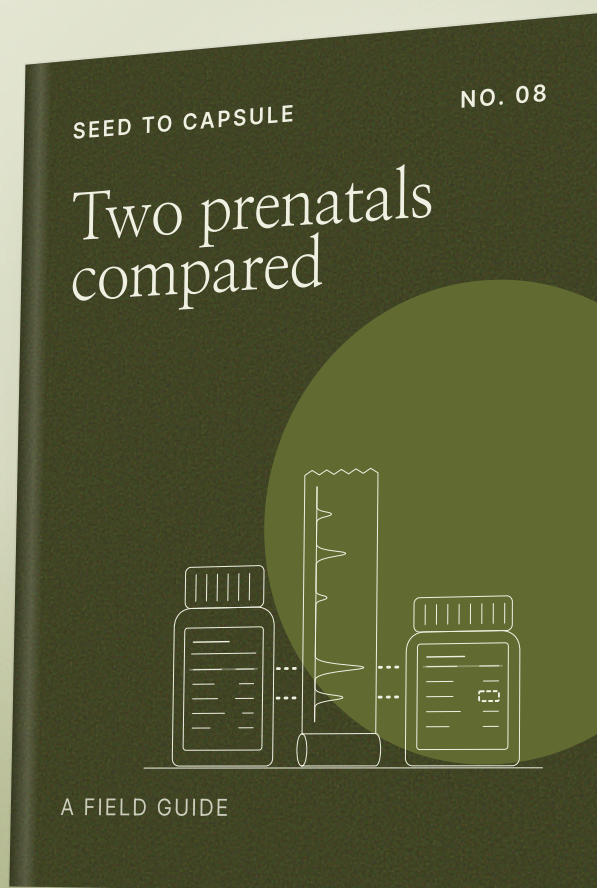




SOURCING GUIDE • TESTING

Trace two prenats from test report to label

This guide is for careful buyers choosing a prenatal for pregnancy planning, pregnancy or breastfeeding. After reading it you will be able to compare two products line by line and bring a clear checklist to a clinician visit.

- **Folate math**
Total folate in mcg DFE is not the same number as folic acid in mcg.
- **Iron served**
Check elemental iron per serving and the ferrous word on the label.
- **Seals explained**
Third party seals describe testing, not a promise of tolerance or fit.

By Holly Rasmussen • Updated Aug 17, 2026 • 9 min read

CONTENTS

01	Read folate before anything else	05	Use serving size without doubling by accident
02	Compare iron by elemental amount and form	06	The checklist
03	Check choline, iodine, vitamin D and DHA	07	Sources and further reading
04	Verify seals, lots and certificates		

Two prenatal bottles can sit side by side and look complete, yet list different forms of folate, different amounts of iron, and different supporting nutrients. Labels do not always match contents, and serving size changes every number on the panel. Once the math and the paperwork are clear, comparison becomes steady work rather than guesswork.

01

Read folate before anything else

Start with the Supplement Facts panel, not the front of the bottle. The Food and Drug Administration lists the Daily Value for folate as 400 mcg DFE for most adults, 600 mcg DFE in pregnancy and 500 mcg DFE when breastfeeding. On the label, total folate appears as mcg DFE with percent Daily Value, and folic acid appears in mcg in parentheses when present.

The distinction matters because the numbers are not interchangeable. The Centers for Disease Control and Prevention states that 400 mcg folic acid equals 667 mcg DFE or 167 percent Daily Value, while 400 mcg DFE or 100 percent Daily Value equals 240 mcg folic acid. Read both lines together, then check the serving size so the math reflects what is actually taken per day.

Folic acid has a particular place in the record. CDC states folic acid is the only type of folate shown to help prevent neural tube defects. CDC recommends all women capable of becoming pregnant get 400 mcg of folic acid daily. The American College of Obstetricians and Gynecologists states that during pregnancy folic acid need is 600 mcg daily and to take a daily prenatal with at least 400 mcg starting at least one month before pregnancy if possible and during the first 12 weeks.

A prior affected pregnancy changes the reference amounts. CDC advises women with a prior neural tube defect affected pregnancy who are planning another pregnancy to get 4,000 mcg of folic acid daily starting one month before trying to conceive and through the first three months. ACOG states women with a prior child with a 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. Anyone in that group needs clinician guidance rather than a standard prenatal alone.

Label accuracy adds another reason to read closely. Consumer Reports tested 17 over the counter prenatal vitamins for nine nutrients and heavy metals arsenic, cadmium, lead and mercury. It found 15 of 17 products had lower or higher amounts of key nutrients than claimed, and 4 of 8 gummies had folate well below labeled amounts. A gummy that lists folate may therefore deliver less than expected, which matters when folate timing is tight around conception and early weeks.

FROM THE EDITORS

DFE means dietary folate equivalents, a unit that adjusts for differences in how folate forms are counted. On Supplement Facts, look for total folate in mcg DFE first, then folic acid in mcg in parentheses, then percent Daily Value and serving size.

02

Compare iron by elemental amount and form

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

Products vary more than the single target suggests. A study of 148 nonprescription and 101 prescription iron containing prenatal vitamins found labeled elemental iron ranged from 9 to 60 mg per serving for nonprescription products and 4.5 to 106 mg per serving for prescription products. The same label study found mean 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 bottles called prenatal can therefore sit on opposite sides of the recommended allowance.

Form adds a second layer. The label study found ferrous fumarate was the preferred form in products, while ferrous sulfate was preferred in clinical trials in a 2015 Cochrane review and was not found on any product label in the databases. That mismatch means trial results may not map directly to products using ferrous fumarate or other 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 form studied was not the form most labels listed.

Tolerability often decides whether a product stays in use. UT Southwestern states all iron forms are effective and advises trying different formulations until finding one tolerated because iron only works if taken. Gummies deserve special care here. ACOG states gummy vitamins may

need an extra iron supplement because gummies cannot hold the same iron as regular prenats. Potency and contaminant testing alone does not resolve nausea or constipation, so tolerance notes belong in any comparison.

03

Check choline, iodine, vitamin D and DHA

Many prenats leave gaps in nutrients that still carry pregnancy reference intakes. NIH Office of Dietary Supplements lists pregnancy recommended intakes for choline as 450 mg, iodine as 220 mcg, folate as 600 mcg DFE and vitamin D as 15 mcg. ACOG lists daily recommended amounts in pregnancy including iodine 220 mcg, choline 450 mg, iron 27 mg and vitamin D 600 international units.

Presence on the label is not the same as presence in the bottle. A 47 product study found choline listed on 12 products and iodine on 25 products, with 80 percent of iodine listings testing more than 20 percent under claimed amount. That pattern makes choline and iodine worth checking line by line rather than assuming a prenatal covers them. Food sources, iodized salt use, diet pattern and separate supplements change the remaining need, which is a clinician question.

Vitamin D appears in most prenats but in different amounts, and units can confuse. Some labels use mcg and others use international units, so convert before comparing and keep serving size in view. DHA is different again. It is an add on that is not in all prenats, often supplied in a separate softgel or as part of a multi pill serving. Note its source and amount, whether it is included in the stated serving, and whether fish or algal origin matters for household preferences or allergies.

“Pregnancy is one of the most nutritionally demanding periods in a person’s life, and certain nutrients are critical during specific developmental windows,” said Lauren Manaker, RDN, LD, registered dietitian. “The health of our future generation literally depends on this,” said Shilpa Mathew, MD, OB-GYN. Those statements describe timing and attention, not proof that any one product is sufficient. Use them as a reminder to map each nutrient to label, diet and clinician advice.

04

Verify seals, lots and certificates

Third party seals and certificates describe testing, and the details decide what was actually verified. Consumer Reports tested finished products for nutrient content 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 exceeding United States Pharmacopeia limits. Those findings show why contaminant language needs numbers, methods and limits rather than general reassurance.

Ask what a seal covers for the exact product. Some programs test potency, some test contaminants, some audit manufacturing practices, and coverage can differ by lot or formula version. A certificate of analysis should identify the product and lot or batch, state the serving basis, list units and methods, and show limits or specifications beside results. Marketing words without those fields are not proof. Terms such as pure or natural need a document 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 contain different nutrients and doses. Without batch specific testing, there is no way to know whether a specific bottle matches its label. When comparing, record the lot number, the best by date, the serving size tested if stated, and whether the certificate applies to raw ingredients, finished product or both. Founders who can name growers, extraction steps and labs make that work easier. Where a step remains opaque, note it as unknown rather than filling the gap with a claim.

FROM THE EDITORS

Do not double a prenatal to fix a low nutrient without clinician input. More pills raise every nutrient in the serving, including vitamin A, and ACOG cautions against taking more than recommended because excess vitamin A can cause birth defects.

05

Use serving size without doubling by accident

Serving size controls every number that follows. FDA label guidance states all nutrient amounts refer to serving size and to account for servings consumed, such as doubling amounts for two servings. ACOG states to take one serving daily, read how many pills make one serving, and not to take more than recommended.

Count the pills first. One serving may mean one tablet, two capsules, three softgels plus a DHA capsule, or two gummies with iron missing. Write down nutrients per serving, not per pill, then adjust only if a clinician advises more or less than one serving. If iron tolerance is poor, or if choline, iodine, vitamin D or DHA must come from elsewhere, a separate product is usually safer than adding another full serving of a complete prenatal.

Gummies need a separate check. Because gummies may carry little or no iron and may test low in folate, pair the gummy panel with a plan 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 back to paperwork.

06

The checklist

-
- ☐ Write folate as mcg DFE, folic acid in mcg, and percent DV per serving
 - ☐ Write elemental iron in mg per serving and the exact iron form listed
 - ☐ Note pills or gummies per serving and nutrients that change with serving count
 - ☐ Mark choline in mg, iodine in mcg, vitamin D with units, DHA with source
 - ☐ Record third party seal name and what it tested for this product
 - ☐ Save lot number, best by date and certificate of analysis if available
 - ☐ Flag prior NTD history and current folic acid amount for clinician review
 - ☐ List diet sources for folate, iodine, choline, vitamin D and iron
 - ☐ Note iron tolerance, nausea pattern and preferred formulation to try next
 - ☐ Bring product A and product B panels or photos to the visit
 - ☐ Ask what should come from food, prenatal or separate supplement
 - ☐ Confirm daily serving count and what not to double
-

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. Statements about supplements have not been evaluated by the Food and Drug Administration, and no product here is intended to diagnose, treat, cure or prevent any disease. Ask a doctor or pharmacist before starting a supplement, especially if you are pregnant, nursing or taking medication.



WRITTEN BY

Holly Rasmussen

Holly looks after the brands Seed to Capsule works with and makes sure every sponsored page is marked as one. She spent five years buying raw materials for a natural foods retailer in Colorado, which is where she learned to ask for the paperwork first.