Kur bëhet fjalë për një shtatzëni të qetë, është Natabiol® .

MedEq

Natabiol®

Inspired by science in pregnancy

Natabiol combines effectiveness against Iron deficiency Anemia and safety from early beginning

- Iron requirements increase gradually through gestation from 0.8 mg/d in the first trimester to 7.5 mg/d in the third trimester for a healthy pregnant women.[7]
- Average requirement in the entire gestation period is 4.4 mg/d.[7]
- Bioavailability of absorbed iron is around 7%, 9% and 14% in gestational weeks 12, 24 and 36, respectively.[7]

	Week 12	Week 24	Week 36
Bioavailability of iron	7%	9%	14%
Natabiol (40mg) Iron	2.8 mg	3.6 mg	5.6 mg
Natabiol (40mg) Average	4 mg		

- Natabiol does not exceed the upper tolerable level of Iron intake during pregnancy: 45 mg/d.

Natabiol®

Inspired by science in pregnancy

Natabiol – Inspired by science to ensure complete piece of mind

Iron	Folic acid	Vitamin B_{12}	Vitamin B_6
40 mg	800 mg	5 mcg	5 mg

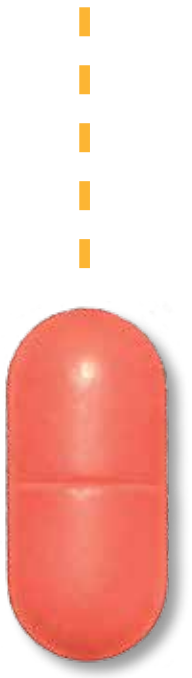
Prevent Iron deficiency anemia Prevent neural tube defects
Help control normal homocysteine levels.

Antioxidants
Vitamin C, Vitamin E, Zinc, Copper, Selenium

Essential to combat excessive levels of free radicals.

Vitamin D, Magnesium, Phosphorous and Vitamin K

Support healthy bone development for the fetus and prevent mother's bone loss.



Vitamin B2, Vitamin B5 and Vitamin B8

Essential for healthy skin, hair and nails.

Ginger and Vitamin B3

Help relief symptoms of morning sickness.

Iodine and Vitamin B1

Essential for proper brain development.

Natabiol®
Inspired by science in pregnancy

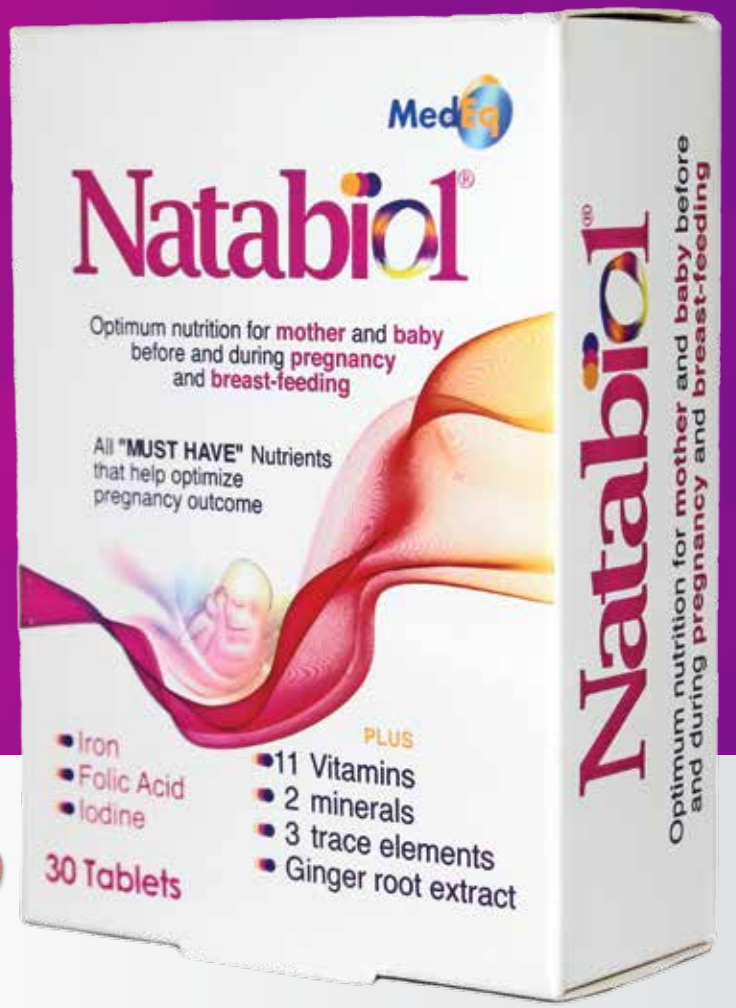
Start Early...Complete piece of mind

Starting Natabiol early:

- Has faster protection against neural tube defects.
- Has better prevention against iron depletion and Iron deficiency anemia.
- Controls better the complications of high homocysteine levels.
- Provides the vital nourishment for the pregnant and pregnancy outcome.

References:

1. Leslie E. Daly et al. Folate Levels and Neural Tube Defects - Implications for Prevention. JAMA 1995; 274(21):1698-1702. **2.** Bramswig, S., Prinz-Langenohl, R., Lamers, Y.,Tobolski, O., Wintergerst, E., Berthold, H.K. et al. Supplementation with a multivitamin containing 800 microgram of folic acid shortens the time to reach the preventive red blood cell folate concentration in healthy women. Int J Vitam Nutr Res. 2009; 79(2): 61-70. **3.** Bergen N, Jaddoe V, Timmermans S, Hofman A, Lindemans J, Russcher H, Raat H, Steegers-Theunissen R, Steegers E. Homocysteine and folate concentrations in early pregnancy and the risk of adverse pregnancy outcomes: the Generation R Study. BJOG. 2012; 119:739–751. **4.** Linda Dodds et al. Effect of homocysteine concentration in early pregnancy on gestational hypertensive disorders and other pregnancy outcomes. Clinical Chemistry. 2008; 54(2):326–334. **5.** Amanda M. et al. Elevated plasma homocysteine in early pregnancy: A risk factor for the development of nonsevere preeclampsia. Am J Obstet Gynecol. 2003; 189:391-6. **6.** Walker MC, Smith GN, Perkins SL, et al. Changes in homocysteine levels during normal pregnancy. Am J Obstet Gynecol. 1999; 180:660-4. **7.** Nils Milman. Iron and pregnancy—a delicate balance. Ann Hematol. 2006; 85: 559–565.



MedEq

Middle East and North Africa
Scientific Office:
Saga Building - Floor 2
Damascus Street - Saifi
Beirut, Lebanon
Tel: + 961 1 334 130

DM /NAT-MB-DEC 2016