



[Dr David Moore](#) » [Obstetrics](#) » [Diet and exercise in pregnancy](#)



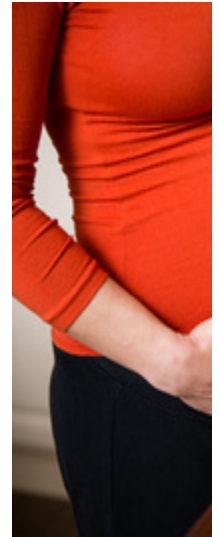
[Diet and exercise in pregnancy](#)



By [Dr David Moore](#), 27 August 2013

Health eating in pregnancy

Healthy eating is part of a balanced, healthy lifestyle, and pregnancy is one time in a woman's life when attention to a healthy diet is most important. In addition to gaining adequate nutrients for yourself and your baby, there are a few recommendations that apply to pregnant women to minimise risks in their pregnancy:



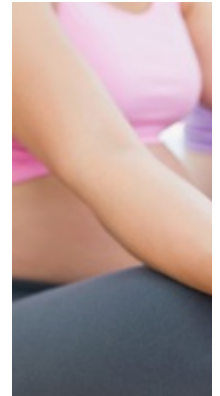
- Aim for a balanced diet, supplemented with folate (400mcg/day) and iodine (150mcg/day). Many pregnancy multivitamins contain these in different amounts, so always check the label. Be sure to only take multivitamins that are *specific for pregnancy*, as others may contain levels of some nutrients that are harmful in excess in pregnancy (such as vitamin A).
- Your iron needs are increased. Good dietary sources include red meats, fortified breads and cereals, green leafy vegetables and some nuts.
- Fish intake needs to be limited. Generally, the larger the fish, the less frequent you should eat it. This is because fish contain mercury, which can be harmful in excess. As bigger fish eat smaller fish, the bigger fish accumulate the smaller fish's mercury; hence very large fish often contain high levels of mercury. In general, fish should be limited to 2-3 serves per week of fish with low mercury levels (such as mackerel, snapper, atlantic salmon); once per week if large fish (for example, turmarlin or swordfish... Fish lovers can find a handy guide [here](#)).
- Avoiding listeriosis and toxoplasmosis: wash fruit and vegetables thoroughly, and avoid eating the following: raw meats, raw, uncooked, or smoked meats/seafood, unpasteurised milk, soft serve ice creams, and soft cheeses. Cook
- Caffeine. Some studies suggest a link between high caffeine intake and miscarriage. Although no robust evidence in slowly metabolised in pregnancy and should best be limited to one coffee (or two cups of tea) per day.

For more detailed information, see the Australian [Healthy Eating Guidelines for Pregnant Women](#).

Exercise advice



- Safe levels include exercising up to 3 times per week, for a maximum of about 30-45 minutes.
- You should limit exercise to that of a mild or moderate level. This means you should still be able to talk in sentences whilst exercising.
- Avoid overheating (such as exercising in middle of day or outside on hot days) and drink plenty of water, during and after.
- Contact sports should be avoided after 12 weeks (non-contact sports may continue as long as you are comfortable).
- Sports or exercises associated with vigorous or sudden movements may cause or exacerbate back pain.
- Walking and aqua-aerobics are ideal forms of exercise in pregnancy.



The content and information contained on this website is intended to be of a general nature only and is not intended to, nor does it constitute, medical advice. It does not take into account your individual circumstances. A patient relationship is implied or formed. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. Use of information on this website, contents of the site, such as text, graphics, images and other materials are for informational purposes only. The content is not intended to be a substitute for professional medical advice of their qualified health providers with any questions regarding a medical condition. Users should never disregard professional medical advice or delay in seeking it because only be made after direct individual consultation. The website does not recommend or endorse any specific tests, products, procedures, or other information that might be mentioned.

About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a senior lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

[« Caesarean birth](#)

[Back to Obstetrics](#)

