VITAMIN LEVELS IN PREGNANT WOMEN AND IN CORD BLOOD IN NEWBORN IN OUR AREA. PRELIMINARY RESULTS.

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There is increasing interest in vitamin D nutrition during pregnancy because of widespread reports of a high prevalence of low vitamin D status in pregnant women in high-latitude areas. It has been related to adverse events in mother and child. Neonates presents a greater risk of hypocalcaemia, rickets and a higher incidence of infections during the first year of life.

SUBJECTS AND METHODS
Prospective descriptive study between January and July 2015 (preliminary results), 85 pregnant women were studied.
Plasma 25(OH)D, calcium, phosphorous, magnesium and PTH levels were measured in third trimester of pregnancy and in cord blood at birth.
Clinical history data were collected and a nutritional survey was made on maternal vitamin D and calcium intake and degree of sun exposure.

RESULTS
25OHD was analyzed in 85 gestations: mean 9.93 ng/mL (range 4-23.9), calcium 8.67 mg/dL. Mean 25(OH)D value in cord blood was 10.80±5.8 ng/ml. Vitamin D deficiency (25(OH)D<20 ng/dl) was present in 95,2% of pregnant women and newborns. Statistically significant relationship between maternal Vitamin D levels and race (Africans had lower levels) and cutaneous photo type were found. There was no association between 25OHD in pregnancy and birth somatometry.

CONCLUSION
The prevalence of vitamin D deficiency in pregnant women was very high after the winter months and consequently in their offspring.
Calcium and vitamin D intake during pregnancy are inadequate in our area so it is necessary to develop healthy programs in this way.
Further studies are necessary to determine optimal vitamin D intakes for pregnant and lactating women as a function of latitude and race.