



# **Management Flow Chart: Vitamin Supplementation in Pregnancy / Breastfeeding**

## **Version 1**

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## Management Flow Chart: Vitamin Supplementation in *Pregnancy / Breastfeeding*

### All pregnant and breastfeeding women should be advised to take;

- 10 micrograms (400 units) **Vitamin D** daily ideally before conception, **throughout** pregnancy and whilst breastfeeding. Women who may require testing for deficiency should be identified as a higher dose may be needed.
- 400 micrograms **Folic Acid** daily before conception (ideally 3 months) and until week 12 of pregnancy. Women at \*higher risk of conceiving a child with a neural tube defect should be identified and advised to take Folic Acid 5mg daily (**prescription only**) and continue until week 12 of pregnancy. (See pink box below)

**All advice given should be recorded and compliance checked at each antenatal appointment**

### Healthy Start Vitamins for Women

- Contain 400 micrograms of Folic Acid, 10 micrograms of Vitamin D and 70 milligrams of Vitamin C. It is a cost effective option of obtaining Folic acid and Vitamin D and can be purchased from [Family Hubs](#). Women requiring a higher dose of Vitamin D or Folic Acid should be signposted to their GP.
- Certain women are eligible for free vitamins via the [national scheme](#) (which entitles them to other items e.g. milk, fresh fruit and veg).
- Advice given should be recorded in the woman's records.

### Folic Acid - Women at \*higher risk of conceiving a child with a neural tube defect;

- Either partner has a neural tube defect (or a family history) or previous pregnancy affected by a neural tube defect
- BMI  $\geq 30\text{kg/m}^2$  pre-pregnancy
- Those with Diabetes Mellitus
- Those taking Antiepileptic medicines.
- Those with sickle-cell disease or thalassemia (these groups should take 5mg Folic acid throughout pregnancy)

### Women with a history of confirmed Vitamin D deficiency

Is the woman currently taking a Vitamin D supplement?

### Women at increased risk of Vitamin D deficiency

Does the woman have symptoms or have [additional risk factors](#) for Vitamin D deficiency?

Yes

No

Yes

No

Check that dose and preparation is suitable

Measure Vitamin D and bone profile (request via ICE)

Recommend **Healthy Start Vitamins for Women**. *Stress importance of compliance as this group at greater risk of deficiency*

25(OH)D <25 nmol/L (*Deficient*) – refer to 'Pregnant Women: High dose Oral Vitamin D Supplementation and Monitoring'  
 25(OH)D >25 and <50 nmol/L (*Insufficient*) – See 'Enhanced supplement' box below  
 25(OH)D >50 nmol/L (*Sufficient*) - Recommend Healthy Start Vitamins for Women or if previous history of deficiency see 'Enhanced supplement' box below.

### Enhanced supplement (800 – 1000 units) options for women at risk of D deficiency (pre-pregnancy) and for maintenance after high dose treatment;

**If calcium intake is sufficient** (pregnant: 700mg / day, breastfeeding: 1250mg / day)

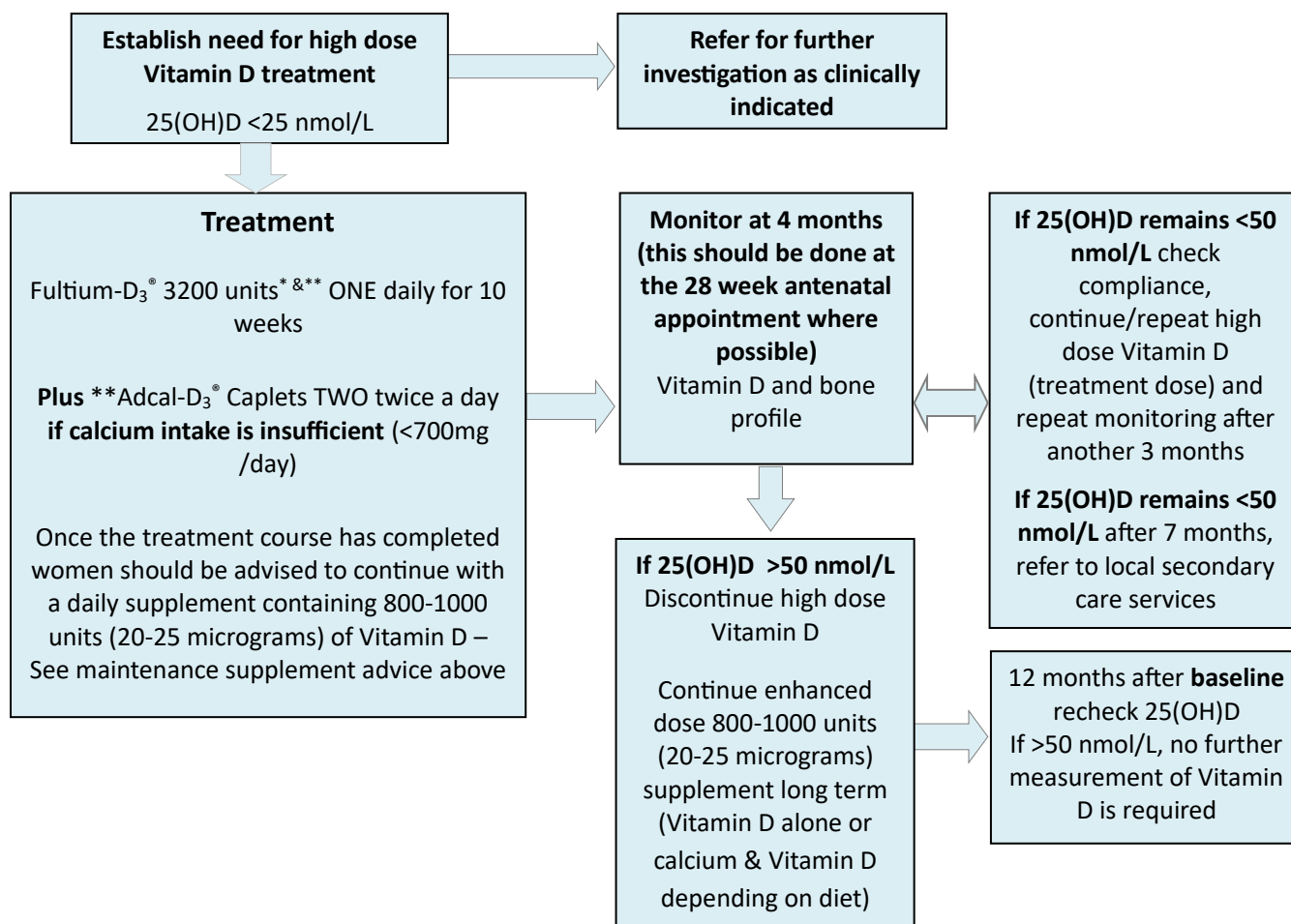
- Healthy Start Vitamins for Women - ONE daily **plus** a daily dose of 10-15 micrograms (400-600units) Vitamin D. Encourage OTC or prescribe as \*InVita® D<sub>3</sub> 2,400 units/ml drops (POM) 6 drops = 400 units
- A daily colecalciferol preparation containing 20-25 micrograms (800-1000 units). Encourage OTC or prescribe \*Fultium-D<sub>3</sub>® 800 units capsules (POM) (plus Folic Acid as above).

**If calcium intake is insufficient:**

- A daily combination preparation containing recommended amounts. Encourage OTC or prescribe \*Adcal-D<sub>3</sub>® caplets (recommended dose is 2 BD providing 1200mg calcium + 800 units Vitamin D) (plus Folic Acid as above)

*\*Licensed preparations for use in pregnancy*

## Pregnant Women: High-dose Oral Vitamin D Supplementation and Monitoring



\* Halal or kosher certified.

\*\* Licensed preparation for use in pregnancy

## Breastfeeding Women: High-dose Oral Vitamin D Supplementation

With regards to prescribing in breastfeeding mothers, SPS have also provided the following advice, further information around this can be found [here](#):

- Long term maintenance doses (up to 4000 units daily) can be used without any infant monitoring.
- Loading doses are acceptable during breastfeeding with infant monitoring as a precaution.
- Infant monitoring may be required in the following situations:
  - hypercalcaemia is suspected due to infant symptoms
  - loading doses above 300,000 units are used (which may include treatment course for longer than 10 weeks)
  - loading doses totalling 300,000 are given in less than 6 weeks.