

Saint Mary's Hospital Maternity Service

Information for Patients

Iron deficiency anaemia in pregnancy and after the birth of your baby

Iron is vital for making haemoglobin in red blood cells. Haemoglobin traps oxygen from the lungs and carries it around the body to your organs and baby. Anaemia is when the level of haemoglobin in your blood is lower than normal; when this happens less oxygen can be carried around the body.

During pregnancy you are more likely to have low levels of iron and become anaemic.

This leaflet offers some advice about how to improve your iron levels and why it is important.

Why is maintaining good iron levels important in pregnancy and following childbirth?

It is important to optimise your iron levels during pregnancy and not just so that you feel better! Good iron levels help to:

- Maintain a healthy immune system.
- Decrease the impact of blood loss at delivery and reduce the risk of blood transfusion.
- Improve postnatal recovery, especially if you need surgery or have a perineal tear.
- Avoid a decreased breast milk supply associated with severe anaemia.

How will you know if you are anaemic?

The most common symptoms of anaemia are:

- Excessive tiredness.
- Weakness.
- Dizziness.
- A paler complexion than usual.
- Shortness of breath.
- Heart palpitations (awareness of a faster heart beat).







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If you have any of these symptoms, talk to your midwife and we can perform a blood test. We will also offer you routine blood tests when you book for your pregnancy and again when you are 28 weeks pregnant.

What is iron deficiency anaemia?

We expect your haemoglobin level to be at least 110 g/L in the first trimester, 105 g/L at 28 weeks and 100g/L following delivery.

Does anaemia affect your baby?

Your baby will not usually be affected by your anaemia as they take vitamins and minerals from your blood. This is often the reason that you become anaemic in the first place.

What can I do to try and maintain good levels of iron?

Unless your iron level is below expected, you should not need to take iron supplements if you eat plenty of iron rich foods as part of a healthy diet. However, a general pregnancy vitamin supplement will contain a small amount of iron and this is recommended.

The best foods to eat are:

- Red meat.
- Fish.
- Poultry.

These contain a form of iron that is easily absorbed into the body.

Do not eat any liver products in pregnancy; even though these are high in iron they also contain high levels of vitamin A, which is dangerous for your baby.

Other vegetarian foods rich in iron include:

- Fortified cereals.
- Dried fruit.
- Green vegetables such as peas, broccoli, or dark leafy cabbage and spinach.
- Beans and pulses such as lentils, soybeans, kidney beans or chickpeas.
- Nuts and seeds.
- Dark chocolate.
- Tofu.



The type of iron contained in these foods is more difficult for the body to absorb and it is recommended that you also have a good intake of vitamin C in your diet to improve absorption. Drinking a glass of orange juice with your breakfast can help.

There are also some foods, drinks and medicines that limit the absorption of iron, including tea and coffee and antacid medication for heartburn or indigestion.

What treatment can you take if you become anaemic?

If you become anaemic your midwife, GP or obstetrician will start you on a course of iron supplementation.

Oral iron can sometimes cause constipation, diarrhoea, gastro-intestinal irritation, or nausea. To avoid constipation try gradually increasing your daily intake of fibre, making sure you drink plenty of fluids, and keep active.

If you feel that the medication is causing unpleasant side-effects that you are not able to tolerate you should discuss this with your doctor. An alternative form of iron can be tried. Sometimes when iron levels are very low we will recommend that you attend the unit as an out-patient to have an iron-infusion or blood transfusion.

Warning

Very high doses of iron can be fatal, particularly if taken by children, so always keep iron supplements out of the reach of children and only take the recommended/prescribed dose.

Sources:

NICE Antenatal Care guideline:

https://www.nice.org.uk/guidance/cg62/resources/antenatal-care-for-uncomplicatedpregnancies-pdf-975564597445

NHS Choices:

www.nhs.uk

