



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:

[http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Folate for Women](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Folate%20for%20Women)

<http://www.foodstandards.gov.au/consumer/generalissues/pregnancy/folic/Pages/default.aspx>

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



6. References

Bailey, LB. New standard for dietary folate intake in pregnant women. *Am J Clin Nutr* 2000;71(suppl):1304S–7S.

Population red blood cell folate concentrations for prevention of neural tube defects: Bayesian model. Krista S crider et al. *BMJ* 2014;349:g4554

WHO Guideline: Optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects: work health organization guidelines. Geneva: World Health Organization; 2015

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

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists Vitamin and Mineral Supplementation and Pregnancy. First endorsed by RANZCOG: July 2008, Amended May 2015

7. Legislation/Regulations related to this guideline

Not applicable

8. Appendices

Not applicable

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