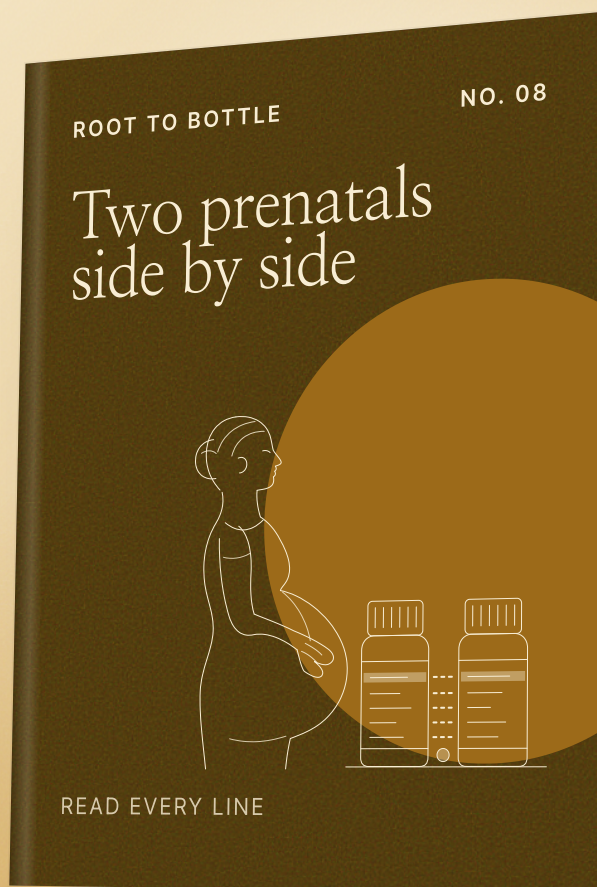




REMEDY GUIDE • HERBS

Read two prenatal labels side by side

Many shoppers pick a prenatal by the front label and hope the details work out. After this guide you can match two formulas nutrient by nutrient and carry clear questions to your clinician.



Folate numbers

Folic acid in mcg and total folate in mcg DFE tell different stories.



Iron wording

Elemental iron and the ferrous name show what each serving holds.



Seals decoded

A seal names a test, not a guarantee of comfort or fit.

By Jonah Rivera · Updated Jul 28, 2026 · 9 min read

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The usual mistake is to trust the front of the bottle and to assume two prenatals hold nearly the same inside. Side by side panels often show separate folate forms, separate iron levels, and separate supporting nutrients. Declared amounts do not always equal bottle contents, and serving size resets each figure on the facts panel. When calculation and documents are understood, comparison turns into careful routine instead of guessing.

01

Folate first, before the rest

Begin with Supplement Facts, not marketing claims on the front. The Food and Drug Administration sets the Daily Value for folate at 400 mcg DFE for most adults, 600 mcg DFE during pregnancy, and 500 mcg DFE during breastfeeding. Within the label, total folate is shown as mcg DFE with percent Daily Value, while folic acid is shown in mcg in parentheses when it is included.

That separation counts because one figure cannot replace the other. The Centers for Disease Control and Prevention reports that 400 mcg folic acid corresponds to 667 mcg DFE or 167 percent Daily Value, whereas 400 mcg DFE or 100 percent Daily Value corresponds to 240 mcg folic acid. Read these two lines as a pair, then confirm serving size so daily intake is calculated correctly.

Folic acid occupies a distinct position in public health guidance. CDC notes folic acid remains the single folate form proven to help prevent neural tube defects. CDC advises every woman able to become pregnant to take 400 mcg of folic acid each day. The American College of Obstetricians and Gynecologists sets pregnancy folic acid need at 600 mcg daily and urges a prenatal with at least 400 mcg starting one month before pregnancy when possible and through the first 12 weeks.

A history of an affected pregnancy shifts those reference amounts. CDC advises women with a prior pregnancy affected by neural tube defect who plan another pregnancy to take 4,000 mcg folic acid daily starting one month before trying to conceive and through the first three months. ACOG says women with a prior child with neural tube defect should take 4 mg folic acid daily as a separate supplement at least three months before pregnancy and for the first three months. People in this group require clinician direction rather than a standard prenatal by itself.

Closeness of label reading matters for accuracy reasons as well. Consumer Reports tested 17 over the counter prenatals for nine nutrients plus heavy metals arsenic, cadmium, lead and mercury. It found 15 of 17 products held lower or higher key nutrient levels than claimed, and 4 of 8 gummies held folate far below labeled amounts. A gummy listing folate can therefore supply less than anticipated, which carries weight when folate timing is narrow around conception and the early weeks.

FROM THE EDITORS

DFE stands for dietary folate equivalents, a unit that accounts for differences in the way folate forms are measured. On Supplement Facts, check total folate in mcg DFE first, then folic acid in mcg in parentheses, then percent Daily Value and serving size.

02

Iron compared by amount and chemical form

Move to iron next, where quantity and label language both merit review. The National Institutes of Health Office of Dietary Supplements lists pregnancy iron recommended dietary allowance as 27 mg and tolerable upper intake level as 45 mg for ages 19 to 50. ACOG lists 27 mg as the daily recommended iron amount in pregnancy. UT Southwestern cites a daily target of 30 mg elemental iron and advises that the prenatal label should show elemental iron per dose, noting the word ferrous.

Formulas differ more widely than one target implies. A study of 148 nonprescription and 101 prescription iron containing prenatals found labeled elemental iron ran from 9 to 60 mg per serving for nonprescription products and 4.5 to 106 mg per serving for prescription products. That same label study found average labeled elemental iron of 26.3 mg per serving for nonprescription and 34.7 mg for prescription products, with medians of 27 and 29 mg. Two containers labeled prenatal may therefore fall on different sides of the recommended allowance.

Chemical form introduces another distinction. The label study found ferrous fumarate was the favored form in products, while ferrous sulfate was favored in clinical trials in a 2015 Cochrane review and appeared on no product label in the databases. That gap means trial findings may not transfer cleanly to formulas made with ferrous fumarate or different forms. A randomized trial of 20 mg daily iron as ferrous sulfate from week 20 until delivery found iron deficiency anemia at delivery in 3 percent of the iron group versus 11 percent of placebo, but the studied form was not the form most labels listed.

Tolerance commonly determines whether a formula remains in daily use. UT Southwestern says all iron forms work and suggests trying different formulations until finding one tolerated because iron only works if taken. Gummies call for added caution in this area. ACOG says gummy

vitamins may need added iron because gummies cannot hold as much iron as regular prenats. Potency and contaminant results by themselves do not settle nausea or constipation, so tolerance observations belong in every comparison.

03

Choline, iodine, vitamin D plus DHA

Several prenats show omissions among nutrients that still have pregnancy reference intakes. For pregnancy the NIH Office of Dietary Supplements gives choline as 450 mg, iodine as 220 mcg, folate as 600 mcg DFE and vitamin D as 15 mcg. ACOG lists daily pregnancy recommended amounts including iodine 220 mcg, choline 450 mg, iron 27 mg and vitamin D 600 international units.

Appearance on a label does not equal presence at the stated level. In a study of 47 products choline appeared on 12 labels and iodine on 25, and 80 percent of the iodine listings tested over 20 percent below the claimed amount. That result makes choline and iodine worth reviewing line by line instead of presuming prenatal coverage. Food sources, iodized salt use, eating pattern and separate supplements alter remaining need, which calls for a clinician question.

Vitamin D is present in many prenats yet at varied levels, and units can mislead. Certain labels report mcg and others report international units, so convert before comparison and keep serving size in sight. DHA behaves differently still. It is an add on that is missing from all prenats, often offered in a separate softgel or as part of a multi pill serving. Record its source and amount, whether the declared serving includes it, and whether fish or algal origin affects household preference or allergy.

Pregnancy is among the most nutritionally demanding times in a persons life, and particular nutrients are vital during distinct developmental windows, said Lauren Manaker, RDN, LD, registered dietitian. "The health of our future generation literally rests on this," said Shilpa Mathew, MD, OB GYN. Those remarks speak to timing and care, not proof that any single product is sufficient. Use them as a prompt to match each nutrient to label, diet and clinician advice.

04

Lots, seals plus paper proof

Third party marks and certificates concern verification, and particulars determine what was truly checked. Consumer Reports checked finished products for nutrient levels and for arsenic, cadmium, lead and mercury. The 47 product study found measurable arsenic in 7, lead in 32

and cadmium in 29 products, with none above United States Pharmacopeia limits. Those results explain why contaminant wording needs numbers, methods and limits instead of broad reassurance.

Ask what a mark covers on the exact formula. Certain programs measure potency, certain programs measure contaminants, certain programs review manufacturing practices, and scope can change by lot or formula version. A certificate of analysis should name the product and lot or batch, state the serving basis, list units and methods, and show limits or specifications beside results. Marketing language lacking those fields is not evidence. Terms such as pure or natural need a record behind them, with a named lab, a date and a defined threshold.

Prenatals are not standardized in the United States, so two products called prenatal can carry different nutrients and doses. Without batch specific testing, there is no way to know if a specific bottle matches its label. When comparing, write down the lot number, the best by date, the serving size tested if stated, and whether the certificate covers raw ingredients, finished product or both. Founders who can name growers, extraction steps and labs make that work easier to follow. Where a step stays unclear, mark it as unknown rather than filling the gap with a claim.

FROM THE EDITORS

Do not take extra prenatal to correct a low nutrient without guidance from a clinician. More pills raise every nutrient in the serving, including vitamin A, and ACOG warns against taking more than recommended because excess vitamin A can cause birth defects.

05

Serving size handled without accidental doubling

Serving size governs each number below it. FDA label guidance says all nutrient amounts refer to serving size and to account for servings consumed, such as doubling amounts for two servings. ACOG says to take one serving daily, read how many pills make one serving, and not to take more than recommended.

Count pills before calculating. One serving can mean one tablet, two capsules, three softgels plus a DHA capsule, or two gummies with iron missing. Write nutrients per serving, not per pill, then change only when a clinician directs more or less than one serving. When iron tolerance is low, or when choline, iodine, vitamin D or DHA must come from elsewhere, a separate product is usually kinder than adding another full serving of a complete prenatal.

Gummies warrant an independent review. Because gummies may carry little or no iron and may test low in folate, match the gummy panel with an arrangement for those two nutrients that a clinician has reviewed. Keep the bottle, lot number and purchase date until the supply is finished, so questions about contents can be traced to paperwork.

06

The checklist

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- ☐ Record folate as mcg DFE, folic acid as mcg, plus percent DV for one serving
 - ☐ Record elemental iron as mg for one serving with the precise form named
 - ☐ Count pills or gummies in one serving and nutrients tied to serving number
 - ☐ Log choline in mg, iodine in mcg, vitamin D with units, DHA with origin
 - ☐ Write the third party seal name and the testing it covered on this item
 - ☐ Keep lot number, best by date, plus certificate of analysis when present
 - ☐ Highlight prior NTD history with current folic acid level for clinician review
 - ☐ Catalog food sources for folate, iodine, choline, vitamin D plus iron
 - ☐ Track iron tolerance, nausea pattern, and formulation to sample next
 - ☐ Carry product A and product B panels or photos into the appointment
 - ☐ Ask which source should supply each nutrient, food, prenatal or separate dose
 - ☐ Verify serving count per day and which extras should stay un doubled
-

Sources and further reading

- Folic Acid: Facts for Clinicians · [cdc.gov](https://www.cdc.gov)
- The Chemical Forms of Iron in Commercial Prenatal Supplements Are Not Always the Same as Those Tested in Clinical Trials · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- Office of Dietary Supplements - Dietary Supplements and Life Stages: Pregnancy · ods.od.nih.gov
- Prenatal Vitamin Nutrient Levels May Differ From Labeled Amounts, CR's Tests Show · [consumerreports.org](https://www.consumerreports.org)
- Folate and Folic Acid on the Nutrition and Supplement Facts Labels · [fda.gov](https://www.fda.gov)
- Healthy Eating During Pregnancy · [acog.org](https://www.acog.org)
- Content of selected nutrients and heavy metals in prenatal multivitamins and minerals: an observational study · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- Efficacy and tolerability of low-dose iron supplements during pregnancy: a randomized controlled trial · [sciencedirect.com](https://www.sciencedirect.com)

For information only, not medical advice. Herbs and supplements can interact with medicines and are not right for everyone, especially in pregnancy; check with a doctor or pharmacist before you start one.



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Jonah looks after the brands Root to Bottle works with and makes sure every sponsored page is labelled as one. He spent five years buying for an independent herb shop in Philadelphia, where he learned to ask for the certificate of analysis before the price list.
