Women's health

# Preventing and treating anaemia during pregnancy

## Information for patients

### Introduction

This leaflet provides information on how you can avoid becoming anaemic during pregnancy and how to treat it if you become anaemic. If you have any questions about the information below please phone the maternity helpline on 020 3312 6135.

### Iron requirements during pregnancy

During pregnancy, your body needs two to three times more iron than usual. Iron is important for your baby's growth and brain development. Iron is also needed to produce red blood cells which carry oxygen around the body.

### Causes of anaemia

Anaemia is caused by a reduction in the number of red blood cells which can be measured by performing a blood test to check your haemoglobin level. Your haemoglobin level falls slightly at the start of pregnancy as your blood becomes more dilute – this is normal. The most common reason for developing anaemia during pregnancy is iron deficiency (not enough iron) but folic acid or vitamin B12 deficiencies can also contribute to anaemia.

Although some women are anaemic when they begin a pregnancy, most cases are diagnosed in the third trimester after routine blood testing or when they develop symptoms of anaemia. Some women with pre-existing medical problems are also more likely to become anaemic. Examples include sickle cell disease, thalassaemia, kidney or gastrointestinal disease, and autoimmune conditions such as lupus.

### What are the risks involved in being anaemic during pregnancy?

You may suffer with extreme tiredness, dizziness, shortness of breath and be more likely to get an infection. Iron deficiency can be associated with low birth weight, premature birth and increased blood loss at the time of delivery. If you are anaemic at the time of birth, you will also be at a higher risk of needing a potentially avoidable blood transfusion.

### Diagnosing and treating anaemia in pregnancy

You will have a blood test for anaemia at your booking appointment and again at 28 weeks. It is important to ensure your diet is rich in iron throughout your pregnancy as this may reduce your risk of developing anaemia later on.

We recommend the followings steps to help prevent anaemia during pregnancy:

## Step one:

Iron deficiency anaemia can be avoided by eating food that's rich in iron. We advise that you include the following in your diet, many of which also contain folic acid and vitamin B12:

- lean red meat, chicken or fish
- dark green leafy vegetables
- iron-fortified cereals or bread
- brown rice, pulses, beans
- eggs (these **must be** well cooked during pregnancy)
- dried fruit, such as dried apricots, prunes and raisins (these have a high sugar content so avoid them if you have diabetes)

Including food rich in vitamin C with meals **will help** your body absorb iron. Examples of food rich in vitamin C include **fresh citrus fruit juice, tomatoes, peppers, broccoli** and **potatoes.**

Iron is **poorly absorbed** when iron-rich foods are consumed together with **tea, coffee, milk, chocolate or antacids which you may be taking for heartburn / indigestion** (e.g. Rennies®, Ranitidine or Omeprazole).

## Step two: (to be used **together** with step one)

If your haemoglobin is less than 110g/L (11.0g/dL) your midwife or doctor will advise you to take an iron supplement. There are many over the counter iron preparations but these may have a very low iron content. Prescribed iron supplements will be more effective at replenishing your iron stores as they have a higher content of iron. The chart below shows the difference in iron content between over the counter iron and prescribed iron supplements.

| **Supplement name** | **Iron dose** | **Available iron for absorption** | **Possible side effects of iron** |
|---|---|---|---|
| ***Ferrous sulphate** | **200mg** | **65mg** | Upset stomach, constipation, nausea, loss of appetite, darkened stools |
| ***Ferrous fumarate** | **210mg** | **68mg** | |
| ***Pregaday®** (includes folic acid) | **322mg** | **100mg** | |
| Spatone | 1 sachet | 5mg | |
| Pregnacare® (multivitamin) | 1 tablet | 17mg | |

* these preparations are recommended and will be prescribed by your GP

## Step three:

If the tablet form of iron supplements causes intolerable side effects we may recommend an infusion of iron into the vein as an alternative. However, this carries a small but potentially serious side effect of having a severe allergic reaction and may require a day admission to the antenatal ward or day unit. Alternatively, you may be advised to have a blood transfusion.

## Useful contact details

**Maternity helpline:** 020 3312 6135 (10.00 to 17.30, Monday to Friday)

**Antenatal clinic results**:

- Queen Charlotte's & Chelsea Hospital: 020 3313 5220
- St Mary's Hospital: 020 3312 1750

## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Queen Charlotte's & Chelsea Hospital) or **020 3312 7777** (St Mary's Hospital). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Email: **ICHC-tr.Complaints@nhs.net**

Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: **imperial.patient.information@nhs.net**

## Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM

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Published: June 2018
Review date: June 2021
Reference no: 2876