For the Love of Cheese! Why Are Pregnant Women Told to Avoid Soft Cheese?

Cheese is as old as modern mankind, with clues about its existence reaching all the way back to 8,000 BC when the first sheep and goats were domesticated by our ancestors (www.historyofcheese.com). And since cheese has been around for so long, it is now one of the most popular and beloved foods throughout the world. So, it did not come as a surprise to me that many who are pregnant and breastfeeding ask MotherToBaby about eating cheese all the time! On our texting service alone (855-999-3525), we have received over 400 questions about cheese in the past few years!

Here are some of the recent questions we have received at MotherToBaby:

- "Am I allowed to eat cream cheese on toast?"
- "Is raw milk cheese from the USA OK?"
- "Can I eat goat cheese while breastfeeding?"
- "Is it OK to eat feta cheese during pregnancy?"
- "Can I continue to eat queso cheese on a burrito or nachos while pregnant?"
- "Is unpasteurized cheese OK to eat if it's been cooked on a pizza?"

When you start researching cheese, you can fall into a rabbit hole on kinds of cheese: hard versus soft, pasteurized or not, Mexican verses Italian? The questions are endless. There are over 1800 different kinds of cheese, divided into 7 categories (www.Funtrivia.com):

- Fresh Cheeses: Banon, Ricotta, Feta, Cottage cheese, Cream cheese, etc.
- Natural Rind: Sancerre, Chabichou, Crottin de Chavignol, etc.
- Soft White Cheese: Camembert, Brie, Chevre Log, etc.
- Semi-Soft: Edam, Pont L'Eveque, St Nectaire, Tomme de Savoie, Langres, Carre de L'Est, Epoisses, etc.

- Hard Cheeses: Cheddar, Parmigiano Reggiano, Gruyere, Manchego, etc.
- Blue Cheeses: Stilton, Roquefort, Gorgonzola, Maytag Blue, Cashel Blue, etc.
- Flavored Cheeses: Cornish Yarg, Gouda with Cumin, Stilton with Apricots, Devon Garland, etc.

So, what is the bottom line for you if you are pregnant or breastfeeding?

First, check to see if the cheese has been pasteurized or not. Look at the label and you will find that most types of packaged cheese or cheese products sold in America have been pasteurized or heat treated. Pasteurization is defined as a process in which both packaged and non-packaged foods (such as cheese and milk) are treated with moderate heat, usually up to 212 °F, to eliminate pathogens and extend shelf life. If the cheese has gone through pasteurization, then any increased risk for bacteria or other pathogens is very small, and the product isn't considered to increase risks if eaten during pregnancy and breastfeeding. Of course, keep an eye on the fresh or sell-by date, and keep the product properly refrigerated. Cheese that has not been pasteurized has an increased risk for bacteria such as Listeria. See our fact sheet at Listeria Infection (Listeriosis) – MotherToBaby for more information. If the cheese has not been pasteurized, but has been cooked or heated prior to eating, then there also is little increased risk. Plus, cheese that has been dried, such as parmesan cheese, has a longer shelf life and no known increased risk for bacteria.

One of the most common questions about cheese when pregnant and breastfeeding is about the difference between hard and soft cheese. Hard cheese has been ripened longer and is drier, having a lower water content. Whereas soft cheese is younger or fresher, with a higher moisture content. The higher moisture content in soft cheese can allow for more growth of bacteria. That is why it is a good idea to be sure that soft cheeses are either heated prior to eating or have been pasteurized at the time of production (again, pasteurization is a process to kill bacteria). Most soft cheeses in the U.S. have undergone this process by FDA pasteurization law — so look at the label to be sure and be aware of any possible increased risks if unpasteurized!

Cheese is rich in protein and minerals such as calcium and phosphorus. During pregnancy and while breastfeeding, cheese can be part of your good diet. Some cheese types, such as hard cheese, are higher in fat. So, do watch the fat content if cheese is part of your daily diet! Just follow a few simple rules about checking for pasteurization and being sure the cheese product is heated or has been cooked prior to eating if it was not pasteurized. And then, enjoy eating cheese without worry during pregnancy and breastfeeding! If you have any cheese related questions during pregnancy, or any other exposure questions, be sure to contact MotherToBaby! We will be happy to help you!

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Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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"Sometimes I forget I am adopted," exclaims my amazing son as he grabs his backpack to head off to college. I had just let him know that his birthday this year falls on National Adoption Day. "So cool! We will need to do something special this year on my birthday, to celebrate both my birthday and my adoption! See ya, mom!" To Shaun, adoption is as easy as one, two, three, and just a part of everyday life. As anyone who's been through adoption knows, this is simply not the case much of the time. While adoption helped us complete our family, the process can be exciting, thrilling and scary all at the same time! When another woman is carrying the baby that will become your child, you worry. Was she drinking alcohol? Taking a pain killer? What if she was using illegal drugs?! It can literally lead to countless anxious days and sleepless nights. I understand these concerns as I shared the same worries.

National Adoption Day, started in the United States in 1999, is celebrated each year on the Saturday before Thanksgiving. This year it happens to fall on Shaun's birthday and reminds me of when we adopted him, many years ago. That time in my life was so powerful, but it was easier for me than it is for others as I was part of MotherToBaby and already knew where to find the answers to my pregnancy exposure questions.

My adoption journey has helped shape who I am today – a genetic counselor and a teratogen information expert who specializes in understanding exposures that can cause birth defects. The non-profit I work for provides this crucial service all across North America and I'm proud that my journey has brought me into a position to ease the minds of other prospective parents starting down the wonderful path of adoption. It reminds me of Austin and Drew, a prospective adoptive couple whom I helped in their adoption journey, "My partner and I did a lot of research as we started exploring adoption. After we started working with an agency, there were lots of questions about prenatal exposures, birth parent medical histories, etc. A lot of the information we found on these topics seemed to be contradictory and some of it was downright scary." My job allows me to be on the other end of the line talking to this couple, and others like them, helping fill out intake forms and providing evidence-based answers to some of their questions. "Luckily for us, our adoption agency suggested we reach out to Lori. After our conversation we felt much more at ease, and we felt like we had the information we needed to make informed decisions."

My own journey has come full circle, utilizing my training to help those going through what I went through years ago. MotherToBaby specialists are here to help you too! As Rory Hall, Executive Director of Adoption Advocates, states, "couples approach the adoption process with so many myths about prenatal exposures and health concerns that might affect a baby. MotherToBaby experts help them approach adoption with relevant, scientific backed information so they can make informed decisions about the children they are hoping to adopt."

Just before Shaun shuts the door to drive to school, he pauses. Sometimes wise beyond his years, he turns and says,

“Mom, adoption is so wonderful because your birth parents gave you up so you could have a better life. Love you!” And just like that, the anxiety, and struggle during the adoption process go back to their place of being a very distant memory. #WorthIt.

More about National Adoption Day

National Adoption Day has been celebrated across the United States since 1999, helping to raise the awareness of the more than 100,000 children who are in foster care each year in the U.S. waiting for permanent families. For more information, see www.nationaladoptionday.org. And when you are going through your adoption journey, and have questions about exposures during pregnancy, contact an expert at MotherToBaby. You can reach us by phone at 866-626-6847 or by text at 855-999-3525.

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Having worked as a Teratogen Information Specialist at MotherToBaby for close to 10 years, I have become well versed in the different exposures people commonly ask about. Allergy medications in the spring, sunscreen and bug spray in the summer, and cough and cold medications all winter long. So, when I logged onto our live chat service at

mothertobaby.org on a Tuesday morning, I was surprised to see a question that doesn't come up very often. Natalie, pregnant with her first child, asked: "I'm 24 weeks pregnant and my midwife says I need a RhoGAM shot at my next appointment. What could happen to the baby if I do not get this shot?"

Blood Type Basics

Blood type is hereditary, which means it is passed down from your parents. There are 8 common blood types: A+, A-, B+, B-, O+, O-, AB+, and AB-. If your blood type ends in a minus sign (like A- or O-), you are Rh negative. If it ends in a plus sign (like A+ or B+), you are Rh positive. Most people in the United States are Rh positive, but about 15 out of every 100 people (15%) are Rh negative. A blood test early in pregnancy will tell you your blood type.

What is Rh Incompatibility?

During pregnancy, if a woman who is Rh negative is pregnant with a fetus that is Rh positive, a condition called Rh incompatibility can happen. Rh incompatibility becomes an issue if any of the Rh positive red blood cells from the fetus get into the mom's Rh negative bloodstream. This is most likely to occur during a miscarriage, certain prenatal tests (like amniocentesis or CVS), a fall, labor and delivery, or if the placenta separates from the wall of the uterus. When this happens, the mom's immune system might treat the fetus' red blood cells as something that shouldn't be in the body (like an infection) and start making antibodies against them. In most cases, these antibodies will not negatively affect the current pregnancy, but they might affect future pregnancies.

When Antibodies Attack

Once the mom's body makes anti-Rh antibodies, they stay in her system for life. If she becomes pregnant again with another Rh positive fetus, the antibodies can cross the placenta and attack the fetus' red blood cells. This can lead to a condition called hemolytic disease of the fetus and newborn (HDFN). Without enough red blood cells, the fetus cannot carry enough oxygen during development and complications such as jaundice (yellowing of skin and eyes), hemolytic anemic (low red blood cell count), hydrops fetalis (fluid buildup in the baby), high bilirubin levels, kernicterus (brain damage from the bilirubin), and even death can occur.

RhoGAM to the Rescue

Fortunately, there is a way to lower the chance of HDFN: The RhoGAM shot. Typically given around 28 weeks of pregnancy (and again within 72 hours of birth if the baby is confirmed to be Rh positive), RhoGAM is an antibody that helps stop the Rh negative mom from making antibodies that could attack a future fetus' red blood cells and cause HDFN. Before RhoGAM was available, thousands of babies died from the condition every year. Nowadays, the chance of HDFN is less than 0.1% when the shot is given, making RhoGAM a remarkable intervention.

Protecting Your Future Babies

After sharing this information with Natalie, I summarized our conversation with a quick recap. Since she is Rh negative, her midwife was recommending a RhoGAM shot at 28 weeks to prevent the development of antibodies that could negatively affect a future pregnancy. An increased risk for miscarriage or birth defects is not expected since the shot is given later in pregnancy and Natalie is past the "critical period" for those outcomes to occur. Pregnancy complications, like preterm delivery and low birth weight, have not been reported in the available studies examining the use of RhoGAM in pregnancy. Natalie felt reassured after receiving this information and decided to proceed with the RhoGAM shot at her next midwife appointment.

If you have questions about the RhoGAM shot or any other exposures in pregnancy, please feel free to reach out to MotherToBaby by phone, chat, text, or email to receive evidence-based information that can help you make an informed decision.

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Mental health conditions are real health issues that deserve appropriate and individualized medical care. Making informed healthcare decisions requires that women and their healthcare providers be aware of the available safety information for each specific medication they might be considering. We encourage pregnant women and those planning a pregnancy to have open conversations with their healthcare providers to carefully weigh any potential increased risks of medications, as well as the risks of untreated or undertreated mental health conditions.

SSRIs – including commonly prescribed medications such as Zoloft (sertraline), Lexapro (escitalopram), Prozac (fluoxetine), Paxil (paroxetine), and others – are among the most well-studied medications used in pregnancy. Decades of research have shown that SSRIs, when used appropriately and under the care of a healthcare provider, can be part of an effective treatment plan for managing mental health conditions before, during, and after pregnancy, and can contribute to better outcomes for women and their babies.

As always, MotherToBaby and the Organization of Teratology Information Specialists (OTIS) stand with women and

their healthcare teams by providing up-to-date, evidence-based information on the use of medications and other exposures during pregnancy and while breastfeeding.

MotherToBaby offers free, expert-reviewed fact sheets on SSRIs and other medications, as well as on conditions such as depression, anxiety, and stress. You can find many of our mental health resources here: https://mothertobaby.org/pregnancy-breastfeeding-exposures/mental-health/. Individuals can also reach out to a MotherToBaby specialist via phone, live chat, text, or email to receive personalized, confidential support.

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Understanding Critical Periods in Pregnancy

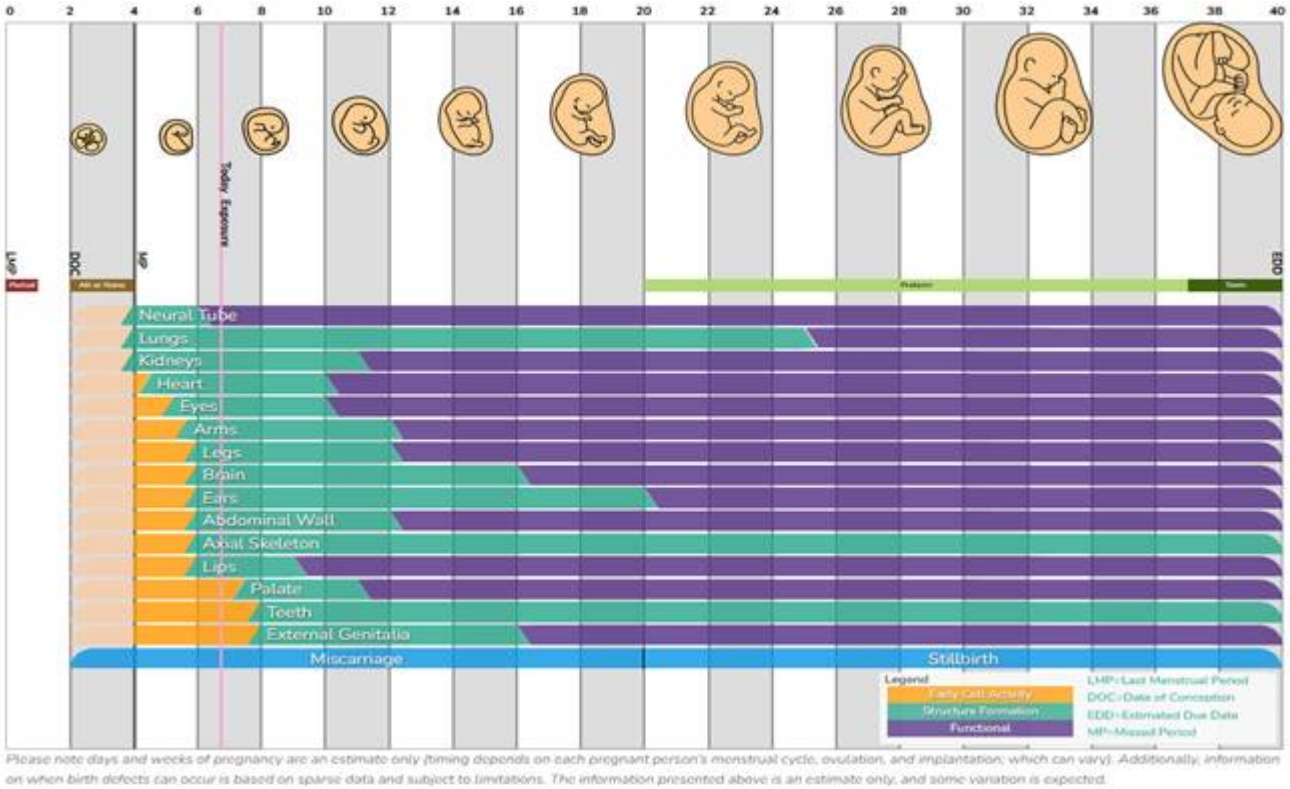
Kendra, newly pregnant at approximately 7 weeks along, contacted MotherToBaby late one afternoon with a question that had been causing her a lot of anxiety. Norovirus was running rampant in her home, and she was feeling extremely nauseous. Having found relief with it before, she explained that she had taken a single dose of Zofran (ondansetron) early that morning. She was certain this drug was ok to take during pregnancy, but after searching online, she became concerned. Kendra shared that she had read conflicting information about whether Zofran increased the risks for birth defects; with some studies showing an increased chance of heart defect and cleft palate, and other studies showing no increased risk. Feeling confused, Kendra reached out to MotherToBaby with her question to receive personalized information.

On the call, I first explained that birth defects can happen in any pregnancy for different reasons. Out of all babies born

each year, about 3 out of 100 (3%) will have a birth defect. Pregnancy problems (like miscarriage) can also happen in any pregnancy. Sometimes, exposures like medications, drugs, alcohol, and infections can increase the chance for birth defects or pregnancy complications. However, for an exposure to cause a problem, it generally has to happen during the “critical period” when a body part is forming.

To help Kendra understand more about possible risk from her Zofran exposure, I used MotherToBaby’s new and interactive critical periods of pregnancy tool! This helpful pregnancy calculator and chart shows when different parts of a baby’s body form during pregnancy and when birth defects or pregnancy complications might happen. By entering the first day of your last menstrual period (LMP) or estimated due date (EDD), the calculator can estimate how far along you are today. Individuals who have questions about exposures in pregnancy can then go on to enter the specific date(s) when the exposure (such as medication use or alcohol consumption) occurred, and the chart will show the body parts that are developing during that time.

After entering the first day of Kendra’s last period, the interactive tool confirmed she was 6 weeks and 5 days pregnant. I then entered her Zofran exposure using today’s date, which resulted in a pink line popping up on the chart. Following this line down the chart, I could see all of the different body parts that were currently forming. I explained to Kendra that when she took the Zofran, the palate (roof of the mouth) had not yet started to form, meaning that the medication use was unlikely to increase the chance of cleft palate in the baby. The chart also helped me see that the baby’s heart was currently developing. I shared this with Kendra, but also reminded her that the latest research shows there is thought to be a less than 1% chance of heart defects from exposure to Zofran; meaning there is a more than 99% chance the heart will not be affected by her medication use. In other words, even when an exposure of concern takes place during the critical period, not every baby will be affected by that birth defect.



New Critical Periods of Pregnancy Interactive Tool

For Kendra, being able to understand which specific body parts were forming when she took the Zofran and whether she actually needed to be concerned helped decrease her anxiety significantly. Knowing that the heart was currently forming, she decided to reach out to her healthcare provider to discuss alternative treatment options for her nausea. I was happy to have helped answer Kendra's question using this visual tool and look forward to being able to use it again in the future when pregnant women have questions about the timing of their exposure.

Remember that our team is always available to help review any exposures you have had and provide a personalized risk assessment. Don't hesitate to contact MotherToBaby by phone, chat, text, or email!

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