NatalNutriBalance

Code: FE1434 - 90 vegetable capsules

NatalNutriBalance is a complete formulation of 24 nutrients based on vitamins, minerals and highly bioavailable antioxidants, especially designed to meet the nutritional demands of preconception, gestation and breastfeeding. Its administration before pregnancy helps reduce the risk of neural tube defects, and during early pregnancy, favours the development and maintenance of bones, cartilage, teeth and gums. It also supports the formation and activity of red blood cells as well as immune function.

Ingredients: Calcium citrate (66,7 mg Ca/capsule), magnesium bisglycinate (33,3 mg Mg/capsule), potassium citrate (23,3 mg K/capsule), calcium-L-ascorbate (vit. C), iron bisglycinate, D-pantothenate calcium (vit. B_5), zinc citrate, thiamin hydrochloride (vit. B1), nicotinamide (vit. B3), chromium picolinate, D-alpha-tocopheryl acid succinate (vit. E), riboflavin-5'-phosphate sodium (vit. B_2), pyridoxal-5'-phosphate (vit. B_6), D-biotin, anticaking agents: magnesium salts of fatty acids and silicon dioxide, manganese citrate, calcium-L-methylfolate, phylloquinone (vit. K_1), methylcobalamin (vit. B_{12}), sodium molybdate, Ll-selenomethionine, copper citrate, cholecalciferol (vit. D_3), potassium iodide, vegetable capsule (glacing agent: hydroxypropylmethylcellulose; purified water).

Nutritional information:	**1 capsule (1 063 mg)**
Vitamins:	
Folate (calcium-L-methylfolate)	333,3 µg (167%*)
Thiamin (vit. B_1) (from 25 mg thiamin hydrochloride)	22,3 mg (2.027%*)
Riboflavin (Vit. B_2) (from 11,67 mg riboflavin-5'phosphate sodium)	8,8 mg (629%*)
Niacin (vit. B_3) (from nicotinamide)	16,7 mg (104%*)
Pantothenic acid (vit.B_5) (from 33,33 mg D-pantothenate calcium)	30,5 mg (508%*)
Vitamin B_6 (from 11,67 mg pyridoxal-5'phosphate)	8 mg (571%*)
Vitamin B_{12} (meethylcobalamin)	333,3 µg (13.332%*)
Biotin (D-biotin)	100 µg (200%*)
Vitamin C (from 58,33 mg calcium-L-ascorbate)	47,9 mg (60%*)
Vitamin D_3 (from cholecalciferol) (133,3 IU/capsule)	3,3 µg (66%*)
Vitamin E (from D-alpha-tocopheryl acid succinate)	16,7 IU; 12,3 mg (103%*)
Vitamin K_1 (phylloquinone)	33,3 µg (44%*)
Minerals:	
Manganese (from manganese citrate)	1,7 mg (85%*)
Iron (from iron bisglycinate)	11,7 mg (84%*)
Zinc (from zinc citrate)	8,3 mg (83%*)
Chromium (from chromium picolinate)	33,3 µg (83%*)
Copper (from copper citrate)	0,5 mg (50%*)
Iodine (from potassium iodide)	50 µg (33%*)
Molybdenum (from sodium molybdate)	16,7 µg (33%*)
Selenium (from L-selenomethionine)	16,7 µg (30%*)
Magnesium (from magnesium bisglycinate)	33,5 mg (9%*)
Calcium (from calcium citrate)	66,7 mg (8%*)
Potassium (from potassium citrate)	23,3 mg (1%*)

NRV: Nutrient Reference Value in %

Contains no: Preservatives, artificial flavour or colour, milk or milk products, wheat, yeast, citrus, or eggs.

Size and format:

90 vegetable capsules

Recommended daily dose:

1-3 capsules daily with meals.

Do not exceed the stated recommended daily dose.

Indications:

Different studies have shown that the ingredients in **Natal**NutriBalance can be helpful for the following conditions: Nutritional deficiencies in pregnant women, support for general health and correct foetal development.

Cautions:

Consult a health-care practitioner if you are treated with medication (anticoagulants), or if you have a special medical condition (liver disorders).

Vitamin K can interfere with anticoagulant and antiplatelet medication.

Vitamin C: Serum levels of vitamin C decrease progressively during gestation, passing through the placenta and reaching foetal levels at 2 to 4 times higher than maternal levels, so a good supply is of the essence. One of the main antioxidants for the prevention of oxidative stress, vitamin C supplementation during pregnancy could decrease the incidence of preeclampsia, intrauterine growth restriction (IUGR) and premature birth. It supports the development of the baby's tissues and favours iron absorption. In our formulation, we have included buffered vitamin C for optimal digestive tolerance and greater retention and bioavailability.

Vitamin D: Vitamin D is fundamental for calcium metabolism and baby bone development. During pregnancy, about 30 g of calcium is transferred from the mother to the foetus, so supplementation is advised. Serious deficiency is associated with intrauterine growth restriction, rickets, neonatal hypocalcemia, tetany and alterations to dental enamel.

Vitamin E: Vitamin E helps prevent oxidative stress. A deficit during gestation is associated with preeclampsia, intrauterine growth restriction and premature membrane rupture (amniotic fluid).

Vitamin K1: Necessary for the synthesis of prothrombin and coagulation factors, its deficit is related with coagulation disorders. It participates in the conversion of glucose into glycogen (reserve source of glucose in the liver).

Thiamin (vitamin B1): The need for thiamin increases during pregnancy, and its deficit is associated with the onset of congenital beriberi in new-borns (abdominal distension, vomiting, convulsions and cardiac insufficiency).

Riboflavin (vitamin B2): Riboflavin is of special interest in the third trimester of gestation, when blood levels of riboflavin decrease upon greater transfer from mother to foetus, and greater urine excretion. It increases nutrient bioavailability for optimal foetal development.

Niacinamide (vitamin B3): During pregnancy, blood levels of niacinamide fall. Its deficit causes pellagra, a disease characterized by the appearance of mucocutaneous lesions and nervous system alterations. It regulates adrenal function in pregnant women.

Pyridoxine (vitamin B6): Levels of pyridoxine descend during gestation, mainly during the third trimester. Its supplementation reduces maternal nausea and vomiting and dental problems in the new-born. It participates in the production of blood cells for the oxygen demand of the developing foetus.

Folate (vitamin B9): All medical groups recommend a daily dose of 400 mcg from at least 2 months before conception, and throughout gestation, which reduces the risk of neural tube defects and foetal congenital spinal malformation by up to 70%. It is especially important for the development of the brain and the nervous system.

Methylcobalamin (vitamin B12): This vitamin acts as a co-enzyme in cell replication and in the maintenance of the myelin sheath of the CNS. It facilitates folate uptake during pregnancy and its deficit causes megaloblastic anaemia, digestive alterations and nerve disorders. Our formulation includes the most active form for the neurological system.

Biotin (vitamin B8): Biotin deficiency during pregnancy causes hair loss and colour loss, skin outbreaks around the eyes, depression, apathy and tingling in the extremities.

Pantothenic acid (vitamin B5): Its requirement increases slightly during pregnancy and while breastfeeding, and a deficit can cause fatigue, nausea and abdominal pain.

Calcium: Calcium is a necessary mineral for the formation and maintenance of bone structure and for the mechanisms of nerve conduction and muscle contraction. It participates in blood coagulation and can help prevent hypertension. Calcium levels descend slightly until week 34 of gestation, and in the last stage of pregnancy, the foetus consumes around 200-300 mg/day.

Iron: Pregnant women need to increase their iron intake by 50% compared to women who are not pregnant, so most need to take a supplement. Iron is an important mineral for haemoglobin production in red blood cells of the mother and foetus. In the second half of the pregnancy, the foetus absorbs the iron it needs from the mother's iron reserve, so supplementation is essential in order to prevent iron deficiency anaemia. Anaemia can provoke premature birth, low birth weight, excessive fatigue and maternal weakness. In our formulation we have included the chelated form for greater bioavailability.

Iodine: Iodine is fundamental for the development of the thyroid hormone, cell metabolism and the process of development and function of all organs, especially the brain. The brain develops during prenatal life and early infancy, so a deficit in the first half of pregnancy can have irreversible repercussions on the child's neurological development.

Magnesium: During pregnancy, the need for magnesium practically doubles, especially in the third trimester. It forms part of the bone matrix and plays a primordial role in muscle relaxation, so it can be an effective treatment for cramping. A magnesium deficiency can cause vomiting, painful early uterine contractions, sciatic back pain, nervousness and insomnia. The most bioavailable form of magnesium (magnesium bisglycinate) has been included in this formulation.

Zinc: 82% of pregnant women are considered to ingest an insufficient amount of zinc. Zinc aids in folate absorption and it participates in the process of cell division. In the case of moderate deficit, there is a risk of premature birth, but if the deficit is significant, it can affect embryonic and foetal development, causing congenital malformation as well as defects of the heart, skeleton and brain.

Selenium: Due to the selenium demand of the foetus, the amount of selenium needed during pregnancy is greater, and its deficit can lead to immune system depression and increased oxidative stress. In our formulation, it has been chelated with an amino acid in order to obtain a highly bioavailable form.

Copper: Copper is necessary for the proper function of a number of enzymatic processes; its deficit alters ATP production, lipid oxidation, hormonal activity, angiogenesis and pulmonary and skeletal function. A copper deficit during pregnancy is associated with a greater risk of premature birth.

Manganese: Manganese participates in a quite a few organic reactions. It is essential for bone formation, tissue development and blood coagulation.

Chrome: Chrome is important for fat and carbohydrate metabolism. It stimulates the synthesis of fatty acids and cholesterol (essential for brain function) and participates in insulin metabolism, so a deficit can contribute to gestational diabetes.

Molybdenum: Molybdenum participates in certain enzymatic processes of liver detoxification and is associated with the prevention of dental caries.

Potassium: Potassium is fundamental in all cells since it maintains osmotic pressure and liquid balance together with sodium. It influences muscle activity upon regulating nerve transmission and fibre contraction, together with sodium and calcium, and is therefore able to prevent or improve problems with cramping.

References:

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