

# Taking Iron in Pregnancy

## - What Matters to Women?

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## Background & Study Design

**Objective:** To explore women's attitudes and beliefs regarding Iron Deficiency Anaemia (IDA) and oral iron supplementation in pregnancy

**Design:** Semi-structured one-to-one interviews with women who required iron supplementation in pregnancy from a variety of socio-economic and pregnancy backgrounds

**Methods:** Recruitment was carried out through social media and by directly approaching patients in an out-patient's setting. A total of 14 interviews were carried out using open-ended questions. Areas explored included their experience of taking iron tablets in pregnancy, their awareness pre-pregnancy of IDA, knowledge of symptoms and potential sequelae of untreated anaemia, the role of diet, and patient acceptability of a planned RCT.

## Results

Factors that emerged which affected compliance with iron supplementation included:

- gastrointestinal side-effects
- incorporation into daily routine
- perceived benefit for baby
- fatigue levels
- cost
- previous negative experience with side-effects
- memory of whether already ingested that day
- reliance on supplementation if appetite reduced

Awareness of IDA in pregnancy was generally good. **However, knowledge of possible long-term effects and potential sequelae of untreated anaemia was poor.**

While all women believed diet played an important role, there was an awareness that diet alone would not fix the problem - "the impact was too tiny for the mountain I was trying to climb".

## Conclusion

Thematic saturation was achieved quickly. Side-effects significantly influenced compliance in some cases.

In attempting to reduce the incidence of IDA in pregnancy, it is essential that all factors hindering or improving compliance with oral iron supplementation are understood.

Empowering women with the knowledge of possible poor outcomes of untreated anaemia may also help motivate patients to comply with treatment.

