1. Purpose
This guideline outlines the requirement for folate supplementation and testing and management of folate deficiency in pregnancy at the Women's.

2. Definitions
Not applicable

3. Responsibilities
Clinical Staff involved with the care of a pregnant woman should be aware of this guideline.

4. Guideline
Folate requirements are increased in pregnancy. Body stores of folate last less than 3 weeks and are rapidly depleted when the diet contains inadequate amounts of folate-containing foods.

Red cell folate is a more accurate measure of folate status than serum folate.

4.1 Routine folic acid supplementation
- Dietary supplementation with folic acid from at least one month before conception and throughout the first 12 weeks of pregnancy reduces the risk of having a baby with a neural tube defect. A dose of 500 micrograms per day is recommended.
- Specific attention needs to be given to promoting folic acid supplementation to Aboriginal and Torres Strait Islander women.
- Women taking medicines that are folate antagonists (eg carbamazepine, lamotrigine) and women with a past history or family history of a neural tube defect should be advised to take high dose folate supplements preconception and during the first trimester. A dose of 5 mg per day is recommended.
- A higher dose of folic acid of 5 mg per day is also advised for women with chronic haemolytic conditions including beta thalassaemia minor throughout pregnancy.

4.2 Investigation
Routine measurement of serum or red cell folate (RCF) is not indicated except in the following circumstances:
- As part of investigation of red cell macrocytosis (raised MCV), referral to a haematologist should be considered.
- GIT pathology (coeliac disease, Crohn’s disease, gastric bypass).

4.3 Management
Confirmed folate deficiency should be treated with oral folate supplementation. The underlying cause should also be addressed.
Refer patient to a dietitian if poor dietary intake is a likely contributing factor.

4.4 Consumer information
Access consumer information about folic acid/folate on the Food Standards Australia New Zealand and the Better Health Channel websites:

5. Evaluation, monitoring and reporting of compliance to this guideline
6. References


Australian Health Ministers Advisory Council 2012, Clinical Practice Guidelines Antenatal Care-Module 1


7. Legislation/Regulations related to this guideline
Not applicable

8. Appendices
Please ensure that you adhere to the below disclaimer:

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