

Babies Benefit When Mom Eats More Seafood

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The National Coalition for Infant Health is a collaborative of more than 180 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.

New information on seafood consumption during pregnancy could have more mothers-to-be heading to the fish market.

Research reveals that children of mothers who eat seafood, as compared to those whose mothers do not, have:

- An average IQ of 7.7 points higher
- Higher attainment rate of milestones at six and 18 months
- No adverse effects even at the highest seafood consumption levels.

The study looked at seafood consumption during pregnancy and early childhood for 102,944 mother-child pairs and 25,031 individual children. (1)

The findings build on existing nutritional wisdom. The Food and Drug Administration, the Environmental Protection Agency, and the Dietary Guidelines for Americans all advise pregnant women to eat two to three servings of seafood each week. (2)

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Certain seafood that is low in mercury and high in omega-3 fatty acids are particularly healthy. These include:

- Salmon
- Anchovies
- Herring
- Sardines
- Freshwater trout
- Pacific mackerel

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Other fish that are recommended but that do not have as much omega-3 fatty acids include:

- Shrimp
- Pollock
- Tilapia
- Cod
- Catfish
- Canned light tuna (no more than 6 oz per week of all tuna)

There are specific other guidelines for pregnant women to consume the best quality seafood. These should be followed. Larger predatory fish that are “on top of the food chain” such as shark, swordfish, king mackerel, or tilefish can have excessive mercury and should be avoided. Uncooked or poorly cooked fish and shellfish may contain excessive bacteria and viruses. (3) These include

- Oysters
- Sushi
- Sashimi
- Lox
- Kippered herring
- Fish that is labeled as smoked or jerky

Local fish advisories or warnings should be followed, and all seafood should be cooked thoroughly. Fish is safest when the temperature is ~150 F and when it separates into opaque flakes. All shellfish should be cooked until their shells open and should not be eaten if the shell does not open. Finally, shrimp and lobster should be cooked until no longer translucent. (3)

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Nevertheless, many mothers-to-be avoid or under consume seafood. That may be because of persistent myths about prenatal fish consumption. Some misconceptions linger due to early government recommendations and revisions, which lacked concrete evidence and created confusion. Media have played a role, too, sensationalizing risks and downplaying proven benefits.

Today, however, an abundance of information enables agencies to make concrete, evidence-based nutritional recommendations. Pregnant women can make nutrition decisions based on two certainties: Fish and shellfish provide immense benefits to developing babies both before and after birth. Moreover, benefits increase as seafood consumption increases, though even the lowest levels of consumption can boost babies' development.(4)

Mothers want to do what is best for their babies. With the help of precise data on prenatal fish consumption and a unified voice from nutritional authorities, more mothers will be able to do just that.

References:

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National Coalition for Infant Health Values (SANE)

Safety. Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants' safety.

Access. Budget-driven health care policies should not preclude premature infants' access to preventative or necessary therapies.

Nutrition. Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

Equality. Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.

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