LETTERS

DEBATE ON VITAMIN D SUPPLEMENTS IN WINTER

Pregnant women need vitamin D for neonatal health

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Spector and Levy did not discuss the needs of pregnant women and neonates for vitamin D in winter months.¹ Vitamin D deficiency in pregnancy is common, particularly among women with dark skin.² A recent Cochrane review found that suboptimal levels were associated with lower birth weight, head circumference, and length.³ Deficient levels in infants and toddlers are associated with neonatal hypocalcemic seizures, rickets, and cardiomyopathy. The Royal College of Paediatrics and Child Health and the British Paediatric Surveillance Unit are currently establishing the incidence of nutritional rickets in a UK-wide survey, which should clarify the true burden when it reports in 2017.⁴

Supplementation in pregnancy is an imprecise public health measure; we don't know exactly who should take vitamin D or how much is required to optimise neonatal metabolism and bone health.^{5 6} We should be moving towards a more personalised era of nutritional health based on genotype and microbiomic analysis, as the technology allows. Until we have that degree of precision, and while we wait for the definitive results of antenatal supplementation trials, all pregnant women at risk should take a daily equivalent dose of 400-600 IU of vitamin

D with the specific aim of reducing the known adverse neonatal health consequences associated with deficiency.

Competing interests: None declared.

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