

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 versus 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](https://www.MotherToBaby.org).

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By Angela Messer, MS, Teratogen Information Specialist, MotherToBaby California

“I love the way my eyebrows look!” Emily just found out she was 6 weeks pregnant, and had started the process of microblading (a cosmetic tattooing technique, in which a tool made of small needles is used to add semi-permanent pigment to the skin; resembling the hair on the brow) before she knew she was pregnant. Logging into the MotherToBaby chat for some guidance, after online searching resulted in mixed answers, she wanted to know if it was still ok to continue microblading during her pregnancy.

Emily’s question is a common one we receive here at MotherToBaby. With new and upcoming products in the beauty industry, many women want to know if it is ok to start or continue treatments like microblading when they become pregnant. Procedures like these often require more than one visit, broken up between weeks or even months. For pregnant women, the “nine month stretch” raises questions about their use in pregnancy.

The difficulty in answering a question like Emily’s comes down to the lack of information about these types of procedures in pregnancy and also while breastfeeding. Without the research available, we simply do not know about how they may, or may not, affect your pregnancy or your breastfed infant.

Ink

The pigments used in microblading are made up of different types of chemical compounds, like oxides, which can be pre-mixed and purchased by the cosmetic tattoo artist. They may also be mixed by the professionals themselves. A few unknowns are how much pigment, if any, is going into the skin, is entering the mom’s blood, crossing the placenta, and reaching the baby – which also means we do not know if the ingredients in the pigment could pose any risk. The same goes for breastfeeding moms – without good data, we do not know how much pigment, if any, is getting into the milk reaching the breastfed baby.

Possibility of infection

Another thing to consider about microblading in pregnancy and breastfeeding is the risk for infection. As previously mentioned, during the microblading process, a cosmetic tattoo artist deposits pigment into the outer layer of the skin by penetrating the skin with tiny needles. There is a possibility that the needles used may not be completely sterilized, which can lead to a higher risk of health issues such as staph infection, abscess, skin inflammation, or other infections like Hepatitis B and HIV. Medications like antibiotics may be needed to treat these conditions, sometimes requiring weeks or months of treatment. If left untreated, they can lead to health issues for mom and baby. Visiting a reputable business with good hygiene practices in place is a good idea should you choose to have microblading done during pregnancy or while breastfeeding.

Pain

Some women report that the microblading treatment can be painful. If that’s the case, the cosmetic tattoo artist may recommend the use of additional medications to control the pain (e.g. a topical lidocaine cream, or Tylenol). During

pregnancy and breastfeeding, Tylenol (acetaminophen) is considered by most healthcare professionals to be the preferred pain reliever: <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>. With topical exposures, like lidocaine cream, a significant amount is generally not expected to enter the mom's blood and result in an exposure to the pregnancy. Consider these additional exposures during pregnancy or while breastfeeding when deciding whether or not to book an appointment.

With all these unknowns in mind, it can be difficult to evaluate what possible risks a developing baby or breastfed infant might face. Ultimately it comes down to weighing the risks vs. the benefits, and this is exactly what I discussed with Emily on our chat. Having gone to a licensed cosmetic tattoo artist, Emily was reassured that her microblading procedure early in pregnancy was unlikely to be a concern. Moving forward, she decided that given the lack of research, she would prefer to wait until she was no longer pregnant or breastfeeding to resume further treatment. "My eyebrows might not look as great for the next year, but I won't have to constantly worry about the ink reaching the baby or the possibility of infection from having this done!" she shared as we wrapped up the chat.

If you have questions about microblading while pregnant or breastfeeding, don't hesitate to contact a **MotherToBaby** specialist via phone, text, chat, or email.



Angela Messer, MS, is a Teratogen Information Specialist with MotherToBaby California. She earned her undergraduate degree in psychology from Chapman University and her Master's degree from Kansas State University in academic advising/counseling. Angela has been with MotherToBaby since 2009 and holds a special interest in maternal medical conditions in pregnancy. In her free time, she enjoys spending time in her hometown of San Diego, CA with her husband and 9 month old daughter.

About MotherToBaby

MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit [MotherToBaby.org](https://mothertobaby.org) to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on Android and iOS markets. Also, make sure to subscribe to *The MotherToBaby Podcast* available on iTunes, Google Play Music, Spotify and podcatchers everywhere.

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Morgan called late Friday afternoon with a question about COVID-19 booster shots. She shared that she was 37 weeks along and had received both shots of the Pfizer COVID-19 vaccine back in February, at the very beginning of her pregnancy. Morgan wanted to do what was best to protect her baby, and asked if she qualified for the booster shot that was now available.

As a Teratogen Information Specialist at MotherToBaby California, COVID-19 vaccine questions are my number one inquiry right now. With the guidance continuing to evolve as the pandemic rages on, it can be hard for pregnant women to keep up! Luckily, that's what we are here to help with. I shared with Morgan that although the vaccines are still working well to prevent severe illness, hospitalization, and death, overall effectiveness has been shown to decrease over time (called waning immunity). Because of this decreased protection, the Centers for Disease Control and Prevention (CDC) have recommended booster shots for some people over the age of 18, including:

- **Certain groups** - including those who are pregnant or recently pregnant - who got both doses of an mRNA vaccine (Pfizer or Moderna) at least 6 months ago, and
- Everyone who got the Johnson & Johnson vaccine at least 2 months ago.

So, what does this mean for my pregnant caller Morgan? Women who are pregnant and recently pregnant (up to 42 days after delivery) may be more likely to get severely ill from COVID-19. We know that there are higher risks of ICU admission, need for a ventilator, and death when a woman gets COVID-19 while pregnant, so protection of this group through vaccination is extremely important. I shared with Morgan that since it has been more than 6 months since she received her first two doses of the Pfizer vaccine, and since she is currently pregnant, she may choose to get a booster shot. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) have both recommended the booster at any time in pregnancy once you're eligible for it.

Morgan and I went on to review the latest pregnancy data on the **COVID-19 vaccines**, which now includes thousands of women who have received mRNA vaccines (Pfizer or Moderna). Reassuringly, the available data does not suggest a risk for pregnancy complications (including miscarriage, preterm birth, stillbirth, effects on the baby's growth, or infant

death). Although COVID-19 booster shots have not been specifically studied in pregnancy, the Pfizer and J&J boosters are the same dose and contain the same ingredients as the initial doses, and the Moderna booster contains just half of the original dose. Most experts agree that the components of the COVID vaccines only stay in our bodies for a short time, and are not expected to cross the placenta to reach the baby.

Morgan was happy to hear that she qualified for the booster shot. Her three-year-old was in preschool, and although he wore his mask every day, she was still worried about him bringing home COVID and infecting her. She also visited her grandparents often, and wanted to keep them safe. For her, the benefits of protecting herself and her unborn baby definitely outweighed any potential risks.

Before we disconnected, Morgan asked about her sister-in-law who received the Moderna vaccine three months ago and was now pregnant. “Would she be able to get a booster?” Looking at the latest CDC guidelines, I informed Morgan that her sister-in-law would need to wait until 6 months after her second dose of Moderna before she became eligible for the booster. However, I also reminded her that her sister-in-law still has good protection against becoming very sick or hospitalized from COVID-19 from her initial vaccination. Like everyone who is pregnant, she should continue to take other precautions, such as **wearing a mask** and avoiding crowded indoor gatherings.

If you are unsure whether or not you qualify for a booster or you have other vaccine-related questions, please reach out to a MotherToBaby Specialist. And for anyone who has not yet received their initial COVID-19 vaccine, please know that it is strongly recommended before or during pregnancy by many organizations focused on maternal and child health, including the CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine. If you would like to go over the latest pregnancy information for the COVID-19 vaccines, COVID-19 boosters, or any other exposures, please give us a call.

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