

DHA during Pregnancy & Nursing

- Docosahexaenoic Acid (DHA) is an omega-3 fatty acid that is found throughout the body. Numerous studies confirm that everyone benefits from an adequate supply of DHA.
- DHA is important for healthy visual and mental development both in utero and throughout infancy.
- The developing infant cannot produce DHA efficiently and must receive this nutrient from the mother through the placenta during pregnancy and in breast milk after birth.
- On average, women in the US consume less than 25% of the recommended daily intake of DHA. Because of this, DHA levels measured in breast milk are reportedly lower than the recommended levels for inclusion in infant formulas by the World Health Organization (WHO) and the Food and Agriculture Organization (FAO).
- Maternal DHA supplementation increase the mother's blood and breast milk DHA levels, which in turn elevates the blood DHA levels of both the fetus and breast-feeding infant.
- The National Institutes of Health (NIH) and the International Society for the Study of Fatty Acids and Lipids (ISSFAL) established a **recommended intake of 300mg/day of DHA for pregnant and nursing women.**
- DHA was cited as the likely component of breast milk influencing the significantly higher cognitive outcomes of breast-fed infants through the first 18 years of life (as compared to non-DHA supplemented formula-fed infants). DHA supplementation resulted in:
 - Improved psychomotor development (such as eye-hand coordination) at 2.5 years of age
 - Improved attention skills at 5 years of age
 - Improved ability to easily adjust to changes in surroundings
 - Higher IQ
- Maternal DHA supplementation may increase the length of gestation in women who were at risk of preterm births, which, in turn, may improve the prognosis for preterm infants.
- Increasing dietary intake of DHA during pregnancy and postpartum may help to lessen the occurrence of postpartum depression.