South Australian Neonatal Medication Guidelines

Folic Acid

500 microgram tablet

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

Folate

Dose and Indications

Folate supplementation in neonates born < 34 weeks gestation OR < 2000g not receiving fortified breast milk or preterm formula (e.g. in neonates receiving unfortified breast milk or term/modified term formula)

Oral

62.5microgram daily

To be commenced when tolerating enteral feeds of 150mL/kg daily.

Continue until term corrected age OR until discharge if this is earlier.

For folate amounts present in formula and human milk fortifiers please refer to the 'Nutritional delivery comparison tables: Preterm Infants' Neonatal Medication Guideline available at www.sahealth.sa.gov.au/neonatal.

Prevention or treatment of folic acid deficiency in chronic haemolytic conditions

125microgram daily

Government of South Australia

SA Health

Folic Acid

500 microgram tablet

Preparation and Administration

Oral

Disperse one quarter of a tablet (¼ of 500 micrograms = 125 micrograms) in 2mL of sterile water. The resulting mixture contains 62.5microgram/mL folic acid.

Dose	62.5microg	125microg
Volume	1mL	2mL

Use mixture immediately. Discard remaining mixture after use.

Note: Folic acid is not soluble in water at this volume, and therefore an even dispersion of folic acid cannot be guaranteed. The above instructions have been developed for practicality.

Adverse Effects

Rare

Gastro-intestinal disturbance

Practice Points

- Do not give alone for vitamin B12 deficiency states.
- Caution in patients with suspected but undiagnosed anaemia, since folic acid may obscure the diagnosis of pernicious, aplastic or normocytic anaemia by alleviating haematologic manifestations while allowing neurologic complications to progress.
- Folic acid may decrease phenytoin and phenobarbital levels, decreasing seizure control. Monitor serum phenytoin/phenobarbital levels and observe the patient for sub therapeutic or toxic affects if folic acid is added to or discontinued from the treatment regimen.
- In the absence of good evidence for the use of folic acid in chronic haemolytic conditions, the standard dose of 125microgram daily has been recommended based on safety and convenience.

References

- V.E.H.J. Smits-Wintjens, F.J. Walther, E. Lopriore. Rhesus haemolytic disease of the newborn: Postnatal management, associated morbidity and long-term outcome. Seminars in Fetal and Neonatal Medicine. 2008, 12, 265-271
- Folic acid (monograph), Neonatal Medicines Formulary (NMF) Consensus Group, 2016 (accessed via Royal Hospital for Women, NSW Government website)

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9/03/2018	V1.1	SA Health Safety and Quality Strategic Governance Committee	Review date extended to 5 years following risk assessment. New Template.
13/08/ 2013	V1	SA Health Safety and Quality Strategic Governance Committee	Original SA Health Safety and Quality Strategic Governance Committee approved version.