

# The effects of antenatal multiple micronutrient supplementation on birth weight, gestation and infection: a double blind, randomised controlled trial conducted in Nepal

<b>Submission date</b> 17/06/2004	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 21/09/2004	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 27/10/2022	<b>Condition category</b> Neonatal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Prof Anthony Costello

### Contact details

30 Guilford Street

London

United Kingdom

WC1N 1EH

+44 (0)20 7905 2261

anthony.costello@ucl.ac.uk

## Additional identifiers

### Protocol serial number

060394; 99-CH-16

## Study information

Scientific Title

The effects of antenatal multiple micronutrient supplementation on birth weight, gestation and infection: a double blind, randomised controlled trial conducted in Nepal

### **Acronym**

MIRA (Mother and Infant Research Activities) - a Nepali Non-Governmental Organisation (NGO):  
Janakpur Multiple Micronutrient Supplementation Study

### **Study objectives**

Neonatal mortality is the biggest contributor to global mortality of children younger than five years, and low birth weight is a crucial underlying factor. This study is a double blind, randomised controlled trial of the effects of antenatal multiple micronutrient supplementation on birth weight, gestation and perinatal infection, conducted in Dhanusha district, Nepal.

Added 15/02/2007:

1. Second and third trimester supplementation with a multiple micronutrient regime will increase birth weight
2. Second and third trimester supplementation with a multiple micronutrient regime will prolong gestation
3. Second and third trimester supplementation with a multiple micronutrient regime will make mothers less susceptible to infection

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Not provided at time of registration

### **Study design**

Double-blind randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Prevention

### **Health condition(s) or problem(s) studied**

Low birth weight

### **Interventions**

Intervention arm (600 participants):

Daily multiple micronutrient tablet from enrolment to delivery: Vitamin A 800 mcg, Vitamin E 10 mg, Vitamin D 5 mcg, Vitamin B1 1.4 mg, Vitamin B2 1.4 mg, Niacin 18 mg, Vitamin B6 1.9 mg, Vitamin B12 2.6 mcg, Folic acid 400 mcg, Vitamin C 70 mg, Iron 30 mg, Zinc 15 mg, Copper 2 mg, Selenium 65 mcg, Iodine 150 mcg.

Control arm (600 participants):

Daily government-recommended supplement from enrolment to delivery: Iron 60 mg, Folic acid 400 mcg.

### **Intervention Type**

Supplement

**Phase**

Not Specified

**Drug/device/biological/vaccine name(s)**

Supplements, vitamins

**Primary outcome(s)**

Added 15/02/2007:

Primary outcomes (1200 participants):

1. Birth weight, length and head circumference measured within 72 hours of birth
2. Gestation at birth calculated on the basis of obstetric ultrasound biometry at enrolment

**Key secondary outcome(s))**

Added 15/02/2007:

1. Micronutritional Outcomes (200 participants): venous blood collected at 32 weeks gestation for measurement of plasma vitamins A, C, E and ferritin
2. Immunological outcomes (600 participants):
  - 2.1. Clinical indicators of infection at every contact
  - 2.2. Venous blood collected at 32 weeks gestation for measurement of neopterin
  - 2.3. Breast milk collected at one month postpartum for measurement of sodium/potassium ratio

**Completion date**

01/07/2004

## **Eligibility**

**Key inclusion criteria**

1. Pregnant women attending for antenatal care at Janakpur Zonal Hospital, Dhanusha District, Nepal

As of 15th February 2007 the following details were added to this trial record:

2. Enrolment at up to 20 weeks zero days gestation
3. Singleton pregnancy
4. No major foetal anomaly detected on obstetric ultrasound at enrolment
5. No pre-existing maternal illness that would be expected to affect foetal growth

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Female

**Total final enrolment**

1200

**Key exclusion criteria**

Added 15/02/2007:

1. Pregnancy at gestations greater than 20 weeks zero days
2. Pre-existing maternal illness of a nature likely to affect pregnancy
3. Multiple pregnancy detected by obstetric ultrasound at enrolment
4. Residence potentially inaccessible for home follow-up

**Date of first enrolment**

11/08/2002

**Date of final enrolment**

22/10/2003

**Locations****Countries of recruitment**

United Kingdom

England

Nepal

**Study participating centre**

**Institute of Child Health**

London

United Kingdom

WC1N 1EH

**Sponsor information****Organisation**

Institute of Child Health (UK)

**ROR**

<https://ror.org/02jx3x895>

**Funder(s)****Funder type**

Charity

**Funder Name**

Wellcome Trust

**Alternative Name(s)****Funding Body Type**

Private sector organisation

**Funding Body Subtype**

International organizations

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan**

Not provided at time of registration

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Birth weight and duration of gestation	01/03/2005		Yes	No
<a href="#">Other publications</a>	Weight and size of children aged 2 years	09/02/2008		Yes	No
<a href="#">Other publications</a>	Blood pressure, weight and size of children aged 8 years	01/11/2014		Yes	No
<a href="#">Other publications</a>	Cognitive function at 12 years	28/02/2018	27/10/2022	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes