

Guidance on Folic Acid Dosing (Preconception and during pregnancy)

When a woman presents to discuss her intention to conceive or following a clinically confirmed pregnancy – assess her risk of conceiving a child with a neural tube defect

RISK FACTORS¹⁻⁴

- Mother or the baby's biological Father have a neural tube defect.
- Mother has previously had a pregnancy affected by a neural tube defect.
- Mother or the baby's biological Father have a family history of neural tube defects.
- Mother has diabetes.
- Mother is taking anti-epilepsy medicine.
- Mother has a BMI ≥ 30
- Mother is taking sulfasalazine or has malabsorption following small bowel resection
- Mother has sickle cell disease, thalassaemia, or thalassaemia trait

NO RISK PRESENT

400 microgram dose needed – this is provided in the NHS HEALTHY START VITAMINS FOR WOMEN

Eligible patients to register for free supply via the HEALTHY START SCHEME.

Patients who are not eligible should be advised to purchase

- Continue until week 12 of pregnancy
 - > There should be no need for further use of folic acid after this time.

IF ANY OF THE ABOVE RISK FACTORS PRESENT

Issue prescription for folic acid 5mg tablets – one to be taken daily

- This should be prescribed preconception and continued for the duration of the pregnancy if initiated for sickle cell disease, thalassaemia, or thalassaemia trait
- Prescribe preconception and continue until week 12 of pregnancy for all other risk factors

References:

- 1. Vitamins, supplements and nutrition in pregnancy. NHS website, accessed <03/10/2019>
- Being overweight during pregnancy and after birth. Royal College of Obstetricians & Gynaecologists. Nov 2018
- 3. Pre-conception advice and management. NICE CKS. Aug 2017, accessed <03/10/2019>
- 4. <u>FSRH Guideline. Sexual and Reproductive Health for Individuals with Inflammatory Bowel Disease.</u> The Faculty of Sexual & Reproductive Healthcare. Oct 2016