

Pregnancy Do's and Don'ts

Prenatal Vitamins

- Pregnant women should consume the following each day through diet or supplements:
 - 400-800 micrograms of Folic acid (until end of 1st trimester)
 - 30mg Iron (or be screened for anemia)
 - 600 international units of Vitamin D
 - 1,000 mg Calcium
- Prenatal vitamins are unlikely to be harmful. Therefore, they may be used to ensure adequate consumption of several vitamins and minerals in pregnancy. However, their necessity for all pregnant women is uncertain, especially for women with well-balanced diets.
- There is no known ideal formulation for prenatal vitamins.

Nutrition and Weight Gain

- Pregnant women should be advised to eat a healthy, well-balanced diet and typically should increase their caloric intake by small amounts (+350-450 calories per day).
- Women with higher prepregnancy BMIs do not need to gain the same amount of weight as women with normal or low BMIs.

Alcohol

- Although current data suggest that consumption of small amounts of alcohol during pregnancy (less than seven to nine drinks/wk) does not appear to be harmful to the fetus, the exact threshold between safe and unsafe, if that exists, is unknown. Therefore, alcohol should be avoided during pregnancy.

Artificial Sweeteners

- Artificial sweeteners can be used in pregnancy.
- Data regarding saccharin are conflicting. Low (typical) consumption is likely safe.

Caffeine

- Low to moderate caffeine intake in pregnancy does not appear to be associated with any adverse outcomes.
- Pregnant women may have caffeine but should limit to less than 300mg per day (a typical 8oz cup of brewed coffee has approximately 130 mg of caffeine, a 12 ounce soda has approximately 50 mg of caffeine). Exact amounts vary based on the specific beverage or food.

Raw and Uncooked Fish

- In line with current recommendations, pregnant women should generally avoid undercooked fish. However, sushi that was prepared in a clean and reputable establishment is unlikely to pose a risk to the pregnancy.

Fish Consumption

- Pregnant women should try to consume two to three servings per week of fish with high DHA and low mercury content.
- For women who do not achieve this, it is unknown whether DHA and n-3 PUFA supplementation are beneficial, but they are unlikely to be harmful.

Other Foods to Avoid

- Avoid raw/undercooked meat.
- Wash vegetables and fruits before eating them
- Avoid pasteurized dairy products.
- Avoid unheated deli meats (they could potentially increase the risk of listeria, but the risk in recent years is uncertain.)
- Avoid foods that are being recalled for listeria contamination.

Smoking, Nicotine, and Vaping

- Women should not smoke cigarette during pregnancy. If they are unable to quit entirely they should reduce it as much as possible.
- Nicotine replacement (with patches or gum) is appropriate as part of a smoking cessation strategy.

Marijuana

- Marijuana use is not known to be associated with any adverse outcomes in pregnancy. However, data regarding long-term neurodevelopment outcomes are lacking; therefore, marijuana use is not recommended during pregnancy.

Exercise and Bedrest

- Pregnant women should be encouraged to exercise regularly. There is no known benefit to activity restrictions or bedrest for pregnant women.

Avoiding Injury

- Pregnant women should wear lap and shoulder seatbelts while in a motor vehicle and should not disable their airbags.

Oral Health

- Oral health and dental procedures can continue as normal when pregnant.

Insect Repellants

- Topical insect repellants (including DEET) can be used when pregnant and should be used in areas of high risk for insect-borne illness.

Hot Tubs and Swimming

- Although data is limited, pregnant women should avoid hot tub use in the first trimester. Swimming pool is okay throughout the pregnancy.

Hair Dyes

- Although data is limited, because systemic absorption is minimal, hair dye is presumed to be safe in pregnancy.

Travel

- Airline travel is safe during pregnancy.
- Be familiar with the infection exposures and available medical care at each destination.
- There is no exact gestational age at which you should stop traveling. Each individual must balance the benefit of the trip with the potential of a complication at the destination.

Sexual Intercourse

- There are no restrictions regarding sexual intercourse (unless you are experiencing bleeding, have placenta previa at greater than 20 weeks of gestation, or ruptured membranes).

Sleeping Position

- It is currently unknown whether, and at what gestation age, pregnant women should be advised to sleep on their side.