Bulletin – Maternal Care and Supplementation

Clinician advice – October 2025

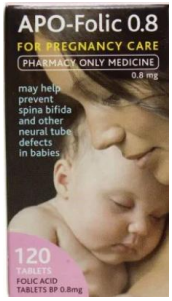
West Coast Health
Community Wellbeing Services

Information for Prescribers

About Maternal Care and Supplementation

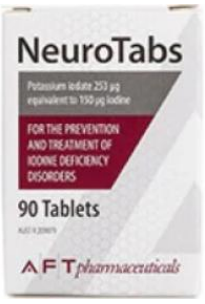
Routine requirements for supplementation in pregnancy and breastfeeding include folic acid, iodine, colecalciferol (vitamin D3) and, often iron (+ ascorbic acid/vitamin C).

Supplement Dosing and Formulation/s:



Folic acid: recommended for a minimum of one month before conception, and for the first 12 weeks of pregnancy. Most pregnant people require a minimum of 0.8mg once daily. An increased dose, of 5mg once daily, is recommended if there is an increased risk of:

- Neural tube defects (NTD), e.g., pre-pregnancy diabetes mellitus, anti-epileptic medication, previous child or family history of NTD
- Malabsorptive condition, e.g., coeliac disease, Crohn's disease, post-bariatric surgery
- BMI >30 kg/m^2
- Folate deficiency, e.g., multiple pregnancies, haemolytic anaemia



Iodine: A dose of 150mcg per day is recommended from conception until the completion of breastfeeding.

- If the pregnant person has a pre-existing thyroid condition, seek advice from their specialist, or see Thyroid Disease in Pregnancy.
- See also Iodine Supplementation in Pregnancy.

Colecalciferol (vitamin D3): consider supplementation for all women, especially in winter and spring, and at South Island latitudes. NZF: Colecalciferol

Pregnancy dose: daily (not monthly)

  - Colecalciferol oral drops (400 units/drop) are the preferred supplement. Prescribe 1 to 2 drops once a day throughout pregnancy

- Breastfeeding: monthly (supplementation is safe to be given monthly and is done for maternal benefit).
- Infants: daily (infants who are exclusively breastfed or receive less than 500mL of formula per day are recommended to receive vitamin D supplementation before age 4 weeks: Vitamin D Deficiency in Children

Tayla Cadigan (Makaawhio, Ngāi Tahu)
Equity Pharmacist
Tayla.Cadigan@westcoasthealth.nz

Top Floor,
163 Mackay Street
Greymouth, 7805
Phone: +64 3 768 6182

Ginny Brailsford
Equity Pharmacist
Ginny.Brailsford@westcoasthealth.nz

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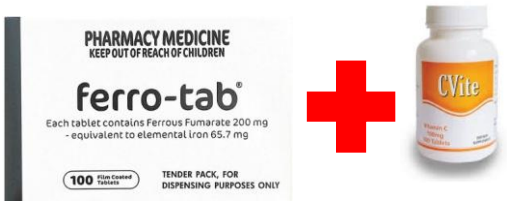
Iron: Haemoglobin (Hb) levels vary by trimester, and ferritin levels are higher for pregnancy than non-pregnant levels. If anaemia is suspected, follow the HealthPathway: Anaemia in Pregnancy and Postpartum



- Iron can be poorly absorbed if taken with the following: dairy products, tea, coffee, wine, wholegrain breads and cereals, nuts and legumes (due to phytates). These items should be avoided for one hour before or two hours after a dose of iron. More information: Oral Iron
- Poor absorption increases the risk of adverse gastrointestinal effects
- Counsel patient on strategies to reduce gastrointestinal effects, such as eating a high fibre diet, taking their iron supplement with a piece of vitamin C rich fruit (orange, mandarin, kiwifruit) and ensuring adequate hydration. Using a foot stool to raise knees whilst passing a bowel motion is helpful.
- Prescribe with ascorbic acid (vitamin C) to be taken with each iron dose, at the same time as iron. 100mg per dose is funded.

NB: Ferrous sulphate modified release tablets (Ferrogradumet™) are no longer available. To manage anaemia or iron deficiency, use the correct dose of ferrous fumarate. NZF: Ferrous fumarate (this may be more than one tablet daily).

Labelling and Medication Counselling

Prescribing notes:

Familiarise patients with interchangeable terms which may appear differently on pharmacy labels or medicine printouts. It may help to include the indication on the label, e.g., "for IRON supplementation". If duration is critical e.g. "throughout pregnancy and breastfeeding" include this also.

- Iodine = Potassium iodate= NeuroTabs™
- Vitamin D = Colecalciferol = Clinicians Vitamin D Drops™
- Iron = Ferrous fumarate = FerroTab™
- Vitamin C = Ascorbic acid = CVite™

Patient information:

- Nutrients and supplements
- Nutrients and supplements during pregnancy and breastfeeding
- Pregnancy – avoiding nutrient deficiencies | Healthify

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Equity Pharmacist
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