

[IMAGE]

Calcium Reduces Complications of Pregnancy

Preeclampsia occurs in between 5 percent and 10 percent of all pregnancies. While rarely fatal, preeclampsia can make an otherwise normal pregnancy quite complicated, and cause conditions such as hypertension and edema. Previous research has suggested that women who do not consume enough calcium may be at increased risk of developing preeclampsia during pregnancy. A new study lends weight to that theory, and has found that women who increase their calcium levels are far less likely to suffer many of the disorders associated with preeclampsia.

In the trial, more than 8,300 pregnant women who already consumed low amounts of calcium were assigned to two groups. One group took a total of 1.5 grams of calcium supplements per day (one tablet, three times per day at mealtime), or placebo tablets that were identical in taste and appearance. All of the women were recruited before the 20th week of their pregnancy, and received either calcium or the placebo from the time they enrolled in the study through to delivery.

While the overall reduction of preeclampsia was low, the development of other conditions, such as eclampsia and severe hypertension, was significantly lower among women in the calcium group. Overall, there was a 25 percent reduction in severe preeclamptic complications, and a 30 percent reduction in neonatal mortality, among women taking calcium supplements.

If you are pregnant and concerned about the amount of calcium you eat, talk to your doctor or chiropractic about ways to increase your calcium intake. Dairy products such as milk, cheese and yogurt are extremely good sources of dietary calcium. Other good sources include meat, fish and cereal products. For more information, visit www.chiroweb.com/find/archives/women.

Reference:

Villar J, Abdel-Aleem H, Merialdi M, et al. World Health Organization randomized trial of calcium supplementation among low calcium intake pregnant women. *American Journal of Obstetrics & Gynecology* March 2006;194:639-649.

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