

Supplement advice based on omega-3 test results

Depleted or low omega-3 levels (less than 3.7%)

Women with depleted or low omega-3 levels need to take omega-3 supplements to restore these depleted levels and reduce the risk of early birth. The suggested dose is approximately 800 mg of DHA (docosahexaenoic acid) and 100 mg of EPA (eicosapentaenoic acid) every day. Taking slightly more than the suggested dose is safe. The maximum safe dose of DHA plus EPA during pregnancy is 3,000 mg.

- For a list of supplements that contain the appropriate dose of omega-3 fatty acids, please visit [SAHMRI Supplement List for women with low Omega-3](#).

If women with low omega-3 status also wish to take a pregnancy multivitamin and mineral supplement, it is easiest to choose a pregnancy supplement without omega-3 fatty acids, along with an omega-3 supplement.

- For a list of common pregnancy supplements that do not contain omega-3 fatty acids, please visit [SAHMRI Supplement List - No Omega-3](#).

If a pregnancy supplement with omega-3 fatty acids is used, it is important to carefully check the label and add up the DHA and EPA contents of the supplements.

- For example, one option is the combination of Blackmores Pregnancy and Breastfeeding Gold along with Omega Brain. The recommended two capsules per day of Pregnancy and Breastfeeding Gold supply 250 mg DHA and 50 mg EPA. Adding these to one capsule of Omega Brain, which contains 500 mg DHA and 100 mg EPA, provides a total of 750 mg DHA and 150 mg EPA.

Moderate omega-3 levels (between 3.7 and 4.3%)

For women with moderate omega-3 levels, no action is required. If they are already taking omega-3 fatty acids as part of a multivitamin and mineral supplement or a standalone supplement, they may continue.

Sufficient omega-3 levels (above 4.3%)

Women with sufficient omega-3 levels do not need omega-3 supplements as they provide no benefit in reducing the risk of early preterm birth. If already taking omega-3 fatty acids as part of a multivitamin and mineral supplement and they wish to continue, the dose of DHA and EPA should not exceed 250 mg per day. The risk of early preterm birth is low for women with sufficient omega-3 levels, and additional supplementation may increase this risk. If already taking omega-3 supplements with more than 250 mg per day, it is advisable to stop. If women wish to take pregnancy vitamin and mineral supplements, it is best to choose one without omega-3 fatty acids.

- For a list of common pregnancy supplements that do not contain omega-3 fatty acids visit [SAHMRI Supplement List - No Omega-3](#). For a list of supplements containing up to 250 mg DHA and EPA omega-3 fatty acids, please visit and [SAHMRI Pregnancy Supplements with ≤ 250mg DHA and EPA](#).