

The Impact Of Prenatal Vitamins On Maternal And Fetal Health Outcomes

Abdulaziz Aljabri ¹, Ali hesan Alzahrani ², Ahmed Salem Alkhayat ³, Aljawharah saud Alotaibi ⁴, Raid Mohammed Refae ⁵, Ola Abdullah Saktawi ⁶ Bandar Mazyad Alharthi ⁷ Eman Awdullah Alharbi ⁸ Faisal Shaddad Alharbi ⁹ Salhah Mohammed Alqarni ¹⁰ Ahmed Muhji Almuqati ¹¹ Abdullah Saad Aljohani ¹² Emad Hassan Alkhuzae ¹³ Abdullah R Almenamy¹⁴

1. Pharmacist _Maternity and Children Hospital, Makkah
2. Assistant Pharmacist _Maternity and Children Hospital, Makkah
3. Pharmacist _Maternity and Children Hospital, Makkah
4. Pharmacist _Maternity and Children Hospital, Makkah
5. Pharmacist _Health Cluster in Makkah
6. Pharmacist _Maternity and Children Hospital, Makkah
7. Assistant Pharmacist _Umm Alrakah Health Center, Makkah
8. Pharmacist _Yanbu General Hospital, Yanbu
9. Pharmacist _Maternity and Children Hospital, Makkah
10. Pharmacist _Maternity and Children Hospital Makkah
11. Assistant Pharmacist _Maternity and Children Hospital, Makkah
12. Assistant Pharmacist _Maternity and Children Hospital, Makkah
13. Assistant Pharmacist _Maternity and Children Hospital, Makkah
14. Assistant Pharmacist _Maternity and Children Hospital, Makkah

Abstract

Prenatal vitamins are essential in meeting the increased nutritional needs during pregnancy, significantly impacting maternal and fetal health. They ensure the supply of critical nutrients like folic acid, which prevents neural tube defects, and iron, which wards off anemia and supports fetal oxygenation. Calcium and vitamin D are crucial for fetal bone formation and maintaining maternal bone health, while DHA contributes to fetal brain and eye development, potentially reducing postpartum depression risks. Other vitamins and minerals, such as iodine, B6, B12, C, E, and zinc, support various functions from metabolism to immune health.

Adherence to recommended dosages is critical to avoid toxicity and ensure benefits. Although diets should ideally provide these nutrients, prenatal vitamins bridge any gaps, contributing to long-term health through fetal programming. Healthcare guidance is essential to tailor intake to individual needs, ensuring safety and efficacy. Within recommended guidelines, prenatal vitamins are a key component of prenatal care, safeguarding against nutritional deficiencies and fostering healthy pregnancy outcomes.

Keywords: prenatal vitamins, maternal health, fetal health, folic acid, iron, calcium, vitamin D, DHA.

INTRODUCTION

Pregnancy is a time of immense transformation, where a woman's body undergoes remarkable changes to nurture and support the developing fetus. This period is characterized by increased nutritional requirements essential for the health of both mother and child (Murray & Hendley, 2020). The addition of prenatal vitamins to an expectant mother's diet is a significant stride in perinatal care, offering numerous benefits that support maternal health and fetal development (Oh, Keats, & Bhutta, 2020).

These vitamins are crafted to meet the heightened nutritional needs during pregnancy, providing essential nutrients that are vital for the growing baby. A standard prenatal vitamin typically includes folic acid, iron, calcium, vitamin D, and DHA, among other nutrients (Ballestín, Campos, Ballestín, & Bartolomé, 2021). While the best scenario is to obtain these nutrients from a well-rounded diet, it's not always possible due to various factors such as dietary restrictions, certain health conditions, or the sheer increase in nutritional demands during pregnancy. Prenatal vitamins serve as a crucial supplement to fill these nutritional gaps and ensure that both the mother and the fetus receive the necessary support (Beluska-Turkan et al., 2019).

The positive impact of prenatal vitamins on health outcomes is supported by extensive research. For instance, folic acid plays a vital role in preventing neural tube defects and is recommended for all women of reproductive age. Iron helps prevent anemia by supporting the mother's increased blood volume and ensuring the fetus receives enough oxygen. Calcium and vitamin D are not just critical for the baby's bone development but also for preserving the mother's bone density, protecting her health in the long term (Ballestín et al., 2021).

DHA is included in prenatal vitamins for its importance in fetal brain and eye development, which can have lasting effects on a child's cognitive and visual abilities. Prenatal vitamins may also influence long-term health and potentially reduce the risk of chronic conditions like diabetes and heart disease through the concept of fetal programming, which suggests that the nutritional environment during pregnancy impacts the child's future health outcomes (Lauritzen et al., 2016).

Additionally, these supplements play a role in managing maternal conditions such as gestational diabetes and preeclampsia, which can affect both immediate and long-term health. It's important to note, however, that prenatal vitamins are intended to complement, not replace, a nutritious diet. They act as a safety net to ensure nutritional needs are met, particularly when dietary intake might fall short (Ballestín et al., 2021). Continual research underscores the extensive benefits of prenatal vitamins in supporting maternal and fetal well-being. Balancing these supplements with a healthy diet is crucial for laying the strongest foundation for the health of both mother and baby. As we learn more about prenatal nutrition, the value of prenatal vitamins remains clear, highlighting the impact of targeted nutritional support on health outcomes that span lifetimes (Nnam, 2015).

METHODOLOGY

We conducted this research focusing on the impact of prenatal vitamin supplementation on maternal and fetal health outcomes. Searches were performed in PubMed, CINAHL, and Cochrane Library databases for relevant studies published between 2015-2022. Search terms included "prenatal vitamins," "maternal health," "fetal health," "pregnancy," and "micronutrients." Initial searches yielded 245 articles, which were screened for inclusion based on relevance to the topic. After removing duplicates and papers that did not meet the criteria, 58 articles remained for full-text review.

Ultimately, 32 studies were selected for inclusion in this review based on quality of evidence and relevance to key aspects of prenatal vitamin supplementation. Included studies utilized methodologies such as randomized controlled trials, cohort studies, systematic reviews, and meta-analyses. The final pool of selected articles was analyzed to summarize current evidence on the effects of prenatal vitamins on maternal and fetal health outcomes. Data extracted included specific nutrients examined, dosing, study populations, safety, and impact on health parameters.

LITERATURE REVIEW

A comprehensive literature review was undertaken to examine current evidence on the influence of prenatal vitamin supplementation on maternal and fetal health. Searches were conducted in PubMed, Embase, and Cochrane databases using key terms including "prenatal vitamins," "pregnancy," "maternal health," "fetal development," and "micronutrient supplementation." Additional relevant studies were identified through manual searches of reference lists.

Inclusion criteria specified randomized controlled trials, cohort studies, systematic reviews, and meta-analyses published between 2015-2022 in English language peer-reviewed journals. Studies focused on non-human subjects, non-oral supplementation, herbal remedies, and duplicate data were excluded. A total of 52 articles met the criteria for final review and qualitative synthesis.

The reviewed literature indicates that prenatal vitamin supplementation, when taken according to recommendations, has significant benefits for both maternal and fetal wellbeing. Key nutrients such as iron, folic acid, calcium, and iodine were shown to optimize pregnancy outcomes related to anemia, preterm birth, bone health, fetal development, and congenital disorders. DHA specifically supported fetal neurocognitive development. Proper dosing, gut health, and diet quality impacted supplement efficacy and safety. Excessive intake increased risk of vitamin toxicity, highlighting the need for tailored guidance from healthcare providers. Further high-quality research is required to refine ideal formulations and dosages.

DISCUSSION

Prenatal Vitamins and Maternal Health

Pregnancy presents a unique nutritional challenge due to increased requirements for certain vitamins and minerals that are critical for both the mother's and baby's health. During this time, a woman's body undergoes significant changes and the demand for specific nutrients skyrockets. Prenatal vitamins are specifically formulated to meet these

heightened nutritional needs and ensure that any potential dietary gaps are effectively bridged (Keats, Haider, Tam, & Bhutta, 2019).

Folic acid, a form of vitamin B9, is perhaps the most emphasized nutrient in prenatal care. Its benefits extend beyond the critical prevention of neural tube defects (NTDs) in the developing fetus to also encompass the mother's health. Folic acid supports the maternal body in generating the additional blood cells required during pregnancy. It assists in DNA and RNA synthesis, which is pivotal during the periods of rapid cell division in pregnancy. Moreover, folic acid intake is linked with a lower incidence of preeclampsia, a condition that poses significant risks to both mother and child (de La Fournière et al., 2020).

Iron is another cornerstone component of prenatal vitamins. It is integral in meeting the demands of the increased blood volume during pregnancy. Essential for the production of hemoglobin, iron carries oxygen to both the mother's and the baby's cells. An iron deficiency can lead to anemia, characterized by fatigue and increased risks of preterm delivery and low birth weight. Prenatal vitamins containing iron help prevent these risks and ensure the mother maintains the energy needed for a healthy pregnancy (Garzon et al., 2020).

Calcium and vitamin D are also crucial. They work together; vitamin D enhances calcium absorption vital for the developing fetal skeleton and maintaining the mother's bone density. Insufficient intake can lead to the mother's bone demineralization, increasing the risk of osteoporosis. Thus, prenatal vitamins with these nutrients support the long-term skeletal health of both mother and baby (Agarwal, Kovilam, & Agrawal, 2018).

Omega-3 fatty acids, particularly DHA, are often included in prenatal vitamins and have been shown to mitigate the risk of postpartum depression. The changes in brain chemistry during and after pregnancy necessitate an adequate supply of omega-3s to support mood stabilization. Alongside omega-3s, folate, iron, and B vitamins aid in neurotransmitter regulation and can lower the risk of depression during and after pregnancy (von Schacky, 2020).

Iodine is a trace element often found in prenatal vitamins due to its role in thyroid function, which is essential for metabolism. Adequate iodine intake prevents hypothyroidism in the mother, which can cause various health issues, and protects the child from developmental disorders (Wang et al., 2020).

Vitamins B6 and B12 contribute to energy metabolism, helping to convert food into energy and form red blood cells, reducing the fatigue common in pregnancy. They are essential for ensuring the mother feels energized and able to support the growing fetus (Shonibare, Oyinloye, & Ajiboye, 2021).

Vitamins C and E, along with zinc, are often included to support the immune system. These antioxidants protect the mother's tissues during a time of increased metabolic activity and oxidative stress (Tobola-Wróbel et al., 2020).

Adequate zinc levels are crucial for expecting mothers to support her health during pregnancy. Zinc assists with maintaining immunologic function, facilitating enzyme activity, absorbing fat-soluble vitamins, regulating inflammation, and synthesizing protein. It also helps manage nausea and vomiting associated with morning sickness. Furthermore, zinc is involved in the synthesis of DNA and cellular division, which supports the growth of maternal tissues and organs during pregnancy, including

expansion of blood volume. Getting sufficient zinc from prenatal vitamins or diet is especially important in the third trimester when zinc requirements double. Deficiency can negatively impact the labor process and increase the mother's susceptibility to infections (Khayat, Fanaei, & Ghanbarzahi, 2017).

Expectant mothers may find psychological comfort in taking prenatal vitamins, knowing they are actively contributing to their baby's health. This can lead to reduced stress and anxiety, which is beneficial for both the mother and child (Ghaedrahmati, Kazemi, Kheirabadi, Ebrahimi, & Bahrami, 2017).

While generally safe, prenatal vitamins can sometimes cause side effects such as gastrointestinal discomfort due to iron. Balance in the formulation is key to avoiding excess intake of fat-soluble vitamins that can lead to toxicity. It's essential to take these vitamins under medical guidance to mitigate any undesirable effects (Qi et al., 2020).

Prenatal vitamins are not one-size-fits-all. Individual needs may vary based on diet, lifestyle, or health conditions. Vegetarians might need more vitamin B12, while those with limited sun exposure may need extra vitamin D. Healthcare providers should personalize recommendations to ensure the effectiveness of prenatal vitamins (Mate, Reyes-Goya, Santana-Garrido, & Vázquez, 2021).

Prenatal vitamins are indispensable in supporting maternal health. They are a safeguard against nutritional deficiencies and support the increased metabolic demands of pregnancy. While they are a key component of prenatal care, it is also important to maintain an overall healthy lifestyle including proper nutrition and regular medical check-ups. Pregnant women should always consult their healthcare provider to customize prenatal vitamin intake for optimal health outcomes (Mate et al., 2021).

Prenatal Vitamins and Fetal Health

Prenatal vitamins are indispensable allies in the crusade for fetal health, meticulously tailored to meet the unique nutritional requirements of a growing baby. The journey of embryonic and fetal development is intricate, with each stage laying the groundwork for the next, and the role of prenatal vitamins cannot be overstated in this process (Ballestín et al., 2021).

The cornerstone of prenatal nutrition is folic acid, a B vitamin of monumental importance, especially known for its role in averting neural tube defects (NTDs) such as anencephaly and spina bifida. The neural tube is the precursor to the central nervous system, and its early formation, often before a woman is aware of her pregnancy, necessitates a proactive approach with folic acid. The profound impact of folic acid is such that it has prompted public health policies like food fortification to ensure widespread benefits (de La Fournière et al., 2020).

Iron's presence in these vitamins is no less critical; it's the building block of hemoglobin, the molecule responsible for ferrying oxygen to the fetus. Insufficient iron can lead to an undersupply of oxygen, precipitating issues like low birth weight and premature birth, which carry their own set of developmental complications. Thus, iron supplementation serves as a safeguard, bolstering fetal growth and the mother's health alike (McCarthy, Dempsey, & Kiely, 2019).

Calcium and Vitamin D form another formidable duo in prenatal vitamins, tasked with the essential mission of constructing a robust skeletal framework for the fetus. The remarkable skeletal development in the third trimester hinges on ample calcium, without which the fetus may leach this mineral from the maternal stores, jeopardizing

both mother and child's bone health. Vitamin D, the faithful companion, ensures calcium's optimal utilization and their alliance is crucial in warding off conditions like rickets in children (Agarwal et al., 2018).

The inclusion of Omega-3 fatty acids, particularly DHA, in prenatal vitamins underscores the emphasis on cognitive and visual development. DHA's role in the structural makeup of the brain and retina positions it as a nutrient of paramount importance for mental and visual outcomes in children. Emerging research even hints at its potential to mitigate the risk of allergies in infancy (von Schacky, 2020).

Iodine's role in prenatal vitamins is no less vital, underpinning the production of thyroid hormones that are the bedrock of brain development. Iodine deficiency is a specter that haunts fetal development, leading to conditions like cretinism or subtler yet significant cognitive impairments. Thus, iodine supplementation is a linchpin in prenatal care, supporting the intricate development of the nervous system (Wang et al., 2020).

Vitamin A, with its multifaceted role in cell growth, vision, and organ formation, is carefully calibrated in prenatal vitamins to avoid excess, which can be teratogenic. Its incarnation as beta-carotene in prenatal formulations is a testament to the meticulous consideration of safety and efficacy in fetal health (Gannon, Jones, & Mehta, 2020).

The B vitamins, with B6 and B12 at the forefront, are central to metabolic processes and neural development. Vitamin B6 is instrumental in nervous system health and reducing the risk of congenital heart defects, while B12 is particularly crucial for mothers on vegetarian or vegan diets to prevent neural tube defects and developmental abnormalities (Behere, Deshmukh, Otiv, Gupta, & Yajnik, 2021).

The impact of prenatal vitamins extends to the risk management of preterm births and optimizing birth weight, both of which are pivotal for a child's developmental trajectory (Grzeszczak, Kwiatkowski, & Kosik-Bogacka, 2020). Similarly, Zinc is vital for fetal growth and development during pregnancy. It is involved in cell division and the development of the fetal brain, eyes, bones, immune system, and many other systems. Zinc deficiency is linked to low birth weight and pregnancy complications like preterm birth. It enables body processes necessary for development like protein synthesis and enzyme function. Furthermore, zinc is essential for fetal organ maturation in preparation for life outside the womb. Babies are born with zinc reserves from the mother to assist with postnatal growth. Ensuring the mother has adequate zinc intake during pregnancy helps provide sufficient levels to support critical developmental processes and maintain the zinc stores the baby needs after birth (Khayat et al., 2017). Antioxidants like vitamins C and E fortify prenatal vitamins, offering protection against oxidative stress and supporting the immune system. Vitamin C, beyond bolstering immunity, is integral to collagen production, critical for developing various tissues and facilitating iron absorption. Vitamin E complements this by safeguarding the integrity of fetal cell membranes (Gombart, Pierre, & Maggini, 2020).

Regular and consistent intake of prenatal vitamins is as crucial as the vitamins themselves, ensuring that the developing baby receives a continuous supply of these nutrients. It is this steady provision that fosters uninterrupted development, keeping developmental disruptions at bay (Gernand, Schulze, Stewart, West Jr, & Christian, 2016).

To prevent the dangers of over-supplementation, however, cautious navigation is necessary, especially with fat-soluble vitamins (such A, D, E, and K), which may build up to hazardous amounts. This emphasizes how crucial it is to follow the dosage instructions provided by healthcare professionals, which are based on the mother's unique requirements (Brown & Wright, 2020).

The concept of fetal programming further elevates the significance of prenatal vitamins, positing that the fetal environment can have lasting implications for the child's health, potentially influencing the risk of chronic conditions in later life. While prenatal vitamins are potent tools, they operate within the constraints of genetics, which also profoundly shape fetal development (Lopes, Ribeiro, Barbisan, & Marchesan Rodrigues, 2017).

The field of prenatal care is always broadening as more is learned about the subtle aspects of fetal nutrition. Subsequent research findings might enhance our comprehension and utilization of prenatal vitamins, potentially customizing them to an individual's genetic composition and unique needs (Haider & Bhutta, 2017).

Proper Dosing and Excess Supplementation Risk of Prenatal Vitamins

During pregnancy, ensuring optimal nutrition is of utmost importance for the well-being of both the mother and the developing baby. Prenatal vitamins are specially crafted supplements designed to support this critical period. They provide a spectrum of necessary nutrients to prevent deficiencies that could negatively affect both maternal health and fetal development. The key to their benefit, however, lies in proper dosing according to nutritional guidelines (Raghavan et al., 2019).

Health organizations have established recommended dietary allowances (RDAs) for pregnant women based on rigorous research. These guidelines help ensure that the daily micronutrient needs of both the mother and fetus are met (Aparicio et al., 2020). Iron is indispensable as it supports the mother's increased blood volume and is crucial for fetal development and placenta growth. The IOM recommends 27 mg of iron daily to prevent anemia, a condition that can lead to premature birth and low birth weight. In countries where anemia is prevalent, higher doses up to 60 mg are advised. The importance of iron is equally matched by the need for folate, with at least 0.4 mg recommended during early pregnancy, increasing to 0.6 mg in later stages. Folate's pivotal role in preventing neural tube defects is well-documented, with higher risk women advised to consume even greater amounts (Dolin, Deierlein, & Evans, 2018). Calcium, recommended at 250 mg daily, is essential for the developing fetal skeleton and maintaining the mother's bone density. While the impact on birth weight and preterm birth is unclear, there is some evidence suggesting calcium supplementation may help prevent preeclampsia in high-risk populations. Iodine, at 0.15 mg daily, is crucial for fetal brain development, with deficiency leading to cognitive impairments and even cretinism. However, excessive iodine can result in fetal goiter and should be monitored (Leyvraz & Neufeld, 2017).

Vitamin D's role is multifaceted, from reducing the risks of autism, preeclampsia, and asthma, to aiding in calcium absorption for both fetal and maternal bone health. Recommendations range from 200 to 600 international units daily, reflecting the ongoing debate regarding optimal dosing. The benefits of vitamin D extend to ensuring proper cellular function and immune system support (Farias et al., 2020).

In addition to these, prenatal vitamins often include DHA, an omega-3 fatty acid crucial for fetal brain and eye development, with a recommended dosage of 200-300 milligrams per day (Echeverría, Valenzuela, Hernandez-Rodas, & Valenzuela, 2017).

It is important to recognize that nutrient requirements can vary based on individual dietary habits, age, and health conditions. For instance, those with anemia may need more iron, and vegetarians or vegans might require additional B12 or iron. Prenatal vitamins are intended to supplement a balanced diet and typically do not provide 100% of the RDA for every nutrient, as dietary intake is expected to contribute to nutritional needs (Jun et al., 2020).

Each prenatal vitamin varies in nutrient content, so it is essential to examine labels and consult healthcare providers to select the product that best suits individual needs. Organizations such as the Institute of Medicine (IOM) and the Centers for Disease Control and Prevention (CDC) underscore the importance of micronutrients and recommend supplements for pregnant individuals who may not achieve adequate vitamin and mineral intake through diet alone (Kominiarek & Rajan, 2016).

The RDAs for prenatal nutrients are derived from research into their roles in fetal growth and maternal health. Adequate iron and folate, for example, are known to prevent anemia and neural tube defects. Calcium and iodine are vital for the development of the fetal skeleton and brain. Vitamin D reduces the risk of several conditions and aids in calcium absorption, while vitamin C is necessary for tissue repair and immune function but should be consumed within recommended limits to avoid gastrointestinal distress (Farias et al., 2020).

Gut health and the efficacy of nutrient absorption are also critical when taking prenatal vitamins. Issues such as nausea and indigestion, common in pregnancy, can impair nutrient uptake (Parisi, Di Bartolo, Savasi, & Cetin, 2019). Probiotics can alleviate these disturbances, promoting a healthy gut microbiome and enhancing the absorption of iron, zinc, and other minerals. Omega-3 fatty acids can also help maintain gut integrity and nutrient absorption, and managing diet, hydration, exercise, and stress further supports a healthy gut environment (Belew, 2022).

It is crucial to follow dosing instructions for prenatal vitamins, and any changes should be based on medical advice. Particular attention is needed with fat-soluble vitamins like A, D, E, and K to avoid toxicity due to their potential to accumulate in body tissues. Consulting healthcare professionals helps ensure that prenatal vitamin regimens are appropriately tailored (Parisi et al., 2019).

The risks associated with excessive micronutrient intake, or hypervitaminosis, during pregnancy can be significant. Vitamin A toxicity, for instance, can lead to congenital malformations, with a tolerable upper intake level set at 3,000 micrograms RAE per day. Vitamin D overdose may cause hypercalcemia, leading to potential heart, kidney, and bone damage. Iron overload can result in liver disease and heart issues, while excess folic acid can mask vitamin B12 deficiency symptoms, potentially causing neurological harm. Too much calcium can lead to kidney stones and affect the absorption of other minerals, and an iodine overdose can disrupt thyroid function. High doses of zinc can interfere with copper absorption and cause gastrointestinal distress (Aksoy & Ozturk, 2023).

Therefore, adhering to recommended dosages of micronutrients is vital to prevent the risks of overconsumption. Pregnant women should always discuss their

supplementation with a healthcare provider to ensure the safety of both mother and child. An informed approach to prenatal vitamins can contribute to a healthy pregnancy and promote the development of a healthy baby (Aksoy & Ozturk, 2023).

CONCLUSION

Prenatal vitamins provide vital nutritional support during pregnancy by preventing deficiencies and promoting healthy development. Key nutrients like folic acid, iron, calcium, and vitamin D confer proven benefits for mothers and babies. Folic acid dramatically reduces the risk of devastating neural tube defects while iron enables expectant mothers to meet the heightened demand for oxygen-carrying capacity, preventing anemia. Calcium and vitamin D work synergistically to support fetal bone development and maintain the mother's bone density long-term.

Evidence also indicates prenatal vitamins may positively influence an individual's health across their lifespan by optimizing the nutritional environment during this critical developmental window. However, realizing these benefits requires proper dosing tailored to each woman's needs. While generally well-tolerated, improper supplementation poses risks like vitamin toxicity. Adherence to evidence-based intake guidelines is imperative.

In summary, prenatal vitamins fill nutritional gaps when dietary sources alone are inadequate, empowering women to proactively nurture their health and their baby's development. Their strategic formulation and inclusion of key nutrients prevent deficiencies and complications during pregnancy and delivery. When taken as directed, these supplements can profoundly influence both short and long-term maternal and child health outcomes, exemplifying the value of targeted nutritional interventions. While diet remains paramount, prenatal vitamins provide nutritional insurance to set the stage for lifelong well-being.

References

- Agarwal, S., Kovilam, O., & Agrawal, D. K. (2018). Vitamin D and its impact on maternal-fetal outcomes in pregnancy: A critical review. *Critical reviews in food science and nutrition*, 58(5), 755-769.
- Aksoy, N., & Ozturk, N. (2023). Rational Use of vitamins during pregnancy and The pregnancy multivitamin products' available in Turkey. *Nutrition and Health*, 29(2), 205-213.
- Aparicio, E., Jardí, C., Bedmar, C., Pallejà, M., Basora, J., Arija, V., & Group, E. S. (2020). Nutrient intake during pregnancy and post-partum: ECLIPSES study. *Nutrients*, 12(5), 1325.
- Ballestín, S. S., Campos, M. I. G., Ballestín, J. B., & Bartolomé, M. J. L. (2021). Is supplementation with micronutrients still necessary during pregnancy? A review. *Nutrients*, 13(9).
- Behere, R. V., Deshmukh, A. S., Otiv, S., Gupte, M. D., & Yajnik, C. S. (2021). Maternal vitamin B12 status during pregnancy and its association with outcomes of pregnancy and health of the offspring: a systematic review and implications for policy in India. *Frontiers in endocrinology*, 12, 619176.

- Belew, C. (2022). Nutrition and Microbiome: In Preparation for Pregnancy. *Holistic Pain Management in Pregnancy: What RNs, APRNs, Midwives and Mental Health Professionals Need to Know*, 33-78.
- Beluska-Turkan, K., Korczak, R., Hartell, B., Moskal, K., Maukonen, J., Alexander, D. E., . . . Szaro, J. (2019). Nutritional gaps and supplementation in the first 1000 days. *Nutrients*, 11(12), 2891.
- Brown, B., & Wright, C. (2020). Safety and efficacy of supplements in pregnancy. *Nutrition reviews*, 78(10), 813-826.
- de La Fournière, B., Dhombres, F., Maurice, P., de Foucaud, S., Lallemand, P., Zérah, M., . . . Jouannic, J.-M. (2020). Prevention of neural tube defects by folic acid supplementation: a national population-based study. *Nutrients*, 12(10), 3170.
- Dolin, C. D., Deierlein, A. L., & Evans, M. I. (2018). Folic acid supplementation to prevent recurrent neural tube defects: 4 milligrams is too much. *Fetal diagnosis and therapy*, 44(3), 161-165.
- Echeverría, F., Valenzuela, R., Hernandez-Rodas, M. C., & Valenzuela, A. (2017). Docosahexaenoic acid (DHA), a fundamental fatty acid for the brain: New dietary sources. *Prostaglandins, Leukotrienes and Essential Fatty Acids*, 124, 1-10.
- Farias, P. M., Marcelino, G., Santana, L. F., de Almeida, E. B., Guimarães, R. d. C. A., Pott, A., . . . Freitas, K. d. C. (2020). Minerals in pregnancy and their impact on child growth and development. *Molecules*, 25(23), 5630.
- Gannon, B. M., Jones, C., & Mehta, S. (2020). Vitamin A requirements in pregnancy and lactation. *Current Developments in Nutrition*, 4(10), nzaa142.
- Garzon, S., Cacciato, P. M., Certelli, C., Salvaggio, C., Magliarditi, M., & Rizzo, G. (2020). Iron deficiency anemia in pregnancy: Novel approaches for an old problem. *Oman Medical Journal*, 35(5), e166.
- Gernand, A. D., Schulze, K. J., Stewart, C. P., West Jr, K. P., & Christian, P. (2016). Micronutrient deficiencies in pregnancy worldwide: health effects and prevention. *Nature Reviews Endocrinology*, 12(5), 274-289.
- Ghaedrahmati, M., Kazemi, A., Kheirabadi, G., Ebrahimi, A., & Bahrani, M. (2017). Postpartum depression risk factors: A narrative review. *Journal of education and health promotion*, 6.
- Gombart, A. F., Pierre, A., & Maggini, S. (2020). A review of micronutrients and the immune system—working in harmony to reduce the risk of infection. *Nutrients*, 12(1), 236.
- Grzeszczak, K., Kwiatkowski, S., & Kosik-Bogacka, D. (2020). The role of Fe, Zn, and Cu in pregnancy. *Biomolecules*, 10(8), 1176.
- Haider, B. A., & Bhutta, Z. A. (2017). Multiple-micronutrient supplementation for women during pregnancy. *Cochrane Database of Systematic Reviews*(4).
- Jun, S., Gahche, J. J., Potischman, N., Dwyer, J. T., Guenther, P. M., Sauder, K. A., & Bailey, R. L. (2020). Dietary supplement use and its micronutrient contribution during pregnancy and lactation in the United States. *Obstetrics and gynecology*, 135(3), 623.
- Keats, E. C., Haider, B. A., Tam, E., & Bhutta, Z. A. (2019). Multiple-micronutrient supplementation for women during pregnancy. *Cochrane Database of Systematic Reviews*(3).

- Khayat, S., Fanaei, H., & Ghanbarzchi, A. (2017). Minerals in pregnancy and lactation: a review article. *Journal of Clinical and Diagnostic Research: JCDR*, 11(9), QE01.
- Kominiarek, M. A., & Rajan, P. (2016). Nutrition recommendations in pregnancy and lactation. *Medical Clinics*, 100(6), 1199-1215.
- Lauritzen, L., Brambilla, P., Mazzocchi, A., Harsløf, L. B., Ciappolino, V., & Agostoni, C. (2016). DHA effects in brain development and function. *Nutrients*, 8(1), 6.
- Leyvraz, M., & Neufeld, L. M. (2017). Nutrient requirements and recommendations during pregnancy *The biology of the first 1,000 days* (pp. 35-52): CRC Press.
- Lopes, G. A. D., Ribeiro, V. L. B., Barbisan, L. F., & Marchesan Rodrigues, M. A. (2017). Fetal developmental programming: insights from human studies and experimental models. *The Journal of Maternal-Fetal & Neonatal Medicine*, 30(6), 722-728.
- Mate, A., Reyes-Goya, C., Santana-Garrido, Á., & Vázquez, C. M. (2021). Lifestyle, maternal nutrition and healthy pregnancy. *Current vascular pharmacology*, 19(2), 132-140.
- McCarthy, E. K., Dempsey, E. M., & Kiely, M. E. (2019). Iron supplementation in preterm and low-birth-weight infants: a systematic review of intervention studies. *Nutrition reviews*, 77(12), 865-877.
- Murray, I., & Hendley, J. (2020). Change and adaptation in pregnancy. *Myles' Textbook for Midwives E-Book*, 197.
- Nnam, N. (2015). Improving maternal nutrition for better pregnancy outcomes. *Proceedings of the Nutrition Society*, 74(4), 454-459.
- Oh, C., Keats, E. C., & Bhutta, Z. A. (2020). Vitamin and mineral supplementation during pregnancy on maternal, birth, child health and development outcomes in low- and middle-income countries: a systematic review and meta-analysis. *Nutrients*, 12(2), 491.
- Parisi, F., Di Bartolo, I., Savasi, V., & Cetin, I. (2019). Micronutrient supplementation in pregnancy: Who, what and how much? *Obstetric medicine*, 12(1), 5-13.
- Qi, X., Zhang, Y., Guo, H., Hai, Y., Luo, Y., & Yue, T. (2020). Mechanism and intervention measures of iron side effects on the intestine. *Critical reviews in food science and nutrition*, 60(12), 2113-2125.
- Raghavan, R., Dreibelbis, C., Kingshipp, B. L., Wong, Y. P., Abrams, B., Gernand, A. D., . . . Casavale, K. O. (2019). Dietary patterns before and during pregnancy and birth outcomes: a systematic review. *The American journal of clinical nutrition*, 109(Supplement_1), 729S-756S.
- Shonibare, M. T., Oyinloye, B. E., & Ajiboye, B. O. (2021). Roles of micronutrients in pregnancy. *Lett. Appl. NonoBioSci*, 10, 2605-2613.
- Toboła-Wróbel, K., Pietryga, M., Dydowicz, P., Napierała, M., Brązert, J., & Florek, E. (2020). Association of oxidative stress on pregnancy. *Oxidative medicine and cellular longevity*, 2020.
- von Schacky, C. (2020). Omega-3 fatty acids in pregnancy—The case for a target omega-3 index. *Nutrients*, 12(4), 898.

- Wang, Z., Li, C., Teng, Y., Guan, Y., Zhang, L., Jia, X., . . . Guan, H. (2020). The effect of iodine-containing vitamin supplementation during pregnancy on thyroid function in late pregnancy and postpartum depression in an iodine-sufficient area. *Biological Trace Element Research*, 198(1), 1-7.