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b' a' a-3' a' (c' b' c' r' a' p')

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Omega-3 status test results: how to advise women

Omega-3 status ^{4,5}	Guidance to incorporate into pregnancy care plan
<p>Less than 3.7% ($\leq 3.7\%$)</p>	<p>Take omega-3 fatty acid supplements: ≥ 800 mg DHA and ≥ 100 mg EPA daily. (Pregnancy-specific formulations are preferred).</p>
<p>Between 3.7 and 4.3% ($3.7\% < \leq 4.3\%$)</p>	<p>No action required.</p>
<p>Above 4.3% ($> 4.3\%$)</p>	<p>Omega-3 supplements are not required and may be considered if symptoms of deficiency are present. (Consider a trial of ≥ 800 mg DHA + EPA daily if symptoms are present.)</p>

*Vitamin A and ≥ 800 mg DHA and EPA.

Potential risks with omega-3 fatty acid supplementation

For women with a blood level of a-3 < 3.7% (abnormal < 4.3%), the risk of a-3 deficiency is low. However, the risk of a-3 deficiency is high if the blood level is > 4.3% (abnormal > 4.3%).⁴

Omega-3 fatty acid supplements are not required and may be considered if symptoms of deficiency are present. (Consider a trial of ≥ 800 mg DHA + EPA daily if symptoms are present.)

It is important to advise women that omega-3 fatty acid supplements are not required and may be considered if symptoms of deficiency are present.

Low blood levels of a-3 fatty acids are associated with a higher risk of a-3 deficiency. However, the risk of a-3 deficiency is low if the blood level is < 3.7% (abnormal < 4.3%).

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Further Information

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V6 6 sahmri.org/omega3

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