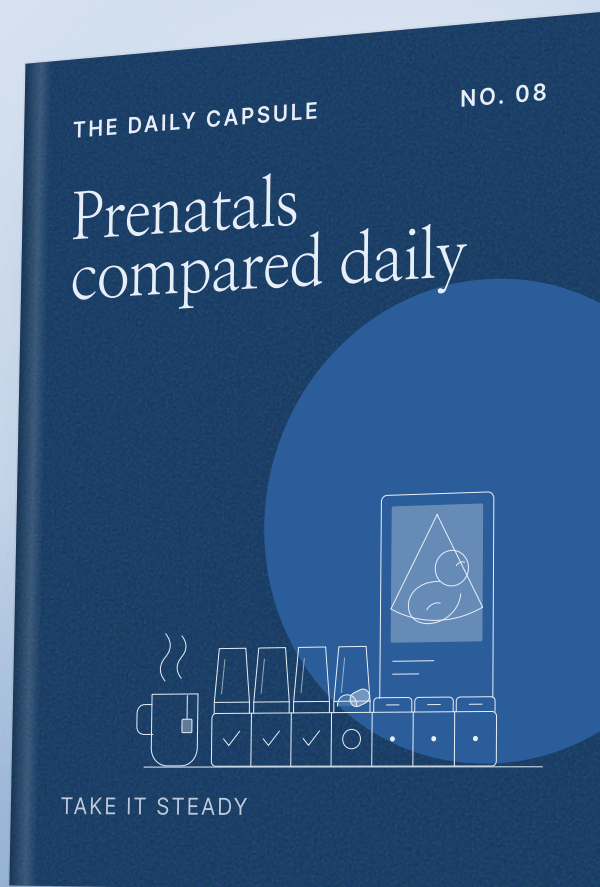




ROUTINE GUIDE · STACKS

Set a prenatal routine you can track daily

Two prenatals can look alike and act different in a morning routine. This guide shows when to take each piece, what to pair it with, and how to track the habit.

- **Folate numbers**
Pair mcg DFE and mcg folic acid per serving before you set a time.
- **Iron details**
Anchor iron timing to elemental mg and the exact ferrous form.
- **Proof papers**
Keep lot, seal, and certificate with the bottle on the counter.

By Ashley Chen · Updated Aug 20, 2026 · 10 min read

CONTENTS

01	Start with folate on the panel	05	Let serving size set the dose
02	Sort iron by amount and form	06	The checklist
03	Look at choline, iodine, vitamin D and DHA	07	Sources and further reading
04	Confirm seals, lots and certificates		

Keep two prenatal bottles where you take them each morning and both can look routine ready while they list different folate forms, different iron amounts, and different supporting nutrients. Make label checks part of your bottle habit because labels do not always match contents, and serving size changes every number on the panel. When the math and the paperwork are settled in your routine, comparison becomes steady habit work rather than guesswork.

01

Start with folate on the panel

Open to Supplement Facts before reading the front label. For your morning routine notes, 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. During your label habit, look for total folate shown as mcg DFE with percent Daily Value, and folic acid shown in mcg in parentheses when present.

Those figures cannot be swapped freely. For a daily habit, note 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, as stated by the Centers for Disease Control and Prevention. Compare the two lines side by side, then confirm serving size so daily intake reflects bottles taken as directed.

Folic acid holds a distinct record. For routine planning, 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 as a steady daily habit. Build the routine early since the American College of Obstetricians and Gynecologists states that folic acid need in pregnancy 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 history of an affected pregnancy shifts the reference dose. If a prior pregnancy was affected by a neural tube defect and another pregnancy is planned, CDC advises a steady habit of 4,000 mcg folic acid daily starting one month before trying to conceive and through the first three months. For that same history, ACOG states women with a prior child with a neural tube defect should keep a daily habit of 4 mg folic acid as a separate supplement at least three months before pregnancy and for the first three months. People in this group need clinician guidance rather than a standard prenatal alone.

Label accuracy gives one more reason for close reading at the kitchen table. When choosing a bottle to keep by your morning glass, know Consumer Reports tested 17 over the counter prenats for nine nutrients plus heavy metals arsenic, cadmium, lead and mercury. Add this check to your buying routine because 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 kept by the toothbrush may therefore deliver less folate than expected, which matters when folate timing is tight around conception and early weeks.

FROM THE EDITORS

On Supplement Facts, build the habit of checking total folate in mcg DFE first, then folic acid in mcg in parentheses, then percent Daily Value and serving size. DFE means dietary folate equivalents, a unit that adjusts for differences in how folate forms are counted in your daily stack.

02

Sort iron by amount and form

Look at iron next, where quantity and phrasing both count. To set your daily amount, 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 for your routine target. For label checking at home, 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 spread wider than one target implies. To compare bottles on the shelf, a study of 148 nonprescription and 101 prescription iron containing prenats 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. In that same label study, mean labeled elemental iron was 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 and kept in the same cabinet can therefore sit on opposite sides of the recommended allowance.

Form adds another variable to the morning plan. For stacking and tolerance, 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 the morning bottle using ferrous fumarate or other forms. In a routine test, 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.

Tolerance often determines whether a bottle stays in the stack. UT Southwestern states all iron forms are effective and advises trying different formulations until finding one tolerated because iron only works if taken on schedule. 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 in a daily stack. Potency and contaminant testing alone does not fix nausea or constipation, so add tolerance notes to any routine comparison.

03

Look at choline, iodine, vitamin D and DHA

Many prenats stored for daily use still leave gaps in nutrients that carry pregnancy reference intakes. To plan morning and night doses, 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. For the same daily checklist, ACOG lists daily recommended amounts in pregnancy including iodine 220 mcg, choline 450 mg, iron 27 mg and vitamin D 600 international units.

A line on the label is not equal to content in the capsule. To see gaps before you buy, 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 in your evening review 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 to settle at visits.

Vitamin D shows up in most prenats but at varied levels, and units can confuse a quick comparison. Some labels use mcg and others use international units, so convert before comparing and keep serving size in view by the bottle. DHA is different again. It is an add on that is not in all prenats, often kept as a separate softgel or as part of a multi pill morning serving. Note its source and amount in your stack log, 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 persons life, and certain nutrients are critical during specific developmental windows,” said Lauren Manaker, RDN, LD, registered dietitian. Shilpa Mathew, MD, OB GYN said the health of our future generation literally rests on this daily habit. Those statements describe timing and attention for your routine, not proof that any one product is sufficient. Use them as a reminder to map each nutrient to label, diet and clinician advice when you set up the habit.

04

Confirm seals, lots and certificates

Third party seals and certificates describe testing, and the details decide what was actually verified for the bottle you take. As part of a smart buying habit, know Consumer Reports tested finished products for nutrient content and for arsenic, cadmium, lead and mercury. For context when you store the bottle, 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 in your routine file needs numbers, methods and limits rather than general reassurance.

Ask what a seal covers for the exact product kept in the cabinet. Some programs test potency, some test contaminants, some audit manufacturing practices, and coverage can differ by lot or formula version you buy. Before you settle the routine, 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 do not belong in a solid routine and are not proof. Terms such as pure or natural need a document behind them, with a named lab, a date and a defined threshold kept with the bottle.

Prenatals are not standardized in the United States, so two products called prenatal can contain different nutrients and doses in daily use. Without batch specific testing, there is no way to know whether a specific bottle on your counter matches its label. When comparing, write down 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 daily habit work easier. Where a step remains opaque, note it as unknown in your log rather than filling the gap with a claim.

FROM THE EDITORS

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

05

Let serving size set the dose

Serving size controls every number that follows in your morning stack. To keep servings straight on busy days, 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 in your habit.

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

Gummies need a separate check in any weekly pill box. Since gummies may carry little or no iron and may test low in folate, pair the gummy routine with a plan for those two nutrients that a clinician has reviewed. Keep the bottle, lot number and purchase date where you take your pills until the supply is finished, so questions about contents can be traced back to paperwork. Take the routine as written, track tolerance for two weeks, and bring notes to the visit so timing and spacing can be tuned without guesswork.

06

The checklist

- ☐ Record folate as mcg DFE, folic acid in mcg, plus percent DV per serving
 - ☐ Record elemental iron in mg per serving with the exact iron form shown
 - ☐ Track pills or gummies per serving and nutrients tied to serving count
 - ☐ Log choline in mg, iodine in mcg, vitamin D with units, DHA with source
 - ☐ File third party seal name plus what it checked for this product
 - ☐ Keep lot number, best by date plus certificate of analysis when found
 - ☐ Mark prior NTD history with current folic acid amount for clinician review
 - ☐ Map diet sources for folate, iodine, choline, vitamin D plus iron
 - ☐ Chart iron tolerance, nausea pattern plus formulation to try next
 - ☐ Carry product A and product B panels or photos to the visit
 - ☐ Review what should come from food, prenatal or separate supplement
 - ☐ Verify daily serving count plus what should not be 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. These statements have not been evaluated by the Food and Drug Administration; supplements are not intended to diagnose, treat, cure or prevent any disease. Check with a doctor or pharmacist before starting one, especially if you are pregnant, nursing or take medication.



WRITTEN BY

Ashley Chen

Ashley produces the interviews at The Daily Capsule: the research, the question lists, the follow-ups. Her favorite question comes last, when she asks a founder exactly when, and with what, they take their own product.
