

Vitamin D deficiency pandemic among pregnant women

Sir,

We read with great interest the article by Sharma *et al.* in the recent issue of your journal.^[1] We would like to commend the authors for their endeavor to highlight the vitamin D status in pregnant women and its association with various complications of pregnancy. However, at the same time we have the following comments to offer, the explanation of which will benefit the readership of the journal.

1. The cutoffs of serum vitamin D level used in the study are not based on any standard recommendation/guideline. It will be worth to mention the basis of choosing these arbitrary cutoffs. According to recent guidelines 25(OH) D levels >20 ng/mL is considered as sufficient, 12-20 ng/mL as insufficient and <12 ng/mL as deficient.^[2] For epidemiological and public health-related studies like this, it is utmost important to adhere the standard cutoffs, because choosing a different cutoff will lead to a false high/low prevalence of vitamin D insufficiency/deficiency and will incur the unnecessary diagnostic and therapeutic cost. The study data needs reanalysis using standard revised cutoffs.
2. The authors compared mean vitamin D levels of mothers whose babies were low birth weight as compared to those having normal birth weight babies. However, this comparison is not meaningful. As the babies born at 34 weeks with a birth weight of 2450 g and babies born at 39 weeks with the same weight are not comparable. The given vitamin D level may be normal at 34 weeks but very low at 39 weeks. Therefore, the more meaningful outcome could have been the rate of small for gestational age (SGA) babies between mothers having deficient/insufficient and sufficient vitamin D levels. A recently published meta-analysis showed that vitamin D deficiency is associated with an increased risk of SGA.^[3]
3. There is no mention of routine vitamin D supplementation in enrolled participants. It will be worth to mention the dose and duration of vitamin D intake in the participants.
4. Authors concluded that the current recommendations on vitamin D intake are inadequate to maintain normal 25(OH) D levels during pregnancy and lactation. However, the index

study neither mentions about vitamin D supplementation nor it looked into vitamin D levels during lactation. Therefore, it makes the reader ponder for the basis of this statement.

5. There is ample evidence to suggest that vitamin D deficiency is pandemic. Multiple studies on vitamin D deficiency in India have been published in this journal only. So, there is an urgent need to focus on the prevention of this pandemic. Indian staple diet contains a lot of phytates and less of vitamin D rich sources; therefore, relying merely on the dietary source will be grossly insufficient. The possible strategy to mitigate this problem is food fortification and routine vitamin D supplementation, even before pregnancy.^[4] Indian Academy of Pediatrics recommends daily supplementation with 600 IU vitamin D and 600--800 mg of calcium throughout the adolescence period.^[5] There is an urgent need to implement food fortification and routine vitamin D supplementation and family physicians can contribute a lot in implementing it.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code: 	Website: www.jfmpe.com
	DOI: 10.4103/jfmpe.jfmpe_202_19

How to cite this article: Kumar J, Yadav A. Vitamin D deficiency pandemic among pregnant women. J Family Med Prim Care 2019;8:1515-6.

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