Health Insurance Coverage Predicts Prenatal Folic Acid Supplementation

Study reveals the barriers that prevent women from taking folic acid to prevent birth defects.

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All women who are planning to or could become pregnant are recommended to take a daily supplement of 400 to 800 micrograms of folic acid, a form of folate or vitamin B. Women without health insurance were less likely to take the recommended amount of folic acid to help prevent birth defects, according to a study published in the Journal of Sexual and Reproductive Healthcare. On the other hand, older women and women with some college education were more likely to use supplements.

“Our findings highlight that disparities in folic acid supplementation may be more closely related to structural factors, such as access to care, rather than individual or cultural characteristics alone,” wrote the study’s authors.

Folic acid helps the body make new cells. According to the Centers for Disease Control and Prevention, folic acid is the only form of folate that helps prevent serious birth defects of the neural tube, which develops into the brain and spine. Without folic acid, an infant could develop anencephaly, meaning certain parts of the infants brain and skull might be missing, or spina bifida, where the spine and spinal cord don’t form properly, among other neural tube defects.

Researchers analyzed health data from 85,870 women from the All of Us Research Program, a database funded by the National Institutes of Health that includes participants of various groups historically underrepresented in biomedical research. The data included information on race, ethnicity, age, income level, education and insurance.

Black women were more likely to take folic acid supplements than white women. These findings contradict prior research showing lower supplementation rates among Black women. However, researchers cite folic acid’s role in managing anemia, which is more common in Black people, as a potential explanation for this finding.

“Greater familiarity with folic acid due to its broader clinical use within this population may also be related to higher supplementation rates during pregnancy,” wrote the study’s authors.

Overall, women without health insurance and in middle income categories (yearly salary of $25,000 to $99,999) were less likely to take the recommended amount of folic acid before and during pregnancy. Women who were older, knew they were pregnant or had some college education had higher rates of folic acid supplementation.

“Preventing neural tube defects begins long before pregnancy, which is why access to healthcare and preventive education is so important for all women of reproductive age,” said study author Yael Marks, PharmD, health sciences assistant clinical professor at the University of California Irvine in a press release. “Our findings show that structural barriers, like insurance coverage, can strongly influence whether women receive this simple but lifesaving intervention.”

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