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Diet and lifestyle during pregnancy

Pregnancy can be a very exciting time for most people. It can also make some people feel anxious about what they should (or should not) be doing for their own and their baby's health.

What is a healthy diet during pregnancy?

During pregnancy it is important to continue to eat a healthy balanced diet.

You may have an increased appetite but **it is not necessary to 'eat for two'**, even if you are having twins or triplets. Too much weight gain increases your risk of developing problems later in the pregnancy. Extra weight is also difficult to lose after the birth.

Women whose weight is within a healthy range before pregnancy should aim for a weight gain of 11-16 kg over the pregnancy. The National Institute for Health and Care Excellence (NICE) advises that pregnant women only need **an extra 200 calories per day in the last three months of pregnancy**. No extra calories are needed until that point.

Aim to eat [a healthy diet](#) (which everyone should be eating, not just pregnant women). This should include a variety of foods groups including:

- Starch-based foods (such as bread, cereals, potatoes, rice, and pasta).
- Fresh fruit and vegetables.
- Plenty of fibre, which can be found in wholegrain breads as well as fruit and vegetables.
- Protein foods such as meat, fish, pulses, chicken, etc, every day. Choose lean meat, cut the fat off red meat and the skin off chicken.

- Dairy foods, such as yoghurt, milk and cheese.

Try to avoid adding fat – for example, by not frying food where possible.

Include foods with plenty of iron, calcium and folic acid – a growing baby needs these nutrients right from the start of the pregnancy:

- **Iron** is mainly in red meat, pulses, dried fruit, green vegetables and fortified cereals.
- **Calcium** is mainly in dairy products such as milk, cheese and yoghurt. (Low-fat milk, cheeses and yoghurts usually contain just as much calcium as the full-fat varieties and are still a good source of calcium). Calcium is essential for strong bones and teeth.
- **Folic acid** is mainly in green vegetables, brown rice, and fortified cereals.

Foods and drinks to avoid during pregnancy

You should not eat the following if you are pregnant:

- **Anything with a lot of vitamin A.** You need a small amount of vitamin A to keep healthy. However, large amounts can harm an unborn baby. So, avoid:
 - Liver and liver products such as liver pâté and cod liver oil supplements.
 - Vitamin tablets or supplements which are a source of vitamin A.

- **Food which may have high levels of listeria.** [Listeria is a germ \(bacterium\)](#) which does not usually cause problems in people who are not pregnant. However, pregnant women are more likely to become infected with listeria and it sometimes causes [miscarriage](#), stillbirth or infections in the baby after birth. Foods which are most at risk of carrying listeria are:
 - Undercooked meats and eggs. This may occur in some pre-cooked meats and pre-prepared meals. Make sure all meat foods are cooked until piping hot. Eggs should be cooked until the white and yolk are solid. Avoid foods that may contain raw eggs, such as some types of mayonnaise and mousse.
 - Mould-ripened and soft cheeses such as Brie, Camembert and blue-veined cheeses. (Hard cheeses and processed cottage cheese are safe.)
 - Pâtés - including vegetable pâtés.
 - Raw shellfish and raw fish (more detail below).
 - Unpasteurised milk. **Note:** goat's milk is often unpasteurised, and goat's milk products such as cheeses are often made from unpasteurised milk.

- **Certain fish.** In general, fish is a good source of protein and other nutrients. Aim to eat at least two portions of fish per week, with at least one portion being oily fish (see below). However, there are some important exceptions. Some types of fish contain a high level of mercury which can damage the developing nervous system of an unborn baby. Because of this, the Food Standards Agency (FSA) advises:
 - You should not eat any shark, marlin or swordfish.
 - Limit tuna - eat no more than four medium-sized cans (drained weight = 140 g per can) or two fresh tuna steaks per week (weighing about 140 g cooked or 170 g raw).

Avoid eating raw fish or uncooked shellfish which may contain germs (bacteria, viruses or parasites).

Also, some types of fish may contain a small amount of chemicals from pollution, including dioxins and polychlorinated biphenyls (PCBs). If you eat a lot of these fish, these chemicals may build up in your body over time, which may be harmful. Because of this, the FSA advises that you should have no more than two portions a week of any of the following fish:

- Oily fish, including mackerel, sardines, salmon, trout and fresh tuna. (Tinned tuna doesn't count as oily fish.)
 - Sea bream, sea bass, turbot, halibut, rock salmon (also known as dogfish, flake, huss, rig or rock eel).
 - Brown crabmeat.
- **Caffeine: should be avoided.** Caffeine is a substance that occurs naturally in foods including tea, coffee and chocolate; it is also added to some drinks such as cola, and some energy drinks; and is an ingredient of some cough and cold remedies, and some painkillers which you can buy at pharmacies. Caffeine has been shown to increase the risk of having significant problems in your pregnancy including miscarriage and a baby with low birth weight. The larger the amount of caffeine you have, the higher your risk of problems becomes. Previously authorities recommended limiting your caffeine 200 mg a day but the evidence suggests there is no safe lower limit and that avoidance is best.

A note about peanuts: at one point the FSA advised that you may wish to avoid eating peanuts when you are pregnant in certain cases. This included if you have an atopic disease such as [asthma](#), [eczema](#) or [hay fever](#), or if a close family member has one of these conditions. This was because there was a concern that children could [develop a peanut allergy](#) as a result of their mother eating peanuts during pregnancy. However, in the light of new evidence, this advice was changed in December 2008. The FSA now advises that there is no need for women who are pregnant or breastfeeding, or who have children aged under 3 years, to change their diets in order to exclude peanuts.

Toxoplasmosis

[Toxoplasmosis is an infection with a germ \(bacterium\)](#) commonly found in raw meat and in sheep, lamb and cat poo (faeces). It can sometimes cause serious harm to an unborn baby. It can cause miscarriage, stillbirth, and abnormalities in the baby. To avoid it:

- Wash your hands after handling raw meat.
- Do not eat raw or undercooked (rare) meat.
- Wash salads and vegetables, as any dirt may have been contaminated by cat faeces.
- Wash your hands after handling pets or animals, especially cats and kittens.
- Get someone else to clean out any cat litter trays when you are pregnant.
- Always wear gloves when gardening.
- Avoid sheep, especially during the lambing season.

General precautions for handling food

Always wash your hands before handling food. Thoroughly wash all fruit and vegetables before eating them. Make sure raw meat and pre-prepared raw ready meals are properly cooked. This reduces your risks of getting infections from food. Various germs (bacteria, viruses or similar) can cause food poisoning. [Food poisoning causes tummy \(abdominal\) pain, runny stools \(diarrhoea\) and vomiting.](#) Two germs that are of particular importance to avoid during pregnancy have already been mentioned - listeria and toxoplasma. It is possible that other food poisoning bacteria may also cause complications during pregnancy. For example, gut infection with bacteria called [salmonella](#) and [campylobacter](#) may be associated with an increased risk of pregnancy complications. So, it is wise to be extra vigilant about avoiding food poisoning.

Therefore, be strict about food hygiene:

- Always cook eggs and meat, including poultry, thoroughly.
 - Wash fruit and vegetables.
 - Wash your hands after going to the toilet, before handling food, before eating, after handling raw meat and after touching animals.
-

Medication

The effects of some prescribed medicines have been well studied and it is known that certain medicines are safe in pregnancy. For example, paracetamol at normal dose is safe and useful for headaches, backache and other aches and pains that may occur during pregnancy. It is always good to use the lowest dose for the shortest possible time. (There has been some research that suggests paracetamol may have an effect on the early behaviour of children which is still being looked at.) However, for many medicines, it is not known for sure if they are safe or unsafe. So if you are pregnant, you should minimise your use of any medication. This includes paracetamol and medicines that you can buy. Also, just because a medicine says it is herbal or natural, it does not necessarily mean that it is harmless or safe.

Always tell a doctor or dentist who prescribes medication for you that you are pregnant. Also, don't take medicines that you can buy over the counter (including herbal remedies) unless they are known to be safe in pregnancy. The pharmacist will advise.

- **Anti-inflammatory painkillers** such as **ibuprofen**. You should not normally take these during pregnancy. Regular use during pregnancy may affect the large blood vessels of the developing baby.
- **Laxatives**. Constipation is common in pregnancy and you may need a laxative. At first it is best to try increasing the fibre in your diet and increasing the amount of non-alcoholic fluids that you drink. If this fails then fibre supplements such as bran, ispaghula and sterculia are safe. **Fybogel®** is one such example commonly used for constipation in pregnancy. If you need something stronger then it is best to discuss this with a doctor. Some laxatives such as **docusate** and **lactulose** may be prescribed safely for a short time.
- **Antihistamines**. These are commonly used for people with **hay fever**. Most manufacturers advise avoiding antihistamines in pregnancy. This is because there are no trials to show they are safe. However, there is no evidence of harm either.
- **Decongestants** such as pseudoephedrine and **xylometazoline** often bought for symptoms of the common cold are best avoided in pregnancy.

If you already take regular medication, **ideally you will have discussed this with a doctor before becoming pregnant**. If you have an unplanned pregnancy, discuss with your doctor as early as possible any medication that you take. In some cases, the risk of taking the medicine has to be balanced against the risk of not taking the medicine, and your condition not being treated.

Vitamins and supplements during pregnancy

Folic acid

You should take [folic acid tablets](#) (supplements). Ideally, do this from at least one month before you get pregnant, and continue taking them until at least the end of the 12th week of pregnancy – even if you are healthy and have a good diet. Folic acid is a naturally occurring vitamin found in spinach, sprouts, broccoli, green beans and potatoes. Some breads and breakfast cereals are fortified with folic acid. Because of the substantial benefits of folic acid, some countries routinely fortify staple foods, such as wheat, corn flour or rice, with folic acid. Currently there is debate as to whether the UK should follow suit and fortify certain common foods with folic acid. You need a good supply of folic acid when you are pregnant to help with the development of the baby. If you take folic acid tablets in early pregnancy you reduce the risk of having a baby born with a spinal cord problem such as spina bifida.

You can buy folic acid tablets from pharmacies. Also, in the UK, [the NHS Healthy Start scheme](#) provides vitamin supplements that contain folic acid. These are free to many women who are on certain benefits.

- For most women, the dose is 400 micrograms (0.4 mg) a day.
- If you have an increased risk of having a child with a spinal cord problem then the dose is 5 mg a day. You need a prescription for this higher dose – that is, if:
 - You have had a previously affected pregnancy.
 - You or your partner have (or have a family with) a spinal cord defect.
 - You are taking medication for epilepsy.
 - You are obese – especially if your [body mass index \(BMI\)](#) is 30 or more.
 - You have coeliac disease, diabetes, sickle cell anaemia or thalassaemia.

Ideally, start taking folic acid tablets before becoming pregnant. The common advice is to start from the time you stop using contraception. If the pregnancy is unplanned then start taking folic acid tablets as soon as you know that you are pregnant.

Vitamin D

Vitamin D is needed for growth and supplements are recommended for all pregnant women, breastfeeding women and breastfed babies. The dose if you are pregnant or breastfeeding is 400 units (10 micrograms) daily. Some experts think that women who get little or no sunshine on their skin need a higher dose, such as 800 units (20 micrograms) daily. This is because most of the vitamin D that we get is made in the skin with the help of sunlight. Your doctor will advise.

In the UK, some women on certain benefits can get vitamin D supplements free on [the Healthy Start scheme](#). Otherwise you will usually be advised to buy these supplements over the counter from a pharmacy.

Iodine

Iodine is known to be important for the healthy development of the brain of the fetus. A woman who is pregnant needs more iodine than usual to supply the developing fetus. If they do not have enough iodine, the baby may end up less intelligent than they otherwise would have been. Iodine mainly comes from milk, yoghurt, eggs and fish. Because iodine intake can be variable, some countries routinely fortify cereals and bread with iodine – but not the UK. Some salt contains iodine, but not all. Most people try to avoid using much salt in line with health recommendations. So there are concerns that some pregnant women may not be getting sufficient iodine in their diet. One recent study listed in 'Further reading & references' below suggests that all women should have iodine supplements in pregnancy. This decision has not been made for the UK but it may be worth considering whether your diet has enough iodine. You may wish to discuss this with your doctor or midwife.

Smoking

Women who are pregnant should avoid smoking, due to the damage it can cause the unborn baby. It can also have long-term effects on the health of your child after birth. This outlines the harms resulting from smoking in pregnancy and how you can stop smoking.

Alcohol

Women who are pregnant should not drink alcohol. The reason for this is that alcohol can cause damage to a developing baby. Alcohol gets to a baby through the placenta if a pregnant woman drinks alcohol. A baby cannot process alcohol very well. So, any alcohol in your baby stays in its body much longer than in you. This is known to be a risk for causing serious problems. At worst, babies can develop a syndrome of severe abnormalities, called fetal alcohol syndrome. In others, alcohol can cause problems for the baby such as poor growth, premature labour and physical and mental disability.

Guidelines in the UK advise that women should drink no alcohol at all for the first three months of pregnancy. This is because it increases the chance of miscarriage. After this time it is still better to drink no alcohol at all, as it is not known what amount is safe. This probably varies between different people. Getting drunk and binge drinking are harmful to the baby. It is easy to underestimate how much you drink. It is safest to avoid alcohol altogether throughout pregnancy.

[Find out more in the separate leaflet called Fetal Alcohol Syndrome.](#)

Exercise

For most women, it is important to do some regular physical exercise during pregnancy as part of living a healthy lifestyle. There are some circumstances in which this may need to be modified, and there are some sports which are best avoided in pregnancy. Learn more in the separate leaflet called Pregnancy and Physical Activity.

Sex

Sex is safe for most couples during pregnancy. Later in pregnancy, sex and orgasm may provoke contractions known as Braxton-Hicks contractions. These make your bump feel hard. They can be uncomfortable but are quite normal. They usually pass after a few minutes.

Your doctor or midwife may advise you to avoid sex if you have had heavy bleeding in your pregnancy. This may also be the case if your waters have broken. This is because the protective barrier has gone, so having sex then may increase the risk of infection.

As the pregnancy progresses and the bump becomes bigger you may find some positions more difficult. You and your partner may need to experiment to find something that works for both of you.

Working during pregnancy

If you think that your job may pose a risk to a pregnancy then ideally you should discuss this with your employer before you become pregnant or as soon as you become pregnant.

Certain jobs and workplaces may pose a risk to a pregnancy, in particular to the early stages of pregnancy. For example:

- Raw meat is sometimes contaminated with germs (bacteria), such as listeria and toxoplasma. If these germs infect adults, they may cause [listeriosis](#) or [toxoplasmosis](#) but may cause little harm. However, these germs can cause serious problems to your unborn child if you become infected when you are pregnant.
- If you work with certain animals. For example:
 - You should avoid contact with sheep and lambs at lambing time. This is because some lambs are born contaminated with germs such as listeria, toxoplasma and chlamydia which may affect you and your unborn baby.
 - Cats and kittens often carry toxoplasma germs and these are especially found in cat poo (faeces). So, cleaning out cat litters and handling cats and kittens can be a risk.
- If your job puts you at risk of contracting [hepatitis B](#), you should be [immunised](#) against this virus. For example, if you are a healthcare worker, or work at a daycare or residential centre. (Women with hepatitis B can pass on the infection to their child at childbirth.)
- If you work with chemicals, fumes, radiation, etc. Some may be toxic to an unborn baby.

The above are just examples. In short, if you think that your occupation may pose a risk to a pregnancy then you should discuss this with your employer before becoming pregnant. A change in job, or in working practice, may be necessary.

You and your employer may wish to download information guides from [the Health and Safety Executive \(HSE\) website](#). They have an information line if you have a health and safety concern at work but do not wish to discuss your pregnancy or planned pregnancy with your employer.

Recreational drugs

The effects of all the [different types of recreational \(illicit\) drugs](#) on pregnancy are not fully known. However, there is an increasing amount of evidence to suggest that they are likely to pose a risk of damage to the baby. Examples include:

- **If you take or inject heroin** when you are pregnant it may increase the risk of:
 - Miscarriage.
 - Slowing the growth of the baby, leading to a low birth weight.
 - Premature labour, leading to the baby being 'prem'.
 - Stillbirth.
 - The baby having withdrawal symptoms after the birth.
- **Using cocaine** when you are pregnant is particularly hazardous. It may increase the risk of:
 - Serious life-threatening bleeding from the womb (uterus) in late pregnancy (placental abruption).
 - Miscarriage.
 - Slowing the growth of the baby, leading to a low birth weight.
 - Premature labour leading to the baby being 'prem'.
 - Stillbirth.
 - Possibly, abnormalities of the baby when it is born.

The above are just two examples. There are many recreational drugs and it is beyond the scope of this leaflet to discuss each drug in turn. You can contact [the FRANK website](#) for information about individual drugs.

Some people can stop drugs without any help; however, many people will require help. If you are using drugs and cannot stop easily, see your doctor for help. Your doctor will be able to refer you to a local community drug team for help. Most community drug teams can:

- Offer treatment plans. For example, one option for people who use heroin is to take substitute therapy with methadone in place of injecting heroin. This option is safer than injecting heroin during pregnancy.
- Provide counselling and information.
- Provide harm-reduction activities such as needle exchange schemes.

Animals

Avoid contact with sheep and lambs at lambing time. This is because some lambs are born carrying the germs that cause listeriosis, toxoplasmosis and chlamydia. These may be passed on to you and your unborn baby.

Toxoplasma is also found in cat poo. You should always wash your hands after handling cats and kittens and ask someone else to wash out cat litter trays.

Travel

In general it is safe to travel during pregnancy. When in a car, wear the seat belt so that the straps go above and below your bump, not across it.

Flying is not known to be harmful. Most airlines will not allow you to fly in the late stages of pregnancy. This is because planes are not the ideal place to go into labour, and they would prefer not to divert the flight to take you to the nearest hospital.

It makes sense not to travel to anywhere too remote and far from medical assistance, particularly in the early or later stages of pregnancy. Also not all travel vaccinations are safe to use in pregnancy, so consider your destination carefully. If possible avoid travel to destinations where [malaria](#) is prevalent, as pregnant women are more likely to be bitten and more likely to have complications if they develop the disease. Also avoid areas where Zika virus is circulating if possible, due to the risk of abnormalities in babies born to pregnant women who develop Zika. [See the separate leaflet called Zika Virus for more information about this](#). The leaflet also provides advice about having sex with a man who has recently returned from a country where the Zika virus is going around.

Further reading

- [Maternity pay and leave](#); GOV.UK
- [De-Regil LM, Pena-Rosas JP, Fernandez-Gaxiola AC, et al](#); Effects and safety of periconceptional oral folate supplementation for preventing birth defects. *Cochrane Database Syst Rev*. 2015 Dec 14;12:CD007950. doi: 10.1002/14651858.CD007950.pub3.
- [Monahan M, Boelaert K, Jolly K, et al](#); Costs and benefits of iodine supplementation for pregnant women in a mildly to moderately iodine-deficient population: a modelling analysis. *Lancet Diabetes Endocrinol*. 2015 Sep;3(9):715-22. doi: 10.1016/S2213-8587(15)00212-0. Epub 2015 Aug 9.
- [Alcohol and pregnancy: Patient Information Leaflet](#). *Royal College of Obstetricians and Gynaecologists*, 2018
- [James JE](#); Maternal caffeine consumption and pregnancy outcomes: a narrative review with implications for advice to mothers and mothers-to-be. *BMJ Evid Based Med*. 2021 Jun;26(3):114-115. doi: 10.1136/bmjebm-2020-111432. Epub 2020 Aug 25.
- [Palacios C, Kostiuik LK, Pena-Rosas JP](#); Vitamin D supplementation for women during pregnancy. *Cochrane Database Syst Rev*. 2019 Jul 26;7:CD008873. doi: 10.1002/14651858.CD008873.pub4.
- [Ribeiro MM, Andrade A, Nunes I](#); Physical exercise in pregnancy: benefits, risks and prescription. *J Perinat Med*. 2021 Sep 6;50(1):4-17. doi: 10.1515/jrpm-2021-0315. Print 2022 Jan 27.
- [Kereliuk SM, Dolinsky VW](#); Recent Experimental Studies of Maternal Obesity, Diabetes during Pregnancy and the Developmental Origins of Cardiovascular Disease. *Int J Mol Sci*. 2022 Apr 18;23(8). pii: ijms23084467. doi: 10.3390/ijms23084467.

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