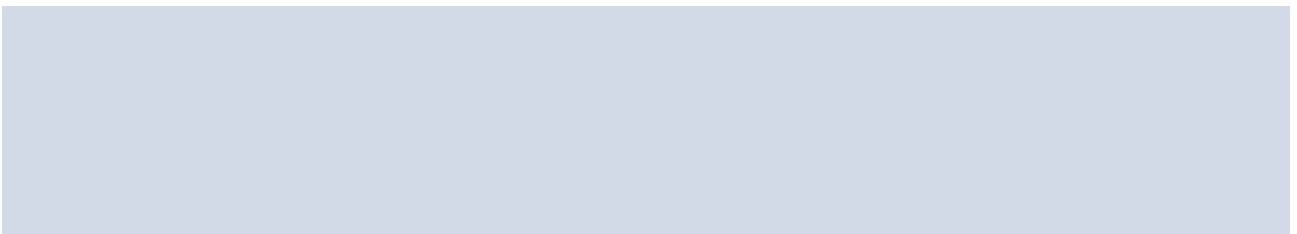




## FOLATE REQUIREMENTS

Folate status is typically assessed by serum folate concentration with lack of folate in the diet resulting in a low serum folate concentration. In contrast, erythrocyte folate levels respond more slowly to folate restrictions, reflecting the half-life of the erythrocyte and longer-periods of folate deficiency.<sup>9</sup>





(1980–1996); OR: 2.03; 95% CI=0.98, 4.21; p=0.02). Placental abruption was not related to homocysteine concentration quartiles, however when concentrations >15  $\mu\text{mol/L}$  were compared with lower concentrations the relative risk of placental abruption was 213% higher (OR: 3.13; 95% CI=1.63, 6.03; p=0.001). The concentration threshold observed with this association is quite different to the other associations, which were confined to the central part of the homocysteine distribution and may potentially represent a different aetiological mechanism. A weak, non-significant association was



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