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

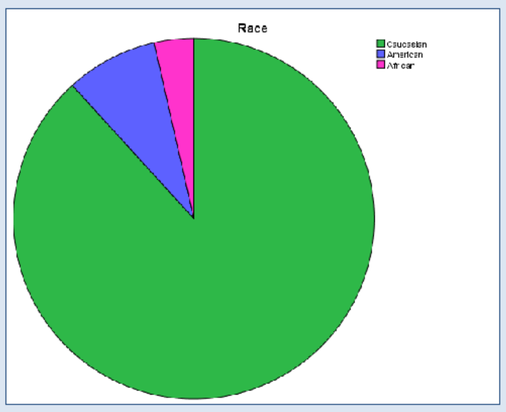
Prospective descriptive study between January and July 2015 (preliminary results), 85 pregnant women were studied.

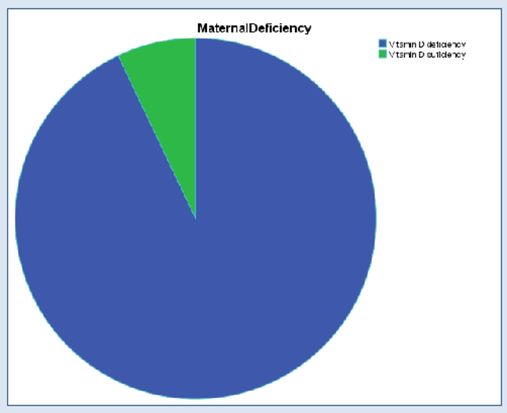
Plasma 25(OH)D , calcium, phosphorous, magnesium and PTH levels were measured in third trimester of pregnancy and in cord blood at birth.

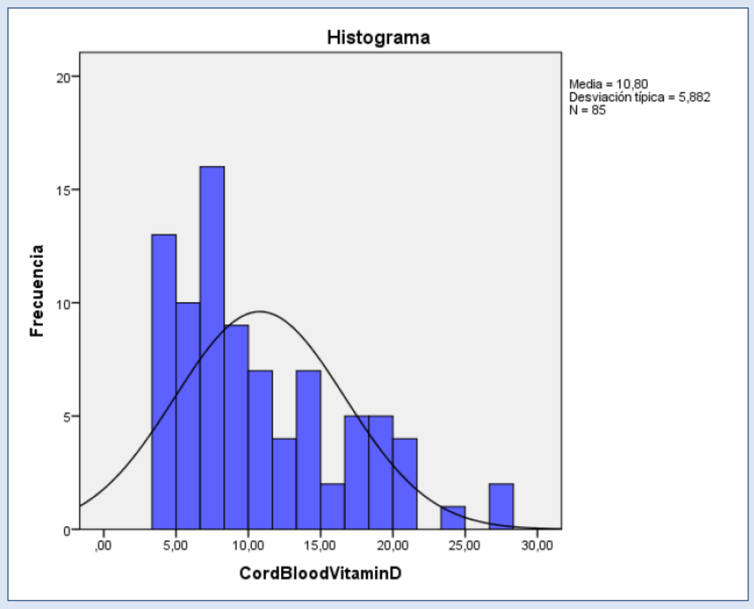
Clinical history data were collected and a nutritional survey was made on maternal vitamin D and calcium intake and degree of sun exposure.

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.

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