

Information for patients and carers

Iron Deficiency Anaemia in Pregnancy

Prevention And Treatment

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue color, transitioning from a lighter blue at the top to a darker blue at the bottom.

What is iron deficiency anaemia?

Iron deficiency anaemia is a condition where a lack of iron in the body leads to a reduction in the number of red blood cells.

Iron is used to produce red blood cells, which help store and carry oxygen in the blood. If you have less red blood cells than you require, your organs and tissues will not get as much oxygen as they usually would. There are several different types of anaemia, and each one has a different cause. Iron deficiency anaemia is the most common type.

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

This leaflet provides information about anaemia in pregnancy, it offers advice about how you can avoid becoming anaemic during pregnancy and how to improve your iron levels if you become anaemic.

What signs and symptoms should I watch out for?

Signs and symptoms include:

- fatigue (extreme tiredness)
- shortness of breath
- palpitations
- chest pain
- irritability
- weakness
- dizziness
- headache
- poor concentration
- unusually cold hands and feet.

Iron requirements in pregnancy

During pregnancy your body needs around three times more iron than when you are not pregnant, the amount needed is usually more if you are pregnant with more than one baby.

Iron is important for your baby's growth and brain development. Iron is also needed to produce red blood cells which carry oxygen around your body.

How is iron deficiency anaemia identified?

You will be offered routine blood testing for anaemia at your first booking appointment and again at around 28 weeks of pregnancy. If you develop any signs and symptoms of anaemia, please contact your midwifery team and arrange to have a blood test to check for anaemia.

What are the causes of anaemia?

During pregnancy there is an increase in your blood volume, but the amount of red blood cells stays the same resulting in a dilution of iron. Iron levels fall slightly at the start of pregnancy as your blood becomes more dilute – this is normal. Although some people are anaemic when they begin a pregnancy, most cases are diagnosed at around 28 weeks of pregnancy after routine blood testing or after testing because of symptoms of anaemia.

The most common reasons for developing anaemia during pregnancy include:

- There might not be enough iron in your diet; there is an increased demand for iron during pregnancy
- Your gut may not be absorbing iron despite having an iron rich diet

Less common reasons include:

- Folic acid or vitamin B12 deficiencies

Will iron deficiency anaemia harm me or my baby?

Most people with anaemia in pregnancy have a healthy pregnancy and baby. However, anaemia has been linked to complications before and after birth if it is not treated. These can include:

For your baby, higher chance of:

- low birth weight
- premature labour and birth
- stillbirth
- effects on brain development

For you:

- higher chance of significant blood loss when giving birth
- higher chance of needing a blood transfusion
- higher chance of reduced breast milk supply
- higher chance of getting an infection
- extreme tiredness and breathlessness
- increased chance of postnatal depression

Increased chance of developing anaemia

You are more likely to develop iron-deficiency anaemia in pregnancy if you:

- Have a pre-existing medical condition such as: sickle cell disease, thalassaemia, kidney or gastrointestinal disease, or autoimmune conditions such as lupus
- Have an inflammatory bowel disorder which affects the gut's ability to absorb iron from food. Examples of these include inflammatory bowel disease, coeliac disease, and previous surgery to the gut
- Do not eat enough foods that contain iron
- Had anaemia before pregnancy
- Are having twins or more
- Were younger than 20 when you got pregnant
- Have had 3 or more babies
- Have a gap of less than a year between pregnancies
- Suffer from hyperemesis (excessive vomiting in pregnancy)
- Suffer from bleeding of any cause during the pregnancy or at the time of giving birth

Which foods are a good source of iron?

Most people should get all the iron they need by eating a healthy, balanced diet. But it can get harder as your pregnancy progresses and you need more iron. Eating well will help to either prevent anaemia or reduce symptoms of anaemia.

Good sources of iron are:

- Red meat such as lamb, beef, or pork (cooked thoroughly)

- Fish such as canned salmon, sardines and canned tuna (do not eat more than two portions of oily fish per week and no more than 4 medium sized cans a week)
- Poultry, such as chicken or turkey (cooked thoroughly)

Non-meat sources of iron include:

- Fortified breakfast cereals (choose the one that has extra iron added)
- Fruit (kiwi, oranges, grapefruit, strawberries, raspberries, fruit juice or diluted juice with added vitamin C)
- Oranges or orange juice
- Pulses, legumes (mixed beans, chickpeas, baked beans and red lentils)
- Eggs (cooked thoroughly or produced under the British lion code)
- Wholemeal pasta and bread
- Green leafy vegetables (broccoli, silver beet, cabbage, peas, spinach)
- Dried fruit (apricots, prunes, figs)
- Tofu
- Nuts and seeds (Cashew nuts)
- Iron enriched cereals
- Molasses

Aim to eat at least four portions of iron rich foods each day.

How can I get enough iron in my diet?

How you prepare food, and which foods you eat together, can affect how much iron your body absorbs.

For example, eating foods rich in vitamin C can help you absorb more iron. These include:

- Citrus fruits (oranges and lemons)
- Tomatoes and bell peppers
- Berries
- Kiwi fruit
- Melons
- Green leafy vegetables

Try eating these foods, uncooked, at the same time as iron-rich foods. You can also drink orange juice with your meals or take a vitamin C supplement.

Some things can reduce your iron absorption, such as:

- Coffee
- Tea
- Calcium rich foods like milk or cheese
- Some soybean-based foods

It is better to have these foods in between meals.

What if I am advised to take iron tablets?

If your blood test shows you have iron deficiency anaemia, your midwife, obstetrician or GP will advise you to take an iron supplement.

We recommend taking your iron tablet before eating, with a source of vitamin C, like a glass of pure orange juice. You are advised not to take your iron tablet at the same time of day as other medications such as methyldopa, levothyroxine, penicillamine or medication for heart burn. You will be offered a repeat blood test in 2-4 weeks' time to recheck your haemoglobin levels. If the iron tablets are working properly, your haemoglobin levels should increase, and any symptoms improve.

Keep iron tablets out of reach of children due to risk of iron poisoning.

Possible side effects of iron tablets

The most common side effects of taking iron tablets are nausea, bloating and constipation. If this stops you from being able to take the tablets, please talk to our midwife, obstetrician or GP.

They may advise swapping you onto a different type of iron tablet to see if the side effects reduce.

If further blood tests show your iron levels have not improved you may be advised to have other blood tests to find the cause of your anaemia, or you may be advised to have an intravenous infusion of iron (through a drip). Very occasionally a blood transfusion is recommended.

After your baby is born

You may be advised to continue taking iron supplements with a plan to see your GP for further monitoring.

Anaemia and breastfeeding

You can breast feed your baby safely with anaemia, you can also continue to take any iron supplements safely while breastfeeding, as long as you do not take more than the recommended or prescribed dose. You can check this with your midwife, obstetrician or health visitor.

Contact details

Should you wish to discuss this information further or would like advice please speak to a member of your maternity team.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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