



# A healthy lifestyle before and during pregnancy



Helsedirektoratet

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The brochure may be ordered from:  
<https://helsedirektoratet.no/publikasjoner/gode-levevaner-for-og-i-svangerskapet>

## WHEN PLANNING A PREGNANCY

Many women are motivated to lead healthy lives during pregnancy. However, making some changes before getting pregnant will make it easier to keep up the good habits throughout your pregnancy and after the baby is born. It also gives your baby the best start in life.

This brochure gives you advice on how to prepare for pregnancy and take good care of yourself and your unborn baby.

### Avoid alcohol

Alcohol can harm your unborn baby at any stage of your pregnancy. It is hard to tell exactly when ovulation happens. If you are not using any contraception and could get pregnant, you should avoid alcohol.



### Start taking folate and iodine

Take one tablet containing 400 micrograms of folate (folic acid) daily from when you stop using contraception and through the first three months of the pregnancy. Taking a folic acid supplement early in the pregnancy reduces the risk of your baby being born with a spinal cord defect.

You should also take a supplement with 150 micrograms of iodine daily if you:

- have less than 6 dl milk/yogurt daily (but eat white salt water fish regularly), or
- have little/no white salt water fish and also have less than 8 dl milk/yogurt daily.

Like folic acid, iodine should be taken as early in the pregnancy as possible, preferably before you become pregnant.

### Avoid tobacco products

Planning a pregnancy might be a good opportunity to stop smoking or using smokeless tobacco products (snus). Smoking affects ovulation and can make it more difficult to get pregnant. Any form of tobacco use during pregnancy is harmful for your baby's growth and development. For advice on quitting and the various aids to help you, see page 19.

### Check your medication

Consult your doctor if you use any medication on a regular basis. You will be told if your medication needs to be continued, changed or stopped. However, never stop taking prescription medicines without consulting your doctor first.

# A HEALTHY LIFESTYLE DURING PREGNANCY

## Food and drink

Eating and drinking habits play a big role in a healthy pregnancy. Good nutrition affects both your own health and your baby's development, growth and health later in life, too.

### Eat a variety of foods

- Eat at least five portions of vegetables, berries and/or fruit daily
- Eat wholegrain foods daily
- Eat fish 2–3 for dinner times a week
- Opt for lean meat and meat products
- Limit your intake of processed meat and red meat
- Make low-fat dairy products a part of your everyday diet
- Opt for oils, liquid margarine and soft margarine rather than hard margarine and butter
- Opt for low-salt foods and limit the amount of salt in cooking and on your food
- Avoid sugary foods and drinks in your everyday diet
- Drink water as a thirst quencher

### Eat fish

Fish is rich in omega-3 fatty acids, vitamin D, selenium and iodine which all play an important role in the development of your baby's brain and central nervous system. Eating fish two to three times a week is beneficial. You should vary between low-fat and fatty fish and you can have fish as a topping on bread.

Examples of fatty fish: Salmon, mackerel, herring, trout, eel, halibut and sardines. Low-fat fish: Cod, coalfish, pollock, haddock, monkfish, plaice and cusk. Pregnant women can eat sushi from raw, fresh fish. Some types of fish and seafood should be avoided during pregnancy.

Learn more at

**[helsenorge.no](https://www.helsenorge.no) and [matportalen.no](https://www.matportalen.no)**

### Coffee and tea

Pregnant women can drink coffee and tea, but no more than

- 1–2 cups of coffee a day or
- 3–4 cups of tea a day

Bear in mind that cola (Coke) and energy drinks also contain caffeine. High caffeine intake increases the risk of having a low-birthweight baby.

Foto: Marianne Ramstad Malone



### **You don't need to eat for two**

Your baby's nutritional needs will be met if you eat healthy food in normal portions. In the last trimester, your baby's energy requirements will be slightly higher, about 300 calories more a day. This equals a slice of bread with spread (an open sandwich) and a glass of semi-skimmed milk, or a portion of oatmeal porridge and an additional piece of fruit or berries.

### **Eat fruit and vegetables**

Eat "five a day". One portion is 100 grams, which equals a small piece of fruit and a handful of berries or a vegetable. At least half of your "five a day" should be vegetables, which can be varied according to season, price and availability.

### **Opt for wholegrain foods**

Products made of wholegrain, such as wholemeal bread, brown rice and wholemeal pasta should be part of your diet. You need more iron when you are pregnant and wholemeal products are a good source of iron and other nutrients. Wholegrain products contain a lot of fibre, which is good for your digestion and helps to prevent constipation.

### **Dairy products**

Milk and other dairy products are vital sources of dietary calcium, iodine and vitamin B12, amongst others. Opt for low-fat dairy products.

### **Fish, meat and other sources of protein**

Fish, lean meat, chicken, eggs, beans, lentils, peas and nuts are good sources of protein and several other nutrients. Pregnant women can eat all types of meat as long as it has been properly cooked through.



## Vitamins and minerals

### Folate

Taking a folate (folic acid) supplement reduces the risk of spina bifida. Women who are planning to get pregnant, or who are likely to become pregnant, should take a supplement of 400 micrograms a day from at least a month before conception and through the first three months of pregnancy, in addition to folate from a varied diet. Fruit, berries, vegetables and wholegrain foods are good sources of folate.

### Vitamin D

Both mother and baby need a sufficient intake of vitamin D. You get this vitamin from eating fatty fish and from exposure to sunlight. Some types of milk, cheese and margarine are fortified with vitamin D. If you eat less than 2–3 portions of fatty fish a week, you should take a vitamin D supplement such as cod-liver oil.

### Iron

Your iron requirement increases when you are pregnant. Iron is found in wholegrain foods, meat, fish, beans, lentils, peas, nuts and green vegetables. If you start the pregnancy with a limited iron store you will need iron supplements. Avoid taking too much iron.

### Calcium

You need a little bit more calcium when you are pregnant. Dairy products contain a lot of calcium. There is also calcium in green vegetables, such as broccoli, green beans, spinach, kale, beans, lentils, peas, soy products, oranges, almonds and seeds. Some plant drinks have added calcium.

### Iodine

Iodine is vital for the normal development of the baby's nervous system. Milk, yogurt and white fish are the main sources of dietary iodine. You should take a dietary supplement of 150 micrograms of iodine daily if you:

- consume less than 6 dl milk/yogurt (but eat white salt water fish regularly), or
- eat little/no white salt water fish and consume less than 8 dl milk/yogurt a day

You should start taking iodine early in the pregnancy, or preferably before you become pregnant.

### Vitamin B12

Vitamin B12 is needed to form new red blood cells and the development of your baby's nervous system. Vitamin B12 is found in milk, meat, fish and eggs. If you are vegan or eat few or none of these foods, you should take a vitamin B12 supplement.

### Vegetarian and vegan diets

A varied vegetarian or vegan diet should provide most of the nutrients you and your baby need. However, if you eat no fish or dairy, you should take supplements to get enough vitamin B12, iodine, vitamin D, omega-3 fatty acids and calcium. Plant based drinks and yogurts often contain calcium and some vitamins, but not iodine. Algae oil provides omega-3 fatty acids. Your diet should contain wholegrain foods, beans, lentils, peas, vegetables, fruits, berries, nuts, seeds and plant oils.

Read more at [helsenorge.no](https://helsenorge.no).

## Food you should be cautious about

During pregnancy, you have to be a bit more aware of what is safe to eat than usual. Some foods contain microorganisms like toxoplasma gondii and listeria. These are not harmful for you if you are infected, but can harm your unborn baby.

Toxoplasma gondii is found in some cats. Sources of infection are direct or indirect contact with cat droppings, unclean sand, and unwashed fruit and vegetables.

Listeria infection can be caused by foods that have not been properly cooked. Other sources of infection include foods kept for a long time in the fridge or which are nearing the end of their use-by date such as processed meat and fish, including cured and smoked salmon, unpasteurised milk and some cheeses. Cured foods and fermented, but uncooked foods should be avoided altogether.

The website [matportalen.no](http://matportalen.no) provides up-to-date information on what is safe to eat and what to avoid.

Kitchen hygiene is also important. Wash your hands, knives and chopping boards thoroughly after they have been in contact with raw meat. Don't use the same knives and boards for vegetables, for instance, without cleaning them first. Rinse fruit, berries and vegetables. However, the risk of your baby being harmed by what you eat is very small.

## Weight gain

It is common to gain between 11 and 16 kg during pregnancy. How much is healthy for you depends on how much you weighed before pregnancy. If you were underweight, you should put on more and if you were overweight, you should put on less.

Being either overweight or underweight can cause complications in pregnancy and health problems for you and your child. The birth itself may also be more complicated for women who are overweight. If you are overweight, you should not attempt to lose weight during your pregnancy, but you can safely limit your weight gain.



## Alcohol

**Avoid all forms of alcohol (beer, "alco-pops", cider, wine, spirits etc.) throughout your pregnancy. Many women are used to drinking alcohol in different situations. When you are pregnant it is important to abstain. There is no safe lower limit and no safe stage during which you can drink alcohol when you are expecting a baby. Alcohol can harm your unborn baby any time during your pregnancy.**

### What can happen to your baby if you drink?

If a pregnant woman drinks alcohol, it is taken up rapidly in the bloodstream and passes undiluted to the baby via the placenta. No-one knows how much alcohol it takes to harm a baby.

All of the baby's organs could be affected and normal development may be disrupted. The brain is particularly at risk because it is developing throughout the whole pregnancy.

Children who have been exposed to alcohol during pregnancy can develop behavioural and learning difficulties, concentration and memory problems and may have difficulty understanding the consequences of its actions.

The disorders are classified under the umbrella term foetal alcohol spectrum disorders, FASD.

The most severe diagnosis is foetal alcohol syndrome (FAS). Children with FAS are typically affected by poor growth, brain damage and distinctive facial characteristics.

The risk of FASD increases the more alcohol the mother drinks, and the more often she drinks.

### If you have been drinking

Some women worry because they drank alcohol before they knew they were pregnant. The vast majority of women who had some alcohol before knowing they were pregnant, give birth to healthy babies. The most important thing is to avoid alcohol as soon as you know you are pregnant. Talk to your midwife, regular GP ("fastlege") or social services if you are worried or need support to change your drinking habits and abstain from alcohol.

Rustelefonen **08588** is a national helpline in Norway that provides free information about alcohol and drugs.

See [rustelefonen.no](http://rustelefonen.no).





## Physical activity

**Good fitness and strong muscles, joints and bones give you the best conditions for a healthy pregnancy.**

### 30 minutes a day

Try to be physically active for at least thirty minutes every day. This benefits both you and the baby. These thirty minutes can contain strength as well as cardiovascular exercise. You should get hot and sweaty, and don't be afraid to work out harder, as long as it doesn't hurt. If you experience complications in your pregnancy, you can get advice on exercises that suit you.

### Carry on or start

If you normally train a lot, you can carry on, though maybe at a lower level. If you haven't been exercising regularly, now is a good time to start. You can take up a simple activity, like fast walking or swimming. Choose something you enjoy and try to be active with others, this makes it easier to get motivated.

### More everyday activity

Remember that you can get good physical exercise through things you do every day! You can take the stairs instead of the lift, the bike instead of the car etc. Limit the time you are sitting still by taking short breaks where you move.

## Active through pregnancy

You can be active and exercise throughout your pregnancy. Try to avoid heavy lifting that puts strain on the pelvis, stomach and back. You should avoid activities with a big risk of falling or getting hit in the stomach, like martial arts, handball and football.

Pelvic floor exercises help strengthen the pelvic floor muscles and prevent urinary incontinence both during and after your pregnancy.

For more advice on exercise and pregnancy, go to **helsenorge.no**.

An **activity log** can help you get started

Visit **helsedirektoratet.no/publikasjoner**



## Tobacco products

**Women who do not smoke or use smokeless tobacco (snus) have a lower risk of a number of complications during pregnancy.**

If a pregnant mother smokes, her baby gets less oxygen and nutrients. This can impair the baby's growth and prevent it from gaining weight before birth. Low birthweight babies often have more health problems.

The more you smoke, the greater the risk of complications. Children of mothers who smoked during pregnancy are more at risk of learning deficits, frequent ear infections, colds and airways problems than non-smoking mothers.

If you or anyone around you smokes, your baby will be exposed to smoke. A smokefree environment is best for both you and your baby.

### By not smoking, you reduce the risk of

- pregnancy outside the womb (non-uterine pregnancy)
- your waters breaking early and bleeding, both of which increase the risk of infection and premature birth
- placenta previa, where the placenta blocks the neck of the womb, and placental abruption, where the placenta separates from the womb before birth
- miscarriage
- stillbirth of the baby in the weeks up to the birth
- premature birth and low birthweight.

Using smokeless tobacco (snus) during pregnancy carries risks which are very similar to those of smoking. The nicotine in smokeless tobacco causes the blood vessels of the placenta and uterus to contract so the baby receives less oxygen and nutrition.

Using snus and other smokeless tobacco products can, like smoking, cause low birthweight, premature birth and stillbirth.

## Help to quit

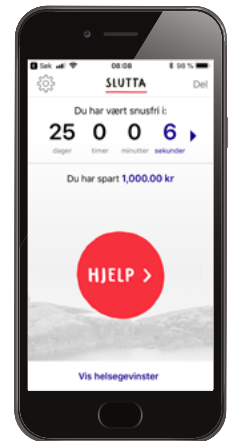
Nicotine is highly addictive and some people find it difficult to stop smoking or using smokeless tobacco. Pregnant women sometimes ask if cutting down helps, but quitting altogether is best for your unborn child.

Visit website **slutta.no** to find out more about help and support to quit.

The **Slutta** app, which is free, can help make it easier to quit. It gives you tips and advice, calculates how much money you are saving, and sends you facts and motivational messages.

Smoking and tobacco use will be discussed when you have a lifestyle conversation with a midwife or doctor early in the pregnancy. Ask them for advice about quitting.

Many municipal Healthy Life centres (Frisklivssentraler) offer individual and group support.



## Medicines

You will need to think about any medicines you take if you are planning a pregnancy. Generally, pregnant women are recommended to take as little medicine as possible.

This also applies to over-the-counter medicines. You should be careful right from the first three months when the basis of your baby's organs is formed.

Some medical conditions however require medicinal treatment because the condition is more dangerous than the medicine. You must consult your doctor about whether to continue taking a medicine, switch to another one or stop taking it completely.

Only change your dose or stop taking the medicine on a doctor's advice.

You should also avoid herbal and alternative medicines. This is because little is known about their effects on the unborn baby.

"Trygg Mammamedisin" is a public service that offers individual advice on safe medicines for pregnant and nursing women. This service is provided online over the internet.

Learn more at  
**[tryggmammamedisin.no](http://tryggmammamedisin.no)**

Illustration: Anne Kristin Berge



The illustration shows how both healthy and harmful substances, like alcohol and nicotine, can cross over to the child via the placenta.

## Emotional changes

Many women are more emotional than usual when they are pregnant. Mood swings are common. These are caused by a combination of hormonal effects and bodily changes. Tiredness, lack of sleep and other minor ailments may increase this emotionality.

Your partner may find it difficult to understand what's happening because your mood may go from happy to sad in no time. Although your child may be longed for and planned, anxieties may overshadow the joy of expecting a baby. Getting enough exercise, sleep, healthy food and spending time with your partner or close friends may help get you through days when you are down. Mood swings commonly affect pregnant women in the first and last trimesters.

Some women feel very vulnerable or sad. These feelings typically present themselves towards the end of your term or within the first few months after giving birth.

Your midwife, public health nurse or doctor can offer you counselling and follow-up. Some women may need to see a psychologist with experience and expertise in post-natal depression.

## Sex

Many women benefit from an active sex life when pregnant because of their high levels of female hormones. Women who didn't previously achieve orgasm may begin to do so. Others may experience loss of libido during pregnancy. In the first and last months of a pregnancy especially, you may be put off sex by morning sickness, other complaints or general fatigue. If so, the need for closeness and cuddles may matter more to you. Your partner may also find his desire for sexual intimacy changes during the pregnancy. It is important to talk about this with each other.

Towards the end of your pregnancy, sexual activity is often less frequent. As your belly grows, it may get in the way of sexual intercourse. If both of you are still keen to have sex, there are many different positions to try.

Some people worry that sex during pregnancy might be risky. But the baby is well protected by your waters and no movements, pounding, thrusting or climax and ejaculation can harm it. During orgasm, the womb contracts and the belly hardens into a ball. This does not harm the baby and does not speed up delivery of the baby in a normal pregnancy. Orgasm may cause mild contractions, but these settle down and go away after a short while.

## Pregnancy complications

If you have had repeated miscarriages or previously had a preterm baby (born before week 37), talk to a healthcare professional about sex during pregnancy.

It is not uncommon to see some spotting (traces of blood) after having sex. This is due to the increased blood supply to the cervix and vagina, which causes them to bleed more easily. Spotting is not harmful, but if you start bleeding more, you should contact a doctor, midwife or maternity ward to have it checked.

## Sex to bring on labour?

There is no solid evidence that sex can bring on labour, but there is nothing to stop you trying. Semen contains hormones called prostaglandins that can help to soften the cervix. In the woman, production of another hormone, called oxytocin, can be increased by stimulating the breasts and through orgasm. Oxytocin can help to induce contractions of the uterus. If your waters have broken, sexual intercourse is not advisable due to the risk of infection.

## Sleep

It is common to experience poorer-quality sleep when you are pregnant. This may be due to changes in your body, but also to thinking about the birth and your baby being on the way.

Towards the end of your pregnancy, when your body is heavier and you have more discomfort and minor ailments, your sleeping problems may increase. Happily though, the body is designed to need less sleep towards the end of pregnancy.

This is because it needs to get used to being awake at night once the baby has been born and needs feeding. If you are having sleeping problems, the best advice is to accept the situation as normal when you are pregnant. It may be exhausting, but it is not harmful.

### Tips for better sleep

- Get up at around the same time every day, even at weekends
- Make sure you get at least 30 minutes of daylight every day, preferably early in the morning
- Physical activity makes you sleep better, but avoid vigorous exercise just before bedtime
- Don't drink too much just before going to bed
- Avoid coffee and other drinks containing caffeine in the evening (after 17.00)
- Take time out during the day to work through any worries or concerns
- Get some rest during the day if you need it, but no more than 20 minutes. This will not affect your sleep at night
- Find a comfortable position to sleep in. Use extra pillows between your knees or behind your back
- Don't stay in bed tossing and turning if you can't sleep. Get up and do something else for a while
- Learn a relaxation technique you can use during sleepless nights
- Avoid being exposed to bright light if you have to get up during the night
- Consult a doctor if your sleeping problems persist and you are completely exhausted

## Domestic violence

Some women are subjected to domestic violence during pregnancy. Domestic violence, also called intimate partner violence, can have serious consequences for both the pregnant woman herself and the unborn child.

Intimate partner violence may also involve controlling behaviour and monitoring of the partner, limited access to financial resources and being robbed of personal freedom.

To help pregnant women who are subjected to violence, healthcare professionals within the maternity care service have to address any issues of concern as early as possible with all pregnant women. The aim is for women who are the victims of violence to be given an opportunity to talk about their situation and receive the follow-up they need.

If you are afraid to become or you have been a victim of violence contact your midwife or doctor, a family counselling office, a crisis centre or the police.

Learn more from **dinutvei.no**



## More information

**Facebook. com/smaagrep**  
Dietary advice in Norwegian

**Regular General Practitioner (GP) – Fastlege**  
<https://helsenorge.no/foreigners-in-norway/general-practitioner>

**Pregnancy and birth**  
[www.matportalen.no/rad\\_til\\_spesielle\\_grupper/tema/gravide](http://www.matportalen.no/rad_til_spesielle_grupper/tema/gravide)  
*Folder in English and Norwegian side by side*

**Maternity and child health clinic – Helsestasjon**  
<https://helsenorge.no/hjelpetilbud-i-kommunen/helsestasjon-og-skolehelsetjenesten>  
*(in Norwegian)*

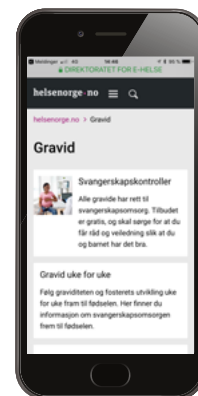
**Healthy life centre - Frisklivssentral**  
<https://helsenorge.no/hjelpetilbud-i-kommunen/frisklivssentral> *(in Norwegian)*

**Family counselling centre – Familievernkontor**  
[www.bufdir.no/en/English\\_start\\_page/Family\\_counselling\\_services/Family\\_counselling](http://www.bufdir.no/en/English_start_page/Family_counselling_services/Family_counselling)

**Crisis centre – Krisesenter**  
[www.krisesenter.com/finn-ditt-senter](http://www.krisesenter.com/finn-ditt-senter)  
*(in Norwegian)*

**Police – Politi**  
[www.politi.no](http://www.politi.no)

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