East Kent Hospitals University NHS Foundation Trust

# Iron deficiency anaemia in pregnancy

## Information for women, birthing people, and their families

You have been diagnosed with iron deficiency anaemia while pregnant. This leaflet explains:

- what iron deficiency anaemia is
- what the causes and symptoms are
- what risks it can cause during pregnancy; and
- what treatments are available.

We hope the leaflet will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to your midwife or GP.

### What is iron deficiency anaemia?

Anaemia is a condition caused by a reduced amount or much smaller red blood cells. This reduces the amount of 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. Iron is a key ingredient to make haemoglobin. If there is not enough iron in your body, the amount of haemoglobin drops. Iron helps our muscles store and use oxygen.

Iron deficiency anaemia can affect how you feel. If your iron levels are low, you may not feel able to carry out your normal routine. Symptoms of anaemia include:

- Feeling weak and getting tired more easily
- Feeling dizzy
- Suffering from low mood, or feeling upset
- Having headaches
- Looking pale
- Feeling out of breath

- Having heart palpitations (heartbeats that suddenly become more noticeable)
- Having trouble focusing or concentrating
- Having chest pain.

**If you have anaemia, it is important to rest and to listen to your body.** You should speak with your midwife or doctor if you have any of the above symptoms or feel unwell. You can also contact Maternity Triage for more advice. Their number is at the bottom of this leaflet.

## 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. 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**

- 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 and birthing people in the UK are offered screening. You will be offered a blood test to check for anaemia:

- at your booking appointment

- again at 28 weeks of pregnancy; and
- if you have symptoms of anaemia.

Anaemia is diagnosed with a simple blood test. We understand that some people find blood tests frightening. If you have worries or concerns about this, please speak to your midwife or doctor.

## What are the risks of anaemia in pregnancy?

Haemoglobin carries oxygen from your lungs to the rest of your body, including to your baby via your placenta. Complications of this in pregnancy and after birth can include:

- stillbirth
- premature birth
- low birth weight; and
- iron deficiency in your baby.

After giving birth, anaemia can also cause tiredness. It is also linked with an increased risk of postnatal depression. Speak with your midwife or doctor if you have any concerns.

## How is anaemia treated?

- **Iron supplements**

  If you are **less than 34 weeks pregnant,** your doctor or 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.

  If you are **more than 34 weeks pregnant** when iron deficiency anaemia is diagnosed, or you are planning an elective caesarean birth 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 infusion directly into your blood. More information is available in the **Intravenous (IV) iron infusion** leaflet. (/intravenous-iv-iron-infusion)

  If your iron levels are already low, it can be difficult to get enough iron from your diet alone. With time iron supplements should help to get your iron levels back to normal. This will help you start to feel like yourself again. Speak to your midwife or doctor if you have any questions.

  It is safe to breastfeed whilst taking iron supplements. They do not increase the amount of iron that is in your breast milk.

  You may experience some side effects while taking iron supplements, for example an upset stomach or constipation. Follow these tips to avoid side-effects and to get the most out of your iron supplements.

  - Try taking your iron supplement in smaller doses more often throughout the day.
  - Try taking your iron supplement every other day. Taking it one day and then not the next, and so on.

- Try taking your iron supplement before bed at least an hour after your last meal.
- Do not take your iron supplement with calcium, this includes eating or drinking dairy. Some medication also contains calcium, such as calcium pills or antacids. Calcium binds to iron and stops your body from absorbing it effectively.
- Do not drink coffee or tea within an hour of taking iron supplements.
- Eat high fibre foods (such as fruit and wholegrains) to prevent constipation. Another option is to take a stool softener, such as lactulose. Speak to your midwife if you suffer from constipation.
- Take your iron supplement with a glass of orange juice. Vitamin C helps with absorption.
- Drink when you are thirsty.

Sometimes iron supplements do not work even when you take them every day. If this happens, your doctor may ask you to have some more blood tests These tests 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. If your ferritin is low, this confirms that you have iron deficiency.

If your iron levels are very low, iron supplements may not be enough to increase your body's iron levels. In this case, you may be offered an intravenous (IV) iron infusion. Your midwife or doctor will discuss this with you. More information is available in the **Intravenous (IV) iron infusion** leaflet. (/intravenous-iv-iron-infusion)

- **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.

A blood transfusion is given through a cannula (a small plastic tube in your vein). Transfusions carry some risk, as the blood you receive is donated from another person. However, the risk of infections (such as viruses being transmitted) is very low. All blood in the UK is carefully screened for infectious agents, to make it as safe as possible. Chances of getting an infection from a blood transfusion is less than 1 in 1 million.

We try to minimise the need for blood transfusion by using iron supplements. However, blood transfusions are the only way to quickly correct severe anaemia. It takes time for your body to make new red blood cells. A blood transfusion gives your body new blood right away.

Blood given to you will be matched to your own blood group. It will be double checked at your bedside with two midwives or doctors. If you have a blood transfusion there is a very small risk of an allergic reaction. Symptoms could include:

- a temperature
- chills; and
- a rash.

Your midwife will carefully monitor you throughout the transfusion, to make sure you are well. They will check your heart rate, blood pressure, breathing, and oxygen levels. There is a very small risk of other complications after a blood transfusion, for example:

- a severe allergic reaction
- difficulty breathing due to fluid overload; or
- incompatibility due to red cell antibodies.

These risks will be explained before you have a transfusion, unless this is not possible. For example, if you need an emergency transfusion. If you have any questions, please speak with your midwife or doctor.

- **Eating for iron**

A good balanced diet is important to make sure you get enough iron. Even if you are taking iron supplements, your diet is an important source of iron. Here are a few tips to quickly and easily increase the iron content of food you may already be eating.

- If you eat meat, darker meats like beef, lamb, duck, or venison have the most iron.
- Eat salads made of spinach instead of lettuce. Add pumpkin seeds, chickpeas, and nuts to a salad to make an iron-rich meal.
- Eat nuts and dried fruits, such as apricots.
- Lentils have more iron than beef. Add lentils to a soup or stew to boost the iron content.
- Try almond butter instead of peanut butter. Two tablespoons of almond butter has as much iron as a serving of chicken.
- Do not eat dairy (such as milk, yogurt, or cheese) with iron rich foods. The calcium in dairy can make it harder for your body to absorb the iron in the other food.

Do not forget to add foods with vitamin C to your meal to help your body absorb the iron. Fruits and vegetables containing vitamin C include:

- kiwi fruit
- oranges
- potatoes
- cauliflower
- broccoli; and
- brussels sprouts.

More information on iron rich foods and foods to avoid is available on the NHS web site. (https://www.nhs.uk/conditions/iron-deficiency-anaemia/)

## Contact details

If you have any worries or concerns, please contact our Maternity Triage service for help and advice. They are available 24 hours a day, 7 days a week on 01227 206737.

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (https://www.ekhuft.nhs.uk/ais).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (https://pp.ekhuft.nhs.uk/login).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

**Patients should not bring 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 has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (https://www.ekhuft.nhs.uk/patient-information).

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