

**Yom Kippur 2018/5779**  
**Fasting on Yom Kippur by Pregnant or Nursing Women:**  
**A Personal and Pastoral Perspective**  
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*Class of 2013*

Every year as Yom Kippur approaches, clergy receive many questions from pregnant and nursing women asking for guidance about fasting on Yom Kippur. A wide array of answers have been given. Some women are told that they must fast. Others are told to listen to whatever their doctor tells them. A Facebook poll last summer collected responses from tens of Orthodox women and it was shocking to see how many different halachic responses were reported. However, the mainstream halachic response is that pregnant and nursing women must fast on Yom Kippur unless there is a serious medical reason preventing them from doing so.

The Shulchan Aruch rules explicitly that pregnant and nursing women are obligated to complete the fast on Yom Kippur (Orach Chaim 617). In *seif bet* he adds:

“A pregnant woman who has a craving for food [even if she doesn't say "I want food" but her face changes] we whisper in her ear that it is Yom Kippur. If she is put at ease with the reminder, then good. If not, we give her food until her spirit is calmed.”

This provides a baseline halachic obligation to fast, with the caveat that if the woman is overcome with a craving to eat, she may do so. We do not know what this craving is in contemporary medical terms. Is it a pregnancy craving for a specific food? Is it the sudden (and often extremely unpleasant) need to eat that many pregnant women experience? Or is it a specific condition that induces unusual urges in pregnant women? Is this even a medical issue?

It is clear in rabbinic literature that these cravings are not understood to be a purely medical concern. The Shulchan Aruch's position traces back to a mishna in Yoma (8:5), which states that if a pregnant woman smells food and craves it, we feed her until she recovers (literally, until her soul returns - פשהעד שתשיב נ), The mishna contrasts her with a sick person (choleh), for whom the mishna prescribes a different approach: If the choleh needs to eat on Yom Kippur, we feed him according to the advice of “experts” (defined by Rashi as the medical advice of two doctors). If there are no experts, then we feed him according to his own sense (על פי עצמו) until he says “enough.” It is obvious that the mishna sees pregnant women as being in a different category than the choleh, whose condition is supervised by experts. A pregnant woman's craving is not understood as a medical issue, as opposed to the choleh who has clear medical needs.

The gemara's comments on this mishna (Yoma 82b-83a) offer more clarity on the nature of these cravings. While acknowledging that the cravings create a concern of *pikuach nefesh* (life-threatening danger), the gemara relates the following stories:

“A certain pregnant woman smelled a food and craved it. Those involved came before Rabbi Yehuda HaNasi to ask how to proceed. He said to those who were inquiring: Go and whisper to her that today is



Yom Kippur. They whispered to her, and this whispering helped; she stopped craving the food. Rabbi Yehuda HaNasi read this verse about the baby she was carrying: “Before I formed you in the belly I knew you, and before you came forth out of the womb I sanctified you” ([Jeremiah 1:5](#)), and indeed, the baby who came out of that woman was Rabbi Yohanan.

A certain pregnant woman smelled food and had a craving to eat it on Yom Kippur. Those involved came before Rabbi Hanina to ask how to proceed. He said to them: Whisper to her that today is Yom Kippur. They whispered to her, but she did not accept the whisper and continued to crave the food. Rabbi Hanina read this verse about the baby: “The wicked are estranged from the womb” ([Psalms 58:4](#)), i.e., it is clear they are estranged already in their mother's womb. Indeed, Shabbetai the hoarder of fruits came out of her. He hoarded fruit during years of famine in order to inflate its price and profit at the expense of poor people.” (Steinsaltz translation, William Davidson edition, at Sefaria.org)

These stories both begin with a pregnant woman who smelled food on Yom Kippur and craved it. At the instruction of a rabbi, they first whispered to her that it was Yom Kippur. In the first story, the whispering stopped the craving, and she gave birth to a great Talmudic sage. In the second story, the whispering did not stop the craving, and she gave birth to a wicked man.

The rabbis in these stories add a preliminary step to addressing the cravings that is absent in the mishna -- whispering that it is Yom Kippur before offering her any food. This reinforces the distinction between the pregnant woman and the cholah, as the rabbis clearly saw the pregnant woman's cravings as a problem that could potentially be resolved by verbal means. Once the cravings are not seen as a medical problem, the rabbis are able to explore the origin of the cravings in greater detail, and the stories clearly suggest that the source of the craving is the moral integrity of the fetus, as opposed to a biological need to eat. In so doing, our rabbis add a moral valence to an ostensibly physical problem. A craving is no longer simply a sudden urge to eat, or a desire for a particular food. Rather, a craving is the fetus' attempt to manipulate its mother into eating on the holiest day of the year. Not only does this story pass judgment on the fetus, but the mother is also judged based on whether she is able to tolerate the craving.

Studying these stories raises challenges for how we translate this psak for pregnant women in 2018, when pregnancy is understood to be a medical issue that is overseen by doctors. Do we continue to understand a pregnant woman as being an otherwise healthy individual who may be overpowered by cravings that her fetus is sending her? Or do we reframe her situation as that of a person who is experiencing a medical condition?

When faced with these questions, some rabbis bypass doctors, and instruct pregnant women to fast. Other rabbis direct women to first ask their doctors if it is safe for them to fast. However, this is not always a simple process. When asking their doctors if they can fast, pregnant women have received everything from full support to full astonishment that they would even entertain the notion of compromising their baby's safety. Some doctors tell their patients that fasting should be safe, and others forbid it.<sup>1</sup> This makes it very difficult for a

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<sup>1</sup>I believe this is because there is not a current medical consensus regarding the impact that fasting has on a pregnancy. Studies examining the effects of fasting during Ramadan on early labor have been inconclusive. One study done at Shaarei Tzedek a few years ago recorded higher birth rates immediately following Yom Kippur, but that study was later debunked by a statistician at Columbia University. Based on medical research alone, there does not appear to be strong evidence that fasting endangers a pregnancy. However,



pregnant woman to know who to trust, and how she is supposed to balance her medical needs with her spiritual obligations.

Complicating this already complex situation is the fact that different women react differently to fasting. Some women I know have fasted while pregnant and been perfectly fine. Others have fasted and been sick for days afterwards, so even if the fetus was safe, the mother experienced major discomfort. I also know of multiple women who fasted and went into labor prematurely. And when a friend of mine called her obstetrician last year to ask if she was allowed to fast while pregnant she was told her no because “Ramadan was a disaster,” and pregnant Muslim women who were fasting kept coming in in compromised states. Yes, some pregnant women may be able to fast, but others may experience serious discomfort and danger as a result. One cannot argue that fasting while pregnant is safe for the mother and fetus. It may be, but there is no guarantee.

In 1997, Rav Nachum Rabinovitch, Rosh HaYeshivah of Yeshivat Ma’ale Adumim, published a *teshuvah* dealing with the question of whether a pregnant or nursing woman should fast on Tisha B’av and Yom Kippur (Tehumim, vol. 17, pp. 343-346).<sup>2</sup> Rav Rabinovitch’s teshuva is of enormous, and often underappreciated, significance because it affords pregnant and nursing women more halachic flexibility.

Rav Rabinovitch diverges from the mainstream halacha, and relies on minority opinions in the gemara and rishonim to argue that we should treat pregnant and nursing women as cholot. This would make it much easier to permit them to eat and drink if necessary. He concludes that pregnant and nursing women should not fast on Tisha B’av, and should fast on Yom Kippur by eating shiurim (less than the minimum amount that would constitute a Biblical violation). He also cites sources that permit the mother to eat (in small quantities) on account of the potential health risks to the fetus or nursing baby even if the mother is healthy.

While some have critiqued Rav Rabinovitch for relying on minority opinions and not basing his answers on the normative halachic position articulated in the Shulchan Aruch, I appreciate the brilliance and sensitivity with which he arrived at his conclusions. By declaring pregnant and nursing women to be cholot, Rav Rabinovitch not only adds greater protection to the mother and child, but he dispels the premise that the only thing interfering with a pregnant woman’s ability to fast is whether she is able to overcome the manipulative and unscientific craving that her baby is inflicting on her. He moves the pregnant woman away from the sphere of the irrational, and into the sphere of the medical. Pregnancy is now a medical condition, which allows us to be much more lenient with her fasting choices. And based on sources that extend the category of cholah to include nursing women, together with concern for the nursing infant’s need for breast milk, he also allows this leniency for nursing women.

From my experience as a giver of pastoral care, I believe that there is another important factor to consider. In addition to weighing the physical challenges that come with fasting while pregnant, we must consider the spiritual challenges as well. Any spiritual leader providing halachic guidance on something that could endanger a person’s health must be prepared to take full responsibility if that advice leads to a medical catastrophe.

it is difficult to experimentally test the effect of fasting on a pregnancy because this is not a condition that the researchers can impose on the subjects.

<sup>2</sup> Rabbi Dov Linzer recently translated the teshuva, which can be found [here](#).



Before we advise a pregnant or nursing woman to fast we must ask ourselves if we are willing to create a potential religious crisis for her if, God forbid, something were to happen to her pregnancy. If she has to go to the hospital for fluids, or God forbid loses the baby, are we prepared to support her throughout this crisis? Are we going to tell her that this is what the halacha wanted from her? Even if there is only a minimal chance that this will happen, is this really what we feel our role should be?

As a relatively young mother, these are questions that I have struggled to answer for both myself and others. Thank God I am blessed with two wonderful little boys. Unfortunately, before those two successful pregnancies, I had two miscarriages, caused by a genetic issue that was previously unbeknownst to us. We are very lucky that through use of IVF we were able to go on and have our boys, but the entire process was agonizing. Spotting early in pregnancy convinced me that my pregnancies would continue to fail and I would never have children. Daily monitoring at my doctor's office to see how my numbers were doing became a daily mind war. Waiting for the first appointment at which we would hopefully see the heartbeat was torture. When so much of my ability to have children already felt completely out of my control, the thought that God would want me to fast and risk anything happening to my baby was beyond comprehension. I cannot fathom putting another woman in that position.

I share this experience because I believe that this reinforces the importance of Rav Rabinovitch's teshuva. Most contemporary halachic literature does not adequately take the pastoral nature of this question into account. Beyond starting from the position that pregnant and nursing women must fast on Yom Kippur unless there is a serious medical reason preventing them from doing so, some of these sources even ridiculed women as being weak for even asking this question at all. Not only do these sources fail to acknowledge that fasting might be medically dangerous for some women, most do not even address the tremendous anxiety and pain that some pregnant women may be bringing with them when they ask this question. (The same would be true of a nursing mother who has been struggling to build her milk supply.) I have been told that some of the authors of these pieces are more sensitive and nuanced when asked this question one-on-one, but that is not enough. When we openly declare that pregnant women should fast, and imply that they are physically and spiritually weak for trying to get an "excused absence" from the holiest day of the year, we inflict a tremendous burden of guilt onto them -- a woman's desire to protect her baby means that she is failing God. Moreover, when the available halachic literature espouses the more machmir position, it discourages women from asking the question even when they have a basis for leniency under the more mainstream position.

As a spiritual leader, my first concern must be a person's physical and spiritual well-being. It is possible that a pregnant or nursing woman will physically be able to fast with little issue, and she should certainly be encouraged to do so if she wants to. But I do not believe that modern medicine can guarantee that both she and her baby will be safe from harm. There simply isn't enough research, and the number of stories of women whose pregnancy was seriously compromised by fasting continues to grow. Therefore, when a woman comes to me to ask if she should fast while nursing or pregnant, the first question I ask her is "How do you feel about it?" If she wants to fast, then I tell her that as long as her doctor supports the decision and she takes all necessary precautions and understands when to break her fast if she needs to, then she should fast. If she



expresses hesitancy about fasting (a much more common reaction in my experience), then I explain my own reasoning to her and work with her to make a plan that she is comfortable with.

In a world where we know that fasting can potentially pose serious health risks to a pregnant or nursing woman, those of us responsible for the spiritual health of the Jewish people should be able to publicly assure women that the safety of their babies is the utmost priority. Women should not have to make the choice of whether to endanger our souls by eating, or our babies if we fast. It is the responsibility of spiritual leaders to anticipate this struggle, and to provide both the emotional and halachic support necessary for a pregnant or nursing woman to feel that she is keeping both herself and her baby safe from harm.



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