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Enhancing Maternal and Fetal Well-being: The Role of Antioxidants in Pregnancy

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Abstract

Pregnancy, a period of profound physiological changes, demands meticulous attention to maternal and fetal well-being to ensure optimal outcomes. Central to this endeavor is the management of oxidative stress, a condition characterized by an imbalance between reactive oxygen species (ROS) production and antioxidant defense mechanisms. Antioxidants emerge as pivotal players in this context, offering protection against oxidative damage and fostering a supportive intrauterine environment for fetal growth and development. Oxidative stress poses a significant threat during pregnancy, particularly due to its potential to disrupt placental function and compromise fetal viability. Antioxidants counteract this threat by neutralizing ROS and preserving the integrity of essential cellular structures critical for fetal nourishment and oxygenation. Mechanistically, antioxidants exert their protective effects through various pathways, including direct scavenging of free radicals, regeneration of other antioxidants, and modulation of intracellular signaling cascades. Nutritional interventions aimed at enhancing antioxidant status hold promise for mitigating pregnancy-related complications and optimizing gestational outcomes. A diverse array of antioxidants, including vitamins C and E, selenium, and polyphenols, can be obtained through a balanced diet comprising fruits, vegetables, whole grains, and lean proteins.

Keywords: Pregnancy, Antioxidants, Maternal Health, Fetal Health, Oxidative Stress, Nutrition

Introduction

Pregnancy is a remarkable journey characterized by profound physiological adaptations to support the development and sustenance of a growing fetus within the maternal womb.¹ This period of gestation, spanning approximately nine months, is marked by intricate interplay between maternal physiology and embryonic/fetal growth.² However, this transformative process is not without its challenges, as the maternal body navigates numerous physiological changes and encounters various stressors that can impact both maternal and fetal well-being. Central among these challenges is the phenomenon of oxidative stress, which arises from an imbalance between the production of reactive oxygen species (ROS) and the body's antioxidant defense mechanisms.³⁻⁶ The concept of oxidative stress revolves around the notion of cellular damage inflicted by ROS, highly reactive molecules containing oxygen that can wreak havoc on cellular structures if left unchecked. During pregnancy, oxidative stress assumes heightened significance due to the increased metabolic demands imposed by the developing fetus, as well as the susceptibility of maternal tissues to oxidative damage.⁷⁻⁸ The placenta, in particular, plays a pivotal role in mediating maternal-fetal exchange and is thus exposed to oxidative stressors that can compromise its function and disrupt nutrient and oxygen delivery to the developing fetus. Consequently, maintaining an optimal balance between ROS production and antioxidant defenses is crucial for ensuring a favorable intrauterine environment conducive to fetal growth and development.⁹⁻¹²

Antioxidants represent a diverse array of compounds that serve as the body's primary defense mechanism against oxidative stress.¹³ These molecules possess the ability to neutralize ROS. thereby preventing cellular damage and preserving the integrity of vital cellular structures.¹⁴ While the body is equipped with endogenous antioxidant systems, including enzymes such as superoxide dismutase and catalase, exogenous antioxidants obtained from dietary sources also play a crucial role in bolstering antioxidant defenses. Vitamins C and E, for instance, are potent antioxidants known for their ability to scavenge free radicals and protect cell membranes from oxidative damage. Similarly, minerals such as selenium and zinc, as well as polyphenols found in fruits, vegetables, and herbal teas, exert antioxidant effects that contribute to overall cellular health and resilience.¹⁶⁻¹⁷ Given the critical importance of oxidative balance in pregnancy, understanding the role of antioxidants in mitigating oxidative stress and preserving maternal and fetal health is of paramount importance.¹⁸ Research in this area has shed light on the potential implications of antioxidant status for pregnancy outcomes, with emerging evidence suggesting that inadequate antioxidant intake or heightened oxidative burden may contribute to pregnancy complications such as preeclampsia, gestational diabetes, and fetal growth restriction. Conversely, optimizing antioxidant status through dietary interventions or supplementation may offer protective benefits against these adverse outcomes, highlighting the therapeutic potential of antioxidants in the management of pregnancy-related complications.¹⁹⁻²²

Antioxidants and Oxidative Stress in Pregnancy

Pregnancy represents a period of heightened metabolic activity and physiological changes, placing increased demands on maternal antioxidant defenses to counteract the surge in oxidative stress.²³ Oxidative stress occurs when there is an imbalance between the production of reactive oxygen species (ROS) and the body's ability to neutralize them with antioxidants.²⁴ During pregnancy, **Citation**: Obeagu EI, Obeagu GU. Enhancing Maternal and Fetal Well-being: The Role of Antioxidants in Pregnancy. Elite Journal of Medical Sciences, 2024; 2(4):76-87

ROS are generated as byproducts of various metabolic processes, including mitochondrial respiration and placental function, and can also arise from external sources such as environmental pollutants and maternal lifestyle factors like smoking and poor diet. Consequently, the delicate balance between ROS production and antioxidant capacity becomes crucial for maintaining maternal and fetal health throughout gestation.²⁵⁻²⁷ The placenta, a vital organ responsible for facilitating nutrient and oxygen exchange between the maternal and fetal circulations, is particularly susceptible to oxidative damage due to its high metabolic activity and exposure to oxidative stressors.²⁸ Oxidative stress in the placenta can impair its structural integrity, compromise blood flow to the fetus, and disrupt the transfer of essential nutrients and oxygen, thereby adversely affecting fetal growth and development.²⁹ Additionally, oxidative damage to placental DNA, proteins, and lipids can trigger inflammatory responses and contribute to the pathogenesis of pregnancy complications such as preeclampsia, intrauterine growth restriction (IUGR), and preterm birth.

Antioxidants play a crucial role in protecting maternal and fetal tissues from the harmful effects of oxidative stress during pregnancy.³⁰ These molecules act by neutralizing ROS, scavenging free radicals, and regenerating other antioxidants to maintain cellular homeostasis. Key antioxidants implicated in pregnancy include vitamins C and E, which function synergistically to protect cell membranes from lipid peroxidation and DNA damage, thereby preserving placental integrity and fetal development. Similarly, minerals such as selenium, zinc, and manganese serve as cofactors for antioxidant enzymes like glutathione peroxidase and superoxide dismutase, enhancing the body's defense against oxidative stress. Mounting evidence suggests that maternal antioxidant status influences pregnancy outcomes, with deficiencies in specific antioxidants associated with an increased risk of adverse pregnancy complications. For example, low maternal levels of vitamin C have been linked to an elevated risk of preeclampsia, while inadequate intake of vitamin E has been implicated in the development of IUGR and preterm birth. Conversely, interventions aimed at improving maternal antioxidant status through dietary modifications or supplementation have shown promise in reducing the incidence of pregnancy complications and improving birth outcomes. However, the optimal dosage and timing of antioxidant supplementation during pregnancy remain areas of ongoing research, necessitating further investigation to delineate the most effective strategies for enhancing antioxidant defenses and promoting maternal and fetal health.³¹⁻³⁴

Mechanisms of Action

Antioxidants exert their protective effects during pregnancy through a myriad of interconnected mechanisms, which collectively contribute to the maintenance of maternal and fetal health in the face of oxidative stress.

 Direct Scavenging of Reactive Oxygen Species (ROS): Antioxidants neutralize ROS by donating electrons or hydrogen atoms, thereby rendering them harmless and preventing oxidative damage to cellular components.³⁵ For instance, vitamin C (ascorbic acid) readily donates electrons to free radicals such as hydroxyl radicals and superoxide anions, Citation: Obeagu EI, Obeagu GU. Enhancing Maternal and Fetal Well-being: The Role of Antioxidants in Pregnancy. Elite Journal of Medical Sciences, 2024; 2(4):76-87 converting them into stable molecules and quenching their reactivity. Similarly, vitamin E (tocopherol) intercepts lipid peroxyl radicals, interrupting lipid peroxidation chain reactions and protecting cell membranes from oxidative damage.

- 2. **Regeneration of Other Antioxidants:** Antioxidants can regenerate other antioxidants, amplifying the body's defense against oxidative stress.³⁶ Glutathione, a tripeptide present in cells, serves as a potent antioxidant by scavenging free radicals and detoxifying reactive intermediates. Vitamin C acts as a cofactor for enzymes involved in regenerating reduced glutathione (GSH) from its oxidized form (GSSG), thereby maintaining cellular redox balance and sustaining the antioxidant capacity of the cell.
- 3. Modulation of Cellular Signaling Pathways: Antioxidants exert regulatory effects on intracellular signaling pathways involved in inflammation, apoptosis, and cell proliferation, thereby influencing cellular responses to oxidative stress.³⁷ For example, polyphenols found in fruits, vegetables, and herbal teas exert antioxidant effects by modulating the activity of transcription factors such as nuclear factor- κ B (NF- κ B) and activator protein-1 (AP-1), which regulate the expression of genes involved in inflammatory and immune responses. By attenuating inflammatory signaling cascades, antioxidants mitigate tissue damage and promote tissue repair and regeneration.
- 4. **Protection of Biomolecules:** Antioxidants protect vital biomolecules such as DNA, proteins, and lipids from oxidative damage, thereby preserving cellular function and integrity.³⁸ Oxidative stress-induced DNA damage, including base modifications and strand breaks, can lead to mutations and genomic instability, predisposing cells to malignant transformation and developmental abnormalities. Antioxidants like vitamin E and selenium prevent lipid peroxidation, a chain reaction that propagates oxidative damage to cell membranes and organelles, thereby maintaining membrane fluidity and stability.
- 5. Enhancement of Endogenous Antioxidant Defense Systems: Antioxidants stimulate the activity of endogenous antioxidant enzymes, augmenting the body's capacity to neutralize ROS and combat oxidative stress. For instance, selenium is a cofactor for glutathione peroxidase, an enzyme that catalyzes the reduction of hydrogen peroxide and lipid hydroperoxides using glutathione as a substrate. By enhancing the enzymatic antioxidant defense system, selenium protects cells from oxidative damage and promotes redox homeostasis.

Dietary Sources and Supplementation

A balanced and nutrient-rich diet forms the cornerstone of maternal and fetal health during pregnancy, providing a diverse array of antioxidants essential for combating oxidative stress and supporting optimal gestational outcomes. While a variety of antioxidants can be obtained through dietary sources, supplementation may be warranted in cases of inadequate intake or heightened oxidative burden.

Dietary Sources:

- 1. **Fruits and Vegetables:** Colorful fruits and vegetables are rich sources of antioxidants, including vitamins C and E, carotenoids, and polyphenols.³⁹ Citrus fruits, berries, kiwi, mangoes, spinach, kale, carrots, and bell peppers are particularly abundant in vitamin C, while nuts, seeds, and leafy greens provide ample amounts of vitamin E. These antioxidants act synergistically to scavenge free radicals and protect cellular structures from oxidative damage.
- 2. Whole Grains: Whole grains such as oats, brown rice, quinoa, and whole wheat are rich in vitamins, minerals, and phytochemicals that possess antioxidant properties.⁴⁰ In addition to vitamins C and E, whole grains contain compounds like selenium, zinc, and lignans, which contribute to antioxidant defense mechanisms and promote overall maternal-fetal health.
- 3. **Lean Proteins:** Lean proteins, including poultry, fish, tofu, legumes, and lean cuts of meat, provide essential amino acids and micronutrients necessary for fetal growth and development.⁴¹ Certain seafood, such as salmon and trout, also contain omega-3 fatty acids with antioxidant and anti-inflammatory properties, further enhancing maternal and fetal well-being.
- 4. **Herbs and Spices:** Culinary herbs and spices like turmeric, cinnamon, ginger, and garlic are valued not only for their flavor-enhancing properties but also for their potent antioxidant effects. These aromatic plant compounds, including curcumin, cinnamaldehyde, gingerol, and allicin, possess antioxidant, anti-inflammatory, and antimicrobial properties, making them valuable additions to the maternal diet.

Supplementation:

While a well-balanced diet should ideally provide an adequate intake of antioxidants during pregnancy, supplementation may be recommended in certain circumstances to address specific nutritional needs or mitigate oxidative stress-related complications.

- 1. **Folic Acid and Iron:** Folic acid supplementation is routinely recommended to prevent neural tube defects and support fetal neurodevelopment.⁴² Iron supplementation may also be prescribed to prevent or treat iron deficiency anemia, a common condition in pregnancy associated with increased oxidative stress.
- 2. Vitamins C and E: In cases of suboptimal dietary intake or increased oxidative burden, supplementation with vitamins C and E may be beneficial for enhancing maternal antioxidant status and reducing the risk of pregnancy complications such as preeclampsia and preterm birth.
- 3. **Omega-3 Fatty Acids:** Supplementation with omega-3 fatty acids, particularly docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), has been associated with improved maternal and fetal outcomes, including reduced risk of preterm birth and enhanced neurodevelopmental outcomes in offspring.⁴³
- 4. Antioxidant-rich Formulations: Multivitamin and mineral supplements formulated specifically for pregnant women often contain a combination of antioxidants, including

vitamins C and E, selenium, zinc, and beta-carotene, to support maternal and fetal health throughout gestation.

Clinical Implications and Health Benefits

The role of antioxidants in pregnancy extends beyond theoretical concepts to practical clinical implications, offering tangible health benefits for both mothers and their developing fetuses. Understanding these implications is vital for healthcare providers to implement evidence-based strategies aimed at optimizing maternal and fetal well-being.

- 1. **Reduction of Pregnancy Complications:** Antioxidants have been linked to a decreased risk of various pregnancy complications, including preeclampsia, gestational diabetes mellitus (GDM), intrauterine growth restriction (IUGR), and preterm birth. By mitigating oxidative stress, antioxidants help preserve placental function, maintain vascular integrity, and regulate inflammatory responses, thereby reducing the incidence and severity of these adverse outcomes.⁴⁴⁻⁴⁷
- 2. **Protection Against Oxidative Damage:** Pregnancy imposes increased oxidative stress on maternal and fetal tissues due to heightened metabolic demands and environmental factors. Antioxidants act as scavengers of reactive oxygen species (ROS), preventing oxidative damage to cellular structures and biomolecules such as DNA, proteins, and lipids. By preserving cellular integrity, antioxidants safeguard maternal-fetal health and contribute to optimal fetal growth and development.⁴⁸⁻⁵⁰
- 3. Enhanced Fetal Neurodevelopment: Antioxidants play a critical role in supporting fetal neurodevelopment, particularly during vulnerable periods of embryogenesis and organogenesis.⁵¹ Vitamins C and E, in conjunction with other micronutrients such as folate and omega-3 fatty acids, contribute to neural tube closure, neuronal proliferation, and synaptogenesis. Adequate antioxidant intake during pregnancy has been associated with improved cognitive function and neurobehavioral outcomes in offspring, underscoring the importance of maternal nutrition in shaping fetal brain development.
- 4. **Mitigation of Long-Term Health Risks:** Emerging evidence suggests that maternal antioxidant status may influence long-term health outcomes in offspring, extending beyond the perinatal period. Prenatal exposure to oxidative stress has been implicated in the development of chronic diseases such as obesity, diabetes, cardiovascular disorders, and neurodevelopmental disorders in later life. By optimizing maternal antioxidant intake, healthcare providers can potentially mitigate these long-term health risks and promote lifelong health trajectories for both mother and child.⁵²⁻⁵⁴
- 5. Support for Maternal Immune Function: Antioxidants play a crucial role in modulating maternal immune function during pregnancy, ensuring an appropriate balance between inflammatory and anti-inflammatory responses.⁵⁵ Dysregulated oxidative stress and inflammation have been implicated in the pathogenesis of pregnancy-related immune disorders such as recurrent miscarriage, preterm labor, and maternal-fetal alloimmune reactions. Antioxidants help maintain immune homeostasis by quenching excessive ROS,

suppressing pro-inflammatory cytokine production, and enhancing antioxidant enzyme activity, thereby promoting maternal immune tolerance and fetal allograft acceptance.⁵⁶

Conclusion

The intricate interplay between oxidative stress and antioxidant defenses profoundly influences maternal and fetal health throughout pregnancy. Oxidative stress, arising from the imbalance between reactive oxygen species (ROS) production and antioxidant capacity, poses significant risks to gestational outcomes, including pregnancy complications and adverse fetal development. However, antioxidants emerge as potent allies in this battle against oxidative damage, offering a diverse array of mechanisms to protect maternal and fetal tissues from harm. Through direct scavenging of ROS, regeneration of other antioxidants, modulation of cellular signaling pathways, and protection of biomolecules, antioxidants exert multifaceted effects on cellular physiology, preserving cellular integrity and promoting optimal gestational outcomes. Moreover, dietary sources rich in antioxidants, including fruits, vegetables, whole grains, lean proteins, and herbs/spices, offer accessible means of enhancing maternal antioxidant status and mitigating oxidative stress-related complications.

Clinical implications of antioxidant interventions in pregnancy extend beyond theoretical frameworks to tangible health benefits, including the reduction of pregnancy complications, protection against oxidative damage, enhancement of fetal neurodevelopment, mitigation of long-term health risks, and support for maternal immune function. By incorporating antioxidant-rich foods and, when necessary, supplementation into prenatal care regimens, healthcare providers can optimize maternal and fetal well-being, ensuring safer pregnancies, healthier newborns, and improved long-term health trajectories for future generations.

References

- 1. Coad J, Pedley K, Dunstall M. Anatomy and Physiology for Midwives E-Book: Anatomy and Physiology for Midwives E-Book. Elsevier Health Sciences; 2019.
- Moog NK, Entringer S, Heim C, Wadhwa PD, Kathmann N, Buss C. Influence of maternal thyroid hormones during gestation on fetal brain development. Neuroscience. 2017; 342:68-100.
- 3. Obeagu EI, Bunu UO, Obeagu GU, Habimana JB. Antioxidants in the management of sickle cell anaemia: an area to be exploited for the wellbeing of the patients. International Research in Medical and Health Sciences. 2023;6(4):12-7.
- 4. Obeagu EI, Ubosi NI, Uzoma G. Antioxidant Supplementation in Pregnancy: Effects on Maternal and Infant Health. Int. J. Adv. Multidiscip. Res. 2023;10(11):60-70.
- 5. Obeagu EI, Agreen FC. Anaemia among pregnant women: A review of African pregnant teenagers. J Pub Health Nutri. 2023; 6 (1). 2023;138.

links/63da799664fc860638054562/Anaemia-among-pregnant-women-A-review-of-African-pregnant-teenagers.pdf.

- Obeagu EI, Ezimah AC, Obeagu GU. Erythropoietin in the anaemias of pregnancy: a review. Int J Curr Res Chem Pharm Sci. 2016;3(3):10-8. <u>links/5710fae108ae846f4ef05afb/ERYTHROPOIETIN-IN-THE-ANAEMIAS-OF-</u> <u>PREGNANCY-A-REVIEW.pdf</u>.
- 7. Agarwal A, Aponte-Mellado A, Premkumar BJ, Shaman A, Gupta S. The effects of oxidative stress on female reproduction: a review. Reproductive biology and endocrinology. 2012; 10:1-31.
- 8. Lappas M, Hiden U, Desoye G, Froehlich J, Mouzon SH, Jawerbaum A. The role of oxidative stress in the pathophysiology of gestational diabetes mellitus. Antioxidants & redox signaling. 2011;15(12):3061-3100.
- 9. Obeagu EI, Obeagu GU. Utilization of Antioxidants in the management of diabetes mellitus patients. J Diabetes Clin Prac. 2018;1(102):2.
- 10. Nwosu DC, Obeagu EI, Nkwocha BC, Nwanna CA, Nwanjo HU, Amadike JN, Elendu HN, Ofoedeme CN, Ozims SJ, Nwankpa P. Change in Lipid Peroxidation Marker (MDA) and Non enzymatic Antioxidants (VIT C & E) in HIV Seropositive Children in an Urban Community of Abia State. Nigeria. J. Bio. Innov. 2016;5(1):24-30.
- 11. Obeagu EI, Adepoju OJ, Okafor CJ, Obeagu GU, Ibekwe AM, Okpala PU, Agu CC. Assessment of Haematological Changes in Pregnant Women of Ido, Ondo State, Nigeria. J Res Med Dent Sci. 2021;9(4):145-8. <u>links/608a6728a6fdccaebdf52d94/Assessment-of-Haematological-Changes-in-Pregnant-Women-of-Ido-Ondo.pdf</u>.
- 12. Obeagu EI, Obeagu GU. Sickle Cell Anaemia in Pregnancy: A Review. International Research in Medical and Health Sciences. 2023 ;6(2):10-3. http://irmhs.com/index.php/irmhs/article/view/111.
- 13. Adwas AA, Elsayed A, Azab AE, Quwaydir FA. Oxidative stress and antioxidant mechanisms in human body. J. Appl. Biotechnol. Bioeng. 2019;6(1):43-47.
- 14. He L, He T, Farrar S, Ji L, Liu T, Ma X. Antioxidants maintain cellular redox homeostasis by elimination of reactive oxygen species. Cellular Physiology and Biochemistry. 2017;44(2):532-553.
- 15. Nwosu DC, Obeagu EI, Ezenwuba C, Agu GC, Amah H, Ozims SJ, Nwanjo HU, Edward A, Izuchukwu IF, Amadike JN, Nwagwu AJ. Antioxidant status of children with Plasmodium falciparum malaria in Owerri municipal council of Imo state. Int. J. Curr. Res. Chem. Pharm. Sci. 2016;3(8):40-6.
- 16. Ezimah UA, Obeagu EI, Ezimah CO, Ezimah A, Nto NJ. Diarrhoeal diseases of acquired immunodeficiency syndrome stimulate more depletion of total antioxidant status. Int. J. Adv. Multidiscip. Res. 2016;3(4):23-25.
- 17. Aloh GS, Obeagu EI, Okoroiwu IL, Odo CE, Chibunna OM, Kanu SN, Elemchukwu Q, Okpara KE, Ugwu GU. Antioxidant-Mediated Heinz Bodies Levels of Sickle Erythrocytes under Drug-Induced Oxidative Stress. European Journal of Biomedical and Pharmaceutical sciences. 2015;2(1):502-507.
- 18. Prins JR, Schoots MH, Wessels JI, Campmans-Kuijpers MJ, Navis GJ, van Goor H, Robertson SA, van der Beek EM, Sobrevia L, Gordijn SJ. The influence of the dietary

exposome on oxidative stress in pregnancy complications. Molecular Aspects of Medicine. 2022; 87:101098.

- 19. Nwakuilite A, Nwanjo HU, Nwosu DC, Obeagu EI. EVALUATION OF ENZYME ANTIOXIDANTS IN STREPTOZOCIN INDUCED DIABETIC RATS TREATED WITH MORINGA OLEIFERA LEAF POWDER. European Journal of Biomedical. 2020;7(11):285-8.
- 20. Ifeanyi OE. A review on free radicals and antioxidants. Int. J. Curr. Res. Med. Sci. 2018;4(2):123-133.
- 21. Akinpelu M, Gamade SM, Akinbo F, Adeniyi TD, Elizebeth AF, Obeagu EI. Histopathological and Biochemical Effect of Vitamin C and D on Phosphine-Induced Hepatotoxicity in Wistar Rats. Asian Journal of Dental and Health Sciences. 2023;3(2):18-22.
- 22. Nwakulite A, Obeagu EI, Eze R, Ugochi VE, Vincent CC, Okafor CJ, Chukwurah EF, Unaeze BC, Amaechi CO, Okwuanaso CB, Chukwuani U. Estimation of Serum Glutathione Peroxidase in Streptozotocin Induced Diabetic Rat Treated with Bitter Leaf Extract. Journal of Pharmaceutical Research International. 2021;33(30B):200-6.
- 23. Ortega Ávila JG, Echeverri I, de Plata CA, Castillo A. Impact of oxidative stress during pregnancy on fetal epigenetic patterns and early origin of vascular diseases. Nutrition reviews. 2015;73(1):12-21.
- 24. Ozougwu JC. The role of reactive oxygen species and antioxidants in oxidative stress. International Journal of Research. 2016;1(8):1-8.
- 25. Obeagu EI, Obeagu GU, Chukwueze CM, Ikpenwa JN, Ramos GF. Evaluation of Protein C, Protein S and Fibrinogen of Pregnant Women with Malaria in Owerri Metropolis. Madonna University journal of Medicine and Health Sciences. 2022;2(2):1-9.
- 26. Obeagu EI, Ikpenwa JN, Chukwueze CM, Obeagu GU. Evaluation of protein C, protein S and fibrinogen of pregnant women in Owerri Metropolis. Madonna University Journal of Medicine and Health Sciences. 2022;2(1):292-8. https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/57.
- 27. Ifeanyi OE, Stella EI, Favour AA. Antioxidants In the Management of Sickle Cell Anaemia. Int J Hematol Blood Disord (Internet) 2018 (cited 2021 Mar 4); 3. Available from: https://symbiosisonlinepublishing. com/hematology/hema tology25. php. 2018 S.
- 28. Al-Gubory KH, Fowler PA, Garrel C. The roles of cellular reactive oxygen species, oxidative stress and antioxidants in pregnancy outcomes. The international journal of biochemistry & cell biology. 2010;42(10):1634-1650.
- 29. Silvestro S, Calcaterra V, Pelizzo G, Bramanti P, Mazzon E. Prenatal hypoxia and placental oxidative stress: Insights from animal models to clinical evidences. Antioxidants. 2020;9(5):414.
- 30. Hussain T, Murtaza G, Metwally E, Kalhoro DH, Kalhoro MS, Rahu BA, Sahito RG, Yin Y, Yang H, Chughtai MI, Tan B. The role of oxidative stress and antioxidant balance in pregnancy. Mediators of Inflammation. 2021; 2021:1-1.
- Obeagu EI, Obeagu GU, Adepoju OJ. Evaluation of haematological parameters of pregnant women based on age groups in Olorunsogo road area of Ido, Ondo state. J. Bio. Innov11 (3). 2022:936-941.

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- Obeagu EI. An update on utilization of antenatal care among pregnant Women in Nigeria. Int. J. Curr. Res. Chem. Pharm. Sci. 2022;9(9): 21-6.DOI: 10.22192/ijcrcps.2022.09.09.003
- 33. Okoroiwu IL, Obeagu EI, Obeagu GU. Determination of clot retraction in preganant women attending antenatal clinic in federal medical centre Owerri, Nigeria. Madonna University Journal of Medicine and Health Sciences. 2022;2(2):91-97. https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/67.
- 34. Obeagu EI, Hassan AO, Adepoju OJ, Obeagu GU, Okafor CJ. Evaluation of Changes in Haematological Parameters of Pregnant Women Based on Gestational Age at Olorunsogo Road Area of Ido, Ondo State. Nigeria. Journal of Research in Medical and Dental Science. 2021;9(12):462-.<u>links/61b1e32f0c4bfb675178bfa7/Evaluation-of-Changes-in-Haematological-Parameters-of-Pregnant-Women-Based-on-Gestational-Age-at-Olorunsogo-Road-Area-of-Ido-Ondo-State-Nigeria.pdf.</u>
- 35. Pisoschi AM, Pop A, Iordache F, Stanca L, Predoi G, Serban AI. Oxidative stress mitigation by antioxidants-an overview on their chemistry and influences on health status. European Journal of Medicinal Chemistry. 2021; 209:112891.
- 36. Ahmad S. Oxidative stress and antioxidant defenses in biology. Springer Science & Business Media; 2012.
- Matés JM, Segura JA, Alonso FJ, Márquez J. Intracellular redox status and oxidative stress: implications for cell proliferation, apoptosis, and carcinogenesis. Archives of toxicology. 2008; 82:273-299.
- 38. Singh P, Kesharwani RK, Keservani RK. Antioxidants and vitamins: Roles in cellular function and metabolism. InSustained energy for enhanced human functions and activity 2017: 385-407. Academic Press.
- 39. Cömert ED, Mogol BA, Gökmen V. Relationship between color and antioxidant capacity of fruits and vegetables. Current Research in Food Science. 2020; 2:1-0.
- 40. Jideani AI, Silungwe H, Takalani T, Anyasi TA, Udeh H, Omolola A. Antioxidant-rich natural grain products and human health. Antioxidant-Antidiabetic Agents and Human Health. Oguntibeju O ed., InTech Publisher. Rijeka, Croatia. 2014:167-187.
- 41. Gush L, Shah S, Gilani F. Macronutrients and micronutrients. InA prescription for healthy living 2021: 255-273. Academic Press.
- 42. Gao Y, Sheng C, Xie RH, Sun W, Asztalos E, Moddemann D, Zwaigenbaum L, Walker M, Wen SW. New perspective on impact of folic acid supplementation during pregnancy on neurodevelopment/autism in the offspring children–a systematic review. PloS one. 2016;11(11):e0165626.
- 43. Kar S, Wong M, Rogozinska E, Thangaratinam S. Effects of omega-3 fatty acids in prevention of early preterm delivery: a systematic review and meta-analysis of randomized studies. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2016; 198:40-46.
- 44. Anyiam AF, Obeagu EI, Obi E, Omosigho PO, Irondi EA, Arinze-Anyiam OC, Asiyah MK. ABO blood groups and gestational diabetes among pregnant women attending University of Ilorin Teaching Hospital, Kwara State, Nigeria. International Journal of Research and Reports in Hematology. 2022 Jun 21;5(2):113-121.

- 45. Obeagu EI. Gestational Thrombocytopaenia. J Gynecol Women's Health. 2023;25(3):556163. <u>links/64b01aa88de7ed28ba95fccb/Gestational</u>-Thrombocytopaenia.pdf.
- 46. Jakheng SP, Obeagu EI, Abdullahi IO, Jakheng EW, Chukwueze CM, Eze GC, Essien UC, Madekwe CC, Madekwe CC, Vidya S, Kumar S. Distribution Rate of Chlamydial Infection According to Demographic Factors among Pregnant Women Attending Clinics in Zaria Metropolis, Kaduna State, Nigeria. South Asian Journal of Research in Microbiology. 2022 Aug 9;13(2):26-31.
- 47. Obeagu EI, Ogbonna US, Nwachukwu AC, Ochiabuto O, Enweani IB, Ezeoru VC. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. Journal of Pharmaceutical Research International. 2021;33(4):10-19.
- 48. Obeagu EI, Ogunnaya FU. PREGNANCYINDUCED HAEMATOLOGICAL CHANGES: A KEY TO MARTERNAL AND CHILD HEALTH. European Journal of Biomedical. 2023;10(8):42-43. <u>links/64c890bddb38b20d6dad2c5c/PREGNANCY-INDUCED-HAEMATOLOGICAL-CHANGES-A-KEY-TO-MARTERNAL-AND-CHILD-HEALTH.pdf</u>.
- 49. Ezeoru VC, Enweani IB, Ochiabuto O, Nwachukwu AC, Ogbonna US, Obeagu EI. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. Journal of Pharmaceutical Research International. 2021;33(4):10-19.
- 50. Okamgba OC, Nwosu DC, Nwobodo EI, Agu GC, Ozims SJ, Obeagu EI, Ibanga IE, Obioma-Elemba IE, Ihekaire DE, Obasi CC, Amah HC. Iron Status of Pregnant and Post-Partum Women with Malaria Parasitaemia in Aba Abia State, Nigeria. Annals of Clinical and Laboratory Research. 2017;5(4):206. <u>links/5ea97df145851592d6a8acf2/Iron-Status-of-Pregnant-and-Post-Partum-Women-with-Malaria-Parasitaemia-in-Aba-Abia-State-Nigeria.pdf</u>.
- 51. Swain N, Moharana AK, Jena SR, Samanta L. Impact of oxidative stress on embryogenesis and fetal development. InOxidative Stress and Toxicity in Reproductive Biology and Medicine: A Comprehensive Update on Male Infertility Volume II 2022: 221-241. Cham: Springer International Publishing.
- 52. Obeagu EI, Obeagu GU, Musiimenta E. Post partum haemorrhage among pregnant women: Update on risks factors. Int. J. Curr. Res. Med. Sci. 2023;9(2): 14-17.DOI: 10.22192/ijcrms.2023.09.02.003
- 53. Obeagu EI, Obeagu GU, Ogunnaya FU. Deep vein thrombosis in pregnancy: A review of prevalence and risk factors. Int. J. Curr. Res. Chem. Pharm. Sci. 2023;10(8): 14-21.DOI: 10.22192/ijcrcps.2023.10.08.002
- 54. Jakheng SP, Obeagu EI, Jakheng EW, Uwakwe OS, Eze GC, Obeagu GU, Vidya S, Kumar S. Occurrence of Chlamydial Infection Based on Clinical Symptoms and Clinical History among Pregnant Women Attending Clinics in Zaria Metropolis, Kaduna State, Nigeria. International Journal of Research and Reports in Gynaecology. 2022;5(3):98-105.
- 55. Sebastiani G, Navarro-Tapia E, Almeida-Toledano L, Serra-Delgado M, Paltrinieri AL, García-Algar Ó, Andreu-Fernández V. Effects of antioxidant intake on fetal development and maternal/neonatal health during pregnancy. Antioxidants. 2022;11(4):648.

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56. Xia Y, Hong L, Zheng J, Lu Z, Zhang Q, Chen S, Pang Z, Li L, Qiao S, Wang Q, Zhou Y. Ulcerative colitis alleviation of colon-specific delivered rhamnolipid/fullerene nanocomposites via dual modulation in oxidative stress and intestinal microbiome. Journal of Materials Chemistry B. 2023;11(25):5882-5897.