

Treatment for low iron with an infusion during or after pregnancy

Maternity

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Information for Patients

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Intravenous (IV) iron therapy

You have been given this leaflet because your blood test results show that you are low (deficient) in iron in your blood. This means you have iron deficiency (ID) or iron deficiency anaemia (IDA). You have been advised to get an iron infusion through a vein (intravenous). This leaflet explains

- what an iron infusion is,
- how we give you the treatment and
- what the possible side effects are.

We hope it will help to answer some of the questions you may have. If you have more questions or concerns, please speak to a member of your healthcare team.

What is an iron infusion?

An iron infusion is a special type of iron. It is given through a drip into a vein (intravenous). An iron infusion is sometimes used instead of iron tablets.

You may need an iron infusion if:

- Blood tests show you are anaemic. You may have had oral iron tablets and they have not improved your iron levels or have made you feel unwell. If you have IDA, we will usually recommend that you try oral iron tablets first.
- You have decided not to have a blood transfusion. An iron infusion may be offered to you as an another choice to a blood transfusion. Iron infusions are not a blood product. They do not have the same risks of having a blood transfusion.
- Your body may not absorb enough iron from your food (even if you have an iron-rich diet).

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

- You had a big blood loss after the birth of your baby. This can cause your iron levels to be low, even when you feel well.

What are the side effects?

Rare side effects (less than 1 in 1000 cases)

- Allergic reactions: You will be monitored closely before, during and after the infusion. If you have a reaction to the infusion, you may need treatment at that time. Any reaction will be added to your medical records. You will be asked about this when offered any future medications.

Uncommon side effects (up to 1 in 100 cases)

- altered taste
- constipation or diarrhoea
- being sick (vomiting)
- tummy (abdominal) cramps, muscle cramps

Common or very common side effects (up to 1 in 10 cases)

- dizziness
- headache
- flushing
- high or low blood pressure
- low phosphate in the blood (more likely with multiple iron infusions)
- feeling sick (nausea)
- Permanent skin staining or discoloration around the injection site, or involving a wider area over the arm. This can occur if some of the drug leaks outside the vein during the infusion. To lower the risk, we will flush salty water (saline) into your vein before the iron infusion. Please let your midwife know if you have any pain, burning or a feeling of heaviness in your arm during the infusion.

What are the risks?

If you are told you have low iron in pregnancy, often it can be treated with oral iron tablets. Iron infusion can be given when the benefit for both the mother and the baby outweighs the risks.

Studies show that there may be a link with minor bone abnormalities in the baby, if iron infusion is given before 12 weeks of pregnancy.

If you have a reaction to the iron infusion, it may cause slowing of your baby's heart beat. It usually only lasts for a short period of time and returns to normal without needing further treatment. If this happens your unborn baby should be carefully monitored.

Fertility

There is no data on the effect of iron infusion on human fertility. Fertility was unaffected.

Breastfeeding

If you are breastfeeding, very little iron will cross into your breast milk, so you can breastfeed safely.

How is it given?

Iron infusions are given in either the Maternity Assessment Unit (MAU) or whilst you are on the maternity wards.

Before you are given an iron infusion, your midwife will check your wellbeing by checking your pulse, blood pressure and temperature.

- Your midwife or a doctor will insert a thin tube (cannula) into a vein in your arm or hand.
- They will give a solution of salty water (saline flush) to make sure the line is in the right place.
- They will then start the drip (iron infusion). This usually takes about 20 minutes.
- They will give another saline flush before they remove the cannula. This is to make sure the drug has been flushed through the line.
- After the infusion is done, your midwife will check your pulse, blood pressure and temperature again.

If you are having this at an outpatient visit:

- You will be checked closely over a period of time after the infusion.
- If you are well after this time, you will be able to go home.

Oral iron tablets

You must not take oral iron tablets after an iron infusion for least a week. Please do not restart taking the iron tablets until you are told to do so by your midwife or doctor.

Who cannot have an iron infusion?

You should not have an iron infusion if you:

- have anaemia caused by other reasons than iron deficiency
- have ever been told by a doctor that you have 'iron overload'
- have ever had an allergic reaction to iron given to you through a drip
- have ever had problems with your liver, such as liver cirrhosis or hepatitis
- have severe asthma or eczema



Contact details:

If you have any questions or concerns about the information in this leaflet, please let your midwife or obstetrician know. They will be happy to talk to you about them.

Antenatal clinic: 01162586106

Maternity Assessment : 01162586312

Obstetric Haematology Nurse/Midwife: 01162585990

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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Previous reference:

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