants should understand the difference between supporting nutritional consequences and claiming to treat a gynecological disease through diet alone.

MONTH 5: FERTILITY, POSTPARTUM, LACTATION, MENOPAUSE AND COMPLEX WOMEN'S HEALTH

Theme: Specialized female nutrition care continues before conception, after delivery and throughout later life.

Purpose: To broaden specialized practice across preconception, fertility treatment, postpartum recovery, lactation, menopause, oncology and pelvic surgery.

Week

Focus

Learning Content

Practical Application

17

Preconception, Fertility and Assisted Reproduction

Preconception nutritional status. Folate. Iron. Vitamin B12. Iodine considerations. Vitamin D where relevant. Metabolic health. Body weight extremes. PMOS related infertility. Endometriosis related concerns. Assisted reproductive treatment concepts. Supplement misinformation and emotional burden.

Participants complete a fertility focused nutrition assessment without assuming infertility has a dietary cause or promising conception through food.

18

Postpartum Nutrition and Lactation

Postpartum recovery. Energy and protein adequacy. Iron status. Hydration. Constipation. Surgical recovery after cesarean birth. Lactation nutrition. Dietary variety. Micronutrient adequacy. Maternal fatigue. Food accessibility. Weight pressure and realistic postpartum counseling.

Participants develop a postpartum and lactation strategy that supports recovery and feeding goals without aggressive weight loss advice.

19

Perimenopause and Menopause

Changes in body composition. Cardiometabolic risk. Bone health. Muscle preservation. Protein adequacy and distribution. Calcium. Vitamin D. Dietary quality. Resistance exercise collaboration. Alcohol and caffeine considerations according to individual context.

Participants develop a menopause nutrition strategy focused on bone, muscle, metabolic and cardiovascular health rather than hormone balancing claims.

20

Gynecological Oncology and Pelvic Surgery

Ovarian, endometrial, cervical and other gynecological cancer nutrition concepts. Surgery. Chemotherapy. Radiotherapy. Poor intake. Weight loss. Gastrointestinal symptoms. Protein and energy needs. Recovery. Survivorship. Specialist oncology dietetic referral when required.

Participants identify nutrition priorities throughout treatment and recovery in a simulated gynecological oncology case.

Development Outcome: Participants should understand how nutrition priorities change across fertility care, postpartum recovery, lactation, menopause and complex gynecological illness.

MONTH 6: ADVANCED GYNECOLOGICAL AND MATERNAL DIETETIC PRACTICE

Theme: Bring reproductive physiology, maternal health, medical diagnosis and nutrition into one structured care process.

Purpose: To integrate specialized assessment, nutrition diagnosis, intervention, monitoring, documentation, referral and advanced case management.

Week

Focus

Learning Content

Practical Application

21

Specialized Nutrition Diagnosis and Prioritization

Translating maternal and gynecological assessment findings into nutrition diagnoses. Intake, clinical and behavioral problems. Primary and secondary priorities. Etiology based intervention planning. PES statements. Distinguishing medical diagnosis from

nutrition diagnosis.

Participants write and defend PES statements for pregnancy, GDM, PMOS, anemia and gynecological cases.

22

Intervention, Counseling and Monitoring

Individualized nutrition prescription. Dietary modification. Education. Counseling. Supplement use when justified. Physical activity collaboration. Symptom monitoring. Dietary intake. Anthropometry. Gestational weight. Biochemical information and patient reported outcomes.

Participants build complete interventions and monitoring frameworks linked directly to identified nutrition problems.

23

Documentation and Multidisciplinary Practice

ADIME documentation. Referral communication. Collaboration with obstetricians, gynecologists, endocrinologists, fertility teams, midwives, diabetes teams, psychologists, oncology teams and other healthcare professionals. Professional boundaries and continuity of care.

Participants complete specialized maternal and gynecological ADIME documentation and a multidisciplinary referral communication exercise.

24

Advanced Maternal and Gynecological Case Defense

Integration of reproductive history, gestational stage, medical diagnosis, nutrition assessment, biochemical findings, medications, supplements, symptoms, psychosocial factors, fertility goals, patient priorities and monitoring.

Participants present and defend one complex pregnancy case and

one advanced gynecological case, explaining the reason behind each major nutrition decision.

Development Outcome: Participants should finish the specialization able to manage nutrition care across pregnancy and gynecological practice while recognizing cases that require medical or multidisciplinary escalation.

SPECIALIZED PREGNANCY CASE PORTFOLIO

Case Area

Practical Competency

First Trimester Case

Manage early pregnancy requirements, nausea, food aversions, food safety and micronutrient adequacy.

Second Trimester Case

Adjust nutrition according to changing maternal and fetal demands and gestational weight trajectory.

Third Trimester Case

Manage late pregnancy requirements, reflux, early satiety, hydration and nutrient density.

GDM Case

Interpret dietary and glucose patterns and develop individualized nutrition intervention and monitoring.

Hyperemesis Case

Recognize nutrition risk, support intake and hydration, and identify when escalation is required.

Iron Deficiency in Pregnancy

Integrate dietary intake, laboratory findings and supplement coordination.

Multiple Pregnancy

Address increased nutritional requirements, gestational weight progression and micronutrient adequacy.

Hypertensive Pregnancy

Provide supportive nutrition within appropriate obstetric management.

Pregnancy After Bariatric Surgery

Identify deficiency, intake and gastrointestinal risks requiring specialist multidisciplinary care.

Complex Pregnancy

Prioritize nutrition concerns when more than one maternal complication is present.

SPECIALIZED GYNECOLOGICAL CASE PORTFOLIO

Case Area

Practical Competency

PMOS With Different Body Size and Metabolic Profiles

Individualize care rather than assuming every patient requires the same weight or carbohydrate intervention.

Endometriosis

Protect nutritional adequacy and address symptom related nutrition concerns without disease cure claims.

Adenomyosis

Address nutrition consequences of pain, bleeding and dietary restriction within multidisciplinary care.

Fibroids

Manage nutritional consequences such as iron depletion and reduced intake while medical treatment addresses the condition.

Heavy Menstrual Bleeding

Identify iron and nutrition consequences while maintaining appropriate medical referral.

PMS

Use symptom tracking and evidence informed nutrition support.

PMDD

Recognize multidisciplinary medical and mental health needs while supporting nutritional adequacy.

Amenorrhea

Evaluate possible low energy availability, restrictive eating and nutritional contributors while ensuring medical assessment.

Fertility Treatment

Support nutritional adequacy and metabolic health without promising fertility outcomes.

Postpartum and Lactation

Support maternal recovery, lactation needs and realistic eating patterns.

Menopause

Address bone, muscle, cardiometabolic and overall nutritional health.

Gynecological Oncology

Identify nutrition risk, treatment related concerns and specialist referral needs.

PROFESSIONAL SCOPE INTEGRATION

Situation

Specialized Dietitian Role

Pregnancy

Assess and manage nutritional needs while antenatal medical care remains with the obstetric team.

GDM

Provide medical nutrition therapy and monitoring within coordinated diabetes and obstetric care.

Hyperemesis

Address nutritional consequences while medical management treats severe vomiting, dehydration and related complications.

Hypertensive Disorders

Support appropriate nutrition without presenting diet as treatment for preeclampsia or other medical complications.

PMOS

Address nutritional, metabolic and behavioral problems within evidence informed multidisciplinary care.

Irregular Menstruation

Assess possible nutrition contributors while ensuring appropriate gynecological evaluation.

Heavy Menstrual Bleeding

Manage iron and other nutritional consequences rather than treating the source of bleeding.

Endometriosis and Adenomyosis

Support nutritional status and symptom related dietary needs without claiming diet reverses the disease.

Fibroids

Address nutritional consequences while gynecological management remains medical.

Infertility

Support preconception nutrition and metabolic health without promising conception from a specific food or supplement.

Postpartum and Lactation

Support maternal recovery and nutritional adequacy while collaborating with medical and lactation teams as required.

Menopause

Support bone, muscle, cardiovascular and metabolic health while medical treatment decisions remain with the relevant clinician.

Gynecological Cancer

Provide care within oncology nutrition competence and multidisciplinary management.

Supplements

Evaluate indication, evidence, dose, safety and interactions rather than using standard hormone protocols.

FINAL SPECIALIZATION PORTFOLIO

Portfolio Component

Final Output

Specialized Reproductive Nutrition Assessment

A complete assessment framework covering menstrual, reproductive, medical, dietary and lifestyle information.

Menstrual History Tool

A structured menstrual, symptom and reproductive history template.

Trimester Nutrition Portfolio

Separate first, second and third trimester nutrition cases with evolving intervention priorities.

Pregnancy Weight Monitoring Exercise

Longitudinal interpretation of gestational weight trajectory within clinical context.

GDM Case

Complete assessment, nutrition intervention and monitoring framework.

High Risk Pregnancy Case

A multidisciplinary nutrition care plan for a medically complex pregnancy.

PMOS Case Portfolio

Multiple presentations requiring different nutrition priorities and interventions.

Endometriosis and Adenomyosis Case

Evidence aware nutrition support with protection against

unnecessary dietary restriction.

Fibroid and Iron Deficiency Case

Management of nutrition consequences and monitoring.

Fertility Assessment

Preconception and fertility focused nutrition framework.

Postpartum and Lactation Case

Nutrition plan supporting maternal recovery and feeding goals.

Menopause Case

Bone, muscle, cardiovascular and metabolic nutrition strategy.

Gynecological Oncology Case

Nutrition risk identification, treatment support and referral framework.

Supplement Appraisal

Critical assessment of a women's health supplement or marketing claim.

Specialized ADIME Portfolio

Complete maternal and gynecological nutrition documentation.

Final Case Defense

One advanced pregnancy case and one advanced gynecological case defended through clinical reasoning.

EXPECTED SPECIALIZATION TRANSFORMATION

At Entry

At Completion

Pregnancy just requires eating more.

I understand how nutritional priorities change across each trimester and according to maternal health.

Every trimester can follow the same plan.

I can modify nutrition care according to gestational stage, symptoms, weight trajectory and clinical findings.

GDM means removing carbohydrates.

I understand individualized carbohydrate amount, quality and distribution within comprehensive diabetes in pregnancy care.

PMOS means one fixed diet and weight loss.

I understand that PMOS has varied reproductive and metabolic presentations requiring individualized assessment.

Endometriosis requires a specific anti inflammatory diet.

I understand evidence limitations and focus on nutritional adequacy, symptom related support and appropriate medical care.

Fibroids need a fibroid diet.

I recognize the dietitian role in nutritional consequences such as iron depletion while medical management treats the condition.

Fertility foods improve conception.

I provide evidence informed preconception support without promising fertility outcomes from foods or supplements.

Postpartum nutrition should focus on losing pregnancy weight.

I prioritize maternal recovery, nutritional adequacy, lactation needs, mental wellbeing and sustainable routines.

Menopause is mainly about weight gain.

I consider bone, muscle, cardiovascular, metabolic and overall nutritional health.

I know women's health meal plans.

I can conduct, document and defend a complete specialized maternal and gynecological nutrition care process.

FINAL LEARNING PATHWAY

Stage

Learning Progression

Stage 1

Understand female reproductive physiology and menstrual health.

Stage 2

Conduct specialized gynecological and reproductive nutrition assessment.

Stage 3

Understand first trimester nutrition.

Stage 4

Understand second trimester nutrition.

Stage 5

Understand third trimester nutrition.

Stage 6

Manage pregnancy related nutrition complications including GDM and high risk maternal concerns.

Stage 7

Understand PMOS and individualized metabolic nutrition care.

Stage 8

Manage nutritional consequences of major gynecological conditions.

Stage 9

Support preconception, fertility and assisted reproduction within professional scope.

Stage 10

Support postpartum recovery and lactation nutrition.

Stage 11

Support menopause and later life nutrition priorities.

Stage 12

Recognize oncology, surgical and complex women's health nutrition needs.

Stage 13

Develop nutrition diagnosis, intervention, monitoring and documentation.

Stage 14

Collaborate with obstetric, gynecological, fertility, diabetes and specialist teams.

Stage 15

Defend advanced maternal and gynecological cases through structured clinical reasoning.

COURSE PHILOSOPHY

This specialization is designed to develop maternal and gynecological dietetic reasoning rather than provide a collection of pregnancy or women's health meal plans. Participants learn to connect physiology, gestational stage, medical diagnosis, menstrual and reproductive history, dietary intake, biochemical information, symptoms, medications, supplements, lifestyle and patient priorities so that nutrition care is individualized, safe and professionally defensible.