



PROGESTIA

NPN	80037185	FORMAT	90 softgels
INDICATIONS	Pregnancy Planning: The prenatal supplement PROGESTIA combines, in a single softgel, essential nutraceuticals, whose needs have increased in all stages of pregnancy.	POSOLOGIE	1 softgel daily, preferably in the evening, to be swallowed with a glass of water
CAUTION	Some people may experience constipation, gastrointestinal upset, nausea, diarrhoea and/or vomiting.		

COMPOSITION

Vitamin A (Acetate)	5 000 IU	Zinc (gluconate)	15 mg
Vitamin B9 (folic acid).....	1 000 IU	Copper (copper HVP chelate)	2 mg
Vitamin B6	10 mg	Iodine (potassium iodide)	1 mg
Vitamin B12 (methylcobalamin).....	12 mcg	Iron (fumarate).....	45 mg
Vitamin D3	1 000 IU (25 mcg)	Fatty acids (fish oil)	
Vitamin E (tocopherol)	50 IU	<i>DHA (docosahexaenoic acid)</i>	300 mg
		<i>EPA (Eicosapentaenoic acid)</i>	70 mg

DOCUMENTATION

Clinically recognized, the multiple micronutrient deficits observed in the population may impair fertility, embryonic development, infant health and increase the risk of pregnancy complications such as preeclampsia and gestational diabetes(1). Therefore, an adequate nutritional status is an essential prerequisite for optimal development during intrauterine life, whose positive repercussions influence both health of the mother and of the future infant. This multivitamin formula, enriched with minerals and fatty acid, promotes proper immune balance and protects from oxidative stress, as well as adverse effects of deficiencies during pregnancy.

VITAMIN A: (ACETATE) 5000 UI

The benefits of vitamin A are recognized for the preconception period and pregnancy. Vitamin A supports the implantation, embryonic development and formation of the placenta. More specifically, it acts during the formation of the eyes and prevents defects, low birth weight and maternal anemia (2). This is why it is essential to ensure an adequate intake of vitamin A for the health of mother and child.

VITAMINES B: B6 (10 MG), B12 (12 MCG), B9 (FOLIC ACID) (1MG)

In a planning context pregnancy, folate supplementation is the essential health reflex to have (3). Folic acid, or vitamin B9, combined with prenatal vitamins such as Vitamins B6 and B12 reduces the risk of congenital diseases, including neurological abnormalities, from preconception period. Vitamins B6 and B12 levels naturally decrease during pregnancy (4). However, the lack of high dietary intake of Vitamin B6 and B12 increases the risk of anemia and preeclampsia in the mother, and increases the risk of skeletal and neuromotor defects in children. Their intake should be promoted among vegetarian women or among that who eat little animal products (meat, fish, eggs, dairy products). Furthermore, it is noted that there is a positive correlation between blood levels of vitamin B6 and B12, during pregnancy, and vitamin B content of breast milk for the first 6 months after birth.

VITAMINE D3: 1000 UI (25 MCG)

Vitamin D deficiency is frequently observed in pregnant women, between the early fall and late winter (5). Vitamin D3 is known for bone growth and maintenance of the balance of the immune system. Observed clinically, women with vitamin D deficiency during pregnancy have a higher risk of developing gestational diabetes, preeclampsia, or bacterial vaginosis, and are more likely to give birth to a low weight baby (6). This is why vitamin D supplementation is indicated during pregnancy.

VITAMIN E: (TOCOPHEROL) 50 UI

Vitamin E is essential for reproductive functions (7). It is involved in the development of blood flow that nourishes the fetus and participates in the formation of the brain and many other organs of the future baby (8). Medical reports indicate that vitamin E deficiency during pregnancy can lead to miscarriage, pre- term delivery, preeclampsia and intrauterine growth restriction (9-11). The intake of Vitamin E in the diet of mothers is essential both during the preconception period than during pregnancy.

MINERALS: IRON (45 MG) ZINC (15 MG) COPPER (2 MG) IODINE (150 MCG)

The mineral requirements are increased during pregnancy. Vitamin B6 improves the absorption of iron, which prevents maternal anemia and its consequences on the fetus. Pregnant women need more iron because of the increased blood volume and the fact that during the third trimester of pregnancy, the fetus stores iron reserves it will need for the first six months of its life. This will affect the normal development of the infant brain. Zinc, Copper and Iron share the same role in the infant brain. In addition, thanks to their antioxidant properties, Zinc and Copper stimulate the immune system (12). Finally, iodine is essential for thyroid function. The thyroid produces hormones involved in brain development during the prenatal period. An iodine deficiency can harm the neurological development of the fetus (13).

FATTY ACIDS: DHA (300 MG), EPA (70 MG)

The levels of essential fatty acids such as DHA and EPA decrease during pregnancy, and their deficits would be detrimental to optimal fetal development (14). Adequate nutritional intake promotes uterine growth and may reduce the risk of preterm delivery, improve brain and cognitive function of the fetus and protect the baby and the mother of heart disease (15).

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