

Information for you

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Healthy eating and vitamin supplements in pregnancy

About this information

This information is for you if you want to know more about eating healthily in pregnancy. It also gives you advice about using vitamin supplements before you get pregnant and during pregnancy.

Within this leaflet, we may use the terms 'woman' and 'women'. However, it is not only people who identify as women who may want to access this leaflet. Your care should be personalised, inclusive and sensitive to your needs whatever your gender identity.

The information here aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

A glossary of all medical terms is available on the RCOG website at:

www.rcog.org.uk/en/patients/medical-terms

Key points

- Eating healthily during pregnancy will benefit both you and your baby.
- Supplements such as folic acid and vitamin D in pregnancy will also benefit your baby.
- There are certain foods that are less safe in pregnancy, which you should avoid. Your healthcare team will advise you about these.

Healthy eating

Keeping healthy when you are having a baby may depend on both the amount and the type of food you eat before you become pregnant and during your pregnancy. Simply being a correct weight for your height does not necessarily mean that you are eating healthily. Some foods are best avoided if you are planning to become pregnant or if you are already pregnant, as they may contain substances that could affect your baby's development.

To eat healthily, you should aim to do the following:

- Base your meals on starchy foods such as potatoes, bread or other flour-based foods (for example, chapati), rice and grains, pasta and cereals - choosing wholegrain if possible.
- Eat at least five portions of different fruit and vegetables every day. Potatoes do not count towards your 5-a-day target, and a portion of pure fruit juice only counts as 1 of your 5-a-day, no matter how much you drink.
- Eat as little fried food as possible, use unsaturated oils (for example, olive or sunflower oil) and spreads (for example, vegetable or rapeseed-based spreads) and avoid drinks that are high in added sugars and other foods such as sweets, cakes and biscuits that have a high saturated fat or sugar content.
- Instead, eat fibre-rich foods such as oats, beans, lentils, grains and seeds.
- Eat some protein every day; choose lean meat, and try to eat two portions of fish a week. If you do not eat meat or fish, lentils, beans, nuts, eggs and tofu are also good sources of protein.
- If you feel hungry between meals, choose healthier snacks such as vegetables, small sandwiches, fresh or dried fruit.
- Eat dairy foods for calcium - or dairy alternatives, which are calcium-fortified and unsweetened.
- Watch the portion size of your meals and snack. Avoid 'eating for two'.
- Try to eat breakfast.
- Limit your caffeine intake to as little as possible, and less than 200 milligrams (mg) per day (two mugs of instant coffee, for example). Be aware that other drinks such as tea and energy drinks also contain caffeine. Ideally, avoid caffeine or switch to decaffeinated versions of tea and coffee. This is because new evidence has shown that caffeine in pregnancy can be linked to pregnancy complications such as low birth weight, miscarriage and stillbirth.
- Avoid drinking alcohol while pregnant – see the [RCOG patient information Alcohol and Pregnancy](#) for more information.

Most women do not need any extra calories during the first six 6 months of pregnancy. It is only in the last 12 weeks that they need to eat a little more, and then only an extra 200 calories a day, which is roughly the same as two slices of bread.

What is a 'healthy' weight?

Your BMI (body mass index) is routinely calculated at the start of your pregnancy. This is a measure of your weight in relation to your height. Your healthcare team can work it out for you. While it does not indicate how healthy you are, being overweight (BMI above 30 kg/m²) is correlated with a higher chance of complications in pregnancy (see the RCOG patient information [Being overweight in pregnancy and after birth](#)).

Your healthcare team will support you to keep well in pregnancy whatever your BMI. They will discuss any concerns they have with you and ensure that you are able to make informed choices about your pregnancy and birth.

Is it safe for me to diet while I am pregnant?

Trying to lose weight by dieting during pregnancy is not recommended as it may harm the health of your baby. If you are concerned about your weight, your midwife can advise you and may refer you to a dietician.

Is it safe to eat fish while I am pregnant?

Eating fish is a healthy option during pregnancy, with some precautions. The current NHS advice is to eat no more than two portions of oily fish, such as mackerel or salmon, a week. This is because these fish may contain various pollutants that can be harmful to your baby's development.

Also, pregnant women should not eat more than two fresh tuna steaks or four medium-sized cans of tuna a week, and should avoid eating shark, swordfish or marlin. This is because these fish may contain higher levels of mercury which is a toxin.

All fish, including shellfish, should be cooked until steaming-hot.

I have been told not to eat liver while I am pregnant. Why?

Liver can contain high levels of vitamin A, which in high doses can harm the development of your baby's nervous system. It is rare for women in developed countries like the UK to be deficient in vitamin A so you should avoid eating foods such as liver and liver products such as pâté.

Is it safe to eat peanuts while I am pregnant or breastfeeding?

You can eat peanuts or foods containing peanuts (such as peanut butter) while pregnant or breastfeeding. Eating peanuts does not appear to affect your baby's chances of developing a peanut allergy. Avoid eating them if you are allergic to them.

How can I reduce the risk of infection from food?

You can pick up some infections, such as listeria, salmonella or toxoplasmosis, from contaminated food. These can harm your baby if you catch these infections while you are pregnant.

To reduce your risk of getting **listeriosis**:

- drink only pasteurised or UHT milk
- avoid eating ripened soft cheese such as Camembert, Brie or blue-veined cheese; however, hard cheese varieties such as Cheddar and parmesan, pasteurised soft cheeses such as cottage cheese, feta, mozzarella and paneer, and processed cream cheese are safe
- avoid eating pâté
- avoid eating undercooked food; make sure that ready-prepared meals are cooked as per instructions, paying particular attention to making sure that they are piping hot when reheating.

To reduce your risk of getting **salmonella**:

- Avoid eating raw or partially cooked eggs that have not been produced under the British Lion Code (for example in mayonnaise, soufflé or mousse). It is safe to eat these eggs once they are cooked until the white and the yolk are hard.
- Eggs produced under the British Lion Code of Practice are safe for pregnant women to eat raw or partially cooked, because they come from hens that have been vaccinated against salmonella. These eggs will have a red lion stamp on their shell and are safe to eat raw or partially cooked (e.g. as soft-boiled eggs).
- Avoid eating raw or partially cooked meat, especially poultry and shellfish.

To reduce your risk of getting **toxoplasmosis**:

- always wash your hands before and after handling food
- wash all fruit and vegetables, including ready-prepared salads
- cook raw meats and ready-prepared chilled meats thoroughly
- wear gloves and wash your hands thoroughly after gardening or handling soil
- avoid contact with cat faeces (in cat litter or in soil) – or, if you must handle it, wear rubber gloves.

Do I need extra vitamins (vitamin supplements) when I am pregnant?

Vitamins are needed for growth and development. There are 13 important vitamins: vitamins A, C, D, E and K and the vitamin B series. Apart from vitamin D, which we get from sunlight, most vitamins come from our diet. In the UK, it is quite common for people to be low in

vitamin D and folic acid (vitamin B9). These vitamins are important in pregnancy and you can boost your levels by taking a vitamin supplement. Supplements of other vitamins are not usually routinely advised and Vitamin A may actually be harmful in pregnancy. The various vitamins and whether they are recommended in pregnancy are detailed below.

Vitamins that are recommended

Folic acid

Folic acid is one of the B vitamins and helps to reduce the risk of your baby having a [neural tube defect](#), such as [spina bifida](#).

Taking extra folic acid may also reduce the risk of heart or limb defects and some childhood brain tumours. The recommended daily dose is 400 micrograms (μg). Ideally, you should start taking extra folic acid before you become pregnant and continue to take it until you reach your 13th week of pregnancy. If you did not take folic acid before you became pregnant, start taking it as soon as you realise you are expecting a baby. As well as taking a supplement, it is recommended that you eat foods rich in folic acid (for example, fortified breakfast cereals and yeast extract) and to consume foods and drinks rich in folate (such as peas, beans and orange juice).

Some women take a higher dose of folic acid. Why?

If your risk of having a baby with a neural tube defect such as spina bifida is higher than average, you will be advised to take a daily dose of 5 milligrams (mg) of folic acid. This is higher than usual and it will need to be prescribed by a doctor. You may be advised to take an increased dose if:

- you have had a previous pregnancy affected by a neural tube defect
- you or your partner have a neural tube defect
- you are taking medications that can affect your folic acid levels, including medication for epilepsy and HIV treatment
- you have coeliac disease
- you have Type 1 or Type 2 diabetes
- you have sickle-cell anaemia or thalassaemia; the higher dose of folic acid will also help to prevent and treat anaemia and it is recommended that you take this throughout your pregnancy.

Vitamin D

All pregnant women are advised to take a daily dose of 10 micrograms (μg) of vitamin D when pregnant and breastfeeding. This is because it is common in the UK for people to have low levels of vitamin D. Taking supplements can improve your baby's growth during their first year of life, and can reduce their risk of developing rickets.

You are at particular risk of having low levels of vitamin D if:

- your family origin is South Asian, African, Caribbean or Middle Eastern
- your BMI is 30 or more
- you stay indoors a lot
- you usually cover your skin when you go outdoors or usually use sun-protection cream
- your diet is low in vitamin D-rich foods such as eggs, meat, vitamin D-fortified margarine or breakfast cereal.

If you are in one of these situations, you may be advised to take a higher daily dose of vitamin D.

When may I need extra vitamin K?

Vitamin K is needed for our blood to clot properly. Newborn babies have low levels of vitamin K, which puts them at risk of bleeding. To prevent this, you will be offered vitamin K for your baby after birth.

You do not need to take vitamin K supplements yourself during pregnancy unless it is thought that your baby is at particular risk of bleeding. This could be because you are taking certain medicines for epilepsy or if you have liver disease.

When may I need extra vitamin C?

Although routine supplements of vitamin C are not specifically recommended when you are pregnant, this vitamin helps iron to be absorbed. This may be of benefit because while you are pregnant you are at risk of becoming anaemic.

Vitamins that are not recommended

There are many multivitamin tablets for use in pregnancy that contain a small amount of lots of vitamins. These are safe to take, but avoid taking large doses of the following vitamins unless a doctor prescribes them for a particular reason.

- **Vitamin A**
Too much vitamin A can harm the development of your baby's nervous system. During pregnancy, avoid any supplements that contain more than 700 micrograms (μg) of vitamin A and don't eat foods such as liver, liver products (pâté) or fish liver oils that may contain this vitamin in high levels.
- **Vitamin E**
There is currently no evidence to recommend additional vitamin E during pregnancy.
- **Vitamin B supplements (other than folic acid)**
You do not need any other vitamin B supplements in pregnancy.

What about extra iron?

Most women do not need to take extra iron during pregnancy. Taking routine iron supplements will not necessarily benefit your health and may cause you unpleasant side effects such as heartburn, constipation or diarrhoea. Your midwife will check your blood at your booking appointment and at 28 weeks of pregnancy. You will only be advised to take iron if you are found to be anaemic or are at increased risk of becoming anaemic in pregnancy, for example, if you are having twins.

Can I get help to buy vitamins?

If you are on certain benefits and/or are under the age of 18 years, help may be available to provide you with free supplements. Find out more about the Healthy Start Scheme: healthystart.nhs.uk

You can buy folic acid or pregnancy multivitamins from any pharmacy or supermarket. There is no evidence that expensive brands are any better than cheaper ones.

More information about healthy eating

The following website can give you information about healthy eating before and during pregnancy and while breastfeeding:

NHS Have a healthy diet in pregnancy: nhs.uk/pregnancy/keeping-well/have-a-healthy-diet

NHS Eatwell Guide:

nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide

Making a Choice

Making a choice

Ask 3 Questions

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

1. What are my options?
2. How do I get support to help me make a decision that is right for me?
3. What are the pros and cons of each option for me?

Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options. A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

<http://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the NICE guideline [Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years \(2025\)](#) as well as information from the NHS website listed above.