

Iron in pregnancy

Low iron is the most common medical problem in pregnancy, and it is easy to fix once we know about it. This sheet explains why we test, how to take iron well, and what an infusion involves.

Why iron matters now

Your body makes a lot more blood during pregnancy, and your baby draws on your iron stores to build their own. Most of that transfer happens in the last three months.

Low iron can leave you tired, breathless, dizzy, foggy, cold, or short-tempered — symptoms that are easy to put down to pregnancy itself. Treating it lowers the chance of needing a blood transfusion after birth and helps you recover more quickly.

WHERE YOUR IRON GOES



- More blood for your body
- Your placenta and your baby
- A reserve for blood loss at birth

Your blood tests

We check your **blood count** and your **ferritin** — your iron stores — early in pregnancy and again at around 28 and 36 weeks. Some women are checked at other times.

You can be low in iron before you are anaemic. That is why we look at ferritin, not just your blood count.

Iron tablets

Iron tablets are the usual first step. **Take them every second day.** This sounds odd, but your body absorbs more iron from every-second-day tablets than from daily ones, with fewer side effects. You are not taking less iron overall — you are taking it in a way your body can use.



Shaded days are tablet days. More iron absorbed. Fewer side effects.

HELPS ABSORPTION

- An empty stomach, if you can manage it
- A glass of orange juice with the tablet
- Bedtime, if it upsets your stomach

LEAVE 2 HOURS BETWEEN IRON AND

- Tea and coffee
- Milk and calcium tablets
- Indigestion medicines and antacids

Iron in your food

Food alone will not correct a real deficiency, but it helps.

BEST ABSORBED

Red meat, chicken, fish

ALSO GOOD

Eggs, legumes and lentils, tofu, dark leafy greens, iron-fortified cereals, nuts and seeds, dried apricots

TIP

Eat plant sources with vitamin C — capsicum, tomato, citrus, kiwifruit — and keep tea and coffee away from meals

Side effects

Iron commonly causes constipation, nausea, and black stools. Black stools are harmless and expected.

Constipation is the main reason people give up on iron. Don't wait for it — drink more water, eat more fibre, and ask your pharmacist for a gentle stool softener when you start. If the tablets still don't suit you, tell us. There are several types and a liquid form, and switching often solves it. **Please don't just stop.**

How we know it's working

We recheck your blood in 2–4 weeks. Your blood count should be climbing by then. Most women keep taking iron for about three months after their levels come good, and for at least six weeks after the baby is born.

Your pregnancy multivitamin is **not enough** to treat low iron — most contain only a small amount. Keep taking it, and take the iron as well.

An iron infusion

If tablets have not worked, are making you unwell, or there isn't enough time before your baby arrives, we may suggest iron through a drip.

WHAT HAPPENS

A drip goes into a vein in your arm and the iron runs in over about 15–30 minutes, though some types take longer. You will be watched for at least 30 minutes afterwards. Most people go straight back to normal activities.

WHEN

Not in the first three months, as we don't have safety information for that stage. From 16 weeks it is a well-established treatment. We try to do it by 36 weeks, because it takes a few weeks to work.

THINGS TO KNOW BEFORE YOU AGREE

Skin staining. If the iron leaks out of the vein into the skin, it can leave a brown mark that may be permanent. It is uncommon, but it does happen. **If your arm stings, burns or swells during the infusion, tell the nurse straight away.**

Low phosphate. One type of infusion can drop your phosphate level for a few weeks. Usually you would not notice, but occasionally it causes ongoing tiredness, bone pain or muscle weakness. Tell us if you feel worse rather than better a few weeks afterwards.

Allergic reactions are rare — which is why the infusion is done where staff can treat one, and why you are watched afterwards. Some people feel flushed, or get a tight feeling in the chest or back for a moment as it starts. That is not an allergy; the nurse will pause and slow it down.

You may ache a bit or feel flu-like for a day or two afterwards.

Afterwards we recheck your blood count about four weeks later. We won't recheck your ferritin for around eight weeks, because the infusion makes that number read high for a while.

CALL US IF

You feel very short of breath or faint, or have chest pain or palpitations

You are bleeding more than a normal period

Your arm becomes painful, swollen or discoloured after an infusion

You cannot keep the tablets down at all

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