



# Elevit Pre-conception for Fertility

SEPTEMBER 2025

# Dear healthcare professionals

**Fertility is a deeply personal journey, one that many individuals and couples navigate with hope, uncertainty, and a desire to take control of their reproductive health.**

At Bayer, we recognise that supporting your patients on this journey means offering evidence-based guidance on those factors that can improve fertility outcomes. Nutrition is one of the most powerful of those factors and is where Elevit plays a critical role.

Elevit Pre-conception/Stage 1 is clinically proven to support fertility. Containing key micronutrients like folic acid, vitamins B6 and B12, vitamin D, iron, zinc and antioxidants, it supports hormonal regulation, improves ovulatory function, creates a healthier environment for conception and early pregnancy. It is also proven to increase the chance of conception, and reduce both the time to conception and the risk of miscarriage.

This **Elevit Pre-conception for Fertility** deck has been created to highlight the key benefits of taking Elevit during this pivotal time, so that you can feel confident in your recommendations and in answering the questions your patients may have during their fertility journey.

**We hope you find this material useful!**





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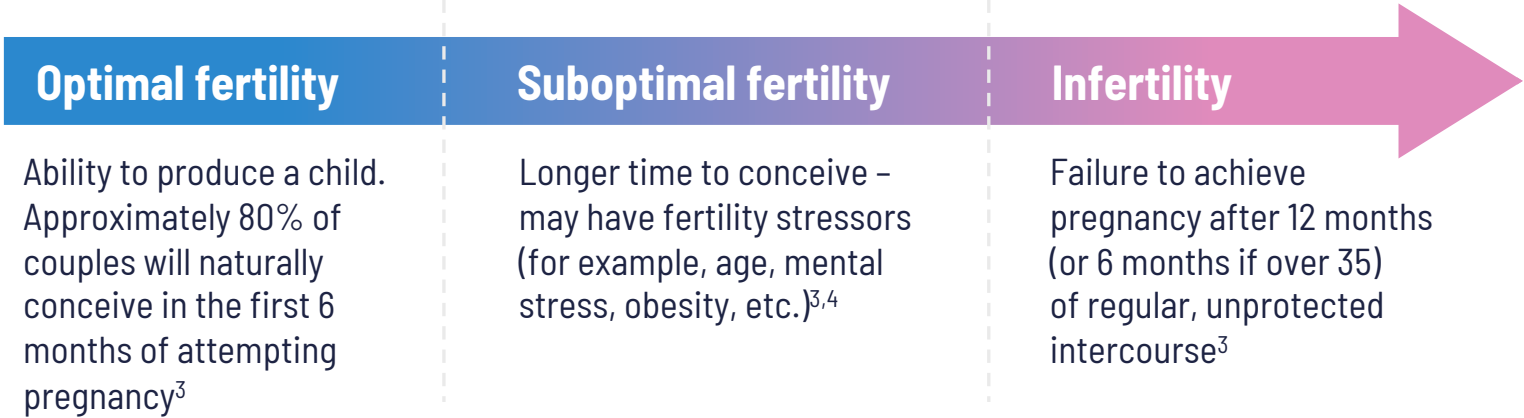
# Infertility is a common challenge worldwide, and its prevalence has increased substantially over recent decades



Data show that **female infertility rates have increased significantly worldwide** since 1990, with increases of ~11%, ~8% and ~3.5% observed in Asia, North America and South America, respectively<sup>1</sup>

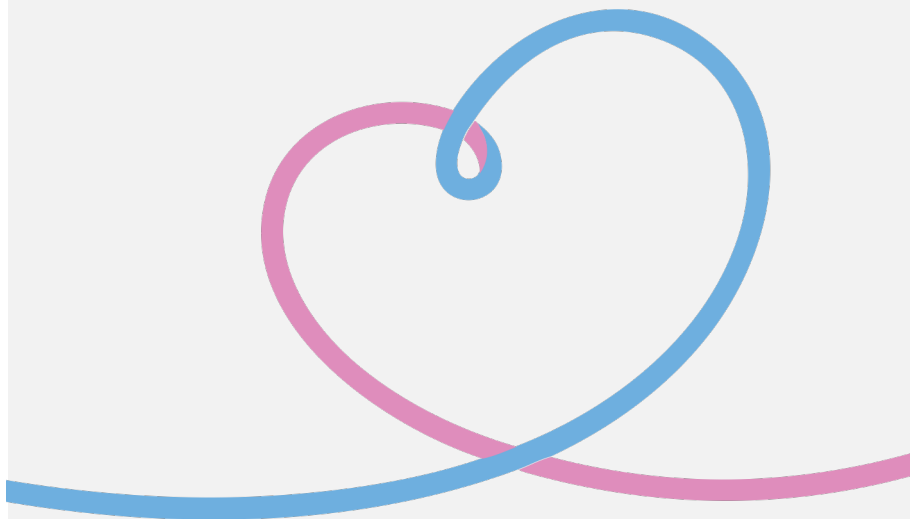


Approximately **1 in 6** people have experienced infertility at some stage in their lifetime (roughly 17.5%)<sup>2</sup>



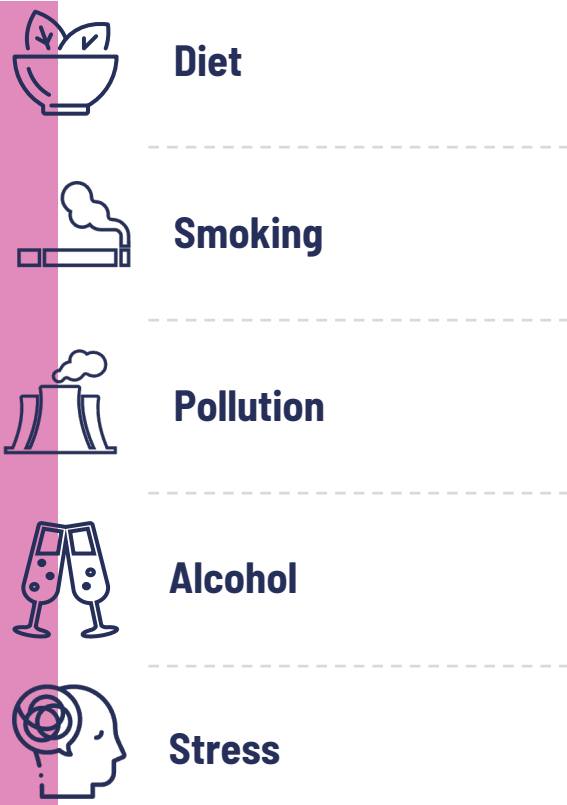
**Many women begin to suspect a fertility issue well before receiving a formal diagnosis.** These perceptions may arise from an extended time trying to conceive, irregular menstrual cycles, multiple miscarriages or a sense that 'something isn't right' – even in the absence of medical confirmation.<sup>5-7</sup>

**References:** 1. Borumandnia N et al. *Iran J Public Health* 2021;50(8):1735–1737. 2. World Health Organization. *Infertility prevalence estimates 1990 – 2021*. Geneva; WHO; 2023. 3. ASRM. *Fertil Steril* 2022;117:53–63. 4. Choudhary P et al. *ME Fertil Soc J* 2025;30:14. 5. Polis CB, Zabin LS. *Perspect Sex Reprod Health* 2012;44:30–38. 6. Kling C et al. *Arch Gynecol Obstet* 2018;297:205–219. 7. Kaur R, Gupta K. *Int J App Basic Med Res* 2016;6:79–83.

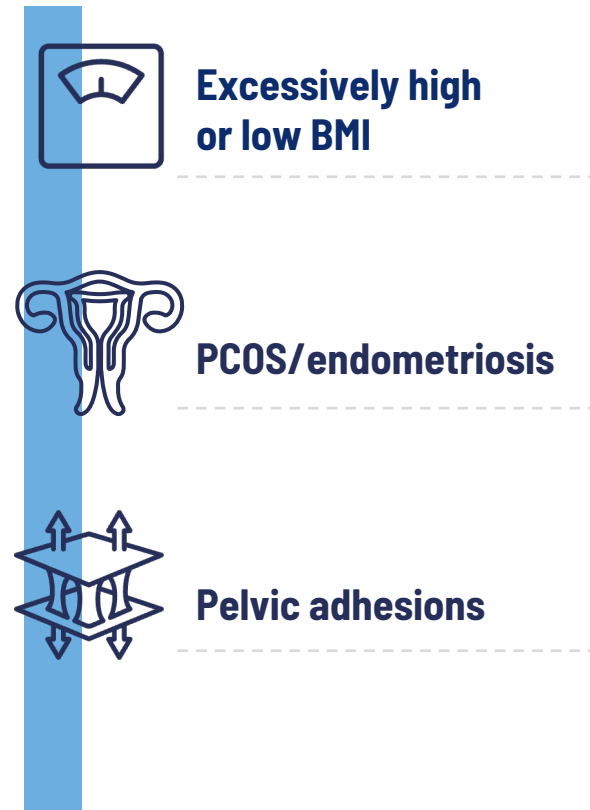


# Modern lifestyles can challenge a woman's ability to conceive by disrupting the body's micronutrient balance

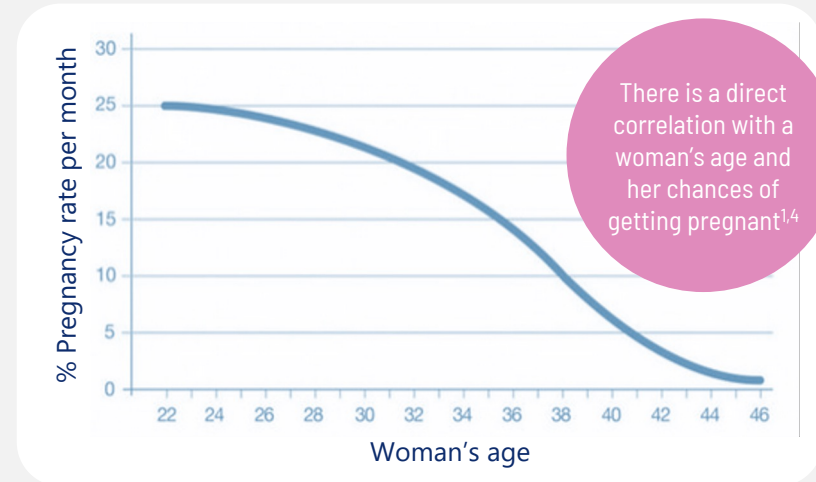
Certain lifestyle and environmental factors are associated with reduced fertility<sup>1-3</sup>



Numerous health conditions can also affect fertility<sup>1</sup>



An increasing number of woman are delaying pregnancy which makes it harder to conceive

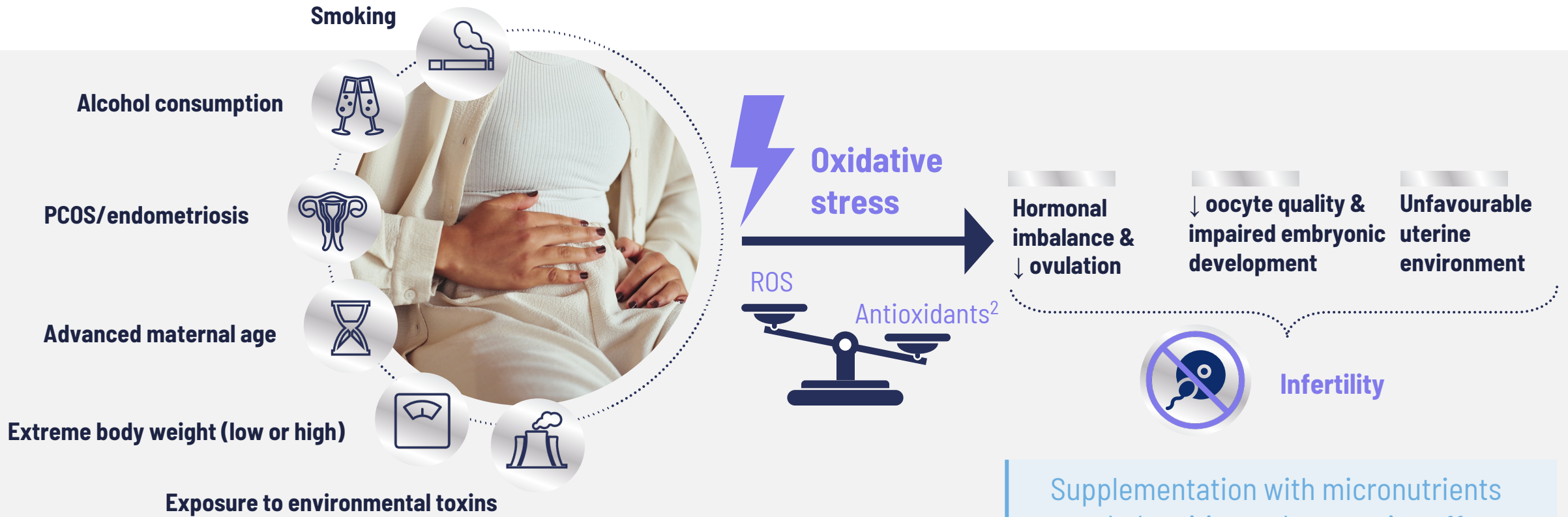


Such factors and conditions may lead to micronutrient imbalances and increase oxidative stress, both of which can compromise reproductive physiology and negatively impact fertility

# Oxidative stress can impair fertility, but supplementation with certain micronutrients may help reduce its impact

## Factors that elevate production of ROS in the body<sup>1,2</sup>

## Impact on reproductive function<sup>3-5</sup>



Supplementation with micronutrients may help mitigate the negative effects of oxidative stress on fertility<sup>5</sup>

**Abbreviations:** PCOS, polycystic ovary syndrome; ROS, reactive oxygen species.

**References:** 1. Su Z et al. *Front Endocrinol* 2024;15:1386021. 2. Schaefer E, Nock D. *Clin Med Insights: Women's Health* 2019;12:1-6. 3. Obeagu EI and Obeagu GU. *Elite J Nurs Health Sci* 2024;2:48-54.

4. Zaha I et al. *J Personalized Med* 2023;13:1264. 5. Kaltsas A et al. *Antioxidants* 2023;12:1490.

# Inadequate intake of micronutrients necessary for fertility is common among women of reproductive age



**69% of women of reproductive age** worldwide have deficient levels of iron, zinc and/or folate<sup>1</sup>

**Women following vegetarian or vegan diets are at increased risk** of deficiencies in key micronutrients, such as vitamin B12, iron, vitamin D, zinc, iodine, calcium and omega-3s<sup>2,3</sup>

More than half of infertile women have **insufficient levels of vitamin B12**<sup>4</sup>

**Vitamin D deficiency is common in women of reproductive age**, especially those with darker skin, limited sun exposure, high sunscreen use and indoor lifestyles<sup>5</sup>

MICRONUTRIENT	DEFICIENCY IMPACT ON FERTILITY
<b>Folate (B9)</b>	Impaired ovulation, increased levels of homocysteine, increased risk of miscarriage <sup>4,6,7</sup>
<b>Vitamin B6</b>	Increased levels of homocysteine, oxidative stress <sup>4</sup>
<b>Vitamin B12</b>	Ovulatory dysfunction, increased risk of miscarriage <sup>6</sup>
<b>Vitamin C</b>	May decrease protection from oxidative damage that can affect oocyte maturation and fertilisation <sup>8</sup>
<b>Vitamin D</b>	Lower IVF success, increased risk of polycystic ovary syndrome <sup>4</sup>
<b>Vitamin E</b>	May decrease protection from oxidative damage <sup>4</sup>
<b>Copper</b>	Embryonic death and reduced fertility rates <sup>9</sup>
<b>Iron</b>	Anovulation <sup>10</sup>
<b>Zinc</b>	Impaired ovulation, menstrual irregularity <sup>4,11</sup>
<b>Iodine*</b>	Delayed conception <sup>12</sup>
<b>Selenium*</b>	Increased risk of infertility, lower oocyte quality, lower fertilisation rate, increased risk of pre-eclampsia <sup>13</sup>

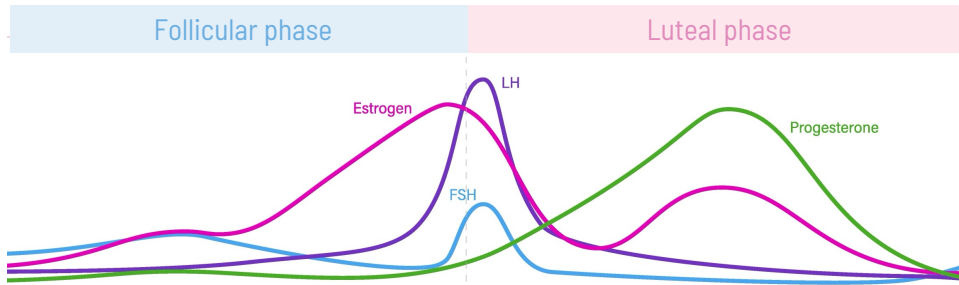
\*Not available in all markets. Elevit formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

**References:** 1. Stevens GA et al. *Lancet Glob Health* 2022;10(11):e1590–e1599. 2. Salvaleda-Mateu M et al. *Nutrients* 2024;16:1726. 3. Sebastiani G et al. *Nutrients* 2019;11:557. 4. Schaefer E, Nock D. *Clin Med Insights: Women's Health* 2019;12:1. 5. El-Mallah C et al. *Nutrients* 2025;17:804. 6. Gaskins AJ, Chavarro JE. *Am J Obstet Gynecol* 2019;218:379–389. 7. Ogawa S et al. *Nutrients* 2023;15:3730. 8. Agarwal A et al. *Reprod Biol Endocrinol* 2005;3:28. 9. Mistry HD, Williams PJ. *Oxidative Med Cell Longevity* 2011;2011:841749. 10. Chavarro JE et al. *Obstet Gynecol* 2006;108:1145–1152. 11. Garner TB, et al. *Biol Reprod* 2021;104(5):976–994. 12. Mills JL et al. *Hum Reprod* 2018;33:426–433. 13. Yang J. *J Clin Exp Reprod Med* 2024;1(1):40–42.

# How micronutrients can support optimal fertility



## Hormonal regulation & ovulation<sup>1-7</sup>



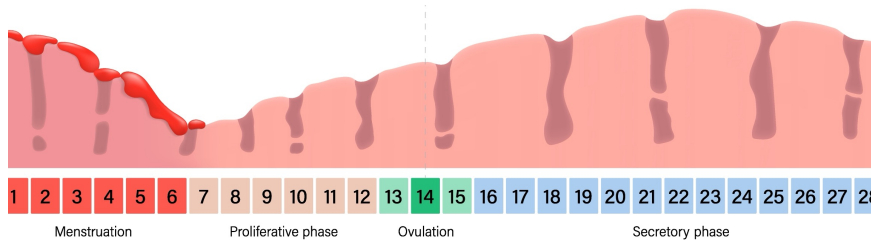
- B5, C, I, Se: Hormone synthesis and metabolism
- B6, Ca, Fe, Zn: Hormone regulation
- C, Fe, Zn: Ovulation

## Oocyte quality<sup>6,8,9</sup>



- FA, A, Fe: Oocyte quality/maturation
- B12, Zn
- Ca: Oocyte activation

## Endometrium receptivity/implantation<sup>6,7,10,11</sup>



- D: Endometrium receptivity
- E: Endometrium thickness
- FA, Zn: Endometrium shedding

## General antioxidant effect<sup>5,12</sup>

- A, C, E, Se, Zn

Women undergoing IVF who consumed >800 µg/day of folic acid had **~20% higher live birth rates** compared to those taking less than 400 µg/day<sup>8\*</sup>

Higher dietary folate was linked to **64% lower odds of anovulation** in women trying to conceive<sup>13</sup>

Among women undergoing IVF, vitamin D sufficiency was associated with a nearly **fourfold increase in pregnancy rates** versus deficiency<sup>8</sup>

Women taking ≥6 multivitamins per week (with folic acid) had a **41% lower risk of ovulatory infertility** versus non-users<sup>8</sup>

**Abbreviations:** A, vitamin A; B5, vitamin B5; B6, vitamin B6; B12, vitamin B12; C, vitamin C; Ca, calcium; D, vitamin D; E, vitamin E; FA, folic acid; Fe, iron; I, iodine; IVF, in vitro fertilisation; Se, selenium; Zn, zinc.

**\*Elevit formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.**

**References:** 1. EFSA. Scientific Opinion on the substantiation of health claims related to pantothenic acid. *EFSA Journal* 2009;7(9):1218. 2. Henmi H et al. *Fertil Steril* 2003;80(2):459-461. 3. EFSA. Scientific Opinion on the substantiation of health claims related to vitamin B6. *EFSA Journal* 2009;7(9):1225. 4. Mathews DM et al. *Human Reprod* 2021;36:265-274. 5. Rayman MP. *Lancet* 2000;356:233-241. 6. Schaefer E Nock D. *Clin Med Insights: Women's Health* 2019;12:1-6. 7. Skoracka K et al. *Adv Nutr* 2021;12:2372-2386. 8. Gaskins AJ, Chavarro JE. *Am J Obstet Gynecol* 2018;218:379-89. 9. Wakai T et al. *Cold Spring Harb Perspect Biol* 2011;3:a006767. 10. Cermisoni GC et al. *Int J Mol Sci* 2018;19:2320. 11. Cicek N et al. *J Assist Reprod Genet* 2012;29:325-8. 12. Kaltsas A et al. *Antioxidants* 2023;12:1490. 13. Gaskins AJ et al. *PLoS ONE* 2012;7(9):e46276.

# Elevit Pre-conception increases the chance of conception, shortens the time to conceive and reduces the risk of miscarriage

**Elevit's role in reducing NTDs is well known, but its ability to support fertility is less widely recognised**

- Elevit restores micronutrient levels to support fertility and reproduction
- Its combination of ingredients\* have several properties that have a positive impact on fertility, including increasing the number of good quality oocytes, supporting cell division and protecting cells from oxidative stress <sup>1</sup>
- Together they can help increase conception rates and reduce both the time to conception and the incidence of miscarriage, and thereby, support fertility <sup>1</sup>



Folate 800 µg		Vitamin B1	1.6 mg
Calcium 125 mg	Iron 60 mg	Vitamin B2	1.8 mg
Zinc 7.5 mg	Vitamin D 500 IU	Vitamin B6	2.6 mg
		Vitamin B12	4.0 ug
		Vitamin C	100 mg
		Vitamin E	15 mg
		Pantothenic acid (B5)	10 mg
		Nicotinamide (B3)	19 mg
		Copper	0.9 mg
		Magnesium	100 mg

\*Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviation: NTD, neural tube defect.

References: 1. Schaefer E, Nock D. Clin Med Insights: Women's Health 2019;12:1-6.



# The positive effects of Elevit Pre-conception on fertility are backed by clinical evidence



Elevit Pre-conception has been clinically proven to:



By supporting:

## Hormonal regulation

- Elevit Pre-conception features micronutrients proven to assist in hormonal regulation, critical for fertility. It has been clinically proven to support menstrual cycle regularity, particularly in women with irregular cycles<sup>7</sup>

## Egg quality

- Protects ovarian follicles from oxidative stress and support more high-quality oocytes, especially important during IVF, when oxidative stress is elevated<sup>3</sup>
- Rebalances the ovarian follicular nutrient environment in IVF patients<sup>3,6</sup>

## Reductions in homocysteinaemia

- High homocysteine concentrations are associated with a 33% increased risk of anovulation in healthy women,<sup>9</sup> and an increased rate of miscarriage and pregnancy complications in women undergoing ART<sup>5</sup>
- Lowers homocysteine levels in healthy women of childbearing age;<sup>10</sup> in healthy pregnant women;<sup>11</sup> in infertile women;<sup>12</sup> and in women undergoing IVF<sup>5</sup>

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

**Abbreviations:** ART, assisted reproductive technology; IVF, in vitro fertilisation.

**References:** 1. Czeizel A et al. *Int J Vitam Nutr Res* 1996;66:55-58. 2. Pasman NM et al. *Gynaecology* 2005;15:3730. 3. Luddi A et al. *Reprod Biol Endocrinol* 2016;14:57. 4. Sun N et al. *J Developmental Med* 2013;1:74-79. 5. Ogawa S et al. *Nutrients* 2023;15:3730. 6. Özkaya O, Naziroğlu M. *Fertil Steril* 2010;94:2465-2466. 7. Özkaya O et al. *Biol Trace Elem Res* 2011;139:1-9. 8. Dudás M et al. *Arch Gynecol Obstet* 1995;256:115-123. 9. Skoracka K et al. *Adv Nutr* 2021;12:2372-2386. 10. Schaefer E et al. *Vitam Miner* 2016;5:134. 11. Wang Y et al. *J Reprod Med* 2017;26:1196-1206. 12. Kuroda K et al. *Nutrients* 2021;13:1381.

**Use the following slides to explore the clinical trials in which these benefits have been proven**

# Elevit Pre-conception can shorten the time to pregnancy and increase the chances of conception

→ Czeizel *et al*, 1996 study

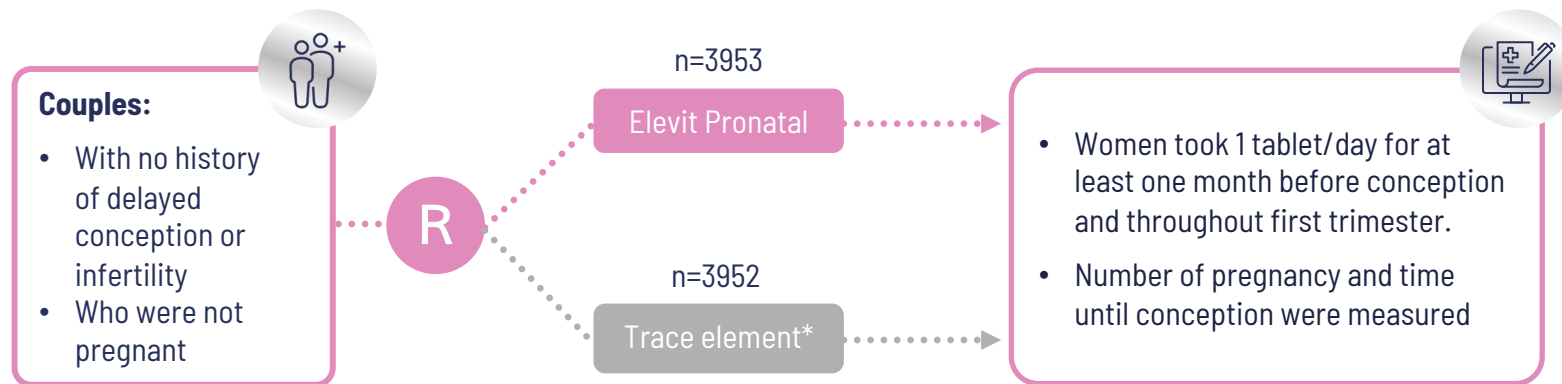
## Study objective

To assess the use of Elevit Pre-conception containing 800 µg folic acid in women planning a pregnancy. The main objective was to prevent NTDs but the trial was also used to evaluate the impact of supplementation on fertility



## Study design

Double-blind RCT



## Study results:

- Use of Elevit for at least one month before conception and throughout the first trimester resulted in a significantly higher number of confirmed pregnancies compared with a supplement containing trace elements – 64.6% vs 62.3% of women respectively – OR 1.1 (95% CI 1.00–1.21;  $p < 0.05$ )
- Time to conception was also shorter with Elevit compared with a supplement containing trace elements – 3.8 menstrual cycles vs 4.0 cycles – an increase in fertility of 5%

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

\*Contained copper 1 mg, manganese 1 mg, zinc 7.5 mg and vitamin C 7.5 mg.

Abbreviations: CI, confidence interval; NTD, neural tube defect; OR, odds ratio; RCT, randomised controlled trial.

References: Czeizel A *et al*. The effect of preconceptual multivitamin supplementation on fertility. *Int J Vitam Nutr Res* 1996;66:55–58.

# Elevit Pre-conception can support regular menstrual cycles



→ Dudas *et al*, 1995 study

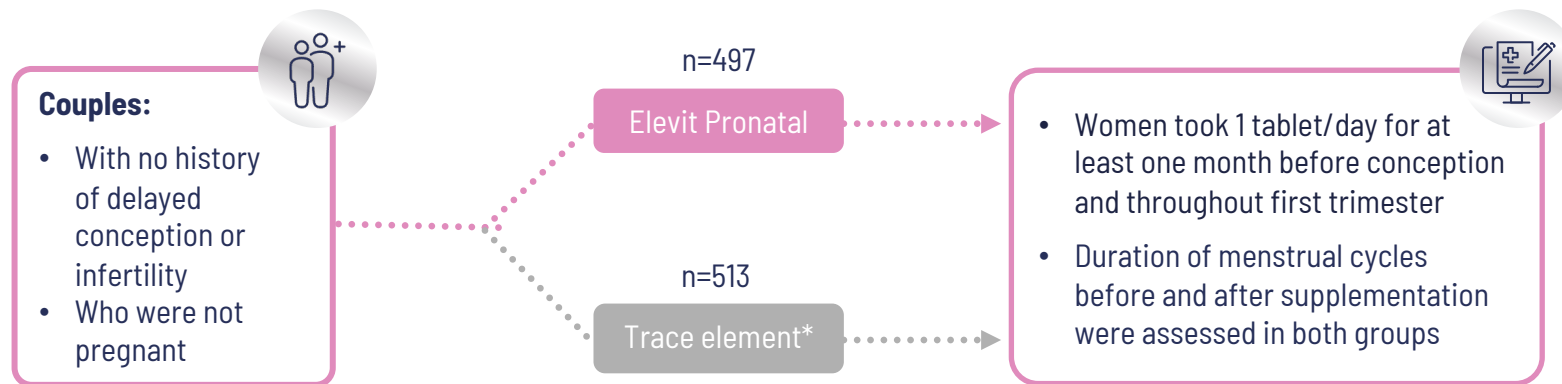
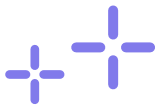
## Study objective

To assess the effect of Elevit Pre-conception containing 800 µg folic acid on the menstrual cycles of women planning a pregnancy.



## Study design

Sub-analyses of an RCT assessing the effect of Elevit Pre-conception on NTDs



## Study results

- Elevit Pre-conception improved menstrual cycle regularity compared to before supplementation: the menstrual cycles were shorter due to a shorter preovulatory phase and less variable in length, mainly in women with irregular cycles
- A similar trend was not seen during trace-element supplementation

Elevit's formulation features micronutrients proven to assist in hormonal regulation, critical for fertility.  
**It has been clinically proven to support menstrual cycle regularity, particularly in women with irregular cycles**

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

\*Contained copper 1 mg, manganese 1 mg, zinc 7.5 mg and vitamin C 7.5 mg.

Abbreviations: CI, confidence interval; NTD, neural tube defect; OR, odds ratio; RCT, randomised controlled trial.

References: Dudas M *et al*. The effect of preconceptional multivitamin supplementation on the menstrual cycle. *Arch Gynecol Obstet* 1995;256:115-123.

# Elevit Pre-conception supports egg health by rebalancing the nutritional environment of ovarian follicles and boosting antioxidant defences

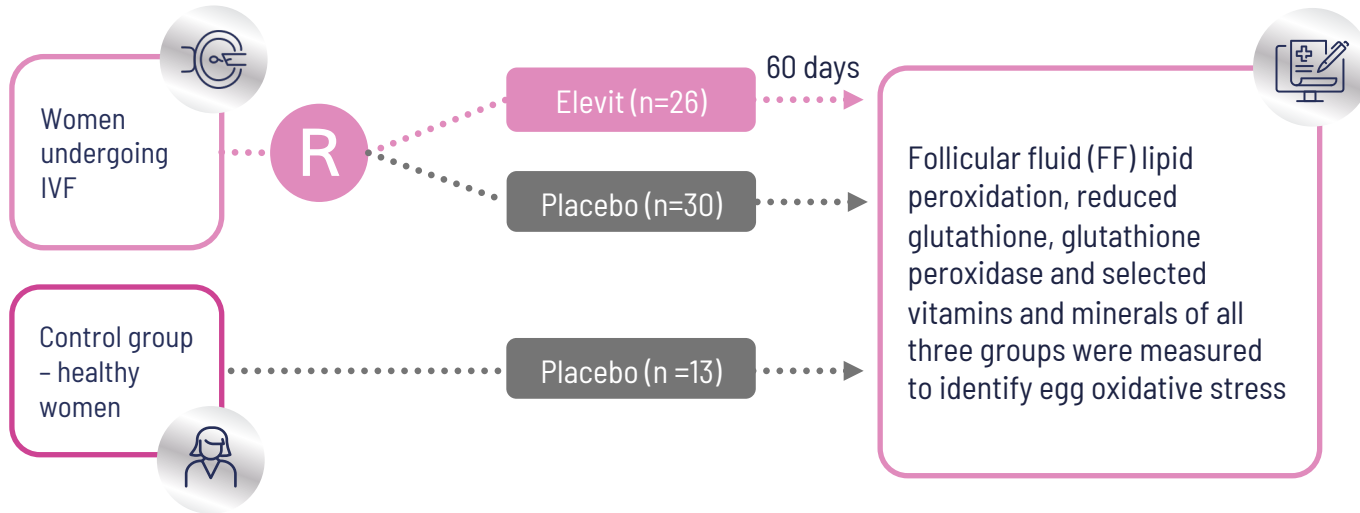
→ Özkaya *et al*, 2010 & Özkaya *et al*, 2011 studies

## Study objective

To assess the effect of Elevit Pre-conception on egg oxidative stress and nutrient environment in women undergoing IVF



## Study design



**IVF**

Elevit protects ovarian follicles from oxidative stress by increasing antioxidant defences, and enriches the egg's micronutrient environment to promote optimal egg health

## Study results

FF MICRONUTRIENTS	IVF VS CONTROL	ELEVIT PRE-CONCEPTION VS PLACEBO IN IVF
Vitamin A	=	=
Vitamin C	↓*	↑*
Vitamin E	=	↑ <sup>†</sup>
Copper	↓	↑ <sup>†</sup>
Zinc	↓ <sup>†</sup>	↑*
Selenium	↓*	↑*
Iron	↑*	↓ <sup>‡</sup>

FF OXIDATIVE STRESS PARAMETERS	IVF VS CONTROL	ELEVIT PRE-CONCEPTION VS PLACEBO IN IVF
Lipid peroxidation	↑*	↓ <sup>†</sup>
Reduced glutathione	=	↑ <sup>†</sup>
Glutathione peroxidase	↓*	↑

\*p<0.05; †p<0.01; ‡p<0.001

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: IVF, in vitro fertilisation; R, randomised.

References: Özkaya MO, Naziroğlu M. Multivitamin and mineral supplementation modulates oxidative stress and antioxidant vitamin levels in serum follicular fluid of women undergoing IVF. *Fertil Steril* 2010;94:2465-2466.

Özkaya MO *et al*. Effects of multivitamin/mineral supplementation on trace element levels in serum and follicular fluid of women undergoing IVF. *Biol Trace Elem Res* 2011;139:1-9.

# Elevit Pre-conception supports egg health by protecting ovarian follicles from oxidative stress

→ Luddi *et al*, 2016 study

## Study objective

Investigative study to evaluate the impact of Elevit Pre-conception on oxidative stress levels in the follicular microenvironment and on IVF outcome in 18 women >39 years undergoing IVF treatment



## Study design

Women aged >39 undergoing IVF

IVF cycle 1

IVF cycle 2 (+ Elevit)

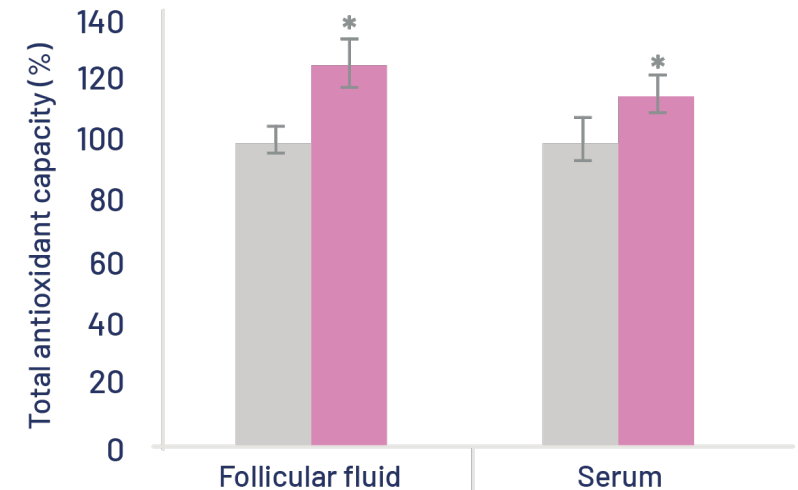
Protein oxidation levels and total antioxidant capacity in serum and in follicular fluid were evaluated for both IVF cycles

## Study results

- When patients took Elevit, starting 3 months before IVF cycles, proteins were protected from oxidative damage and total antioxidant capacity increased in both follicular fluid and serum
- Elevit use was also associated with a significantly increased number of good quality oocytes
  - Number of unsuitable oocytes in first (no micronutrients) IVF cycle  $1.88 \pm 1.01$ , and in second (with micronutrients)  $1.2 \pm 0.77$  ( $p < 0.05$ )

IVF

For IVF, the quality of the oocyte determines the embryonic development potential. Elevit protects ovarian follicles from oxidative stress and increases the number of good quality oocytes, enhancing fertility outcomes. This is particularly important for women undergoing IVF where oxidative stress is heightened



**Total antioxidant capacity** in follicular fluid and in serum from untreated patients (grey bars) or patients treated with Elevit (pink bars). \* $p < 0.05$ .

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: IVF, in vitro fertilisation; R, randomised; RDA, recommended daily allowance.

References: Luddi A *et al*. Antioxidants reduce oxidative stress in follicular fluid of aged women undergoing IVF. *Reprod Biol Endocrinol* 2016;14:57.

# Elevit Pre-conception helps restore the nutrient balance in ovarian follicles in women undergoing IVF, supporting egg health

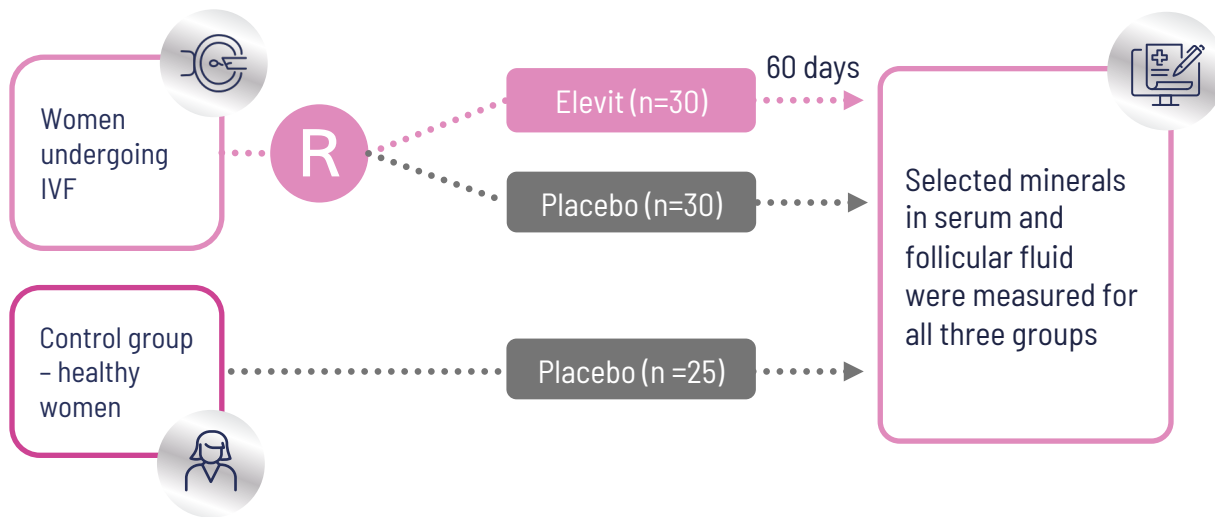
→ Sun et al, 2013 study

## Study objective

To assess the effect of Elevit Pre-conception on egg oxidative stress and nutrient environment in women undergoing IVF



## Study design



**IVF** Elevit protects ovarian follicles from oxidative stress by increasing antioxidant defences, and enriches the egg's micronutrient environment to promote optimal egg health

## Study results

- Compared to healthy controls, IVF placebo group had lower serum copper and zinc levels
- Elevit use increased serum and follicular copper and zinc levels in IVF group, while it reduced follicular iron level

ASSESSED MINERALS	SERUM		FOLLICULAR FLUID
	IVF PLACEBO VS CONTROL	ELEVIT PRE-CONCEPTION VS IVF PLACEBO	ELEVIT PRE-CONCEPTION VS IVF PLACEBO
Copper	↓*	↑*	↑ <sup>+</sup>
Zinc	↓*	↑ <sup>+</sup>	↑*
Iron	=	=	↓ <sup>‡</sup>

\*p<0.05; †p<0.01; ‡p<0.001.

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: IVF, in vitro fertilisation; RCT, randomised controlled trial.

References: Sun N et al. Impact of multivitamin supplementation on trace element levels in serum and follicular fluid of women undergoing in vitro fertilisation. *J Developmental Med* 2013;1:74-79.

# Elevit Pre-conception helps to lower elevated homocysteine levels and reduces miscarriage in women with a history of IVF failure



→ Ogawa *et al*, 2023 study

## Study background

High homocysteine levels can increase the risk of pregnancy complications and miscarriage



## Study objective

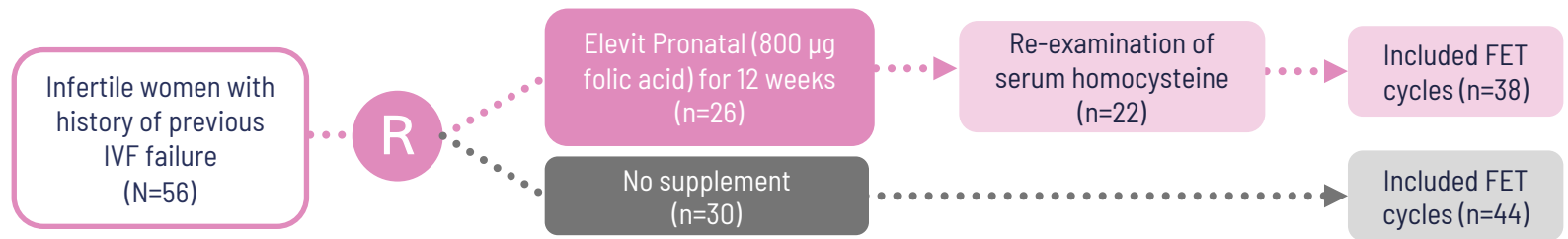
- To examine whether Elevit Pre-conception altered homocysteine levels and influenced reproductive outcomes in women with a history of frozen-thawed embryo transfer (FET) failure

## Study design

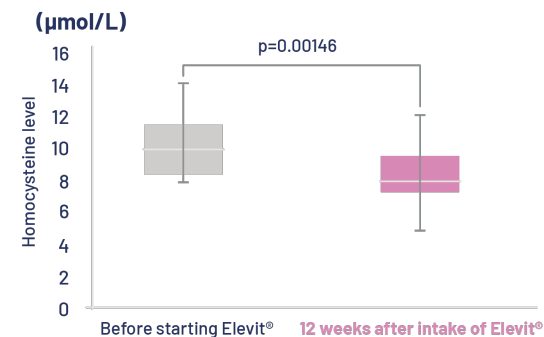
- Prospective interventional study

## Study results

- Women who took Elevit for 12 weeks had significantly decreased homocysteine levels ( $p=0.00146$ )
- Miscarriage rates were significantly lower in the group of women taking Elevit compared to those not using it



	ELEVIT GROUP (n=22; 38 FET cycles)	NON-ELEVIT GROUP (n=24; 44 FET cycles)	95% CI		p-VALUE
			LOW	HIGH	
Clinical pregnancy	16 (42.1)	10 (22.7)	0.15	1.25	0.97
Miscarriage	5 (31.3)	7 (70.0)	0.02	1.20	<0.05



Change in homocysteine levels before and after intake of folic acid in infertile women who had a history of FET failure

Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: CI, confidence interval; FET, frozen-thawed embryo transfer; ICSI, intracytoplasmic sperm injection; IVF, in vitro fertilisation.

References: Ogawa S *et al*. Impact of homocysteine as a preconceptional screening factor for in vitro fertilization and prevention of miscarriage with folic acid supplementation following frozen-thawed embryo transfer: A hospital-based retrospective cohort study. *Nutrients* 2023;15:3730.

# Supplementation with 800 µg folate is associated with higher conception rates in woman undergoing ART

→ Gaskins *et al*, 2014 study

## Study objective

To evaluate the associations of preconceptional folate intake with ART outcomes within woman population (N=232)



## Study design

- Prospective cohort analysis (food frequency questionnaire and ART medical records)

## Study results

- In women who took >800 µg supplemental folate/day:
  - Live birth rates were 20% higher than those taking <400 µg folate/day
  - Fertilisation rates and implantation rates were higher (p-trend = 0.03 for both)
  - Cycle failure rates before embryo transfer were lower (p-trend = 0.02)

QUARTILE (range, µg/day)	IMPLANTATION RATE	CLINICAL PREGNANCY RATE	LIVE BIRTH RATE
	Adjusted mean (95% CI)		
<b>Supplemental folate</b>			
Q1 (<400)	0.43 (0.31-0.55)	0.41 (0.29-0.53)	0.35 (0.24-0.48)
Q2 (400-543)	0.66 (0.55-0.75)*	0.55 (0.44-0.65)	0.43 (0.32-0.54)
Q3 (544-800)	0.58 (0.46-0.70)	0.55 (0.42-0.66)	0.39 (0.28-0.52)
Q4 (>800)	0.67 (0.56-0.77)*	0.62 (0.51-0.73)*	0.55 (0.43-0.66)*
p-trend	0.03	0.03	0.07

\*Indicates a p-value <0.05 comparing that quartile vs. first quartile.

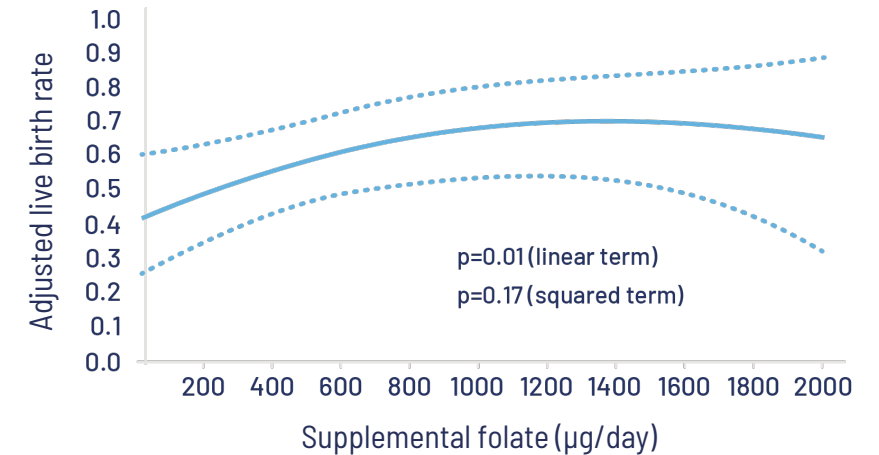
Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: ART, assisted reproductive technology; CI, confidence interval; IVF, in vitro fertilisation; Q, quartile.

References: Gaskins AJ *et al*. Dietary folate and reproductive success among women undergoing assisted reproduction. *Obstet Gynecol* 2014;124:801-809.



## Associations between folic acid supplementation and live birth rate



**IVF**

Increased supplemental folate intake is associated with improved fertility outcomes after ART

# Daily supplementation with 800 µg of folic acid is linked to a lower risk of miscarriage in the general population

→ Gaskins *et al*, 2014 study

## Study objective

To evaluate the relationship between pre-pregnancy folate intake and risk of miscarriage (N=11,072)



## Study design

- Prospective cohort analysis (food frequency questionnaire and self-reported miscarriage)

## Study results

- Compared with women without supplemental folate intake, those in the highest category (>730 µg/d) had a 20% reduced risk of miscarriage (RR 0.80 ; 95% CI 0.71-0.9) after multivariable adjustment (p-trend ≤0.001)
- Data indicate that 42 women would need to increase their folate intake from 400-729 µg/day (quartile 3) to >730 µg/day (quartile 4) to prevent one miscarriage



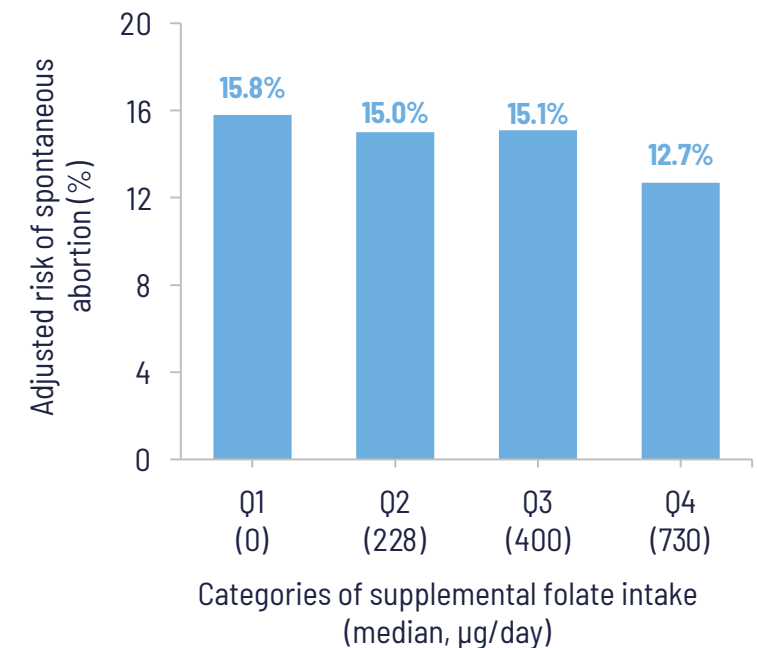
**Daily folic acid supplementation with 800 µg pre-pregnancy may help reduce the risk of miscarriage in the general population**



**Increasing supplemental folic acid intake from 400 µg/day to 800 µg/day before conceiving may help reduce miscarriage in the general population**



## Supplemental folate intake and risk of spontaneous abortion



Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: ART, assisted reproductive technology; CI, confidence interval; IVF, in vitro fertilisation; Q, quartile; RR, risk reduction.

References: Gaskins AJ *et al*. Dietary folate and reproductive success among women undergoing assisted reproduction. *Obstet Gynecol* 2014;124:801-809.

# All women who are trying to conceive can benefit from Elevit

If your patient is concerned about their fertility or has been trying to conceive, consider initiating a conversation about the potential benefits of pregnancy multivitamin supplementation. **Elevit should be started at least one month prior to conception**

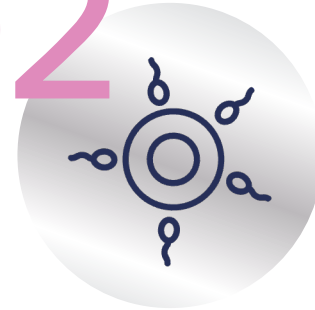
01



Women **preparing** to conceive naturally

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02



Women **actively trying** to conceive naturally

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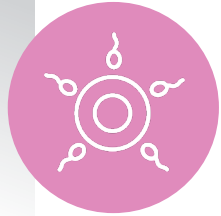
03



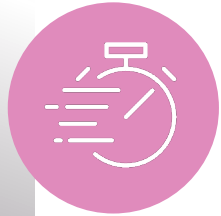
Women **preparing to undergo IVF** or another fertility treatment

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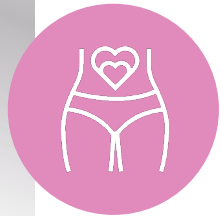
# Elevit delivers comprehensive micronutrient support for fertility to all women planning a pregnancy



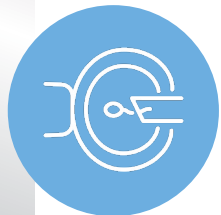
Increased chance of conception for women trying to conceive<sup>1</sup>



Shorter time to conception<sup>1</sup>



Reduced miscarriage in at-risk population<sup>2</sup>



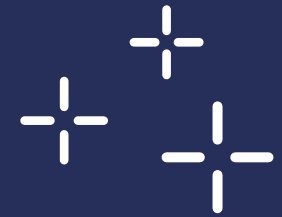
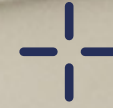
Also supports women undergoing IVF<sup>3-6</sup>



Formulations may vary between regions/countries in order to comply with local regulatory requirements. Please check the formulation available for your country.

Abbreviations: IVF, in vitro fertilisation.

References: 1. Czeizel A et al. *Int J Vitam Nutr Res* 1996;66. 2. Pasman NM et al. *Gynaecology* 2005;15:3730. 3. Luddi A et al. *Reprod Biol Endocrinol* 2016;14:57. 4. Sun N et al. *J Developmental Med* 2013;1:74-79. 5. Ogawa S et al. *Nutrients* 2023;15:3730. 6. Özkaya O, Naziroglu M. *Fertil Steril* 2010;94:2465-2466.



Thank You