Folate Supplementation Guide

Quick Overview:

1. Folate is an **essential nutrient** during pregnancy.
2. Folate makes **DNA, red blood cells** & helps **grow cells** and **tissues.**
3. The RDI of folate increases to **600mcg** daily during pregnancy.
4. There are **multiple forms** of folate.
5. It is best to discuss the correct form & dosage of folate with your **health care practitioner.**
6. Aim to get **400-500mcg** from your natal supplement & the rest through your dietary intake. (See folate rich foods on page X).
7. Some women will need to supplement with higher amounts of folate if they have a history or family history of **Neural Tube Defects (NTD)**, have **low folate levels**, have **MTHFR mutation**, have certain medical conditions, and are taking certain medications.

What is Folate:

Folate (also known as vitamin B9) is an essential nutrient which is required for the formation of red blood cells for the production of DNA and growth and repair of cells and tissues. This is why consuming enough folate is critical before and during pregnancy.

Folate cannot be made within the body and must be obtained through dietary intake (or through supplementation). During pregnancy women require 600mcg daily, which should be obtained from supplements (400-500mcg) and dietary intake (at least 100-200mcg).

Folate is the most well known and researched nutrient to assist in preventing neural tube defects (NTD).

Folate is an "umbrella" term for the various forms of folate. The different forms of folate found in supplements are often used interchangeably however it is important to know they are not all the same thing.

Why do I need to get folate from supplements at all?

While there are many great food sources of folate, dietary intake through food alone may not be adequate as folate in foods degrades quickly and must be converted in our intestines. This means that it may make it difficult to accurately estimate the exact amount of folate you are consuming through food sources alone. Supplementation ensures you are getting the right amount each day during pregnancy.

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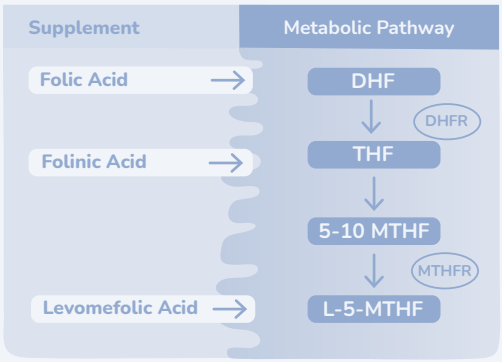
The different types of folate:

Folic acid:

A synthetic form, which requires multiple steps to be metabolised in the body before it can be used.

Currently the largest amount of research supports Folic Acid for the prevention of NTD.



Folinic acid:

Also listed as Calcium Folinate

Should be taken in combination with other forms of folate in pregnancy as it may not be 100% active.

Typically in natal supplements in conjunction with Folic Acid or levomefolic acid.

5-Methylenetetrahydrofolate (5-MTHF):

Also listed in supplements as L-5-MTHF, levomefolic acid, quatrefolic.

Does not require reduction via the MTHFR gene.

May be recommended alone or in combination with other forms depending on medical history, medication use, stage of pregnancy.

Biologically active folate.

What is the MTHFR polymorphism:

The MTHFR gene is responsible for the production of the enzyme methylenetetrahydrofolate reductase. This enzyme helps you to make the biologically active folate called 5-methyltetrahydrofolate or 5-MTHF.

There are two predominant MTHFR polymorphisms and research suggests that approximately 60 to 70% of the population will have at least one of these variants. The concern around having these polymorphisms is a reduction in the activity of the enzyme that converts the various forms of folate into the biologically active 5-MTHF.

When we get folate from foods and supplements in forms of folic acid or folinic acid, the folate must go through multiple steps to be converted in the body to become the biologically active form, 5-MTHF.

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**Approximate amounts only.*

Food Sources of Folate:

FOOD	SERVING SIZE	AMOUNT OF FOLATE
Avocado	½ cup	59mcg
Asparagus	4 spears	89mcg
Banana	1	24mcg
Black eyed peas	½ cup	105mcg
Broccoli	½ cup	52mcg
Brussel sprouts	½ cup	78mcg
Green peas	½ cup	47mcg
Kidney beans	½ cup	46mcg
Orange	1	29mcg
Papaya	½ cup	27mcg
Romaine	1 cup	64mcg
Spinach	½ cup	131mcg

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