Algorithm: A Healthy Start – Folic Acid and Vitamin D Supplementation in Pregnancy and Breastfeeding (January 2022)

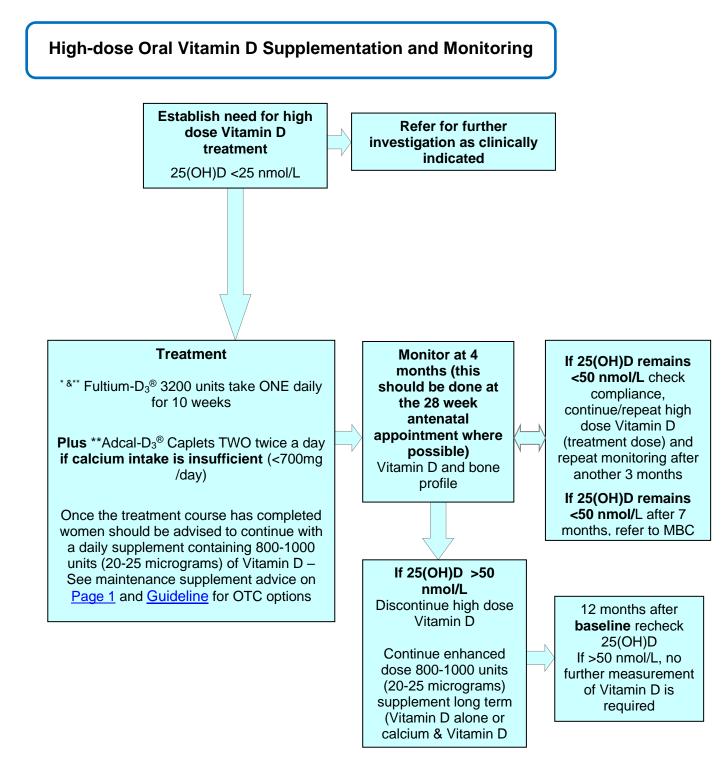
 All pregnant and breastfeeding women should be advised to take; <u>10 micrograms</u> (400 units) Vitamin D daily ideally before conception, throughout pregnancy and whilst breastfeeding. Women who may require testing for deficiency should be identified as a higher dose may be needed. <u>400 micrograms</u> Folic Acid daily before conception and until week 12 of pregnancy. Women at *higher risk of conceiving a child with a neural tube defect should be identified and advised to take Folic Acid 5mg daily and continue until week 12 of pregnancy. (See pink box below) All advice given should be recorded and compliance checked at each antenatal appointment 					
Healthy Start Vitamins for Women Folic Acid - Women at *higher risk of					
 Contain 400 micrograms of Folic Acid, 10 micrograms of Vitamin D and 70 milligrams of Vitamin C. It is a cost effective option of obtaining Folic acid and Vitamin D and can be purchased from all <u>Family Centres</u>. Women requiring a higher dose of Vitamin D or Folic Acid should be signposted to their GP. All preconception and pregnant women are eligible for free Healthy Start Vitamins for Women. All breastfeeding women are eligible to obtain their free first two month supply. See <u>here</u>. Certain women are eligible for free vitamins via the <u>national scheme</u> (which entitles them to other items e.g. milk, fresh fruit and veg). Advice given should be recorded in the woman's records. 		 Folic Acid - women at higher risk of conceiving a child with a neural tube defect; Either partner has a neural tube defect (or a family history) or previous pregnancy affected by a neural tube defect BMI≥30kg/m² · pre-pregnancy Coeliac disease (or other malabsorption state), diabetes mellitus, or is taking antiepileptic medicines (refer to BNF). Note: Women with sickle-cell disease or thalassemia should take 5mg Folic acid throughout pregnancy 			
deficiency Does the			at increased risk of Vita e woman have symptoms or rs (see <u>Guideline</u>) for Vitami	have multiple risk	
Yes - Check that dose and	No - Measure Vitamin D and bone profile (request via ICE)		asure Vitamin D and bone file (request via ICE)	No - Recommend Healthy Start Vitamins for	
preparation	Women. Stress				
is suitable	25(OH)D <25 nmol/L – refer to <u>flowchart</u> importance of				
	25(OH)D >25 and <50 nmol/L – See text box below				
	25(OH)D >25 and <50 hind/L = See text box below 25(OH)D >50 nmol/L - Recommend Healthy Start Vitamins for Women or if previous history of deficiency use enhanced supplement options below. this group at greater risk of deficiency				
Enhanced supplement options for women at risk of D deficiency (pre-pregnancy) and for maintenance					
after high dose treatment;					
 If calcium intake is sufficient (>700mg /day – see <u>Guideline</u>): Healthy Start Vitamins for Women - one daily plus a daily dose of 10-15 micrograms (400-600units) Vitamin D. Encourage OTC or prescribe as *InVita[®] D₃ 2,400 units/ml drops (POM) A daily preparation containing 20-25 micrograms (800-1000 units) colecalciferol alone. Encourage OTC or prescribe *Fultium-D₃[®] 800 units capsules (POM) plus 400 micrograms of Folic Acid until week 12. 					

If calcium intake is insufficient:

Calcium and Vitamin D - daily dose of 1200 mg calcium and 20-25 micrograms (800-1000units) Vitamin D
 *Adcal-D₃[®] caplets (recommended dose is 2 BD) plus 400 micrograms of Folic Acid until week 12
 (Encourage OTC)

See **<u>Guideline</u>** for examples of preparations

*licensed preparations for use in pregnancy



* Halal or kosher certified.

** Licensed preparation for use in pregnancy

For more detailed information, please see full guidance Approved by APG: March 2022. Review date: March 2027

Vitamin D and Folic Acid in Pregnancy and Breastfeeding January 2022. Full update and review done by Kirsty Burdett, Clinical Practice Pharmacist, NHS Sheffield CCG