

Anaemia in pregnancy

Department of Obstetrics

Information for Patients

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What is anaemia?

Anaemia is a blood condition. It develops when you do not have enough red blood cells. Red blood cells contain haemoglobin. It is a protein that carries oxygen around the body to you and to your baby. Your body needs oxygen in the blood to give you energy.

Anaemia in pregnancy can

- cause a higher risk of infection
- raise the risk of the placenta (also called the afterbirth) coming away before your baby is born. This is known as placental abruption
- affect your baby's growth
- in rare cases, severe anaemia can also cause your baby to be stillborn
- mean a higher risk of bleeding at delivery
- after giving birth, affect your emotions and your recovery from the birth
- affect your baby's iron level in the first 3 months of life and affect their brain development

Some common causes of anaemia include:

- Low iron levels
- Low ferritin and/or folate (B9) levels. Ferritin is a protein in the blood. It acts as an iron storage system. Low ferritin levels mean you do not have enough iron
- Low vitamin B12 levels
- Large amounts of blood loss
- Blood loss over a long period of time

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- Problems with your body being able to make use of the food you eat, such as coeliac disease
 - Problems with the haemoglobin in your blood, such as in sickle cell disease and thalassaemia
- In pregnancy the most common cause of anaemia is low iron levels.

Low iron anaemia in pregnancy

Iron is needed for your growing baby and to keep you healthy. You are likely to have low iron levels if you have any of the following risks:

- You do not have a balanced diet
- You are vegetarian or vegan
- There has been a short amount of time between one pregnancy and the next
- Your iron levels have been run down from having heavy periods
- You have been anaemic in a previous pregnancy
- You are expecting more than 1 baby (for example, twins). This means your body's demand for iron increases

What are the signs or symptoms of anaemia?

Most pregnant women with anaemia will not have any clear symptoms. In most cases, the low iron is diagnosed during routine blood tests. Your midwife or doctor will usually check your iron levels at your antenatal appointments (at 10 and 28 weeks of pregnancy).

Some women may start to get symptoms from low iron, such as feeling short of breath or more tired than usual. Some women may also look pale, or have a racing heartbeat (palpitations), but it is also normal to feel a little bit out of breath and tired when pregnant, even when you are not anaemic.

What is the treatment for anaemia?

There are 3 main treatment options:

1. Improving your diet to increase the amount of iron you take in
2. Giving you iron supplements
3. Blood transfusion

These are all described in detail below.

1. Balanced diet

A balanced diet is vital to give you the best chance of getting enough iron. Iron rich food includes, lean meat and fish, as well as vegetarian options: pulses and beans, fortified cereals, green leafy vegetables (such as spinach), dried fruit, nuts and seeds. It is also important that your diet has a healthy portion of Vitamin C containing foods (such as oranges, broccoli). Vitamin C helps the gut

to use the iron properly. Your midwife should be able to offer you advice on diet and give you more information on healthy diets in pregnancy.

2. Iron supplements

Iron supplements can either be taken:

- As a tablet (swallowed by mouth).

Iron tablets are very effective. Some also have folic acid and vitamin C in them, which helps the body to use iron.

If the Iron levels do not improve after a couple of weeks then more blood tests may be needed to check for some of the other causes of anaemia such as low levels of folate/ ferritin.

- Through the veins as an infusion.

This is only used for women who have very low iron stores and cannot take the tablet supplements. This method means you have to come into hospital. Common complications include infection and severe allergic reaction. Iron given through your veins may not treat your anaemia any faster than taking iron tablets.

If you need to have an iron infusion your doctor or midwife will talk to you about the procedure and the risks and side effects. You will have the chance to talk about the infusion and ask questions either when the appointment is made or when you come into hospital before the procedure.

3. Blood transfusions

- Most pregnant women with anaemia will be successfully treated with diet changes and iron supplements and go on to have healthy babies. However sometimes a blood transfusion may be needed, especially if you
 - have been bleeding a lot recently,
 - are at high risk of having major bleeding episodes,
 - are unwell.

If a transfusion is needed, your doctor will talk to you about any risks and answer your questions.

Information about taking iron tablets

It is important that you follow the advice given by your midwife and also

- read the information leaflet which comes in the box
- take your tablet once a day, around the same time, each day. The best time is first thing in the morning. If you miss a dose, do not worry about it and take your next dose as normal. Do not take 2 tablets together to make up for missed doses.
- Iron tablets work best if they are taken on an empty stomach, 1 hour before eating. If you find that the tablets irritate your stomach you can take the tablets 1 hour after food.

- Do not take your tablets with foods that contain dairy (milk, yogurt, cheese) or wheat such as (wheat bread, chapattis), or coffee/tea. These make it harder for your body to use the iron.
- Take your tablets with a glass of orange juice, as vitamin C in the juice helps your body to use the iron more efficiently, or water.

Iron tablets are safe to take during pregnancy and will not cause harm to your growing baby. There are some side effects these are:

- Dark poo (stools)
- Feeling constipated: you can help to avoid this by eating lots of fibre in your diet, and making sure you have plenty of drinks.
- Diarrhoea: some people develop diarrhoea instead of constipation. If this happens, make sure you have plenty of drinks, and tell your midwife.
- Feeling sick and nauseous: you can manage this by making sure you drink plenty fluids and eat little and often. If you find you cannot cope with the feeling of sickness, your midwife/doctor may be able to give you a different type of supplement. Most pregnant women cope very well with taking iron tablets by mouth as these can be taken without having to come to hospital regularly.

What happens after I have had my baby?

After you have given birth to your baby it will be important to check your iron levels again to make sure that you are no longer low. This may be done straight after birth in the hospital or a few weeks later by your GP. You may need to continue taking iron tablets for up to 3 months after your baby is born to make up your iron stores.

Contact details

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