

## Women's health

# Preventing and treating anaemia during pregnancy

## Information for patients, relatives and carers

### Introduction

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

### Iron needs 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.

We can measure this with 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 anaemia in pregnancy is not enough iron (iron deficiency). Folic acid or vitamin B12 deficiencies can also contribute to anaemia.

Some women are anaemic when they begin a pregnancy. However, we diagnose most cases in the third trimester. This can be after routine blood testing. Or it can 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
- autoimmune conditions such as lupus

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## What are the risks of being anaemic during pregnancy?

You may suffer with:

- extreme tiredness
- dizziness
- shortness of breath

You may also be more likely to get an infection.

Iron deficiency can be associated with:

- low birth weight
- premature birth
- 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 blood transfusion that could have been avoided.

## 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. This may reduce your risk of developing anaemia later.

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 these foods 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 (they have lots of sugar. Avoid them if you have diabetes)

You can help your body absorb iron by including food rich in vitamin C. Examples include:

- fresh citrus fruit juice

- tomatoes
- peppers
- broccoli
- potatoes

Your body will not absorb iron as well if you eat iron-rich foods at the same time as:

- drinking tea, coffee or
- eating chocolate
- taking antacids like Rennie®, Ranitidine or Omeprazole. (You may be taking them for heartburn or indigestion)

**So, avoid these at mealtimes.**

### Step two: (use 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. Though there are many over-the-counter iron supplements, these may have a very low iron content. Prescribed iron supplements will be more effective at refilling your iron stores as they have a higher content of iron.

The chart below shows the difference in iron content between over-the-counter and prescribed iron supplements.

Supplement name	Iron dose	Available iron for absorption	Possible side effects of iron
*Ferrous sulphate	200mg	65mg	<ul style="list-style-type: none"> <li>• upset stomach</li> <li>• constipation</li> <li>• nausea</li> <li>• loss of appetite</li> <li>• darkened poo (stools)</li> </ul>
*Ferrous fumarate	210mg	68mg	
*Pregaday® (includes folic acid)	322mg	100mg	
Spatone	1 sachet	5mg	
Pregnacare® (multivitamin)	1 tablet	17mg	

\* These preparations are recommended, and your GP will prescribe them

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## Step three:

If you cannot put up with side-effects caused by the tablet form of iron supplements, we may recommend an infusion of iron into the vein instead.

However, this carries a small but potentially serious risk of a side effect of having a severe allergic reaction. It may require a day admission to the antenatal ward or day unit.

In some cases, there is a risk of the iron product leaking outside the vein. This is called extravasation. This could:

- lead to long-lasting brown discolouration of the skin
- cause irritation at the site of administration

How long it takes for the discolouration to disappear depends on the amount of drug that is involved. In some cases, the discolouration may be permanent

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)
<b>Antenatal clinic results</b>	
Queen Charlotte's & Chelsea Hospital:	020 3313 5220
St Mary's Hospital	020 3312 1750

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## 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](mailto:imperial.patient.information@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

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