



# Prenatal

## Optimal Micronutrient Support for a Healthy Pregnancy\*

Pregnancy represents a time of great physiological change in a woman's body. Nutritional requirements change too. Vitamin and mineral needs increase substantially in order to develop and grow a healthy fetus. Medical professionals often recommend adding a high-quality prenatal supplement to ensure adequate intake of essential micronutrients.\*<sup>1</sup>

### How Prenatal Works

The concentrated nutrients in Prenatal may cover any nutritional gaps in the expectant mother's diet and provide the fetus with needed vitamins and minerals for proper development.\*<sup>2</sup> Prenatal supplements typically provide more folic acid and iron than standard multivitamins for these purposes:

- Women who consume adequate folic acid in healthful diets may reduce their risk of having a child with brain or spinal cord birth defects.<sup>3,4,5</sup>
- Iron supplementation helps support the expectant mother from becoming anemic and supports the fetus' healthy growth and development.\*<sup>6,7</sup>

The Prenatal formula also includes 2'-FL (fucosyllactose) and vitamin B6. Clinical studies show that oral supplementation with 2'-FL during pregnancy may support the child's cognitive abilities and promote a healthy gut microbiota for the mother.\*<sup>8,9</sup> To further support the mother and child's health and well-being, vitamin B6 is included to help support balanced moods.\*<sup>10,11</sup>

A high-quality vitamin and mineral supplement such as Prenatal can help a mother-to-be sustain her health during pregnancy and minimize certain risks during the growth and development of the fetus and later in life.\*<sup>12,13</sup> Prenatal is specially formulated to provide a wide spectrum of essential nutrients in optimal concentrations for a healthy pregnancy.\*

### Prenatal Supplementation

Clinical studies widely accept that an expectant mother's nutrition affects the health of the fetus and the child later in life.\* The benefits of prenatal supplementation may include:

- Supports overall health and well-being during preconception, pregnancy, and nursing\*
- Supports overall health and well-being for fetal development and the baby\*
- Promotes a healthy gut microbiota\*
- Supports balanced moods\*



Form: 180 Capsules

Serving Size: 6 Capsules

Ingredients	Amount	%DV	Ingredients	Amount	%DV
Vitamin A (80% as mixed carotenoids and 20% as retinyl palmitate)	1,500 mcg RAE	115%	Choline (as choline bitartrate)	175 mg	32%
Vitamin C (as ascorbic acid and niacinamide ascorbate)	500 mg	417%	Calcium (as calcium citrate)	400 mg	31%
Vitamin D3 (as cholecalciferol)	50 mcg	333%	Iron (as ferrous bisglycinate chelate) <sup>††</sup>	30 mg	111%
Vitamin E (as d-alpha tocopheryl succinate)	82 mg	432%	Iodine (as potassium iodide)	200 mcg	69%
Vitamin K (as phytonadione)	100 mcg	111%	Magnesium (as magnesium oxide)	300 mg	75%
Thiamin (as thiamin mononitrate)	5 mg	357%	Zinc (as zinc bisglycinate chelate) <sup>†††</sup>	20 mg	154%
Riboflavin	5 mg	313%	Selenium (as selenium chelate)	200 mcg	286%
Niacin (as niacinamide ascorbate)	25 mg NE	139%	Copper (as copper citrate)	2 mg	154%
Vitamin B6 (as pyridoxal-5'-phosphate and pyridoxine HCl)	20 mg	1,000%	Manganese (as manganese citrate)	1.2 mg	46%
Folate (as calcium L-5-methyltetrahydrofolate) (BioFolate®) <sup>†</sup>	1,700 mcg DFE	283%	Chromium (as chromium nicotinate glycinate chelate) <sup>†††</sup>	150 mcg	333%
Vitamin B12 (as methylcobalamin)	125 mcg	4,464%	Molybdenum (as molybdenum amino acid chelate)	50 mcg	100%
Biotin	300 mcg	857%	2'-Fucosyllactose (2'-FL)	200 mg	**
Pantothenic acid (as calcium-D-pantothenate)	25 mg	357%	Inositol	50 mg	**

\* Percent Daily Values (DV) are based on a 2,000 calorie diet.  
\*\* Daily Value (DV) not established.

### Other Ingredients:

Hypromellose, microcrystalline cellulose, silica.

<sup>†</sup> BioFolate® is a federally registered trademark of MTC Industries, Inc.

<sup>††</sup> As Ferrochel™ a trademark of Balchem Corp. or Albion Labs.

<sup>†††</sup> As TRAACS™ a trademark of Balchem Corp. or Albion Labs.

### Directions:

Take six capsules daily with food or as directed by your healthcare practitioner.

**Caution:** If taking medication, consult your healthcare practitioner before use. Keep out of reach of children.

**Warning:** Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children under 6. Keep this product out of reach of children. In case of accidental overdose, call a doctor or poison control center immediately.

**Excess vitamin A intake may be toxic and may increase the risk of birth defects. Pregnant women or women who may become pregnant should not exceed 3,000 mcg RAE (10,000 IU) of preformed vitamin A (retinyl palmitate) per day.**



NON-GMO



GLUTEN-FREE



PRODUCED IN A cGMP FACILITY

\* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

## References:

1. Sfakianaki, A. K. (2013). Prenatal vitamins: A review of the literature on benefits and risks of various nutrient supplements. *Formulary Journal*, 48, 77-82.
2. Schmidt, R. J., Hansen, R. L., Hartiala, J., Allayee, H., Schmidt, L. C., Tancredi, D. J., Tassone, F., & Hertz-Picciotto, I. (2011). Prenatal vitamins, one-carbon metabolism gene variants, and risk for autism. *Epidemiology*, 22(4), 476-485.
3. Greenberg, J. A., Bell, S. J., Guan, Y., & Yu, Y. (2011). Folic acid supplementation and pregnancy: More than just neural tube defect prevention. *Reviews in Obstetrics & Gynecology*, 4(2), 52-59.
4. Lai, J. S., Pang, W. W., Cai, S., Lee, Y. S., Chan, J., Shek, L., Yap, F., Tan, K. H., Godfrey, K. M., van Dam, R. M., Chong, Y. S., & Chong, M. (2018). High folate and low vitamin B12 status during pregnancy is associated with gestational diabetes mellitus. *Clinical Nutrition*, 37(3), 940-947.
5. Caramaschi, D., Sharp, G. C., Nohr, E. A., Berryman, K., Lewsi, S. J., Smith, G. D., & Relton, C. L. (2017). *Human Molecular Genetics*, 26(15), 3001-3013.
6. Peña-Rosas, J. P., De-Regil, L. M., Garcia-Casal, M. N., & Dowswell, T. (2015). Daily oral iron supplementation during pregnancy. *Cochrane Data base of Systematic Reviews*, 7.
7. Beard, J. L. (2000). Effectiveness and strategies of iron supplementation during pregnancy. *The American Journal of Clinical Nutrition*, 71(5), 1288S-1294S.
8. Oliveros, E., Ramirez, M., Vazquez, E., Barranco, A., Gruart, A., Delgado-Garcia, J. M., Buck, R., Rueda, R., & Martin, M. J. (2016). Oral supplementation of 2-fucosyllactose during lactation improves memory and learning in rats. *The Journal of Nutritional Biochemistry*, 31, 20-27.
9. Bode, L. (2012). Human milk oligosaccharides: Every baby needs a sugar mama. *Glycobiology*, 22(9), 1147-1162.
10. Mermer, M., & Sanher, N. (2017). Correlation between postpartum depression and omega-3 micronutrients. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 6(11), 4737-4743.
11. Rechenberg, K., & Humphries, D. (2013). Nutritional interventions in depression and perinatal depression. *Yale Journal of Biology and Medicine*, 86, 127-137.
12. Devereux, G., Turner, S. W., Craig, L. C., McNeill, G., Martindale, S., Harbour, P. J., Helms, P. J., & Seaton, A. (2006). Low maternal vitamin E intake during pregnancy is associated with asthma in 5-year-old children. *American Journal of Respiratory and Critical Care Medicine*, 174, 449-507.
13. Beckhaus, A. A., Garcia-Marcos, L., Forno, E., Pacheco-Gonzalez, R. M., Celedon, J. C., & Castro-Rodriguez, J. A. (2015). Maternal nutrition during pregnancy and risk of asthma, wheeze, and atopic diseases during childhood: A systematic review and meta-analysis. *Allergy*, 70(12), 1588-1604.