

# Folic Acid - Is More Really Better?

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It was late on a Tuesday when a chat came in from Dr. Rodriguez. “My patient is taking a medication for epilepsy. She is planning a pregnancy and I’ve seen from some sources she may need to take more folic acid to help prevent birth defects. Does she need to be on a higher dose?” As teratogen information specialists, we receive many inquiries regarding folic acid; and it was understandable why this healthcare provider was confused as the guidance isn’t exactly straightforward.

## What is folic acid?

Folic acid is the lab made form of folate. Folate is a B9 vitamin. Folate and folic acid help the body create new cells and can lower the chance of having a child with a class of birth defects called neural tube defects, which are problems with the brain and spinal cord. The neural tube forms very early in pregnancy (around 4 to 6 weeks after the first day of the last menstrual period), so it’s important that any woman who could become pregnant get enough folic acid at least one month **BEFORE** she gets pregnant. In the United States many of our foods, such as breakfast cereal, bread, pasta, and rice are fortified with folic acid, which meant the vitamin has been added to the food. According to the Centers for Disease Control and Prevention (CDC), folic acid fortification programs have led to a 35% decrease in the rate of neural tube defects! We also get folate, which is the naturally occurring form of Vitamin B9, from foods like dark leafy greens, beans, citrus fruits, and nuts. However, only about 50% of this form is bioavailable (able to be absorbed and used by the body) so additional intake, in the form of a supplement, is recommended by organizations like the CDC and National Institutes of Health (NIH).

## How much is needed?

The CDC recommends that all women of reproductive age get at least 400 mcg (0.4 mg) of folic acid each day. Once pregnant, organizations like The NIH and the United States Preventative Services Task Force (USPSTF) recommend that women who are pregnant get 600 to 800 mcg (0.6 to 0.8 mg) of folic acid per day. This amount can usually be met by taking an over-the-counter prenatal vitamin; a higher amount is not recommended for most pregnant women.

Women who have previously had a pregnancy affected by a neural tube defect (NTD) should take a higher dose of folic acid if they are planning to become pregnant again. The CDC and the American College of Obstetricians and Gynecologists (ACOG) recommends 4,000 mcg (4 mg) per day for these individuals. This higher dose should be started at least one month before becoming pregnant and should be continued through the first three months of pregnancy.

So what about Dr. Rodriguez’s patient who was on an anti-epileptic drug (AED) for her seizure disorder? Many, but not all, medications in the AED class are known as “folic acid antagonists.” This means that they can interfere with how the body absorbs and uses this important vitamin. If someone becomes pregnant while taking a folic acid antagonist, they may have lower levels of folic acid in their body and their pregnancy could be at higher risk of neural tube defects. That said, there is no great research that shows that taking extra folic acid would lower the risk of NTDs for women taking folic acid antagonists. So, should a woman taking an AED stick with the 400 mcg per day that is already recommended for everyone, or take more just in case it could be helpful?

Let’s look at the current professional recommendations:

- The American Academy of Neurology and the American Epilepsy Society **guidelines** state that all women of childbearing age, with or without epilepsy, should be supplemented with at least 400 mcg (0.4 mg) of folic acid per day prior to conception and during pregnancy. They go on to say there is not enough data to know if taking folic acid at doses higher than 400 mcg offer greater protective benefits for women on AEDs.
- The American College of Obstetricians and Gynecologists (ACOG) **recommends** 4000 mcg (4 mg) of folic acid per day for individuals at increased risk of having a baby with a NTD, which includes women with seizure disorders.
- The Centers for Disease Control and Prevention (CDC) only **recommends** a higher dose of folic acid for those with a history of a pregnancy affected by a NTD.
- The U.S. Department of Health and Human Services (Office of Women’s Health) **recommends** talking to your doctor to determine the right dose of folic acid if you are taking a medication for epilepsy.

Clear as mud, right? The current consensus seems to be that there is no consensus. Some groups recommend a higher dose while others do not. In situations like this where there is no clear consensus from the professional groups, it comes down to weighing the risks vs. benefits. The risks include the fact that higher doses of folic acid are not well studied in pregnancy, could mask a B-12 deficiency, and may actually make some medications less effective. The benefits of taking more are theoretical (not proven). A higher dose of folic acid **might** be protective in preventing birth defects while on a folic acid antagonist, but there is not enough research to know if this is true. Ultimately, much more data will be needed to come up with clear guidelines for women with epilepsy.

Because Dr. Rodriguez’s patient was on carbamazepine, a folic acid antagonist that is associated with a higher chance for neural tube defects, she decided that she would have a thorough discussion of the risk vs. benefits of taking a higher dose of folic acid with her patient before she became pregnant. Dr. Rodriguez was glad she hadn’t missed any overarching recommendations for women who need to take medication to control their seizure disorders during pregnancy. She ended her chat by saying: “It can be a challenge to keep up to date with all the recommendations. I’m so glad to have access to MotherToBaby to be able to ask questions like this.”

MotherToBaby specialists are always happy to review the latest data and professional recommendations with healthcare providers and patients alike. If you have questions about folic acid, epilepsy medication, or any other exposures in pregnancy or lactation, please feel free to get in touch.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

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As the coronavirus that causes COVID-19 continues to spread, pregnant and breastfeeding women are understandably concerned. Many of your recent calls, chats, texts, and emails to MotherToBaby have been about the virus itself and how it might affect a developing baby or breastfed infant (more about that on our [COVID-19 fact sheet](#)). But we're also hearing related concerns about how to stay safe and healthy while pregnant or breastfeeding during the pandemic. Here, we answer some of the most common questions we're getting during this uncertain time:

### FAQs

#### Can I use supplements to boost my immunity?

We're receiving even more inquiries than usual about using supplements such as elderberry, zinc, and vitamin C to "boost immunity." Unfortunately, there is no good data to suggest that these supplements have a protective effect against coronavirus. Additionally, the use of supplements in pregnancy and lactation comes with potential concerns.

The first concern is the lack of regulation. Dietary supplements do not require the same oversight by the Food and Drug Administration (FDA) as medications do, which means that supplement manufacturers do not have to prove the safety and effectiveness of their products before they hit the shelves. Supplements may be contaminated with other ingredients (such as prescription medications or lead), and differences may be found between the amount or ingredient listed on the label and what is actually in the product.

The second concern about supplements is that usually they are not well studied for use in pregnancy and lactation. Without good research, we just don't know how something like elderberry might affect a developing baby or breastfed infant. Mega-doses of any vitamin (like the 1000 mg of vitamin C commonly found in some supplements) are of particular concern as they are much higher than what is recommended for pregnant or breastfeeding women in a single day. Generally speaking, if you are eating a healthy diet and taking a prenatal vitamin, you are probably

covering all your vitamin and mineral needs. Taking additional supplements might present increased risks to your pregnancy or your breastfed baby, with no clear evidence that they would effectively boost your immunity. You can read more on our [Herbal Products Fact Sheet](#).

## Are cleaning products safe for me and my baby?

The Centers for Disease Control and Prevention (CDC) recommend **cleaning and disinfecting** high-touch surfaces as one way to help prevent exposure to the virus. This means wiping down doorknobs, light switches, desks, faucets, electronics, and more... but does all this exposure to cleaning products increase risks to a pregnancy or a breastfed baby?

Our previous Baby Blog on [household cleaners](#) explains that when you use cleaning products as directed, the actual exposure to your developing baby or breastfed infant is likely to be quite low. Even if you can smell the fumes, brief inhalation while cleaning generally won't allow for much absorption of these kinds of compounds into your blood. Likewise, your skin is a surprisingly good barrier that prevents significant absorption of cleaning products through the skin. Any chemicals that might get into your blood through inhalation or skin contact typically won't reach the developing baby or get into your breastmilk in any meaningful quantity. Working in a ventilated area and wearing gloves when using cleaning products can further reduce your exposure, and help prevent respiratory and skin irritation. And of course, wash your hands after cleaning.

## Should I still go to my prenatal appointments?

You've read you should stay home as much as possible since this virus can spread easily from person to person. This is true, but your prenatal appointments are still important! These visits are vital opportunities for your provider to assess the health of your pregnancy and identify any issues that might affect you or your developing baby. Some healthcare providers are offering **some** appointments virtually (over the internet) or spreading out the time between appointments a bit longer than normal. But sometimes you will have to be seen in person, especially for screenings, labs, and vaccines, such as the **flu shot** and **Tdap** vaccine that help protect both mom and baby against serious illness.

If you haven't already, talk to your pregnancy care provider about any changes to your upcoming appointments. For virtual visits, ask what technology (phone, laptop, etc.) you will need to connect with your provider, and write down a list of questions so you don't forget to ask anything. Just like a regular appointment, it can be helpful to have someone "come along" virtually to help make sure all your concerns are addressed. For in-person visits, your provider may ask that you come alone (no partner, no kids). While there, try to stay at least 6 feet away from other patients in the waiting room, wear a **cloth face cover**, and don't forget to wash your hands! For more prevention tips, check out guidance from the CDC [here](#).

## Why have they delayed my fertility procedure?

Many kinds of medical procedures are being put on hold as a way to help prevent the spread of coronavirus and reserve essential medical supplies for critical medical care. For this reason, the **American Society for Reproductive Medicine** has made the difficult decision to suspend initiation of new treatment cycles (intrauterine insemination or IUI and in vitro fertilization or IVF) for the time being. We completely empathize with anyone who gets this news. When you've been trying to get pregnant and each passing month feels like another missed opportunity, a setback like this is

the last thing you want. During this difficult but necessary delay, make sure to continue practicing healthy habits like staying active, avoiding **alcohol**, and taking a prenatal vitamin with at least 400 mcg of **folic acid** every day. That way, you'll be ready to go once you get the green light that IUI and IVF treatments are back on.

## **I still have to go to work every day. What can I do to avoid getting COVID-19?**

If you aren't able to work from home, you might be worried that going in to work could increase your chance of contact with the virus. How true this is might depend on your job situation. If you have contact with the public at work and you are pregnant or breastfeeding, you could talk to your employer about being temporarily reassigned to another role that limits your contact with other people. However, not every workplace will be able to accommodate this request. CDC **workplace recommendations** for everyone include strategies such as not shaking hands, wiping down frequently-touched surfaces, limiting in-person meetings, maintaining at least 6 feet of distance between you and people with whom you need to interact, not sharing food, and of course, staying home if you are sick. In addition, CDC guidelines recommend wearing a **cloth face covering** when you may be near other people to help reduce the spread of the virus.

If you are a pregnant healthcare worker, be sure your employer knows you are pregnant before you provide any direct patient care to a person with confirmed or suspected COVID-19. When possible, and depending on staffing needs, management should **consider limiting your exposure** to these patients. This is especially true if you perform procedures with a higher chance of coming into contact with a patient's respiratory droplets (such as intubation). If you do provide care to a patient with confirmed or suspected COVID-19, be sure to follow the **Infection Control** guidelines for all healthcare personnel. Our fact sheet on **Reproductive Hazards of the Workplace** can answer additional questions about staying safe at work during pregnancy and while breastfeeding.

## **I'm stressed! Can this affect my pregnancy?**

With the constant news stream about the pandemic, it can be tough not to feel anxious or depressed during this time. Plus, social distancing means that many women are separated from their support network of friends and family members. Add in trying to work from home with a partner and/or kids, and it's easy to see why many women are feeling stressed out! We discussed mental health and COVID-19 at length in our recent podcast episode, which you can listen to [here](#).

One big takeaway from the podcast? Some studies suggest that ongoing **stress** and uncontrolled **depression** or **anxiety** during pregnancy can increase the chance of outcomes such as preterm birth and low birth weight. So, if you feel like your mental health is suffering because of this pandemic, we encourage you to reach out to your healthcare provider (maybe virtually!) to figure out the best approach for treatment. Some women can benefit from making simple changes in their daily habits (like watching less news and getting more fresh air), while others might need to use a medication to help manage their symptoms. If that's the case, MotherToBaby can share with you what is known about your particular antidepressant or anti-anxiety medication in pregnancy and/or lactation.

Whatever your concerns about COVID-19 or other exposures might be, please know that MotherToBaby is here for you with evidence-based answers. Please **reach out to us** with your questions. We're all in this together.

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If you are researching prenatal vitamins, we are guessing that you might be considering a pregnancy, or you just found out that you are pregnant. How exciting! We're also guessing that you have some questions. Pregnancy does that to a woman: it makes us start questioning the safety of everything that we used to take for granted. At **MotherToBaby**, we answer many types of questions about exposures during pregnancy and breastfeeding. But hands down, **the most common question I'm asked about involves prenatal vitamins.**

Many women ask me what brand of prenatal vitamins they should take or if the brand they are currently using is the right choice. With so many different prenatal vitamins available over-the-counter and by prescription, this is a very good question. We applaud you for doing your research. You are going to be a great Mom.

### **Prenatal Vitamin Tips**

Before delving too much further, some basic tips. The **1st tip:** We recommend that you discuss your prenatal vitamin options with your healthcare provider, since she or he will know you and your health care needs the best. As mentioned, this will review prenatal vitamins for healthy women. Some women may have medical concerns that require a different nutrient intake.

The **2nd tip** that I always mention is that it may be easier **and cheaper** (depending on your healthcare insurance plan) to simply ask for a prescription for prenatal vitamins from your healthcare provider.

**3rd tip:** Do not buy a prenatal vitamin that contains herbal ingredients. Herbal products have not been well studied for use during pregnancy and breastfeeding. They are not regulated by the U.S. Food and Drug Administration (FDA) and there are no standard recommended amounts to take. In addition, purity of herbals found in over-the-counter products can be of concern. For more information on why herbals should be avoided, please see our MotherToBaby fact sheet on **Herbal Products**.

**Prenatal vitamins are made up of vitamins and minerals.** A healthy diet is the best way to get the vitamins and minerals that your body needs. But even if we eat a healthy diet, we might fall short on some nutrients during pregnancy. Prenatal vitamins help fill in the gaps and increased needs for vitamins and minerals during a pregnancy.

There are **Dietary Reference Intakes (DRI)** to help people know how much of each vitamin or mineral they should aim to get each day.

Some vitamins and minerals also have a recommended **Tolerable Upper Intake Level (UL)**. The UL is designed to help us know the maximum recommended daily intake for a typical healthy person.

DRIs and ULs are there to help guide us in getting enough of a good thing but also to keep us from getting too much of a good thing.

As mentioned, vitamins should not be the only source of our nutrients. Therefore, your vitamin does not need to contain 100% of the DRI. Remember to take into account all sources of the vitamin or mineral when adding up your daily intake. This means including food sources as well as any other supplements you might take. DRI values can change by age, gender, and pregnancy and breastfeeding status. If you have a medical condition, talk to your healthcare providers/dieticians for your specific dietary needs.

Research on taking vitamins and mineral supplements at levels that are higher than the DRI and UL during pregnancy are limited. Because of the lack of information about taking high levels of vitamins and minerals in a pregnancy, it is generally recommended that pregnant women do not exceed the DRI unless your healthcare provider has prescribed it for the medical management of a specific deficiency or medical condition.

Now, we come to the main question: **What are the basic vitamins / minerals generally suggested for prenatal vitamins for healthy women, and how much of each vitamin and mineral do women need for pregnancy?**

## Vitamins and Minerals

For pregnant women 19 years old and older, the first 5 vitamins/minerals listed below are the basic supplements from which healthy pregnant women might benefit. The DRI and UL for pregnancy are listed. Not all items have an UL.

- **Iron:** DRI: 27 mg. UL: 45 mg.
- **Calcium:** DRI: 1,000mg. UL: 2,500mg. Supplements should have at least 250 mg, but all women should be getting at least 1,000 mg per day of elemental calcium.
- **Folic Acid (Folate):** DRI: 600 mcg (0.6 mg) to 800 mcg (0.8 mg). At least 400 mcg (0.4 mg) should be in your prenatal vitamin.
- All women who could become pregnant should be getting enough **folic acid / folate**, even if they are not currently planning on a pregnancy.
- **Iodine:** DRI: 220 mcg to 290 mcg. UL: 1,100 mcg. At least 150 mcg should be in your prenatal vitamin.
- **Vitamin D (calciferol):** DRI: at least 15 mcg (600 IU). UL 100 mcg (4,000 IU).

In addition to the above suggested supplements for prenatal vitamins, pregnant women should make sure they are getting enough of the vitamins / minerals listed below. If they cannot manage this with diet, then a supplement might help.

- **Vitamin A:** DRI 770 mcg. UL 3,000 mcg.
  - Vitamin A is found in two primary forms: plant-based carotenes (**beta-carotene**) and animal-based retinoids (**retinol**, retinal, retinoic acid, retinyl palmitate, and retinyl acetate).
  - Look for vitamin A that is from beta-carotene. Beta-carotene is less likely to build up toxic levels in the body than with retinoids. In addition, high levels of retinoids (**retinol**, retinal, retinoic acid, retinyl palmitate, and retinyl acetate) have been linked to an increased chance for birth defects.
- **B Vitamins**
  - There are eight B vitamins:

- Vitamin B<sub>1</sub> / thiamine: DRI: 1.4 mg
- Vitamin B<sub>2</sub> / riboflavin: DRI: 1.4 mg
- Vitamin B<sub>3</sub> / niacin: DRI: 18 mg
- Vitamin B<sub>5</sub> / pantothenic acid: 6 mg
- Vitamin B<sub>6</sub> / pyridoxine: DRI 1.9 mg
- Vitamin B<sub>7</sub> / biotin: DRI: 30 mcg
- Vitamin B<sub>9</sub> / folic acid (already mentioned above)
- Vitamin B<sub>12</sub> / cobalamin: DRI: 2.6 mcg

- These are a group of water-soluble vitamins, which means that your body will not store them. Therefore, it would be unlikely to reach a toxic level in the body. If you and your healthcare provider feel that you are unable to meet your DRI of the B vitamins through diet, then you should look for a prenatal vitamin that includes them. All prenatal vitamins should include at least folic acid (Vitamin B<sub>9</sub>), which I mentioned earlier as an essential vitamin for pregnancy.
- **DHA/ Omega-3 Fatty Acids:** There is no clearly defined DRI, but in 2000 it was suggested that pregnant women should aim for 300 mg/day. The best way to get these is to include fish in your diet. MotherToBaby has a blog on [eating fish in pregnancy](#). The FDA also has a guide on which fish are the best options to eat in pregnancy by breaking the fish into categories of Best Choices, Good Choices, and Choices to Avoid. The guide can be found [here](#). However, if you do not get enough in your diet, your healthcare provider might suggest including a supplement for DHA during your pregnancy.
- **Vitamin E:** DRI: 15 mg. UL: 1,000 mg.
- **Vitamin C:** DRI: 85 mg. UL: 2,000 mg
- **Zinc:** DRI. 11 mg. UL: 40 mg.

It is recommended to start taking prenatal vitamins before you try to become pregnant; at a minimum, take folic acid daily. If you are already pregnant, start as soon as you learn about your pregnancy.

Again, if you have a medical condition (including but not limited to diabetes, celiac disease, eating disorders,

substance misuse, malabsorption, irritable bowel, inflammable bowel, or history of bariatric surgery), talk with your healthcare providers about your specific nutritional needs.

Now that you are an expert in reading your prenatal vitamin label, you can tackle (with the advice of your health provider) selecting the one that is best for you. MotherToBaby is always available to answer questions about all exposures during pregnancy and breastfeeding. Pregnancy will bring wonder-filled moments for you and your family. MotherToBaby is here to help you and your healthcare providers to make it as stress-free as possible with up-to-date information on medications and more.

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**By Lauren Kozlowski, MSW, MPH, MotherToBaby Georgia**

"I didn't even know I should ask my OB about that!" It's a reaction I hear almost daily as a teratogen information specialist (a fancy way of saying I've been trained in evaluating and communicating risks of exposures, like medications, during pregnancy). This particular caller's reaction was like so many women going into their first appointment after finding out they were pregnant - she really didn't know how to be her own best advocate. I don't blame her by any stretch. How are women supposed to just know this? What questions should they be asking? Why should they be asking them? I thought, not only did I want to help her, but all of the pregnant women out there, to have a positive, empowering experience once they've found their pregnancy care provider team.

## The Importance of the HCP Match

Finding the right health care provider (HCP) for you is essential because doctors, physician's assistants, nurse practitioners, and midwives are people just like you and me. They come with a wide range of personalities and styles of care. Sometimes they will match your own and sometimes they won't. You want to be sure that the people that you entrust with your health and your baby's health are going to help you make the right decisions about your care. Plus it is worth thinking about how you can reduce any stress you may have about sitting down with the person who will care for you and be a source of support during your pregnancy. In this blog I'd like to suggest some ways that you can plan for the most successful experience during pregnancy with your HCP. In this case, success means finding a provider who listens to you, makes you feel comfortable and discusses all of your concerns and options openly and respectfully.

## Getting the Most Out of Your Appointments

The good news is there are some ways to empower yourself in these situations and be more likely to get what you need! Below I have a list of some ways you can get the most out of appointments with your pregnancy care provider:

- You should be able to ask your provider anything you'd like to know about their experience and philosophy around pregnancy and child birth. You can even ask to make a non-clinical appointment to sit down with her or him and discuss this if you'd like to.
- Be prepared for a short visit with the provider at regular appointments throughout your pregnancy. Write down your most important questions and make sure to ask them first.
- If you'd like to research some topics before your HCP visit, choose your sources wisely. The internet is full of a lot of misinformation, but there are reputable organizations from whom you can get evidence-based information about pregnancy. Just a few examples include the **American College of Obstetricians and Gynecologists (ACOG)**, the professional society for HCPs specializing in women's health; the **Centers for Disease Control and Prevention (CDC)**; the **Food and Drug Administration (FDA)**; and our own service, **MotherToBaby**. Pull information from your sources and bring it with you to your appointment to drive your conversation with your HCP.
- Bring a trusted family member or friend who can bring up anything you forget to - or that can step into the conversation to help make sure you are being heard correctly. This is particularly important at the first visit or when you are worried about something.

- If you routinely take any medications, bring them up as soon as you find out you are pregnant (and when possible, even **before** you become pregnant); this will allow you and your HCP to talk about whether there are any alternative medications or therapies better suited for pregnancy and/or breastfeeding. And remember that our specialists at MotherToBaby are available to provide you with up-to-date information on the safety/risk during pregnancy and breastfeeding of any medications you may be taking.
- If you see a specialist for other medical conditions (such as asthma, diabetes, arthritis, lupus, psoriasis, etc.), tell your OB provider who you are seeing and authorize them to communicate with one another about your care. When you are living with a chronic health condition, connecting your pregnancy care provider with your other health providers is important to ensure your disease is well-managed throughout your pregnancy and when you are breastfeeding.
- Even if they don't ask about it, tell your HCP about your use of alcohol, tobacco, or any recreational drugs (like marijuana, heroin, meth, etc.). Some of these substances can affect your pregnancy or your baby's development, so it's important for you and your HCP to talk about it even if you are just an occasional user. Recreational drugs are another type of exposure where MotherToBaby experts can provide you with confidential, up-to-date information on the safety/risk of use during pregnancy and breastfeeding. Importantly, talk to your HCP if you need help quitting any of these substances; there are ways to treat substance use disorders during pregnancy. You also have a chance of being screened for substances at birth – meaning they may test both you and your baby at the hospital. Being prepared for this is important so you know what to expect.
- Ask questions about the hospital at which you will be delivering. Do they have any specific policies or practices you would want to know about in advance? Your HCP will be connected to a specific hospital(s); if you do not want to deliver at that hospital and your insurance allows for other options, you may need to find another prenatal care provider. It is best to ask these questions before you become pregnant or as soon as you start your prenatal care visits.
- If for any reason you do not feel like your HCP listens to you or is able to create a welcoming, safe environment, change providers! If it's a requirement of your insurance, get a list of providers in your network. Then ask friends or family if they have someone they'd recommend. You can further whittle down your list by other things that may be important to you, such as a male vs. female provider or office location. Pregnancy is such an important time in a woman's life, so it's critical that you are under the care of a health provider that you trust. Depending on where you live and what insurance you have, it may not be possible to find another provider – but if you are able and want to, the sooner you do so in your pregnancy the better. You deserve to feel comfortable and cared for!

A lot of these tips apply to any type of HCP, but pregnancy is a perfect time to flex your self-advocacy muscles and find the provider that is best suited for you. You and baby deserve wonderful and respectful care, and the reality is that sometimes it takes a bit of seeing what's out there to find the right fit. Finding the right HCP can feel a lot like dating, but don't be discouraged! If you don't like the care you are getting, move on to another HCP – with so many exceptional ones out there you can find the best match for you and your pregnancy.

Although not specific to a pregnancy visit, ACOG also offers some tips to help you make the most out of your health care visit: <https://www.acog.org/Patients/FAQs/Making-the-Most-of-Your-Health-Care-Visit>

If you want to read more about advocating for yourself as a patient, some other resources are below:

### **Your Best Birth: Providers, Plans and Being Proactive**

<https://bloomlife.com/wp-content/uploads/2018/11/Best-Birth-Bloomlife-ebook-1.pdf>

At the end this includes a great acronym BRAIN (**B**enefits, **R**isks, **A**lternatives, **I**ntuition, **D**o **N**othing) that can be used whenever you are making decisions or have questions about receiving medical care.

### **A Doctor's Guide: How To Be A Patient Advocacy Rockstar (For You or a Loved One)**

<https://www.acsh.org/news/2018/06/21/doctors-guide-how-be-patient-advocacy-rock-star-you-or-loved-one-13106>

### **Health Care Self-Advocacy: Be the Squeaky Wheel**

<https://www.care2.com/causes/health-care-self-advocacy-be-the-squeaky-wheel.html>

### **The Complete Guide to Becoming Your Own Medical Advocate**

<https://betterhumans.coach.me/the-complete-guide-to-becoming-your-own-medical-advocate-ddc658a10a57>



*Lauren Kozlowski, MSW, MPH is serving as the Program Coordinator for MotherToBaby Georgia. She graduated from Boston University with both a Masters of Social Work and a Masters of Public Health. She has experience working with families in both an educational setting, as well as in housing and health, allowing her to recognize the multiple factors contributing to the ability of women and children to thrive. She enjoys living in Atlanta and exploring what the city has to offer.*

#### **About MotherToBaby**

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# Folic Acid - Is More Really Better?

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**By Ginger Nichols, Licensed Certified Genetic Counselor at MotherToBaby Connecticut**

With Birth Defects Prevention Month in full swing, it's time to focus on **Tip #2 for Preventing Birth Defects: Booking a visit with your health care provider before stopping or starting any medicine.**

Callers to **MotherToBaby** often wonder why it's important to talk with their health care provider before stopping or starting a medication. My most recent caller to MotherToBaby asked this very question.

Maria contacted us at **MotherToBaby** telling us that she and her partner had decided that they would like to start a family. Like many women, Maria was taking medications for a health condition, and she wanted to learn if it would be OK to use them while trying to get pregnant and during pregnancy. She was planning to stop taking them because she was worried that they could be harmful for her baby. She told me that she felt alone as she faced this decision.

In fact, Maria is not alone; 70 percent of women need to take prescription medication during pregnancy to treat a wide variety of health conditions, like **depression, asthma, diabetes, nausea and vomiting of pregnancy and inflammatory bowel disease.** And most women (90 percent) report using over-the-counter medication, vitamins or supplements for overall health or for specific health concerns, such as **acne, allergies, colds, constipation, headaches and lice .**

## **Why should you talk with you health care provider before starting or stopping taking medication?**

Here's why it's important to check with your providers about taking medications and supplements before and during pregnancy:

- Some medications or herbal products can make it harder to get pregnant. And some medications can help you get pregnant.
- In some cases, stopping a medication and having an untreated medical condition may be more of a concern for pregnancy than the medications used to treat it. If a medicine can be harmful during pregnancy, your provider may want to switch you to one that's safer for your baby. But some medications are necessary, even if they may be risky for your baby. You and your provider can talk about all your treatment options to make the best decision for you and your baby. Some medications can cause you to go through withdrawal (have unpleasant physical and/or mental symptoms) if you stop suddenly (also called "cold turkey"). If you and your provider decide to stop a treatment, you may need to stop taking the medicine slowly over time rather than stopping all at once.
- Some medications may need to be increased or decreased during pregnancy in order to continue working properly.
- Some vitamins and supplements may have too much or too little of the nutrients that you need during pregnancy. You may need to adjust the amount you take.
- **Supplements and herbal products** are not regulated by the Food and Drug Administration. There are no standards for ingredients and strength, and most have been poorly studied regarding their safety for use in a pregnancy.

## **Now that you know why it's important to check on the safety of medication before and during pregnancy, what's next?**

- Whether you are planning a pregnancy or currently pregnant, talk to your health care providers before starting any medication (prescription or over-the-counter), vitamins or herbal products.
- Don't stop taking your prescription medication unless your health care provider says that it is OK.
- Make appointments with your health care providers to review medications they prescribe, and make an

appointment with your prenatal provider. If you are planning a pregnancy, talk with your providers before you get pregnant; and talk with them again as soon as you find out that you are pregnant.

- Tell your provider about any medicine you take, including medications that you only use once in a while, like seasonal allergy medication or rescue inhalers. Tell them about over-the-counter medicines, **supplements and herbal products, too**. A product may be made from herbs if it has word on the label like indigenous or tribal medicine, traditional Chinese medicine, **natural remedies**, herbal supplements, **nutritional shakes**, **essential oils** and tinctures.
- Start taking a prenatal vitamin as soon as you stop your birth control. Talk to your provider about which prenatal vitamin to take.

### **How can you get ready to talk to your providers about medication and pregnancy?**

- Prepare and bring with you a list of all the medications and supplements that you take, including the ones you may only take occasionally.
  - Bring all pill bottles/boxes with you to the appointment so your provider can check on the active ingredients.
  - For each medication/supplement on your list, include information on:
    - Dosage (how much you take),
    - Frequency (how often you take it), and
    - Indication (why you are taking it).
- Some medications can stay in the body for a long time. If your treatment plan includes stopping a medication before getting pregnant, discuss the timing of when you should stop.
- There may be alternative treatments that work just as well for you and are better options during pregnancy and breastfeeding.
  - Ask about alternative treatments. Find out if you can try them out before pregnancy to see if they will work for you.
- Talk about the right **prenatal vitamins** with the right amount of **folic acid** for you.
  - Some medications can affect how your body uses folic acid, which is important for pregnancy.
  - Ask your prenatal provider to prescribe you a prenatal vitamin to make the choice easier.

After our call, Maria felt more comfortable in learning about her medications and questions she should have ready to discuss with her providers about the best way to treat her medical condition throughout her pregnancy.

Remember, just like Maria, you are not alone. MotherToBaby is here to help you and your providers work together to make informed decisions about your medication options for pregnancy and breastfeeding.



**Ginger Nichols is a licensed certified genetic counselor based in Farmington, Connecticut. She currently works for **MotherToBaby CT**, which is housed at UCONN Health in the Division of Human Genetics, Department of Genetics and Genome Sciences. She obtained her Bachelor of Science degree in Biology and Sociology from Juniata College and her Master's Degree in Medical Genetics from the University of Cincinnati. She has a special interest in occupational and environmental exposures.**

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