Folic Acid and Birth Defects

January is National Birth Defects Prevention month, which makes it a great time to talk about the importance of folic acid and planning a pregnancy. Folic acid (also known as folate), a B vitamin, helps aid in the development of the neural tube (the part of a developing fetus that becomes the baby’s brain and spinal cord). It is important that folic acid be taken before a woman becomes pregnant and in the early stages of pregnancy when the neural tube is developing.

The Centers for Disease Control and Prevention (CDC) and the U.S. Public Health Service urge every woman who could become pregnant to get 400 mcg of synthetic folic acid every day as a part of a healthful diet. If a woman has enough folic acid in her body before she becomes pregnant, it can prevent birth defects of the brain and spine, such as Spina Bifida (a major birth defect of the spine that is often permanently disabling). Prenatal vitamins, as well as multiple-vitamins, contain the required 400 mcg of folic acid. Food sources of folic acid include fruits, orange juice, green leafy vegetables, fortified breads and cereals, as well as dried beans/legumes. So, be sure to consume these foods as an additional source of this important B vitamin. Folic acid might help to prevent some other birth defects, such as cleft lip and palate and some heart defects. According to the March of Dimes, folic acid can benefit dads too. It plays an important role in the production of the red blood cells, and research has also indicated that folic acid may play an important role in heart disease prevention.

It is important to take every precaution to prevent birth defects. So go ahead and enjoy your orange juice and breakfast cereal. Feel good that you may be lowering your risk of heart disease… or if you’re a woman, improving your chances of having a healthy baby!

Prevention Guideline

Coronary Artery Disease Adult Prevention Guideline

- The U.S. Preventive Services Task Force (USPSTF) recommends against routine screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events.

- Consider a baseline ECG in:
  - Men: > 40 years of age
  - Women: Postmenopausal with > 1 cardiac risk factor(s), including hypertension, diabetes, smoking, obesity, hyperlipidemia, or family history of heart disease in first degree relative (men <55, women <65).
Heart disease is still the number one cause of death in the United States. The American Heart Association says that in 2009, 785,000 people will have a new heart attack.

Everyone can take steps to lower their risk for heart disease and heart attack. No time is better than the present. That's right, 2009 is here and February is American Heart Month, two great reasons to not only think about your health, but also take some action steps. People can take steps whether or not they have high blood pressure, high cholesterol, smoke, have diabetes, or have a family history of heart disease.

When heart healthy actions are taken, we become empowered to support our members in doing the same. The key is to start slowly and choose an action plan that you feel you can stick to.

So, what’s a Personal Action Plan? This is successful if you do not WANT to make a change. Let’s use the example “Get more physical activity” since this is a great way to improve heart health.

A Personal Action Plan has eight components:
1. How the activity will take place: I will walk with a friend.
2. Where it will take place: From my home to my friend’s home.
3. What will you do? I will walk 20 minutes.
4. Frequency: Once a day on Monday, Wednesday, and Friday.
6. Plans to overcome barriers? Place a note by my remote or ask friend to call me.
7. Confidence level? On a scale of one to ten with “10” being very confident, how successful will you be in following through? If your answer is “7” or higher, then you are up for the challenge. If less than an action you WANT to take. The chance of being “7”, re-think your plan.
8. Follow-up plan: Ask someone to call next Wednesday at 3 p.m. to see how you’re doing.

Now, while this may seem elementary to some, many people, including members need this kind of simplicity to start and succeed. Choose with great care a heart health action plan. Be patient and put your power and energy behind that plan, keep striving, and working on your plan.

**Upcoming Events**
Diabetes Alert Day, March 25

**Resources**
Marchofdimes.com

For more information or comments, please call the Clinical Affairs Department at 404-364-7360.

**Staycee Benjamin, MA, CHES**
Content Development, Writer, Editor

**Juanita Cone, MD, MPH**
Clinical Review, Editor, Advisor

**Anne Davies**
Design Consultant

**Emily Sharp, RN**
Editorial Committee