Can you eat tuna and safe fish intake during pregnancy

Why fish is recommended in pregnancy

Fish is one of the few foods that can deliver lean protein, long-chain omega-3 fatty acids, iodine, vitamin D, vitamin B12, and trace minerals in a compact form. During pregnancy, these nutrients contribute to maternal tissue expansion, placental function, fetal growth, and neurodevelopment. DHA, in particular, is a major structural fatty acid in the fetal brain and retina.

Medical guidance has shifted away from the older, oversimplified message of "avoid fish" and toward a more nuanced approach: eat enough lower-mercury fish while avoiding high-mercury species. The FDA and EPA recommend 8 to 12 ounces of seafood per week for people who are pregnant, might become pregnant, or are breastfeeding, choosing from lower-mercury options. For most adults, that means 2 to 3 servings per week, with one adult serving considered about 4 ounces before cooking.

This balance matters because both under-consumption and overexposure carry concerns. Too little fish may reduce intake of nutrients associated with fetal neurodevelopment, while too much high-mercury fish can increase methylmercury exposure. The safest strategy is variety, portion awareness, and choosing fish from reputable low-mercury categories.

Can you eat tuna while pregnant?

Yes, tuna can be part of a pregnancy diet, but not all tuna is equivalent. Tuna species differ substantially in methylmercury content because larger, longer-lived predatory fish accumulate more mercury through the food chain. The FDA/EPA fish chart separates tuna into different categories rather than treating it as one food.

Canned light tuna: Usually made from smaller tuna species such as skipjack. It is listed as a "Best Choice," meaning it can be included among the 2 to 3 weekly servings of lower-mercury fish.
Albacore or white tuna: Higher in mercury than canned light tuna. It is listed as a "Good Choice," meaning it should generally be limited to one serving per week, with no other fish eaten that week from higher-mercury categories.
Yellowfin tuna: Also listed as a "Good Choice," so the same one-serving-per-week approach applies.
Bigeye tuna: Listed among fish to avoid in pregnancy because of higher mercury levels. Bigeye may appear in some steaks, sushi, or restaurant tuna preparations, so it is reasonable to ask what species is being served.

If you enjoy tuna regularly, canned light tuna is usually the more practical pregnancy-compatible option. If you choose albacore, white tuna, or yellowfin, keep it to one 4-ounce adult serving that week and choose no additional fish from the "Good Choice" category in that same week unless your healthcare professional advises otherwise.

How much fish is safe each week?

The core pregnancy recommendation is 8 to 12 ounces per week of fish that are lower in mercury. In everyday terms, this is usually 2 to 3 servings weekly. A typical adult serving is about 4 ounces, roughly the size and thickness of an adult palm before cooking. For children, serving sizes are smaller, but pregnancy guidance is based on adult servings.

A practical weekly pattern could look like this: two servings of salmon and one serving of canned light tuna; or one serving of sardines, one serving of trout, and one serving of canned light tuna. If you choose albacore or yellowfin tuna,

treat that as the only "Good Choice" fish for the week and make any remaining seafood servings from the lower-mercury "Best Choice" group, if you are still aiming for the 8 to 12 ounce range.

It is also fine if intake varies from week to week. The FDA notes that if you eat more than recommended in one week, you can eat less fish in the following week. The overall pattern matters, but pregnancy is not a time to be casual about repeated high-mercury exposure. Keeping a simple note on your phone can help if tuna sandwiches, poke bowls, restaurant meals, and home-cooked fish all occur in the same week.

Lower-mercury fish choices to rotate with tuna

Variety helps reduce the chance of repeatedly consuming one higher-mercury species and broadens nutrient intake. Lower-mercury choices commonly listed as "Best Choices" include salmon, sardines, anchovies, trout, Atlantic mackerel, herring, tilapia, cod, pollock, catfish, shrimp, scallops, clams, oysters, and canned light tuna. Many of these are also rich in omega-3 fatty acids, especially salmon, sardines, anchovies, herring, and trout.

Fish to avoid during pregnancy because of higher mercury include bigeye tuna, shark, swordfish, king mackerel, marlin, orange roughy, tilefish from the Gulf of Mexico, and other high-mercury species identified in FDA/EPA guidance. These fish are typically large predators or long-lived species.

Locally caught fish require extra attention. Lakes, rivers, and coastal waters may have local advisories for mercury, PCBs, or other contaminants. If you eat fish caught by family or friends, check local fish advisories. If no advice is available, the FDA suggests limiting intake of that local fish and avoiding other fish that week, especially for pregnant people and young children.

Mercury: what it is and why pregnancy guidance is stricter

Methylmercury is formed when mercury in water is converted by microorganisms and then biomagnifies up the aquatic food chain. Larger predatory fish eat smaller fish, and mercury accumulates over time. Human exposure in this context is mainly through fish and shellfish.

Pregnancy guidance is stricter because methylmercury crosses the placenta and the fetal brain is rapidly developing. High exposure has been associated with adverse effects on neurodevelopment, including cognition, attention, language, and motor function. This does not mean that a single serving of the wrong fish automatically causes harm, but it does mean repeated high-mercury intake is worth preventing.

Importantly, mercury risk is not the same as allergy risk or food poisoning risk. A fully cooked high-mercury fish may be microbiologically safe but still not recommended because of methylmercury. Conversely, a low-mercury fish served raw may raise infection or parasite concerns. Pregnancy-safe seafood decisions require attention to both contaminant exposure and food safety.

Tuna sandwiches, tuna steaks, sushi, and restaurant meals

Tuna in a pregnancy diet often appears in different forms, and each has its own considerations. Canned light tuna in a sandwich or salad is typically the easiest to fit into safe-intake guidance. Check the label for "light" versus "white" or "albacore," because these terms are not interchangeable. "White tuna" generally means albacore and should be limited more strictly.

Tuna steaks are often made from larger species, including yellowfin, ahi, or sometimes bigeye. Because species may not be obvious on a menu, ask the restaurant or fish counter. If the tuna is bigeye, avoid it during pregnancy. If it is yellowfin, keep it within the one-serving-per-week "Good Choice" limit.

Sushi and raw tuna introduce a separate issue: raw or undercooked fish can carry parasites and foodborne pathogens. Some pregnant people choose cooked sushi options or vegetarian rolls to reduce infection risk. If sushi is a regular part of your diet, consider reviewing guidance on raw fish, refrigeration, cross-contamination, and high-mercury species, because mercury and foodborne illness are distinct risk categories.

What if you do not eat fish?

If you avoid fish because of allergy, taste, cost, cultural diet, vegetarian eating, or nausea, you can still have a healthy pregnancy, but it is worth discussing nutrient coverage with a clinician or dietitian. DHA, iodine,

vitamin D, vitamin B12, and protein are the nutrients most often considered. Prenatal vitamins vary widely in whether they contain iodine or DHA, and the amount may not meet your individual needs.

Algal oil DHA supplements can provide a non-fish source of DHA. Iodized salt, dairy, eggs, fortified foods, and prenatal supplements may help with iodine depending on your diet and medical context. However, supplements should be individualized, especially if you have thyroid disease, take anticoagulants, have dietary restrictions, or already use multiple prenatal products.

The key message is that fish is recommended because it is nutrient-dense, not because it is mandatory for every person. If fish is not realistic for you, ask your healthcare team how to meet the same nutritional goals safely.

Practical weekly meal planning

A simple, cautious approach is to plan seafood before the week starts. Choose 2 to 3 servings from lower-mercury fish, use canned light tuna when you want tuna frequently, and reserve albacore or yellowfin for occasional meals. Avoid bigeye tuna and other high-mercury fish throughout pregnancy and breastfeeding.

If you eat canned tuna twice per week: Choose canned light tuna and keep total seafood within 8 to 12 ounces unless advised otherwise.
If you want albacore tuna: Have one 4-ounce serving that week and make other seafood choices lower in mercury, or skip additional fish that week depending on your total intake.
If you eat restaurant tuna: Ask whether it is bigeye, yellowfin, albacore, or another species. When uncertain, choose a clearly lower-mercury cooked fish.
If you ate high-mercury fish by accident: Do not panic. Avoid repeating the exposure and contact your obstetric clinician if you are concerned or had a large amount.

Food choices in pregnancy can feel emotionally loaded, especially when guidance seems to change by species, serving size, and preparation method. You do not need perfection. A consistent pattern of lower-mercury fish, cooked and handled safely, is the evidence-based goal.