

“ Research & Commentary ”

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Docosahexaenoic Acid (DHA) Supplementation Early in Pregnancy May Prevent Deep Placentation Disorders

Abstract

Uteroplacental ischemia may cause preterm birth, either due to preterm labor, preterm premature rupture of membranes, or medical indication (in the presence of preeclampsia or fetal growth restriction). Uteroplacental ischemia is the product of defective deep placentation, a failure of invasion, and transformation of the spiral arteries by the trophoblast. The failure of normal placentation generates a series of clinical abnormalities nowadays called "deep placentation disorders"; they include preeclampsia, fetal growth restriction, preterm labor, preterm premature rupture of membranes, in utero fetal death, and placental abruption. Early reports suggested that a LC-PUFAs (long chain polyunsaturated fatty acids) rich diet reduces the incidence of deep placentation disorders. **Recent randomized controlled trials are inconsistent to show the benefit of docosahexaenoic acid (DHA) supplementation during pregnancy to prevent deep placentation disorders**, but most of them showed that **DHA supplementation** was associated with **lower risk of early preterm birth**. We postulate that DHA supplementation, early in pregnancy, may reduce the incidence of deep placentation disorders. If our hypothesis is correct, **DHA supplementation, early in pregnancy**, will become a **safe and effective strategy** for primary **prevention of highly relevant pregnancy diseases**, such as preterm birth, preeclampsia, and fetal growth restriction.

References :

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