

FOR IMMEDIATE RELEASE

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Is Folic Acid Obsolete in Pregnancy?

San Francisco, CA - For the past generation, Folic Acid has been the gold standard for prenatal care – thanks in large part to the evidence surrounding the prevention of Neural Tube Defects in newborns. “For 20 years in practice, I used to prescribe any prenatal vitamin(s) for patients contemplating pregnancy or already pregnant” says Dr. Kimberley Fillmore of the Diablo Valley Women OB/GYN Medical Group in Concord, CA. “About 2 years ago while reading medical journals about recurrent miscarriage; I discovered that some patients lack a particular gene (called MTHFR) needed to fully metabolize folic acid.”

“Up to half of all women in their childbearing years have a form of this genetic limitation.” Dr. Fillmore continued, “MTHFR can reduce your ability to break down folic acid anywhere from 30-70% of the intended amount. Many scientific publications are beginning to highlight MTHFR and connect it to many pregnancy complications including: Neural Tube Defects, Miscarriage, Anemia, Preterm Birth, and Low Birth Weight. Most prescription prenatal vitamins contain 1 milligram of Folic Acid. Historically, doctors have tried adding extra folic acid but not all patients are achieving success without switching to the more active form of folate.

OB Dr. Kristin Kroeker of Fresno agrees. “Prenatals with the new L-methyloflolate have a tremendous advantage over the type with just folic acid. I strongly encourage OB patients with a history of pregnancy problems to switch to this new approach. For moms starting a family at an older age, using active L-methyloflolate can minimize complications. The new folate has been helpful in the synthesis of red blood cells in my OB patients which can reduce the risk of anemia.”

Data published in February, 2011 showed that the products Neevo® and NeevoDHA® were more effective than standard prescription prenatal vitamins containing 1 milligram of Folic Acid in reducing the risk of anemia during pregnancy. “L-methylfolate is a different kind of folate that can be better absorbed by everyone” says Dr. Fillmore. She adds, “I particularly recommend this approach to patients who have had a previous unexplained miscarriage, high risk...or are advanced maternal age.”

For general health and pregnancy, many patients still benefit from using traditional Folic Acid. However, for many doctors and selective OB patients, the advancements in better folate could mean all the difference. Several new prenatal products with L-methylfolate are now available with prescription throughout California.