

Dos and Don'ts in Pregnancy

Prenatal Vitamins

- Pregnant women should consume the following each day through diet or supplements:
 - Folic acid 400–800 micrograms (until the end of the first trimester)
 - Iron 30 mg (or be screened for anemia)
 - Vitamin D 600 international units
 - Calcium 1,000 mg
- 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 a prenatal vitamin.

Nutrition and Weight Gain

- Pregnant women should be advised to eat a healthy, well-balanced diet and typically should increase their caloric intake by a small amount (350–450 calories/d).
- 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 it exists, is unknown. Therefore, alcohol should be avoided in 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 probably limit it to less than 300 mg/d (a typical 8-ounce cup of brewed coffee has approximately 130 mg of caffeine. An 8-ounce cup of tea or 12-ounce soda has approximately 50 mg of caffeine), but exact amounts vary based on the specific beverage or food.

Fish Consumption

- Pregnant women should try to consume two to three servings per week of fish with a 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.

Raw and Undercooked 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.

Other Foods to Avoid

- Pregnant women should avoid raw and undercooked meat.
- Pregnant women should wash vegetables and fruit before eating them.
- Pregnant women should avoid unpasteurized dairy products.
- Unheated deli meats could also potentially increase the risk of Listeria, but the risk in recent years is uncertain.
- Pregnant women should avoid foods that are being recalled for possible Listeria contamination.

Smoking, Nicotine, and Vaping

- Women should not smoke cigarettes 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 may increase the risk for stillbirth.
- Data regarding long-term neurodevelopmental outcomes are lacking; therefore, marijuana use is currently not recommended in pregnancy.

Exercise and Bedrest

- Pregnant women should be encouraged to exercise regularly.
- There is no known benefit to activity restriction 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 scheduled during pregnancy.

Hot Tubs and Swimming

- Although data are limited, pregnant women should probably avoid hot tub use in the first trimester.
- Swimming pool use should not be discouraged in pregnancy.

Insect Repellants

- Topical insect repellants (including DEET) can be used in pregnancy and should be used in areas with high risk for insect-borne illnesses.

Hair Dyes

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

Travel

- Airline travel is safe in pregnancy.
- Pregnant women should be familiar with the infection exposures and available medical care for each specific destination.
- There is no exact gestational age at which women must stop travel. Each pregnant woman must balance the benefit of the trip with the potential of a complication at her destination.

Sexual Intercourse

- Pregnant women without bleeding, placenta previa at greater than 20 weeks of gestation, or ruptured membranes should not have restrictions regarding sexual intercourse.

Sleeping Position

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