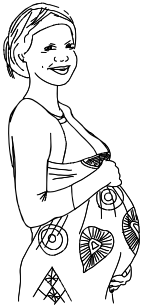


# FAQs for Service Providers Distributing Multiple Micronutrient Supplements (MMS) to Pregnant Women

## Purpose

Use this information sheet to counsel pregnant women during antenatal care and to guide your program to help ensure underserved pregnant women have access to MMS.

## 1. What are Multiple Micronutrient Supplements?



- Multiple micronutrient supplements (MMS) are a daily nutritional supplement of vitamins and minerals.
- Micronutrients, often referred to as vitamins and minerals, are vital to healthy development, disease prevention, and wellbeing. Although only required in small amounts, micronutrients are not made by the body and must come from the diet or a supplement.

## 2. What is in MMS?

- Each MMS supplement contains 15 essential vitamins and minerals (micronutrients) to meet a woman's increased nutritional needs during pregnancy.
- MMS are formulated using the UNIMMAP (United Nations International Multiple Micronutrient Antenatal Preparation) formula and contain the following 15 micronutrients: vitamins A, C, D, E, B1 (thiamine), B2 (riboflavin), B3 (niacin), B6, B12, and folic acid, and also the minerals iron (Fe), zinc (Zn), copper (Cu), iodine (I), and selenium (Se).
- See the Supplement Facts for details about the ingredients.

## 3. Is MMS different from Iron and Folic Acid (IFA)?

Yes, MMS contains 15 different micronutrients, including iron and folic acid, while IFA contains only 2 micronutrients (iron and folic acid).

Similar to IFA, MMS reduces the rate of maternal anemia. However, women who are undernourished, that is, anemic and/or underweight during their pregnancy, experience even greater benefits from MMS.

Evidence shows that taking MMS during pregnancy provides *additional* improvements in birth outcomes beyond those provided by IFA. The additional benefits include reductions in the following:

- Low birthweight (LBW)
- Small-for-gestational age (SGA)
- Preterm (<37 weeks) births
- Infant mortality at 6 months
- Stillbirths

### Micronutrients in MMS:

iron(Fe), folic acid, vitamin A, vitamin C, vitamin D, vitamin E, vitamin B1 (thiamine), vitamin B2 (riboflavin), vitamin B3 (niacin), vitamin B6, vitamin B12, zinc(Zn), copper (Cu), iodine(I) & selenium(Se)

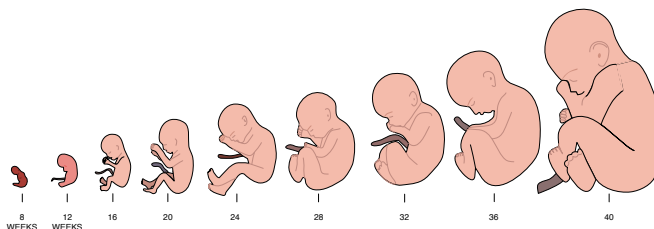
### Micronutrients in IFA:

iron & folic acid

## 4. How can women, unborn children and infants benefit from MMS?

Pregnant women have an increased need for vitamins and minerals throughout pregnancy, which often cannot be met through diet alone. Providing MMS during pregnancy can help meet these increased nutrient demands. Vitamins and minerals, like those found in MMS, can help:

- Reduce maternal anemia, night blindness, and other symptoms caused by vitamin and mineral deficiencies; and
- Reduce risk of low birth weight (LBW), small-for-gestational age (SGA), preterm birth, stillbirth and infant mortality.



## 5. Is MMS a fertility drug?

No. While women who are trying to conceive can benefit from improved nutrition, MMS is **not** a fertility drug. Advise women to consult a doctor for advice on fertility.

## 6. Is MMS a birth control pill (family planning)?

No. MMS is **not** a birth control pill and **cannot** be used for family planning.

## 7. Can MMS be taken after pregnancy?

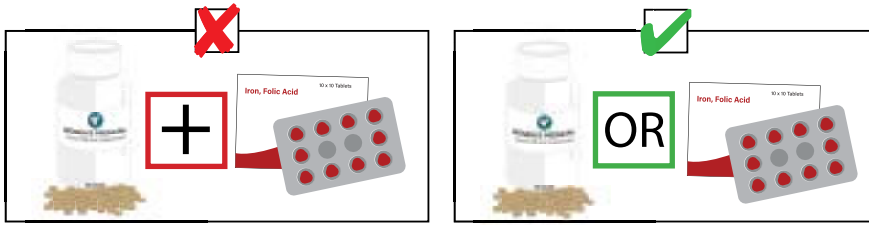
MMS is formulated to meet the needs of pregnant women. However, if any MMS remain after pregnancy, take the remaining supplements during the post-partum period and/or while breastfeeding. Exclusive breastfeeding should be practiced from birth to 6 months of age. Then, introduce nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.



## 8. Why does MMS contain only 30 mg of iron while IFA usually contains 60 mg?

- The WHO Antenatal Guidelines for a positive pregnancy experience (2016) recommends 30-60 mg/day of iron supplementation to prevent maternal anemia.
- Maternal anemia can be prevented by taking MMS with 30 mg of iron on a daily basis during pregnancy.
- Some of the vitamins and minerals included in the UNIMMAP formulation of MMS enhance iron absorption, so not as much iron is needed to obtain a decrease in anemia.

## 9. Can a pregnant woman take IFA and MMS together?



No. For prevention purposes, it is not advisable for a pregnant woman to take both MMS and IFA at the same time or on the same day. This may result in an iron intake of 90 mg/day, which may cause side effects such as constipation, vomiting, nausea, and diarrhea.

*\* In cases of severe anemia in pregnancy (as defined by local health authorities), the causes and treatment should be determined by a healthcare professional.*

## 10. Who is eligible to take MMS?

✓ Pregnant women, as early in pregnancy as possible

### Exclusion Criteria:

- ✗ Men, children, and women who are not pregnant
- ✗ Pregnant women who are already taking IFAs from their local clinic or outreach services



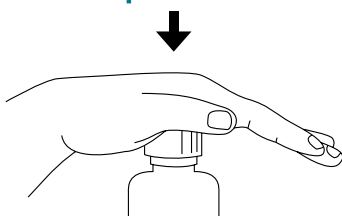
## 11. How should MMS be dispensed?

### Service providers need to know how to give MMS to women who are pregnant:

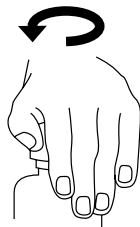
- Give each pregnant woman a bottle containing 180 MMS supplements to use during her pregnancy. For safety reasons and to keep the MMS from degrading, keep the supplements in the original bottle.
- Encourage women to take one MMS daily during pregnancy until the bottle is empty (e.g., she can take while breastfeeding).
- Inform women about safe storage, dosage, side effects, and warnings, and show them how to open the child-resistant cap.



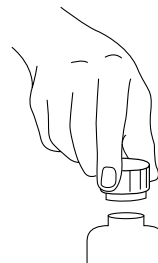
### How to Open Child Resistant Caps:



Use palm of hand to press firmly down on cap.



Turn cap in the direction indicated by the arrows (counter-clockwise).



Remove cap.

## 12. How should MMS be stored safely?

### Storage:

- Store the MMS bottle in a cool, dry place, between 15° C and 30° C.
- Keep the bottle tightly closed and out of reach of children.

## 13. How should women take MMS?

- Take 1 (one) MMS daily throughout pregnancy.
- Women should begin taking MMS as soon as they know they are pregnant.
- Taking MMS at night and/or with food and water may help reduce side effects.
- If there are MMS remaining in the bottle after pregnancy, take the remaining supplements during the post-partum period and/ or while breastfeeding.

### How often:



Take one - and only one - MMS every day until the bottle is empty.

## 14. What are the possible side effects of MMS?

When taken as directed, MMS supplements are not expected to cause serious side effects; however, some women experience upset stomach (i.e. nausea, vomiting and diarrhea), constipation, headaches, or an unusual or unpleasant taste in their mouth after taking MMS. These side effects are often temporary and will go away as the body adjusts to the medication.

Taking MMS with liquids, food, or at bedtime can reduce side effects. However, if symptoms persist, the pregnant woman should talk with her antenatal care specialist.

## 15. Can the pregnant woman continue taking MMS after skipping a few days?

Yes, but if a woman forgets one day, she should **not** take two supplements the next day. Instead, just take 1 per day as normal. MMS should be taken every day, but only one per day.



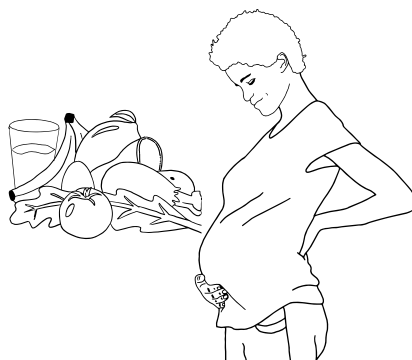
## 16. Can MMS use lead to the delivery of “Big Babies” who are Large for their Gestational Age (LGA)?

MMS promotes optimal growth and development of the fetus. Women of short stature (stunted and low height for age) should be monitored throughout pregnancy and receive appropriate obstetric care to ensure a healthy delivery.

To ensure a positive, healthy pregnancy experience, advise women to:



Attend regular antenatal care appointments



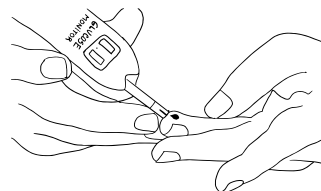
Eat a healthy diet



Include physical activity in daily routine

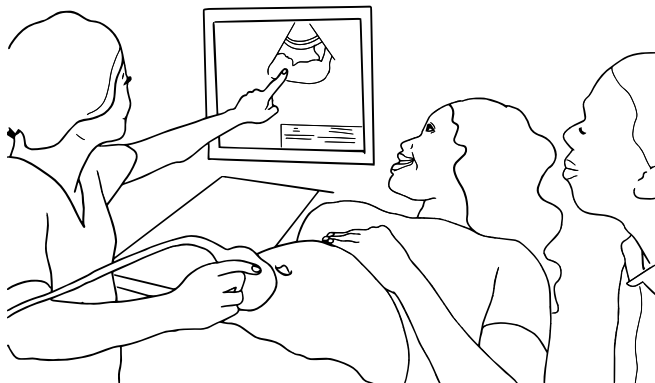


Monitor weight during pregnancy



Manage diabetes, including gestational diabetes

## 17. Should pregnant women still go for Antenatal Care Services (ANC) while taking MMS?



Yes. All pregnant women should continue attending Antenatal Care (ANC) services, even while taking MMS. In addition to taking MMS, regular ANC by a healthcare provider is very important.

## 18. How can I help encourage pregnant women to take MMS daily?

- Have the woman repeat the instructions to make sure she understands or ask her questions to check her understanding.
- Remind the woman not to share MMS with friends or families as they are specially formulated for pregnant women and are important for the growing baby. Keep MMS in a safe place, out of reach of children.
- For MMS to work best, take one every day of the pregnancy. Discuss strategies to help the woman remember to take the MMS daily. Here are some ideas:
  - Take MMS at the same time each day, after a meal (this helps build a habit, but is not required for the MMS to work).
  - Set an alarm or use another reminder to take MMS daily.
  - Keep the bottle in a location where it is seen every day, but out of reach of children.
  - Ask family or friends to help give reminders.
- If a woman forgets one day, do not take two MMS the next day; just continue to take one per day as normal.
- Ask the woman if she has any concerns about MMS or if there is a reason she might not take it. If so, help answer any questions and address her concerns.

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