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ONCE A DAY PREGNA MULTI

To help prepare for, and support, a healthy pregnancy.

Nutritional Information

One tablet provides:

VITAMINS		Iron*	15 mg
Vitamin D3	5 µg	Magnesium*	100 mg
Vitamin E (15 i.u.)	17 mg	Zinc*	10 mg
Vitamin C	120 mg	Iodine	100 µg
Thiamin (B1)	2.8 mg	Manganese*	1 mg
Riboflavin (B2)	3.2 mg	Copper*	1000 µg
Niacin (B3)	36 mg	Molybdenum*	25 µg
Vitamin B6	4 mg	Chromium*	25 µg
Folacin (Folic Acid)	400 µg	Selenium*	200 µg
Vitamin B12	2 µg	ADDITIONAL FACTORS	
Biotin (B7)	300 µg	Beta Carotene	1.5 mg
Pantothenic Acid (B5)	12 mg	Lutein	1.5 mg
MINERALS			
Calcium	198 mg		
Phosphorus	100 mg		

*As Mineral Amino Acid Blend



Take one tablet daily with food.



- Helps women prepare for pregnancy.
- Promotes the optimal health and nutrient intake of the mother during pregnancy.
- Encourages the healthy growth and development of the baby after conception.
- Supports the mother's nutrition and immune system during pregnancy.

DESCRIPTION

Good nutrition before, during and after pregnancy is vital to ensure the health of the mother and to give the baby the best possible start in life. Physiological changes during pregnancy mean that pregnant women have higher than average requirements for most nutrients. Iron, calcium and folic acid are of particular importance for mother and baby. Evidence suggests that large numbers of pregnant women are falling far short of meeting minimum requirements of key nutrients and the benefits of a multi-nutrient product for pregnant women is well established.

Once a Day Pregna Multi contains 24 nutrients to help prepare for pregnancy, to promote the optimal health of the mother during pregnancy, and to encourage the healthy growth and development of the baby from conception and during breastfeeding. Recommended for women planning a pregnancy, pregnant women and lactating women.

HOW DOES ONCE A DAY PREGNA MULTI SUPPORT THE HEALTH OF THE MOTHER AND BABY?

Vitamin D: Vitamin D is an important nutrient for the immune system and bone health. It is required for the absorption of calcium, essential for the formation and development of the baby's bones. Maternal vitamin D insufficiency is associated with childhood rickets and longer term problems including schizophrenia and type 1 diabetes¹.

Folic acid: The role of folate deficiency in neural tube defects has been long established. There are however other important reasons to ensure that maternal folate levels are adequate. Deficiency can cause potentially fatal megaloblastic anaemia, and remains a significant cause of maternal death in some parts of the world. Foetal folate status is prioritised and therefore folate supplementation is as much for the health of the mother as it is the baby. As well as being a contributing factor in the development of birth defects, including spina bifida, low folate status during pregnancy may also lead to low birth weight and a higher risk of developing long term adverse effects².

Zinc: Zinc is required for the synthesis of DNA and protein within the foetus and a deficiency may lead to slow growth. There are two main causes of foetal zinc deficiency: the poor zinc status of the mother, and the poor placental perfusion of zinc. Iron and folate may decrease the availability of zinc in the body, meaning that zinc supplementation is highly recommended alongside folate and iron supplementation, however this is often ignored by mothers and healthcare professionals³.

Iodine: Iodine is required for adequate maternal thyroid function. Inadequate levels impair the development of foetal nerve myelination, cell differentiation and maturation. Moderate to severe deficiency during pregnancy increases the rate of miscarriage, cause a reduction in birth weight and increases infant mortality rates. Maternal-deficient neonates are at high risk of cognitive impairment⁴.

Iron: Iron is required for the development of blood cells and for enzymatic reactions required for the creation of protein. Maternal anaemia is not only associated with low birth weight, prematurity and impaired cognitive performance, but with decreased work capacity and a less efficient response to exercise⁵.

Vitamin E: Vitamin E is required for the development of foetal membranes and for cell structure. Foetal cells are multiplying at an astounding rate, each cell requiring a significant amount of vitamin E. Vitamin E plays an important role in the regulation of platelet function and contributes to placental microcirculation⁶.

Lutein: Lutein is found in large quantities in the retina of the eye and plays a role in visual development. Lutein is part of the carotenoid family and is particularly beneficial for mothers with gestational diabetes. Studies show that lutein supplementation during pregnancy significantly reduced neonatal oxidative stress at birth in neonates born to diabetic mothers⁷.

Vitamin C: Vitamin C is required for the production of collagen that forms the foetal skin, bones and blood vessels. Collagen is the main structural component in every cell, with higher levels in the neonate than any other time in life.

Calcium, magnesium and phosphorus: Calcium, magnesium and phosphorus are required for the development of bones and teeth in the baby, however supplementation during pregnancy of these minerals is for the safe guarding of the mother and not the baby. Since the mother will have these minerals stored in her bones, the baby will take what it requires. If calcium, magnesium or phosphorus intakes are insufficient, the mother may be left with weaker bones.

Beta carotene: Beta carotene is an essential nutrient because it converts into vitamin A. Taking a vitamin A supplement is not recommended for pregnant woman because too much can lead to foetal abnormalities. However, a vitamin A deficiency can also lead to foetal abnormalities. Supplementing with beta carotene is a safe alternative as your body will convert it to vitamin A in the right quantities as needed.

Vitamin B12: Maternal vitamin B12 deficiency may cause recurrent miscarriage and an increased risk of birth defects, including neural tube defects, and may be a causative factor in premature births. A lack of vitamin B12 during pregnancy means that stores are not laid down as they are required, and the subsequent breast milk does not contain large enough levels for the neonate's growth and development².

FEATURES

- High potency comprehensive formula for women planning a pregnancy, pregnant women and lactating women
- Contains amino acid chelated minerals to maximise absorption
- Provides a gentle form of iron less likely to cause constipation or digestive discomfort
- 15 mg iron supports foetal development and protects against iron deficiency in the mother
- 400mcg of folic acid protects against the risk of neural tube defects
- 198 mg of calcium ensures the healthy development of the foetus' skeleton
- Selenium, calcium, vitamin C & E reduces the risk of pregnancy related hypertension and pre-eclampsia
- Vitamin C enhances the immune system of the mother
- B vitamins help reduce fatigue and tiredness in the mother.

HEALTH NEEDS



PREGNANCY AND
FERTILITY

SCIENTIFIC REFERENCES:

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