

Iron Deficiency in Pregnancy - Summary Clinical Guideline

Reference No.: UHDB/AN/05:20/13

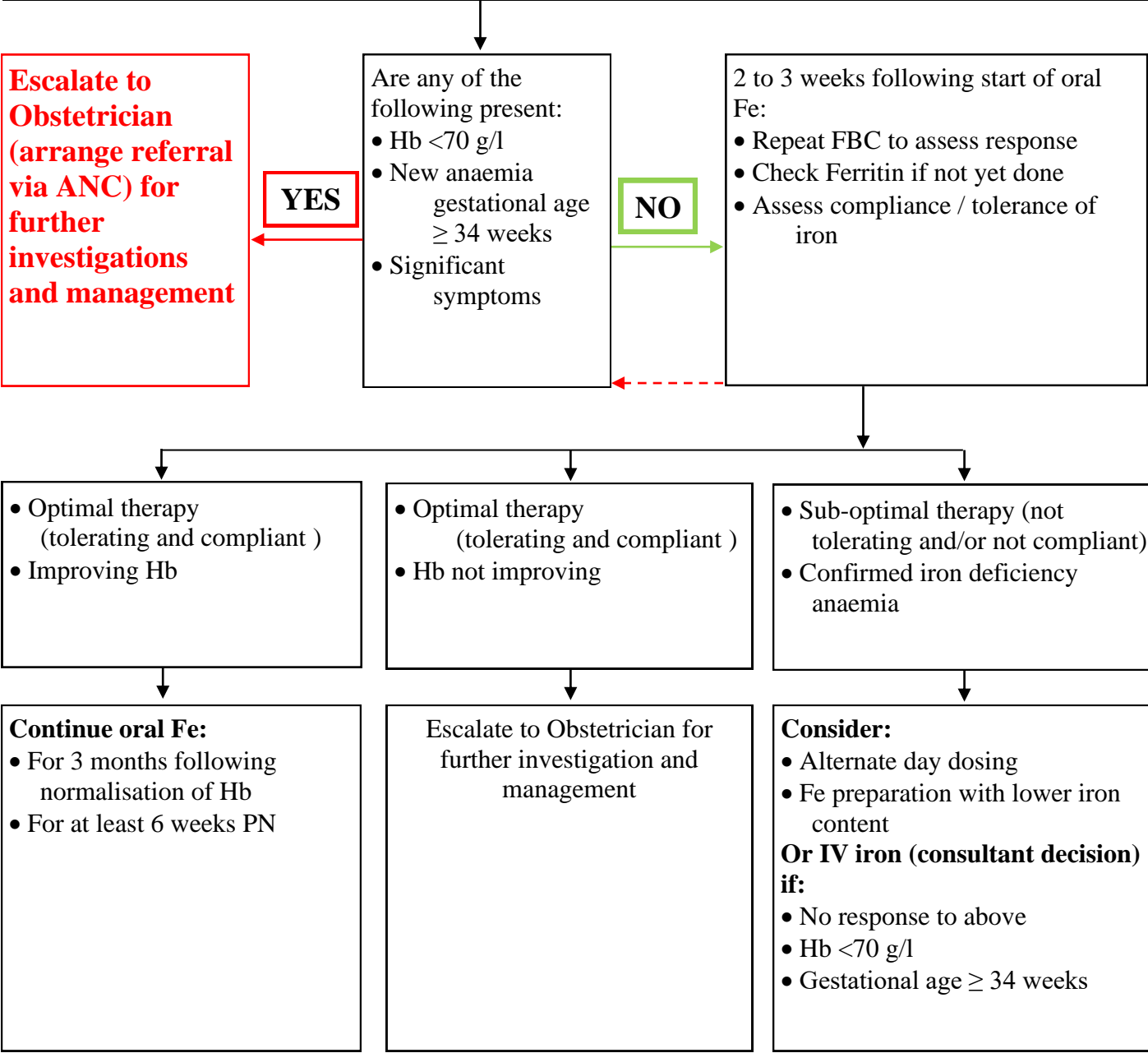
Suspected or confirmed antenatal anaemia

Investigate promptly:

- Take FBC (if not checked)
- Take Ferritin if known to be anaemic or in high risk group

Treat promptly:

- Give trial of oral Fe whilst waiting results
- Advise to take Fe in the morning on an empty stomach with water or source of Vit C
- Give dietary advice
- Advise to stop taking other multivitamins whilst taking Fe (can continue taking Vit D and Folic Acid)



Postnatal anaemia: Hb < 100 g/l

Post birth if:

- Uncorrected antenatal anaemia
- Blood loss at birth > 500ml
- Symptoms suggestive of anaemia

Check FBC at 24-48 hours post birth

Any of the following:

- Ongoing bleeding
- Clinical haemodynamic compromise
- Symptoms requiring urgent attention

- **Escalate to senior**
- **Consider red cell transfusion**
- **Counsel and consent**
- **1 unit at a time + reassessment**

- Hb <100 g/l + intolerance or non-responsive to oral Fe
- Hb 60-80 g/l + significant symptoms

- Consider use of IV iron
- Discuss with consultant
- Oral as alternative

- Hb <100 g/l but:
- Stable haemodynamically
 - Mild symptoms or asymptomatic

Oral Fe for 3 months