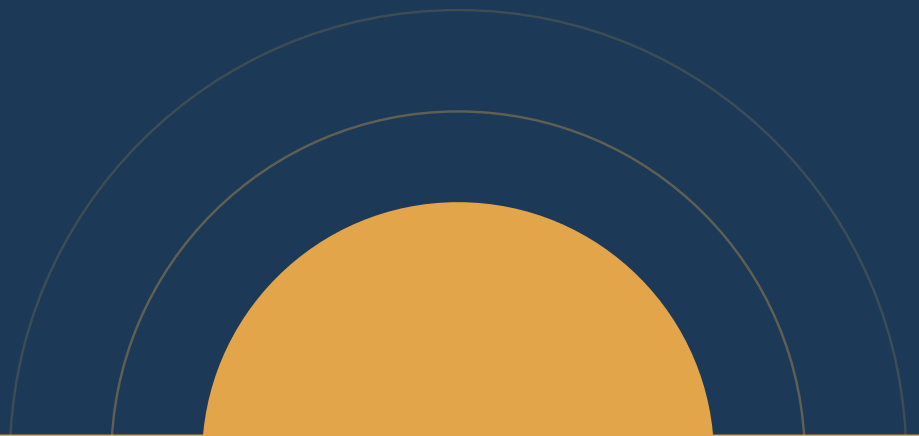


Mamavela

Eating Well While Pregnant

Food safety, everyday meals and a weekly planner, from official guidance. No diets.



Free sample

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Welcome

You are growing a whole new person, and suddenly every meal seems to come with a question. Is this cheese safe? How much coffee is too much? Is tuna good or bad? Why does one website say one thing and the next one the opposite?

This book exists so that you can stop searching. It gathers, in one calm place, what the official health bodies actually say about food in pregnancy: the American College of Obstetricians and Gynecologists (ACOG), the Centers for Disease Control and Prevention (CDC), the US Food and Drug Administration (FDA), the Dietary Guidelines for Americans, the NHS in the United Kingdom, the UK Food Standards Agency (FSA) and a few others. Every number in these pages comes from one of those sources, and the full list, with web addresses, is at the end of the book.

Where the United States and the United Kingdom give different advice, you will see both, side by side, so you know exactly which rule applies where you live. Most of the time the two agree. When they do not, it is usually because of local food systems (eggs are the best example) rather than because one of them is wrong.

How to use this book

- **Read Part 1 once**, ideally early in pregnancy. It explains the why behind the rules, which makes them much easier to remember.
- **Keep Part 3 handy**. The quick-reference tables, the temperature chart and the shopping lists are designed to be printed or kept on your phone.
- **Use the meal planner as inspiration, not as a prescription**. It shows what four weeks of ordinary, varied, pregnancy-safe meals can look like. Swap anything you like.
- **Bring the fill-in pages to your appointments**. Your midwife, doctor or dietitian knows your health history. This book does not, and it never replaces them.
- **Print what helps**. Every checklist, planner and table is designed to be printed and stuck on the fridge, or filled in on a tablet.
- **Share chapter 16 with your partner or support person**. It tells them exactly how to help.

A word about words, and about guilt

This book is for every family: first-time and experienced parents, solo parents, same-sex couples, pregnancies conceived naturally or with IVF or other fertility treatment. When we say "your partner", read "your partner or support person", whoever that is for you.

And this book will never judge you. You will make hundreds of food choices in the coming months, and some days the best choice will simply be the one you can manage. Nothing in these pages is meant to make you feel guilty about a meal you have already eaten, a craving, a day of toast and crackers, or a decision you made with your care team. Information is here to make you calmer, not

to make you worry.

Two boxes you will see often

Is this normal?

Short answers to the questions people most often ask at 2 a.m., based on what the official sources say.

When to call.

In an emergency, call **911 (US)** or **999 (UK)**. For urgent advice that is not an emergency, call your **prenatal care provider or labor and delivery unit (US)**, or your **midwife, maternity unit or NHS 111 (UK)**. Keep these numbers in your phone now: the fill-in pages in chapter 22 have space to write them down.

An important note.

This book gives general information drawn from official sources. It is not medical advice, it does not diagnose anything and it is not a diet for any medical condition. If you have a health condition (for example diabetes, gestational diabetes, a food allergy, a digestive disease, an eating disorder, a history of weight-loss surgery or anaemia), or if you are expecting twins or more, your care team will give you advice tailored to you. Always follow it. Supplements and medicines are not covered here: ask your midwife, doctor or pharmacist about them.



1. The big picture: what "eating well" really means

You do not need a special diet

The first message from both sides of the Atlantic is reassuring. The NHS puts it simply: you do not need to go on a special diet, but it is important to eat a variety of different foods every day to get the right balance of nutrients that you and your baby need. ACOG says the same thing in its own words: the popular saying is that you should "eat for two", but that does not mean eating twice the usual amount of food. Instead, ACOG says, you should aim to eat "twice as healthy".

The NHS adds that you do not need to "eat for 2", even if you are expecting twins or triplets. You will probably feel hungrier than usual. That is normal. The aim is to answer that hunger with good food, not with more of everything.

How much more do you actually need?

The CDC gives a useful rule of thumb for a pregnancy with one baby, for someone who started pregnancy at a healthy weight:

Stage	Extra energy per day (CDC guidance)
First trimester	Generally no extra calories needed
Second trimester	About 340 extra calories a day
Third trimester	About 450 extra calories a day

To picture it: a few hundred calories is a snack, not a second dinner. A bowl of porridge made with milk and topped with fruit, or a wholegrain sandwich with hummus and salad, is in that range. The US Dietary Guidelines add an important nuance: calorie needs vary with your weight before pregnancy, how much weight you gain, and whether you are carrying more than one baby, so follow your own provider's guidance.

You will notice this book does not count calories anywhere else. That is deliberate. Your appetite, your care team and your weight checks are better guides than a number on a page.

What a healthy pattern looks like

The Dietary Guidelines for Americans 2025-2030 say that pregnancy increases nutrient needs to support the mother's health and the baby's growth, with **iron, folate and iodine as top priorities**. They recommend eating diverse, nutrient-dense foods, including:

- iron-rich meats,

- folate-rich greens and legumes (beans, lentils, peas),
- choline-rich eggs,
- calcium-rich dairy,
- low-mercury seafood rich in omega-3 fats, such as salmon, sardines and trout.

The NHS describes the same pattern using its Eatwell Guide:

- **At least 5 portions of fruit and vegetables every day.** Fresh, frozen, canned, dried or juiced all count. Wash fresh fruit and vegetables carefully.
- **Starchy foods should make up just over a third of what you eat.** Bread, potatoes, breakfast cereals, rice, pasta, noodles, maize, millet, oats, yams and cornmeal. Choose wholegrain or higher-fibre versions where you can.
- **Some protein every day.** Beans, pulses, fish, eggs, meat (but not liver), poultry and nuts.
- **Dairy or fortified alternatives.** Milk, cheese, fromage frais and yoghurt provide calcium. If you prefer plant alternatives such as soya drinks and yoghurts, the NHS suggests unsweetened, calcium-fortified versions.
- **Foods high in fat, sugar or both, less often and in small amounts.**

The NHS also offers a helpful reminder: you do not need to get this balance right at every meal. Try to get it right over a week.

Is this normal? "I am hungrier than ever."

Yes. The NHS says you will probably find that you are more hungry than usual. Answer it with filling, useful foods (chapter 15) rather than worrying about it.

Drink enough

ACOG notes that your body needs more water during pregnancy and suggests drinking throughout the day, not just when you are thirsty, aiming for **8 to 12 cups of water a day**. Not drinking enough can make nausea worse.

US and UK at a glance

Most advice is shared. These are the main differences you will meet in this book:

Topic	United States	United Kingdom
Runny eggs	Cook eggs until yolk and white are firm (FDA)	Hen eggs with the British Lion stamp or Laid in Britain logo can be eaten runny or raw (NHS)
Fish	Choose from the FDA "Best Choices" and "Good Choices" lists	Limits on tuna and oily fish, avoid shark, swordfish and marlin (NHS)
Caffeine	Less than 200 mg a day (ACOG)	No more than 200 mg a day (NHS)
Weight gain	Ranges by BMI from the Institute of Medicine (CDC)	No official target ranges; most women gain 10 to 12.5 kg (NHS)

Topic	United States	United Kingdom
Fridge	40°F (4°C) or below (CDC, FDA)	Between 0 and 5°C (FSA)
Cooking check	Minimum internal temperatures by food (CDC)	70°C for 2 minutes in the middle, or steaming hot all the way through (FSA)
Liver	Listed as an iron source by ACOG, with a warning about too much vitamin A from supplements	Avoid liver and liver products because of high vitamin A (NHS)

If you are in another country, use the advice of your own health service and your care team. This book is written for families in the US and the UK.

The calm way to read the rest of this book.

Food safety rules can feel endless. Remember the NHS's own words: most foods and drinks are safe to have during pregnancy. If you have already eaten something on the "avoid" list, the NHS says it is unlikely to affect your baby if you did not get ill. Talk to your midwife or doctor if you are worried or have symptoms.

Special situations

Expecting twins or more. The NHS says you do not need to "eat for 2", even with twins or triplets, and the CDC publishes separate, higher weight-gain ranges for twins (chapter 2). Nausea can also be stronger: both the NHS and ACOG list carrying more than one baby as a risk factor for severe sickness (chapter 11). Your care team will usually see you more often and can refer you to a dietitian; ask them what applies to you.

Pregnant at 35 or over. The food safety rules and nutrient needs in this book are the same at any adult age. Some risk factors your team watches can be more common with age; for example, the NHS lists being over 40 among the risk factors for gestational diabetes (chapter 14). Your provider will tell you if you need any extra tests.

After fertility treatment. Once you are pregnant, the advice is the same as for any pregnancy. If your clinic gave you specific instructions, follow them and ask how they fit with your maternity care.

Pregnancy after a loss. If you have been pregnant before and lost your baby, every meal choice can feel heavy with worry. Please hear this clearly: this book is not a list of things to blame yourself for, now or in the past. The NHS reassures that eating a small amount of something on the avoid list is unlikely to affect a baby if you did not get ill. If anxiety makes eating hard, or makes you check every label three times, tell your midwife or doctor; they can offer extra support. In the UK, the Miscarriage Association runs a support line on 0303 003 6464. In the US, Postpartum Support International runs a HelpLine for emotional support in and after pregnancy on 1-800-944-4773 (call or text).

Parenting solo. Batch cooking (chapter 15) and the freezer stock list (chapter 17) were written with you in mind. Accept every offer of a cooked meal, and give friends the food safety card in chapter

16 so they know what to bring.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 66 pages.

Get it here: <https://mamavela.com/shop/eating-well-while-pregnant/>

One-time payment, instant PDF.