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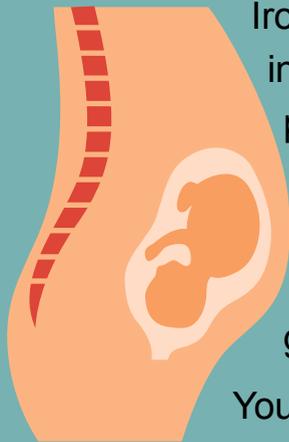
# Iron deficiency anaemia in pregnancy



## What is iron deficiency anaemia?

Anaemia is a decrease in the number of red blood cells or a decrease in amount of haemoglobin (Hb) in the red cells. In iron deficiency, the body cannot produce enough healthy red blood cells – called iron deficiency anaemia.

## Why does iron deficiency anaemia occur in pregnancy?



Iron requirements are three times higher in pregnancy than when you are not pregnant. This is because you need more red cells for a larger blood volume and the fetus (unborn baby) requires iron for development and growth.

You are at an increased risk of developing anaemia during pregnancy if you:

- Do not eat enough food that contains iron
- Have anaemia before pregnancy
- Have a multiple pregnancy
- Suffer from hyperemesis (excessive vomiting)
- Suffer from bleeding of any cause during the pregnancy.

## Symptoms of iron deficiency anaemia

Maternal physical function and mental state can be affected by iron deficiency anaemia and so any of the following symptoms can occur:

- Fatigue
- Weakness
- Shortness of breath
- Dizziness
- Palpitations
- Headache
- Chest pain
- Poor concentration
- Irritability
- Cold hands and feet.

## Complications associated with iron deficiency anaemia

It is important to detect and treat iron deficiency anaemia either before or during your pregnancy to reduce the risk of adverse consequences for both mother and the baby:

## Risks for the mother:



- You are more likely to require a blood transfusion after giving birth
- Increased risk of infection, eg. wound or chest infection
- Increased risk of postnatal depression.

## Risks for baby:



- Increased risk of a premature birth
- Increased risk of low birth weight
- Increased risk of iron deficiency
- May have an effect on your baby's brain development.

## Blood tests to identify iron deficiency anaemia

All pregnant women are requested to undergo blood testing for anaemia at their first booking appointment and at 28 weeks of pregnancy. Additional blood tests may be indicated at other times in the pregnancy if a woman is considered to have a high risk of anaemia, eg. multiple pregnancy, anaemia in previous pregnancy.



# How you can feel better, more energised and have a healthier pregnancy?

## Good sources of iron include:

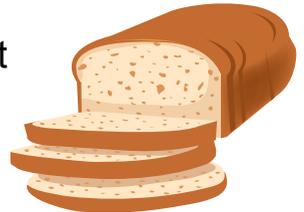
- Red meat (lamb, beef, pork and ham)
- Tinned meat (corned beef)
- Fish (sardines and mackerel).



Aim to include at least one portion of these every day. Do not eat more than two portions of oily fish per week.

## Good non-meat sources of iron include:

- Fortified breakfast cereals (check the label and choose the one that has extra iron added)
- Pulses (beans)
- Eggs – avoid raw eggs when pregnant
- Bread (wholemeal)
- Canned baked beans
- Green leafy vegetables (broccoli, cabbage, spinach)
- Dried fruit (apricots, figs).
- Aim to eat at least four of these foods each day, especially if you are vegetarian.



## Iron absorption

To help absorption of the iron from non-meat sources eat these foods with foods rich in Vitamin C.

## Foods rich in vitamin C

- Fruit (kiwi, oranges, grapefruit, strawberries, raspberries, fruit juice or diluted juice with added vitamin C)
- Vegetables (dark green vegetables, broccoli, cabbage, leeks, peas, broad beans)
- Potatoes.



## AVOID!

Avoid drinking tea, coffee, milk and antacids for at least one hour after eating as these can reduce the absorption of iron in foods.

## If you require IRON TABLETS

To ensure you get the maximum benefit of iron tablets take one tablet one hour before eating with a source of vitamin C eg. a glass of pure orange.

Please do not take your iron tablet at the same time as other medications such as Methyldopa, Levothyroxine, Penicillamine.

If you experience any ill effects from taking your iron tablets or follow a vegetarian/vegan diet please discuss with your midwife.

If your haemoglobin has not improved on retesting (after 4 weeks) we may need to perform other blood tests to find other causes of anaemia.