

# Folate in Pregnancy



## 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>

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

Not applicable

### 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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