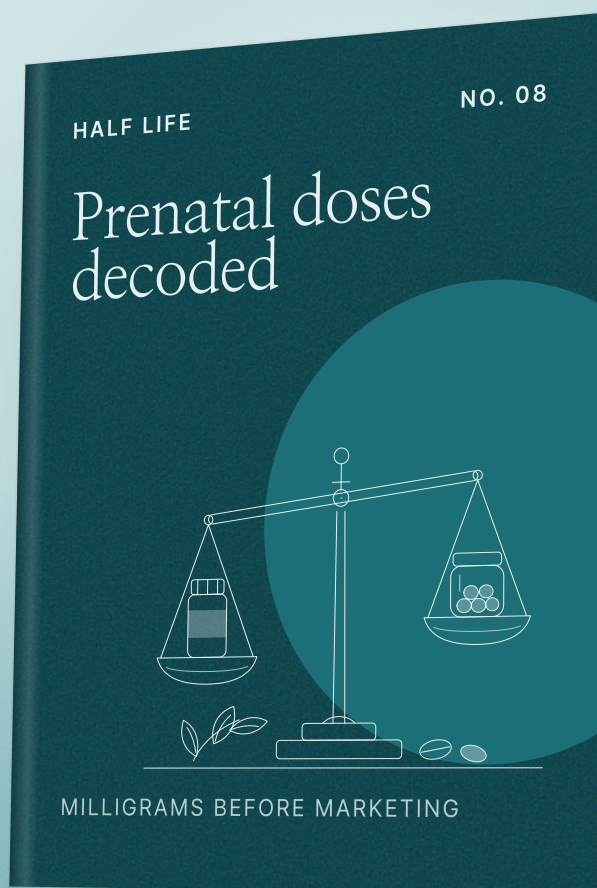




MONOGRAPH · DOSING

Weigh two prenats by folate form and dose

Reading a prenatal like a pharmacologist means lining up milligrams against trial doses and checking what actually gets absorbed. This walkthrough shows how to weigh folate, iron and add-on nutrients on two labels before asking a clinician what fits.

- **Folate units**
DFE and folic acid micrograms answer different questions on the same panel.
- **Iron wording**
Elemental milligrams plus the salt form tell how the dose compares.
- **Seal scope**
A seal means tested for something specific, not effective for everyone.

By Victoria Hawkins · Updated Jul 27, 2026 · 9 min read

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Two bottles in a pharmacy aisle promise complete coverage, yet one lists a different folate form and another lists a different iron salt and count. Contents can drift from labels, and serving size resets each value on the panel. When units, doses and documents are lined up, the choice shifts from guessing toward measured comparison.

01

Look at folate units first

Begin on Supplement Facts rather than the front label. FDA sets the Daily Value for folate at 400 mcg DFE for most adults, 600 mcg DFE during pregnancy and 500 mcg DFE while breastfeeding. I read the label for total folate in mcg DFE with percent Daily Value first, then folic acid in mcg in parentheses if it is there.

That separation exists because the figures cannot be swapped. CDC says 400 mcg folic acid equals 667 mcg DFE or 167 percent Daily Value, while 400 mcg DFE or 100 percent Daily Value equals 240 mcg folic acid. Read the pair together, then confirm serving size so daily intake reflects pills or gummies actually consumed.

Folic acid carries a distinct evidence history. CDC says folic acid is the only form of folate shown to help prevent neural tube defects. CDC still advises every woman able to become pregnant to take 400 mcg of folic acid daily. The American College of Obstetricians and Gynecologists puts pregnancy folic acid need at 600 mcg daily and urges a daily prenatal with at least 400 mcg starting at least one month before pregnancy if possible and through the first 12 weeks.

History of an affected pregnancy alters the reference dose. CDC tells women with a past neural tube defect affected pregnancy who plan another pregnancy to take 4,000 mcg folic acid daily starting one month before trying to conceive and through the first three months. ACOG says women with a past child with a neural tube defect should take 4 mg folic acid daily as a separate supplement at least three months before pregnancy and for the first three months. People in that category require clinician direction rather than a routine prenatal by itself.

Analytical results give a further reason for careful reading. Consumer Reports assayed 17 store bought prenats for nine nutrients plus arsenic, cadmium, lead and mercury. It reported 15 of 17 products held lower or higher key nutrients than claimed, and 4 of 8 gummies held folate far

below labeled amounts. A gummy listing folate might therefore supply less than labeled, which counts when timing around conception and early gestation is narrow.

FROM THE EDITORS

On Supplement Facts, I check total folate in mcg DFE first, then folic acid in mcg in parentheses, then percent Daily Value and serving size. DFE means dietary folate equivalents, a unit that corrects for differences in how folate forms are counted.

02

Weigh iron as elemental dose plus salt

Move to iron, where quantity and chemistry both shape the comparison. The National Institutes of Health Office of Dietary Supplements puts pregnancy iron needs at 27 mg and the upper intake level at 45 mg for ages 19 to 50. ACOG puts 27 mg as the daily recommended iron amount in pregnancy. UT Southwestern cites a daily target of 30 mg elemental iron and says the prenatal label should state elemental iron per dose, watching for the word ferrous.

Labeled amounts spread widely around that target. A review of 148 store bought and 101 prescription iron bearing prenats found labeled elemental iron from 9 to 60 mg per serving for store bought products and 4.5 to 106 mg per serving for prescription products. The same label review found mean labeled elemental iron of 26.3 mg per serving for store bought and 34.7 mg for prescription products, with medians of 27 and 29 mg. Two containers labeled prenatal can thus fall on different sides of the allowance.

Salt form creates a second gap. The label review found ferrous fumarate was the favored form in products, while ferrous sulfate was favored in clinical trials in a 2015 Cochrane review and appeared on no product label in the databases. That divergence means findings from trials may not transfer cleanly to products built around ferrous fumarate or other salts. A randomized trial of 20 mg daily iron as ferrous sulfate from week 20 until delivery saw iron deficiency anemia at delivery in 3 percent of the iron group versus 11 percent of placebo, but the studied form was not the form most labels listed.

Continued use often turns on tolerability. UT Southwestern says all iron forms work and suggests sampling different formulations until one is tolerated because iron helps only if taken. Gummies warrant extra attention in this setting. ACOG says gummy vitamins may call for added iron because gummies cannot pack the same iron as regular prenats. Potency plus contaminant screening by itself does not settle nausea or constipation, so tolerance observations belong in any side by side record.

03

Audit choline, iodine, vitamin D plus DHA

Several prenatals show shortfalls in nutrients that still have pregnancy reference values. NIH Office of Dietary Supplements puts pregnancy intakes for choline at 450 mg, iodine at 220 mcg, folate at 600 mcg DFE and vitamin D at 15 mcg. ACOG puts daily pregnancy amounts as iodine 220 mcg, choline 450 mg, iron 27 mg and vitamin D 600 international units.

A line on the panel does not guarantee the amount inside. A 47 product study found choline listed on 12 products and iodine on 25 products, with 80 percent of iodine listings assaying more than 20 percent under claimed amount. That result argues for checking choline and iodine entry by entry rather than presuming a prenatal supplies them. Dietary intake, iodized salt use, eating pattern and separate products shape residual need, which calls for clinician input.

Vitamin D shows up in most prenatals but at varied levels, and unit style can mislead. Some panels state mcg while others state international units, so translate before contrasting and keep serving count in sight. DHA behaves differently again. I see it as an add on missing from many prenatals, often packed in a separate softgel or as part of a multi pill serving. Record its source and quantity, whether the declared serving includes it, and whether fish or algal origin affects household choice or allergy planning.

Lauren Manaker, RDN, LD, registered dietitian, said pregnancy ranks among the most nutritionally demanding phases in a persons life, with certain nutrients mattering most in specific developmental windows. The health of our future generation literally depends on this, said Shilpa Mathew, MD, OBGYN. I take those quotes as comment on timing and care, not proof that any single product is enough. I use them as a prompt to map each nutrient to label, diet and clinician advice.

04

Inspect seals, batches plus paperwork

Third party marks and certificates concern testing, and scope determines what was actually checked. Consumer Reports assayed finished products for nutrient content and for arsenic, cadmium, lead and mercury. In the 47 product study, arsenic turned up in 7, lead in 32 and cadmium in 29 products, yet none topped United States Pharmacopeia limits. Those outcomes explain why contaminant claims require numbers, methods and limits rather than broad assurance.

Ask what a seal applied to for the precise product. Some programs measure potency, some screen contaminants, some audit manufacturing practices, and coverage can shift by lot or formula revision. I expect a certificate of analysis to name product and lot or batch, state the

serving basis, list units and methods, and show limits or specifications next to results. Marketing language lacking those elements is not evidence. Words like pure or natural should point to a paper file, with a named lab, a date and a stated threshold.

Prenatals are not standardized in the United States, so two products called prenatal can hold different nutrients and doses. Without batch level testing, there is no way to know if a given bottle matches its label. When I compare, I record lot number, best by date, serving size tested if stated, and whether the certificate covers raw ingredients, finished product or both. Founders who can name growers, extraction steps and labs make that checking simpler. Where a step stays hidden, I mark it as unknown rather than filling the gap with a claim.

FROM THE EDITORS

More pills lift every nutrient in the serving, including vitamin A, and ACOG warns against more than recommended because excess vitamin A can cause birth defects. I do not double a prenatal to fix a low nutrient without clinician input.

05

Count serving size without accidental doubling

Serving size governs each figure below it. FDA label guidance says all nutrient amounts refer to serving size and to count servings taken, such as doubling amounts for two servings. ACOG says to take one serving daily, read how many pills form one serving, and not to take more than recommended.

Tally pills before calculating. One serving can equal one tablet, two capsules, three softgels plus a DHA capsule, or two gummies with iron missing. Write nutrients per serving, not per pill, then modify only when a clinician directs more or less than one serving. If iron is poorly tolerated, or if choline, iodine, vitamin D or DHA must come from elsewhere, I find a separate product usually safer than adding another full serving of a complete prenatal.

Gummies call for an independent review. Because gummies may hold little or no iron and may assay low in folate, I pair the gummy panel with a plan for those two nutrients that a clinician has reviewed. I keep the bottle, lot number and purchase date until the supply is done, so questions about contents can be traced to paperwork.

The checklist

-
- ☐ List folate as mcg DFE and folic acid as mcg, with percent DV shown for one serving.
-
- ☐ Record elemental iron as mg for one serving with the precise salt named
-
- ☐ Log pills or gummies that form one serving and nutrients tied to that count
-
- ☐ Enter choline mg, iodine mcg, vitamin D with unit, DHA with origin
-
- ☐ Write third party seal wording and which test it ran on this product
-
- ☐ Keep lot code, best by date plus certificate of analysis when present
-
- ☐ Highlight earlier NTD history and present folic acid dose for clinician review
-
- ☐ Catalog food contributors for folate, iodine, choline, vitamin D plus iron
-
- ☐ Track iron tolerance, nausea timing and formulation candidate to test next
-
- ☐ Carry panels or photos for product A and product B to the appointment
-
- ☐ Clarify which intake belongs to food, prenatal or separate supplement
-
- ☐ Verify servings per day and which extras to avoid doubling
-
-

Sources and further reading

- Folic Acid: Facts for Clinicians · [cdc.gov](https://www.cdc.gov)
- The Chemical Forms of Iron in Commercial Prenatal Supplements Are Not Always the Same as Those Tested in Clinical Trials · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- Office of Dietary Supplements - Dietary Supplements and Life Stages: Pregnancy · ods.od.nih.gov
- Prenatal Vitamin Nutrient Levels May Differ From Labeled Amounts, CR's Tests Show · [consumerreports.org](https://www.consumerreports.org)
- Folate and Folic Acid on the Nutrition and Supplement Facts Labels · [fda.gov](https://www.fda.gov)
- Healthy Eating During Pregnancy · [acog.org](https://www.acog.org)
- Content of selected nutrients and heavy metals in prenatal multivitamins and minerals: an observational study · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- Efficacy and tolerability of low-dose iron supplements during pregnancy: a randomized controlled trial · [sciencedirect.com](https://www.sciencedirect.com)

For information only, not medical advice. These statements have not been evaluated by the Food and Drug Administration, and no supplement here is intended to diagnose, treat, cure or prevent any disease. Ask a doctor or pharmacist before starting one, especially alongside prescription medicines, in pregnancy or before surgery.



WRITTEN BY

Victoria Hawkins

Victoria looks after the brands Half Life works with and makes sure every sponsored page is labelled and dose-checked like the rest. She spent six years in regulatory affairs at a supplement maker, so she knows exactly what a label is allowed to say.