

PRENATAL COMPLETE WITH DHA



CLINICAL APPLICATIONS

- Provides Optimal Nutrition for Each Phase of Pregnancy
- Protects Against Dietary Nutrient Deficiencies
- Protects Against Stress-Induced Nutrient Depletion
- Supports Healthy Metabolism During Pregnancy

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WOMEN'S HEALTH

Prenatal Complete with DHA is a comprehensive, hypo-allergenic, prenatal multivitamin and mineral blend which provides high-quality nutrients plus high concentration docosahexaenoic acid (DHA) to support each phase of pregnancy: preconception, prenatal and postnatal. The formula includes folate as Quatrefolic™ - 100% 5-MTHF, the biologically active form of folic acid, to meet increased requirements for fetal nervous system development. It also includes USP* B vitamins. Albion® TRAACS® chelated mineral complexes and Ferrochel® iron are included for enhanced mineral bioavailability and gentleness on the stomach.

Overview

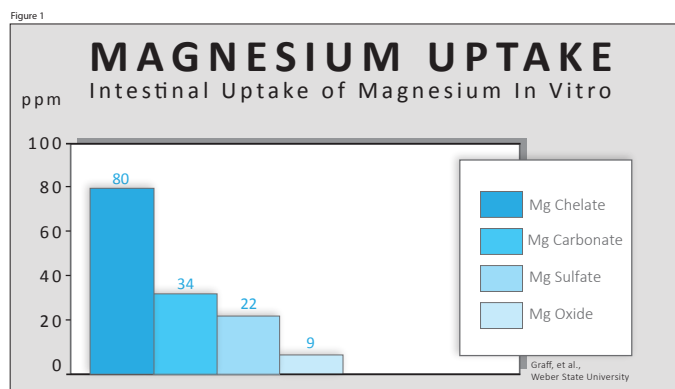
Preconception and pregnancy are periods when it is essential to optimize health and nutrition, both for mother and baby. Research has shown that healthy pregnancies begin with good nutrition during preconception, and it is known that overall nutrition needs rise during pregnancy and breastfeeding. In addition, factors such as first trimester nausea or morning sickness may impede a woman from being able to consume adequate nutrition to support her expanding needs. Prenatal Complete with DHA provides the full complement of nutrients essential for pregnancy and adheres to the highest standards of purity, formulated to be free of common allergens, artificial colors, flavors, sweeteners, preservatives and additives.

Bioavailability†

Nutrients must be highly bioavailable in order to improve the body's nutrient balance. Unlike other formulas, which use cheap forms of minerals with slow and limited absorption, and can often cause intestinal distress such as constipation (calcium carbonate) or diarrhea (magnesium oxide), Prenatal Complete with DHA provides a full spectrum of highly-absorbed, Albion®

mineral chelates. Albion® is the world leader in manufacturing highly bioavailable mineral chelates, a specialized form of minerals bound to amino acids. This patented process creates natural mineral compounds that use active absorption mechanisms in the gastrointestinal tract to greatly enhance mineral absorption. In fact, comparison studies have shown significantly superior absorption of mineral chelates to other forms of minerals. In a magnesium comparison study reported by Graff et al. at Weber State University, Albion®'s magnesium amino acid chelate had (See Figure 1):¹

- 8.8 times greater absorption than magnesium oxide
- 5.6 times greater absorption than magnesium sulfate
- 2.3 times greater absorption than magnesium carbonate

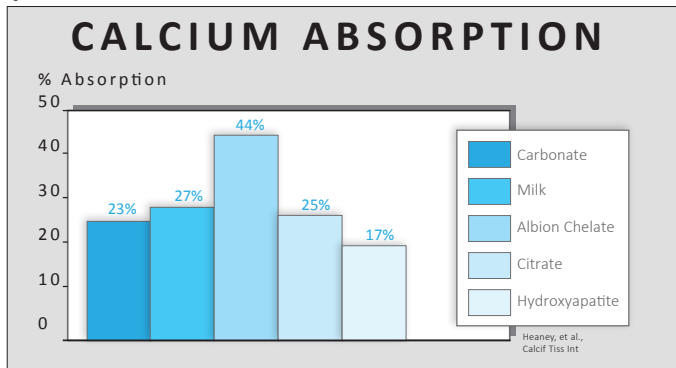


In a clinical study comparing calcium absorption in humans, Albion®'s patented calcium chelate delivered the greatest absorption of all calcium sources tested (44% absorption, See Figure 2).² In addition, mineral chelates are gentle, "gut friendly" minerals that do not cause the constipation that often

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accompanies calcium carbonate and other mineral forms. Albion®'s mineral chelates have extensive clinical research proving their superior bioavailability, biologic activity, stability and tolerance.

Figure 2



Research

Folate†

Folate is needed very early in pregnancy and it is recommended that women take folate when planning to become pregnant, since folate needs are high around the time of conception.³ Adequate folate nutrition before and during pregnancy supports healthy development of the fetal brain and spinal column, and ensures an overall healthy pregnancy outcome.^{4,5} Prenatal Complete with DHA provides 5-MTHF as 100% Quatrefolic®, a more stable, soluble, and bioavailable form than calcium salt forms of 5-MTHF. Supplementing with bioactive 5-MTHF allows for the bypassing of steps in folate metabolism, which may be especially beneficial in those with digestive concerns or genetic variations in folate metabolism.^{6,7}

DHA†

Intake of omega-3 fatty acids is critically important during pregnancy for the development of the fetal brain and retina.⁸ During mid-to-late gestation, DHA plays an important role in the development of cognitive and motor functions.⁸ An ample supply of DHA is beneficial to baby's brain and eye development, however, most women don't get enough DHA in their diets. Thus it is recommended that pregnant and breastfeeding women consume additional DHA daily,^{9,10} particularly during the last months of pregnancy and the first few years of life, when a baby's brain develops rapidly.¹¹

Iron†

Since iron is critical for energy and oxygen delivery to a developing baby, the Centers for Disease Control and Prevention recommends routine iron supplementation during pregnancy, though many forms of iron cause constipation and gastrointestinal discomfort.¹² Research shows that about 20% of pregnant women have low hemoglobin and iron levels.¹³ Ferrochel® iron has been shown

to help increase and maintain levels of iron, while being gentle on the stomach and colon. This form relieves the stomach from having to bind minerals to amino acids, allowing iron molecules to pass easily through the intestinal wall at a rate of 3.8 times greater than iron salt forms.^{14,15}

Iodine†

It has long been recommended that pregnant and lactating women take a prenatal supplement containing iodine for optimal thyroid health. However, only 15 – 20% of pregnant and nursing women currently take supplements containing iodine. A recent report from the American Academy of Pediatrics highlights the vital role that iodine plays in the development of a baby's nervous system and brain development. New recommendations reflect this finding, stating that pregnant and lactating women should take a supplement containing iodide, a form more easily absorbed by the body.

Dosage

3 capsules and 1 soft gel per day or as recommended by your health care professional.

Does Not Contain

Gluten, yeast, artificial colors and flavors

Cautions

Consult your healthcare practitioner before use.

Supplement Facts ^{v2}

Serving Size 3 Capsules and 1 Soft Gel Capsule
Servings Per Container 30

3 capsules and 1 soft gel capsule contains	Amount Per Serving	% Daily Value for Pregnant or Lactating Women
Calories	15	
Calories from Fat	10	
Total Fat	1.5 g	*
Cholesterol	5 mg	*
Vitamin A (as Betatene® Natural Mixed Carotenoids)	5,000 IU	63%
Vitamin C (as Ascorbic Acid USP)	250 mg	417%
Vitamin D3 (as Cholecalciferol)	2,000 IU	500%
Thiamin (Vitamin B1)(from Thiamine Hydrochloride USP)	5 mg	294%
Riboflavin (Vitamin B2 USP)	5 mg	250%
Niacin USP	25 mg	125%
Vitamin B6 (as Pyridoxine Hydrochloride USP)	15 mg	600%
Folate (as Quatrefolic® (6S)-5-Methyltetrahydrofolate acid glucosamine salt)	1,000 mcg	125%
Vitamin B12 (as Methylcobalamin)	50 mcg	625%
Biotin	300 mcg	100%
Calcium (as DimaCal® Dicalcium Malate)	150 mg	12%
Iron (as Ferrochel® Ferrous Bisglycinate Chelate)	30 mg	167%
Iodine (from Potassium Iodide)	150 mcg	100%
Magnesium (as DIMagnesium Malate)	150 mg	33%
Zinc (as TRAACS® Zinc Bisglycinate Chelate)	20 mg	133%
Selenium (as Selenium Glycinate Complex)	100 mcg	*
Chromium (as O-polynicotinate)†	100 mcg	*
Molybdenum (as TRAACS® Molybdenum Glycinate Chelate)	25 mcg	*
DHA (Docosahexaenoic Acid)	580 mg	*
Choline Bitartrate	200 mg	*
EPA (Eicosapentaenoic Acid)	130 mg	*
Mixed Tocopherols	25 mg	*

* Daily Value not established

ID# 320030 6–15 Capsule and 5 Soft Gel Capsule Packages

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References

1. Graff et al. Magnesium: wide spread benefits. *Albion Research Notes* 1992; 1(2):1.
2. Calcium: Heaney RP, Recker RR, Weaver CM. Absorbability of calcium sources: the limited role of solubility. *Calcif Tissue Int* 1990 May;46(5):300-4.
3. Folic acid for a healthy pregnancy and baby. March of Dimes Web site. <http://www.marchofdimes.com/pregnancy/folicacid.html>.
4. Bukowski R, Malone FD, Porter FT, et al. Preconceptional folate supplementation and the risk of spontaneous preterm birth: a cohort study. *PLoS Med.* 2009;6(5): e1000061. doi:10.1371/journal.pmed.1000061.
5. Folic Acid Fact Sheet. U.S. Department of Health and Human Services, Office on Women's Health. <http://www.womenshealth.gov/publications/our-publications/fact-sheet/folic-acid.cfm>. Updated May 18, 2010. Accessed June 19, 2012.
6. Prinz-Langenohl R, Brämswig S, Tobolski O, et al. [6S]-5-methyltetrahydrofolate increases plasma folate more effectively than folic acid in women with the homozygous or wild-type 677C-->T polymorphism of methylenetetrahydrofolate reductase. *Br J Pharmacol.* 2009 Dec;158(8):2014-21. [PMID: 19917061]
7. Lamers Y, Prinz-Langenohl R, Brämswig S, et al. Red blood cell folate concentrations increase more after supplementation with [6S]-5-methyltetrahydrofolate than with folic acid in women of childbearing age. *Am J Clin Nutr.* 2006 Jul;84(1):156-61. [PMID: 16825690]
8. Coletta JM, Bell SJ, Roman AS. Omega-3 fatty acids and pregnancy. *Rev Obstet Gynecol.* 2010;3(4):163-71. [PMID: 21364848]
9. Denomme J, Stark KD, Holub BJ. Directly quantitated dietary (n-3) fatty acid intakes of pregnant Canadian women are lower than current dietary recommendations. *J Nutr.* 2005;135:206-211.
10. Simopoulos AP, Leaf A, Salem N Jr. Workshop on the essentiality of and recommended dietary intakes for omega-6 and omega-3 fatty acids. *J Am Coll Nutr.* 1999;18(5):487-489.
11. Influence of dietary fatty acids on the pathophysiology of intrauterine foetal growth and neonatal development. Presented at: Consensus Conference on dietary fat intake during the perinatal period—Dietary recommendations for pregnant women; September 11-14, 2005; Wildbad Kreuth, Germany. <http://www.early-nutrition.org/perilip/PeriLipRecommendations.html>.
12. CDC Recommendations to prevent and control iron deficiency in the United States. Centers for Disease Control and Prevention. *MMWR Recomm Rep* 1998;47:1-29.
13. Anemia During Pregnancy. Utah Department of Health: Maternal and Infant Health Program. http://health.utah.gov/mihp/pregnancy/preged/duringpreg/Anemia_during_pregnancy.htm. Accessed March 29, 2011.
14. Szarfarc SC, de Cassana LM, Fujimori E, et al. Relative effectiveness of iron bisglycinate chelate (Ferrochel) and ferrous sulfate in the control of iron deficiency in pregnant women. *Arch Latinoam Nutr.* 2001 Mar;51(1 Suppl 1):42-47. [PMID: 11688081]
15. Ferrochel Effectiveness. Albion Human Nutrition. <http://www.albionferrochel.com/effectiveness>. Accessed March 28, 2011.