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J Prenat Med. 2013 Jul;7(3):42-5.

Effect of vaginally administered DHA fatty acids on pregnancy outcome in high risk pregnancies for preterm delivery: a double blinded randomised controlled trial.

Giorlandino C[1], Giannarelli D.

Author information

Abstract

OBJECTIVES: to verify whether vaginally intake of docosahexaenoic acid (DHA), an n-3 long chain polyunsaturated fatty acid, would improve length of gestation and newborn birth weight in high risk pregnancies for preterm delivery.

METHODS: this study was a randomized, double-blind, controlled, clinical trial, including women at high risk for preterm delivery. Of 74 eligible women, 31 refused to participate and 34 were enrolled and randomized with equal chance of selection, 22 were assigned to treatment group and 21 were assigned to the control group, and received placebo. One gram of DHA was administered vaginally once a day starting from 21 (1 week of gestation until 37 weeks + 0 day). The primary endpoint was to determine the length of the pregnancy and secondary endpoint the newborn weight.

RESULTS: gestational age at delivery was 38.6 (SD, 1.05) weeks in the docosahexaenoic acid group and 37.6 (SD, 0.84) weeks in the placebo group (P =0.007). For women who completed the treatment and delivered at term there was a statistically difference of the weights in the two groups [3082.1 (SD, 293) gr cases vs 2699.3 (SD, 150) gr controls P <0.0001].

CONCLUSION: in high risk patients for preterm delivery, the vaginal administration of a DHA increases length of gestation and newborn birth weight.

KEYWORDS: docosahexaenoic acid; high risk pregnancy; omega-3; preterm delivery; vaginal DHA

PMID: 24175017 [PubMed] PMCID: PMC3808943 Free PMC Article

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