

Vitamin D cuts preterm birth risks

Expectant moms urged to boost daily dosages

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All pregnant women should take 4,000 international units of vitamin D daily — 10 to 20 times the dose the leaders of Canada's pregnancy specialists currently recommend — to lower their risk of preterm labour, preterm birth and infections, concludes the first study to investigate the safety of high doses of vitamin D during pregnancy.

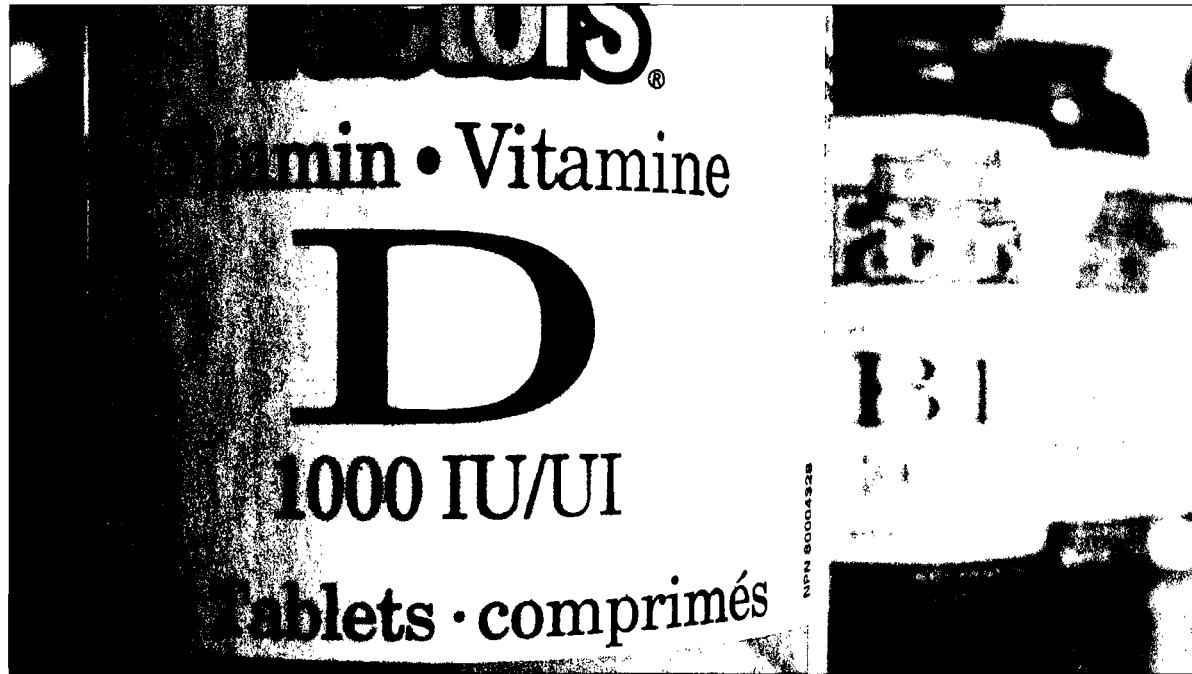
The study found that women in its 4,000-IU-a-day group had half the risk of premature delivery than women who took just 400 IU of vitamin D daily.

Premature birth is the leading cause of newborn deaths in Canada.

And "not a single adverse event" related to vitamin D dosing was found during the study — as U.S. researchers will report Saturday at the annual meeting of the Pediatric Academic Societies in Vancouver.

"We never imagined it would have as far-reaching effects as what we have seen," says lead author Dr. Carol Wagner, a pediatric researcher at the Medical University of South Carolina. "The message is that all pregnant women should be supplementing with 4,000 IU per day of vitamin D."

The Society of Obstetricians and Gynaecologists of Canada currently recommends pregnant women consume 200 IU/day — and up to 400 IU in their last trimester. But Dr. Robert Gagnon, chair of the group's



Pregnancy specialists are suggesting pregnant women take 10 to 20 times more than the current recommended dose of vitamin D after a new study found the vitamin goes a long way to reduce preterm labour.

maternal fetal medicine committee, says the new study is reason enough to support updating guidelines.

"The concern of giving too much vitamin D in the past was based on wrong studies," says Gagnon, also director of maternal fetal medicine and obstetrics at McGill University and the McGill University Health Centre in Montreal.

For decades, vitamin D was thought to be a teratogen — an agent that cause birth defects — after reports from the U.K. emerged in the 1960s of babies born with heart defects, mental disabilities and elf-like facial features. The babies were found to have high levels of calcium, which doctors attributed to too much vi-

itamin D, since the vitamin helps the body absorb calcium.

What they discovered years later was the children had Williams syndrome, a rare disorder caused by deleted genes that affects how babies metabolize vitamin D, leading to higher levels. The conditions weren't a symptom of too much vitamin D but rather a genetic syndrome.

Vitamin D — which in the body acts like a hormone — is important not just for fetal-skeletal health, but also for bone development in childhood, coming a decade later.

For their study, Wagner and colleagues randomized 494 pregnant women at 12 to 16 weeks gestation into three treatment groups: one

group received 400 IU of vitamin D3 a day until delivery; another received 2,000 IU, and the third, 4,000 IU.

The higher the dose, the more vitamin D was measured not just in the mother but also in the baby at birth, showing the supplement crosses the placenta to reach the child.

Higher circulating blood levels of vitamin D were associated with lower rates of preterm labour, preterm birth and infection — with the strongest effects were seen in the 4,000-IU-a-day group.

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