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NTR 351 – Checkpoint 3

Individuals that are not sufficient in the world of Nutrition and Dietetics may hear the word “folate” and have no clue where it fits in. But to us that are present in the field have a clear and growing understading of why folate is important as well as where to find it. Childbearing women and those that are planning to consume should have an extensive knowledge of how important it is to include folate in their everyday nutrient consumption. Folate holds extreme importance in aiding in both fetal and mother’s growth and development. Women of childbearing age should consume folic acid supplements and folate-rich vegetables to meet their folate needs.

Researchers conducted a study published in *The Journal of Nutriton* that discussed women that were carrying within one of the three pregnancy trimesters, and their folate intakes. Blood samples and dietary assessments were collected to study what foods the women were consuming in their diets as well as the reflection it had on their health. The biomarkers were collected from women with long-term vegetable intake and women that consumed a Western diet(1). This allowed the researchers to compare the differences between dietary intake and folate status between the different groups of women. Both vegetarian and non-vegetarian women consmed vegetables, but the vegetarian, low-meat eating women consumed more folate- rich foods.

*Public Health Nutrition* published an article that studied how the level of folate status in diet varied between different groups of women across the world – Europe, Asia, Africa, etc – and compared that to their socioeconomic statuses. Folate is important for the development of nueral tubes, so it is important that women consume either a folate supplement or folate-rich foods to ensure that their babies are not at risk for any of the neural tube deficiancies or birth defects that can result from a folate deficiency(2). Researchers studied the use of folic acid supplementation and compared it to the number of pregnancy complications subject but not limited to placental abruption, neural tube defect, and placental weight. Women that have a low socioeconomic status are not prone to the same healthcare availabilities of women with higher socioeconomic statuses. This can lead to a decrease in adequate healthcare during pregnancy or proper education concering nutrition during pregnancy; all putting the baby and mother at risk of complications. Women with access to proper health advances are more likely to understand that consuming an increased amount of folate pre-pregnancy can serve as a postitive health benefit for both her and the baby.

The *Upsala Journal of Medical Sciences* studied folate status among child-bearing women and compared it to the RDA and prevention of possible pregnancy complications. They completed this by studying women of multiple age groups - with or without children – over the course of four days to monitor their diet and the amount of folate that they consumed through choice of food. Folate RDA was nearly matched, and was more prevalent within the older group of women. Dietary education needed to be fostered to the younger group of women to improve their dietary choices.

Folate rich foods and folate supplements are all part of the healthy growth and development process for mothers and infants. Without folate, mothers and infants are at risk of developing nueral tube defects, palcetal weight alterations, and placental abruptions. This can be avoided if mothers are consuming adequate amounts of folate rather that be through diet or supplementation. Women of childbearing age should consume folic-acid supplements and folate-rich vegetables to meet their folate needs.

Work Cited

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