Dear S,

Dietary DHA omega-3 has been the focus for omega-3 recommendations during pregnancy from various expert groups (including the recommended intake of at least 300 mg DHA omega-3 per day during pregnancy from the NIH workshop in 1999) based on the physiological-essentiality of DHA in the brain and retina of the infant and the need to therefore provide ample intakes of DHA during pregnancy (particularly the last trimester). There is evidence that the consumption of DHA+EPA from the diet (e.g. fish/seafood) during pregnancy can slightly lengthen the gestation time and may possibly offer other qualitative benefits to the mother also. It is noteworthy that all fish contain DHA as well as EPA (in general, most fish contain DHA:EPA ratios of approximately 2:1 or somewhat higher). It has been suggested that some of the benefits from consuming fish (containing DHA+EPA) may also be due to the complimentary effect of EPA with respect to various parameters including the risk of postpartum depression, etc. as well as potential benefits on the growth and development of the infant and young over the early months/years of life. The potential added benefit that dietary EPA may offer during pregnancy and subsequent development of the infant in addition to DHA is an important question which is of increasing research and clinical interest. A reasonable health-related approach at the present time would appear to be to include DHA + some EPA in the diet of pregnant women so as to be consistent with the intakes of both of these omega-3 fatty acids from the existing fish consumption trials where such fish consumption (DHA+EPA) has been shown to provide significant benefit for both the pregnant mother as well as the infant/child.