



A guide to...

Anaemia in pregnancy

Patient Information

How to contact us

Maternity

Watford Hospital

West Hertfordshire Hospitals NHS Trust

Vicarage Road, Watford, Hertfordshire WD18 0HB

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email westherts.pals@nhs.net



Language



Large
Print



Braille



Audio

Author	Tejal Vaghela
Department	Maternity
Ratified Date / Review Date	July 2021 / July 2024
ID Number	33/1135/V1



What is anaemia?

Anaemia is when the level of haemoglobin in your blood is lower than normal. Haemoglobin carries oxygen from your lungs to cells around your body. If your haemoglobin count is low then your body does not work as well as it should. Iron is one of the minerals that your body needs to produce haemoglobin.

A healthy diet is generally enough for most people to avoid anaemia. The main sources of iron in your diet are red meats, poultry, fish, beans, lentils, eggs and dark leafy vegetables.

Anaemia can cause tiredness, breathlessness, fainting, headaches and your heart to beat faster.

Mild anaemia is common during pregnancy and your haemoglobin level will be routinely checked at your first pregnancy appointment and at around 28 weeks. Pregnant women may not get enough iron to keep pace with their increasing blood supply and that of their growing baby. Many women need more iron when they are breast feeding and some babies need extra iron too.

It is important to treat anaemia in pregnancy for many reasons. There is always a risk of bleeding when you have a baby and if you are already anaemic this can increase the risks for you and make it more likely that you will need a blood transfusion. Anaemia has also been linked to depression and making it more difficult to fight infection. Babies can be anaemic too and there is a possibly increased risk of prematurity and small babies.

Some people are more at risk of being anaemic and may be tested more frequently or advised to take iron supplements. These people include vegetarians, teenagers, women expecting twins, women who previously had very heavy periods and women who had a baby less than a year ago or have had many children. Some women are not at an increased risk of anaemia but are at a higher risk of bleeding, these women may also be advised to take supplements during pregnancy.

Iron replacement

If you have anaemia because of blood loss or lack of iron, you may be offered iron tablets to restore your haemoglobin level instead of a blood transfusion. It will take longer for you to feel completely well but you avoid the minimal risks associated with blood transfusion.

For the tablets to work well, it is advisable to have a source of vitamin C (such as a small glass of fresh orange juice) at the same time. The tablets are best taken on an empty stomach. Tea and coffee reduces iron absorption from your diet so should be avoided at mealtimes.

You may get some side effects with the tablets such as an upset stomach or constipation. You may find that your stools become dark. If the side effects are bothering you, try taking them with food. There are other preparations that may suit you if these measures do not work.

You may be advised to take folic acid, in addition to taking iron, to raise your haemoglobin level.

Once your level of haemoglobin is normal, you will need to continue taking supplements for at least a further three months (if you are pregnant) or six weeks (if you have had the baby) to build up your iron stores.

Iron infusion

If you are unable to take iron tablets or your anaemia doesn't respond to iron tablets, you may be offered an iron infusion. Occasionally you will be offered an infusion if you are approaching your due date as this treatment works more quickly than giving you tablets.

The iron is given through a drip in your arm. This can be given after the first three months of pregnancy. It is safe for you and your baby, and side effects are rare. The most common side effects include headaches, nausea, injection site reactions and elevated blood pressure.

The infusion takes around 15 minutes to be given. You will be observed for 30 minutes after the infusion is complete as there is a very small risk that you can have an allergic reaction.

Many people need to return for a second dose, this will be discussed with you and depends on how anaemic you are. You should avoid taking oral iron supplements for five days after the infusion.

You will need to have a blood test after two-three weeks to make sure that your anaemia has responded to the treatment. You will also need to continue taking oral iron once five days have passed.

Adapted from University Hospitals Plymouth NHS Trust Anaemia in pregnancy.