

Safe seafood choices during pregnancy



Why seafood can still belong on a pregnancy plate

Seafood can be a valuable part of prenatal nutrition because it provides high-quality protein, iodine, vitamin D, selenium, and omega-3 fatty acids such as DHA, which support fetal neurodevelopment. The goal in pregnancy is not to avoid seafood altogether, but to choose species and preparations that preserve the nutritional upside while limiting mercury and foodborne illness risk.

U.S. guidance supports about 8 to 12 ounces per week of a variety of seafood that is lower in mercury. That recommendation is intentionally flexible: it allows people to spread intake across the week, rotate species, and adapt to appetite, nausea, culture, and budget. For medically literate readers, the key concept is exposure management, not elimination.

That framing matters because seafood is not a single category from a risk standpoint. A small salmon fillet, a shrimp stir-fry, and a serving of canned tuna do not carry the same contaminant profile. Thinking in terms of species, sourcing, and preparation gives you a much more accurate safety strategy.

How to identify lower-mercury seafood choices

A practical way to think about seafood is to build meals around lower-mercury seafood choices. These are typically smaller or shorter-lived species that accumulate less methylmercury, a neurotoxic form of mercury that can cross the placenta. Common examples include salmon, sardines, trout, anchovies, herring, shrimp, crab, pollock, cod, and tilapia. For many people, canned light tuna in pregnancy is also a useful option when portions stay within weekly recommendations; albacore or white tuna generally contains more mercury and needs stricter limits.

If you eat self-caught fish or seafood from a local market, check local fish contaminant advisories because contamination can vary by lake, river, or coastline. The safest species in one region may not be the safest in another, especially where industrial runoff or environmental pollution is a concern. Rotating between a few low-mercury fish also helps avoid turning a single food into a repetitive exposure source. That matters because a prenatal diet should be sustainable enough to repeat week after week, not just ideal on paper.

A simple planning approach is to pair one or two fish meals with other protein sources across the week. This keeps your diet varied and makes it easier to stay within guidance without counting every bite. It also leaves room for personal preference, which is important if you are navigating nausea, strong food aversions, or a limited budget.

Build one or two servings around salmon or sardines each week.

Use shrimp, crab, or pollock for quick weeknight meals.

Keep tuna portions modest and favor light tuna over albacore.

When in doubt, choose the option with the clearer source and simpler mercury profile.

Seafood to avoid or limit during pregnancy

Foods to avoid include raw or undercooked fish and shellfish, because pathogens and parasites can cause illness even when the seafood itself looks fresh. That is why raw fish sushi in pregnancy, sashimi, ceviche, oysters on the half shell, and similar preparations are generally avoided. The issue is not cuisine or tradition; it is that pregnancy changes the stakes for foodborne illness.

High-mercury predatory fish should also stay off the regular menu. Examples

include shark, swordfish, king mackerel, marlin, orange roughy, and tilefish from the Gulf of Mexico; bigeye tuna is another species usually limited or avoided depending on local guidance. If you like smoked seafood, refrigerated smoked seafood safety deserves special attention: cold-smoked products are not the same as fully cooked foods, and they can carry *Listeria* unless heated until steaming.

As a rule, when a seafood choice is both raw and high-mercury, it falls into the highest-risk category. The safest pivot is usually to a cooked, lower-mercury alternative rather than trying to make the original choice fit. That can mean choosing a cooked roll instead of sashimi, grilled salmon instead of swordfish, or a shrimp dish instead of a raw shellfish platter.

This is also where label reading and menu questions become useful. Asking whether fish is fully cooked, what species is being served, and whether a dish is refrigerated or ready-to-eat can clarify risk in seconds. Many restaurants can answer those questions easily, and the answer may help you choose a safer version of a favorite meal.

Cooking and handling seafood safely at home and away from home

Cooking is where many avoidable risks drop dramatically. Seafood food-safety practices include keeping raw seafood separate from ready-to-eat foods, washing hands and surfaces after handling raw fish or shellfish, and cooking to an internal temperature of 145°F until the flesh is opaque and flakes easily. Shellfish should be cooked until shells open; any that remain closed should be discarded according to local food-safety guidance.

These steps matter because temperature is one of the clearest barriers against bacteria, viruses, and parasites. They also reduce cross-contamination, which is a major route for illness in home kitchens. If you are using frozen seafood, thaw it safely in the refrigerator, cold water, or the microwave if you plan to cook it immediately. Leftovers should be refrigerated promptly and reheated thoroughly. A fork test can be helpful, but a food thermometer is more reliable when you want to know whether the center of the fish has reached a safe temperature.

Restaurant meals can also be safe, but it helps to ask how the fish was

prepared. Fried, grilled, steamed, or baked seafood is generally easier to verify than mixed dishes where the species, doneness, or handling may be less obvious. If a dish arrives cool in the center or seems undercooked, it is reasonable to send it back. Your goal is not to be difficult; it is to protect yourself and your baby.

Simple habits also reduce problems later. Keep seafood at safe refrigerator temperatures, avoid letting cooked fish sit out for long periods, and do not reuse marinades that touched raw seafood unless they have been boiled. These are ordinary kitchen precautions, but during pregnancy they become especially important because the margin for error is smaller.

Practical ways to fit seafood into a week of pregnancy meals

Meeting the FDA recommendation of 8 to 12 ounces per week is often easier when you plan seafood the same way you plan any other protein. Think in servings, not perfection. One grilled salmon dinner, one shrimp stir-fry, and one tuna sandwich can already cover a useful amount of the weekly target if the species and portions fit the lower-mercury pattern.

If nausea, aversion, or budget constraints make fish difficult, it may help to start with mild flavors or smaller portions. Salmon tacos, sardines on toast, cod in a soup, or shrimp in pasta often feel more approachable than a large fillet. If you are comparing products, remember that the species matters more than the form alone: a sandwich made with light tuna is not the same as one made with albacore, and a smoked product is not the same as a cooked one.

Seafood is also one of the easiest ways to obtain DHA, an omega-3 fatty acid linked to fetal brain and retinal development. A thoughtful mix of fish choices can therefore support both safety and nutrition. If you rarely eat seafood, you do not need to force large servings; even a few well-chosen meals can help. If you eat fish often, the priority is to keep the pattern varied and mostly in the lower-mercury range.

For some pregnant people, the most useful next step is a short conversation with a dietitian. That can be especially helpful if you are vegetarian most of the time, have a history of food insecurity, or rely on local catches for cultural or economic reasons. Personalized planning often makes safety guidance

feel realistic rather than restrictive.

What to do if you are unsure, worried, or already ate something questionable

If you accidentally eat a high-mercury fish once, the most useful next step is usually to return to your usual low-mercury pattern rather than panic. The risk from mercury is cumulative, so ongoing intake matters more than a single exposure. If you develop vomiting, diarrhea, fever, or neurologic symptoms after seafood, contact your obstetric clinician promptly; those symptoms can reflect foodborne illness or another issue that deserves individualized assessment.

It is also reasonable to ask for local advice if you eat game fish or seafood from water with environmental contamination concerns. In those situations, the safest plan may depend on the species, the catch location, and how often it appears on your plate. A brief conversation with your prenatal care team can turn confusing advice into a clear weekly routine.

In practice, the safest seafood plan is not restrictive or fear-based. It is a repeatable pattern: choose a variety of lower-mercury seafood, cook it well, and keep an eye on special risks such as raw preparations and local contamination advisories. If you can keep those three ideas in mind, seafood can remain both enjoyable and appropriately cautious during pregnancy.