

Higher-dose DHA in pregnancy tied to fewer early preterm births

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(HealthDay)—Supplementation with a higher dose of docosahexaenoic

acid (DHA) versus the standard prenatal dose during the second half of pregnancy is associated with a lower rate of early preterm births, according to a study published online May 17 in *EClinicalMedicine*.

Susan E. Carlson, Ph.D., from University of Kansas in Kansas City, and colleagues randomly assigned women with singleton pregnancies and 12 to 20 weeks of gestation to DHA supplementation (1,000 mg: 576 women; 200 mg: 524 women).

The researchers found that the higher DHA dose was associated with a lower early preterm birth rate (1.7 versus 2.4 percent; posterior probability [pp] = 0.81). Findings were even stronger among participants with low DHA status at enrollment (2.0 versus 4.1 percent; pp = 0.93). A dose effect was not seen among participants with high DHA status at enrollment (1,000 mg: 1.4 percent; 200 mg: 1.1 percent; pp = 0.57). There were fewer [serious adverse events](#) (maternal: chorioamnionitis, [premature rupture of membranes](#), pyelonephritis; neonatal: feeding, genitourinary and neurologic problems; all pp > 0.90) associated with the higher dose.

"Clinicians could consider prescribing 1,000 mg DHA daily during pregnancy to reduce early [preterm birth](#) in [women](#) with low DHA status if they are able to screen for DHA," the authors write.

More information: [Abstract/Full Text](#)

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