

# Preventing Low Iron Levels and Iron Deficiency Anaemia in Pregnancy

**During pregnancy your body needs more iron than usual. It is common for iron levels to become low and for iron deficiency anaemia to develop.**

As part of a national project, NHS Grampian Maternity Services are trialling a pro-active approach to anaemia, recommending that all eligible pregnant women take oral iron regularly in their pregnancy.

## **Informed decisions using B.R.A.N. - Benefits - Risks - Alternatives - Nothing**

### **What are the Benefits?**

Treating low iron levels or iron deficiency anaemia with iron supplements will reduce the chance of anaemia having an impact on your, or your baby's wellbeing.

If your iron levels are within the normal range, you are less likely to experience symptoms of anaemia, such as tiredness.

### **What are the Risks?**

Sometimes iron supplements can cause side effects like a metallic taste in your mouth, nausea, pain in your stomach, an upset stomach, vomiting, diarrhoea or constipation. Do not be concerned if you notice your stool (poo) turns black - this is another common side effect.

### **How To Take Your Medication**

Current practice is one oral iron tablet taken three times a day. *In line with new guidance*, you will take one tablet daily. This will be advised and given by your community midwife, in the same way as you receive your Healthy Start vitamins. Oral iron is Ferrous Sulfate 200mg.

### **The best way to take iron is**

- On an empty stomach (before eating anything else)
- With orange juice (or water with lemon juice or a vitamin C tablet, such as your Healthy Start vitamins)

### **It is best to avoid taking iron within 2 hours of taking**

- Milk
- Tea
- Coffee
- Fizzy drinks (such as Cola and Irn Bru)
- Antacid medicines (such as Peptac, Gaviscon, or Omeprazole)
- Thyroxine (thyroid medicine)
- Calcium tablets
- Prenatal vitamins containing calcium

If you experience constipation, eating foods that have a lot of fibre, such as fruit, vegetables and wholegrains, as well as drinking lots of water can help. If this is not enough, speak to your GP or pharmacist about medicines to ease constipation.

### **What are the Alternatives?**

#### **Eating food rich in iron**

Maintaining a varied and healthy diet during your pregnancy is of the utmost importance. However, when you are pregnant it is not always possible to get enough iron from just the food you eat. Eating lots of different foods rich in iron will help your body absorb more iron.

#### **You can get iron from:**

- red meat, such as beef and lamb - choose meat with very little fat
- pulses, such as lentils and beans
- wholemeal bread
- green leafy vegetables, such as spinach, broccoli, kale and watercress
- wholegrain, low-sugar breakfast cereals with added iron
- dried fruit
- eggs
- tofu
- nuts and seeds

#### **Other treatments for anaemia**

Sometimes an iron rich diet, or an iron rich diet combined with iron supplements is not enough. If this happens, or if you are not able to take iron tablets, we may offer you iron through intravenous (IV) therapy. This means giving you iron in liquid form through needle directly into a vein (usually in your arm). We may also offer you a blood transfusion (liquid oral iron is not available through community midwives as part of this project due to the lower amount of elemental iron it contains - please consult your GP should this be required).

#### **What if I do nothing?**

Most women with anaemia in pregnancy go on to have a healthy pregnancy and baby. Early detection and appropriate management of iron deficiency anaemia in pregnancy can prevent maternal and neonatal complications such as postpartum haemorrhage, blood transfusion, premature delivery and low birthweight.

#### **For more information**

If you need more information please speak to your midwife or to visit NHS Grampian Birth In Grampian website:

[www.birthingrampian.scot.nhs.uk/](http://www.birthingrampian.scot.nhs.uk/)

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