

Iron deficiency anaemia in pregnancy

Information for women and their families

This leaflet is given to all pregnant women in East Kent. It provides information on the prevention and treatment of anaemia during your pregnancy. If after reading this you have any questions or concerns, please speak to your midwife or GP.

What is iron deficiency anaemia?

Anaemia is a condition caused by a lack of red blood cells or haemoglobin in your body. In the UK the most common reason for developing anaemia is not having enough iron (known as iron deficiency anaemia).

Haemoglobin is a protein found in red blood cells. It carries oxygen from your lungs around your body. A key ingredient used to make haemoglobin is iron. If there is not enough iron in your body then the amount of haemoglobin drops. When haemoglobin reaches a low level, less oxygen can be carried on your blood. This can cause symptoms such as:

- tiredness
- breathlessness
- heart palpitations (heartbeats that suddenly become more noticeable)
- weakness
- headache
- dizziness; and
- chest pain.



Why might I have iron deficiency anaemia?

There are several reasons why you might not have enough iron in your body.

- There may not be enough fibre in your diet.
- Your gut may not absorb iron from your food.
- Your iron needs might be so high that you cannot get enough from your diet. Your baby needs a lot of extra iron when it is growing in your womb and they get this iron from you, which means your own iron stores can become lower.
- You can lose iron through blood loss, for example if you had heavy periods before you became pregnant.

Who is more likely to get anaemia in pregnancy?

The main causes of iron deficiency anaemia in pregnancy are:

- Having low iron stores before becoming pregnant.
- Having an inflammatory condition which affects your guts ability to absorb iron from food, for example Crohn's disease.
- Your body having a higher demand for iron, for example if you are having twins or triplets.
- Being under 20 years old when you become pregnant.
- Giving birth to your previous child less than one year ago.
- Having anaemia in a previous pregnancy.

You may also be at risk of becoming anaemic after giving birth, as you lose blood during or shortly after giving birth.

How is anaemia diagnosed?

As anaemia is common during pregnancy, all women in the UK are screened for anaemia at their booking visit and again at 28 weeks of pregnancy.

Anaemia is diagnosed with a simple blood test. If your haemoglobin is low then a further blood test can check if this is due to iron deficiency.

What are the risks of anaemia?

Anaemia in pregnancy can make you feel more tired and breathless. It also increases the risk of having a low birth weight baby and a premature (early) delivery.

After giving birth, anaemia can also cause tiredness and reduce the amount of milk you produce to feed your baby. It is also linked with an increased risk of postnatal depression.

If the anaemia is not treated with iron you may need a blood transfusion.

What happens next?

If you develop iron deficiency anaemia and are **less than 34 weeks pregnant**, your doctor/ midwife will usually arrange to give you a course of iron tablets. They will then arrange to see you again in two to four weeks' time, to recheck your blood. If the iron tablets have worked, your haemoglobin should increase and if you had symptoms, you should start to feel better.

Sometimes the iron tablets do not work even when you take them every day. If this happens, your doctor will ask you to have some more blood tests, which will include a check on your levels of vitamin B12, folic acid, and ferritin levels. Ferritin is a protein which acts as an iron storage system and if your ferritin is low, this confirms that you have iron deficiency.

If you are **more than 34 weeks pregnant** when iron deficiency anaemia is diagnosed, there may not be enough time for tablets to work before your baby is born. If this happens, you may need to be given an iron injection directly into your blood (see below for more details).

How is anaemia treated?

Diet

A good balanced diet is important to make sure you get enough iron. The most easily absorbed iron comes from red meat. Vegetarian options include lentils, fortified cereals, and green leafy vegetables, which all contain iron.

Vitamin C can help your body to absorb iron, and can be found in orange juice and other fruits and vegetables. Some foods can reduce your ability to absorb iron and should be avoided around the time you eat iron rich foods or take your iron tablets. These include tea, coffee, and foods containing calcium such as milk.

For further information on iron rich foods and foods to avoid please visit the NHS web site www.nhs.uk/conditions/iron-deficiency-anaemia/

Iron tablets

The recommended tablets for treating iron deficiency anaemia are called ferrous sulphate tablets. We recommend that you take one tablet each day as prescribed, ideally with some orange juice or other drink containing vitamin C, to improve their absorption. Only take iron tablets if recommended to do so by your doctor or midwife.

The most common side effects of taking iron tablets are nausea (feeling sick), bloating, and constipation. If this prevents you from being able to take the tablets, please discuss this with your GP who may be able to swap you on to a different type of iron tablet.

Iron injection

Iron injections are given by an intravenous (IV) drip into your blood. If necessary, you will be given an appointment to come to hospital for this. This is a quicker way to increase haemoglobin levels compared to tablets, as the iron is delivered directly into your blood. The procedure takes around 15 to 30 minutes to complete and usually only one injection is needed. Your blood will be checked by your midwife two to four weeks after your injection.

Side effects of IV are extremely rare but your doctor, nurse, or midwife will go through the information with you.

- If you **feel unwell** while having the injection, please tell a member of staff.
 - Rarely people can have a **severe allergic reaction** to the iron. To make sure we are aware if this happens, you will be monitored for this whilst receiving the injection and for 30 minutes after.
 - Your blood pressure will also be monitored during the procedure, to make sure that there is no change.
 - The fluid containing the iron can leak from your vein into the surrounding tissues during the procedure. Let your nurse know if you feel any discomfort.
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Why do I need a blood transfusion?

Most anaemia is successfully treated with diet and iron supplements. However, you may need a blood transfusion if your haemoglobin level becomes very low, you have severe symptoms of anaemia, or you are actively bleeding.

Blood transfusions have some risks because the blood you receive is donated from another person. This carries with it a very low risk of infections such as viruses being transmitted. All blood for transfusion in the UK is screened for infectious agents to make it as safe as possible. There is also a risk of allergic reactions to blood, so you will be monitored during the transfusion. This is why we try to minimise the need for transfusion by using iron supplements.

However, blood transfusions are the only way to quickly correct severe anaemia. This could be necessary if you have a large bleed during delivery. If you need a blood transfusion your doctor or midwife will explain the reasons to you in more detail.

Where can I find more information?

If you need further information, please speak to your doctor, midwife, or pharmacist, or go to the following website www.nhs.uk/conditions/iron-deficiency-anaemia/

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation