

Pregnancy and Iodine Prophylaxis

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Abstract

Iodine is one of the essential elements required during pregnancy and lactation. Fetal severe mortality and morbidity can be seen in iodine deficiency. Iodine deficiency is a global health problem. Daily iodine intake should be 250 µg / day, especially in pregnant or lactating women.

Introduction

Iodine is one of the essential elements that must be taken absolutely in individuals. Approximately 90% of the dietary iodine is absorbed from the stomach and duodenum. The half-life of the iodine is up to 10 hours depending on the iodine deficiency. The iodine released into the plasma is used repeatedly by the thyroid gland. The unused portion is excreted in the urine. Daily iodine intake in women who are pregnant or lactating should be 250µg / day. Fetal severe morbidities can be encountered in pregnancies that do not receive adequate iodine support [1-6].

Discussion

Iodine deficiency is a global health problem known to affect about 2 billion people around the world. The most important source of iodine is the oceans and seas. Sea plants and marine animals form the richest iodine source since they can concentrate iodine from water. Iodine evaporates in sea water and then returns to the ground with rain. This leads to low amounts of iodine in crops and crops that grow on the ground with cycling. Iodine deficiency is more common in mountainous areas, and this shortage can be observed in the island and coastal areas. In 2007, published by the International Commission for the Prevention of Iodine Deficiency Diseases (ICIDD) and the new name and IGN (Iodine Global Network), a measure of urinary urine concentration (UIC) in community screenings is proposed to determine the iodine status in the community. According to this, the amount of iodine requirement was determined at the beginning of the studies [1-6].

Table 1: Diseases in Iodine Deficiency

	Fetus	Neonatal	Child and Adolescent	Adult
DISEASES	Abortus	Increased risk of exposure to nuclear radiation	Goiter	Goiter
	Stillbirth	Mental retardation	Hypothyroidism	Hypothyroidism
	Congenital anomalies	Hypothyroidism	Mental dysfunction	Mental dysfunction
	Increased perinatal mortality	Neonatal goitre	Increased risk of exposure to nuclear radiation	Risks of hyperthyroidism associated with iodine
	Increased infant mortality rate			Increased risk of exposure to nuclear radiation
	Cretinism			
	Psychomotor defects			

Result

Iodine deficiency can cause fetal serious morbidities. Furthermore, the effects of iodine deficiency may last during neonatal, adherence, and adulthood (table 1). Therefore, daily iodine intake in women who are pregnant or lactating should be 250 µg / day. Assuming a mean iodine intake of 100-150 µg / day for a standard iodized salt delivery, 200 µg / day iodine supplementation should be performed for 100-150 µg / day salt restriction.

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