FOLIC ACID SUPPLEMENTATION

KEY POINTS

1. All women attending KEMH for antenatal care should be counselled about the recommendations regarding preconception and first trimester folic acid supplementation.
2. Folic acid supplementation should be initiated at least one month prior to pregnancy and continue during the first trimester of pregnancy.
3. The National Health and Medical Research Council (NHMRC) recommended supplementation for women with no personal, previous pregnancy, or family history of NTD is folic acid 0.5mg daily.5
4. Women at risk for NTD such as a family5 or personal history, a previous pregnancy with NTD, have obesity or diabetes, or are taking medication which can affect folic acid absorption should commence supplementation of folic acid 5mg daily.

RECOMMENDATION FOR SUPPLEMENTATION

Supplementation should commence at least one month prior to pregnancy and continue during the first trimester.

Women with no history of previous pregnancy with NTD or no family history of NTD the recommended dosage is folic acid 0.5mg daily3, 5, or a multivitamin containing at least 0.4mg of folic acid.4

Women with5:
• a family,3, 5 personal history, or a pregnancy or a neonate with NTD
• a medical condition who take medications which may affect folic acid absorption e.g. medications for epilepsy such a sodium valporate.
• Diabetes (Type 1 and Type 2)8, 9
• Obesity (BMI >35 kg/m2)8, 9
The recommended supplement dosage is folic acid 5 mg daily.3, 5, 7
REFERENCES (STANDARDS)


National Standards – 1 Clinical Care
Legislation - Nil

Related Policies – Antepartum Care
Other related documents – Nil

RESPONSIBILITY

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