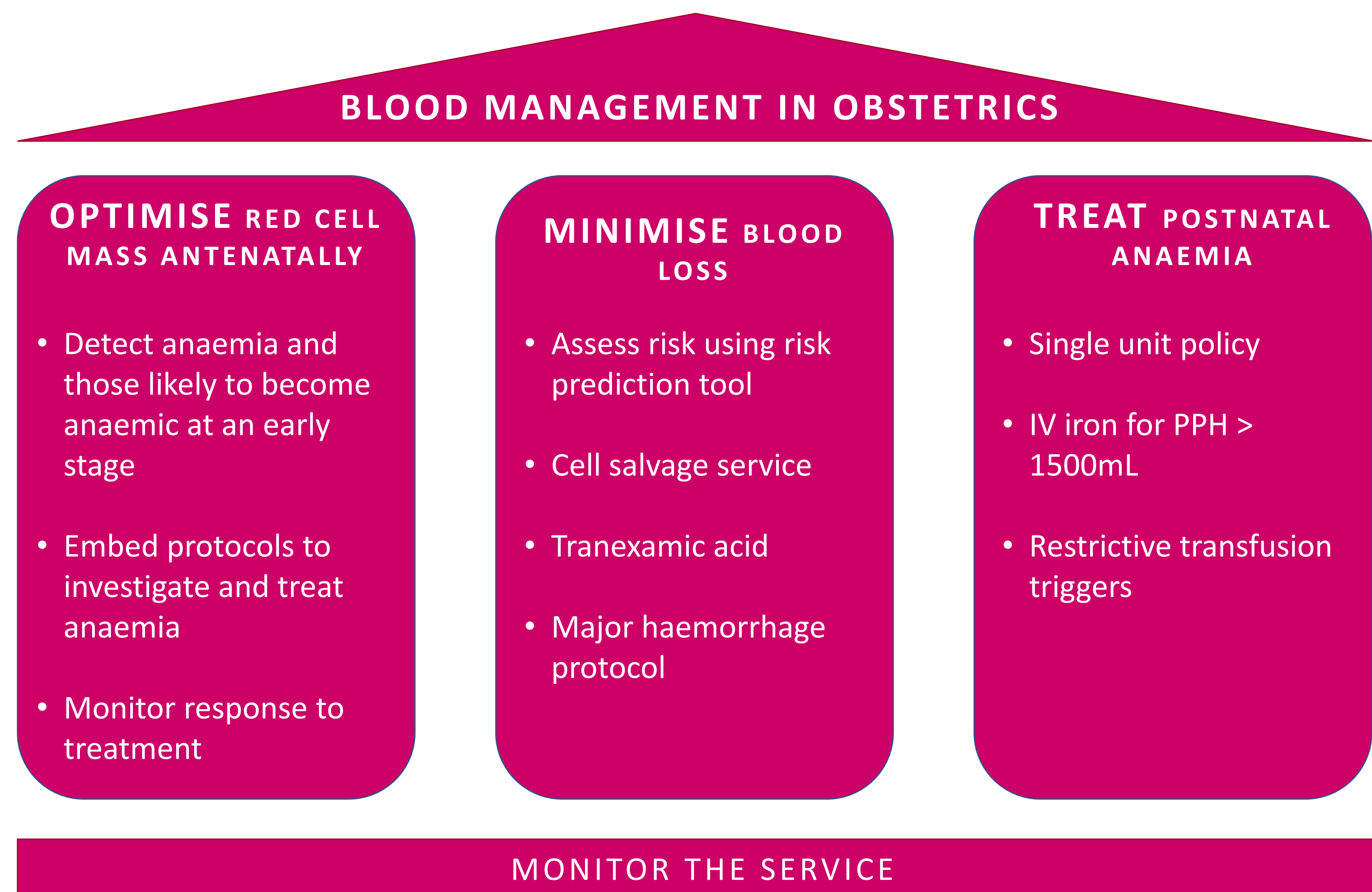


OPTIMAL PATIENT BLOOD MANAGEMENT IN OBSTETRICS: STEPS TO IMPROVE MATERNAL ANAEMIA

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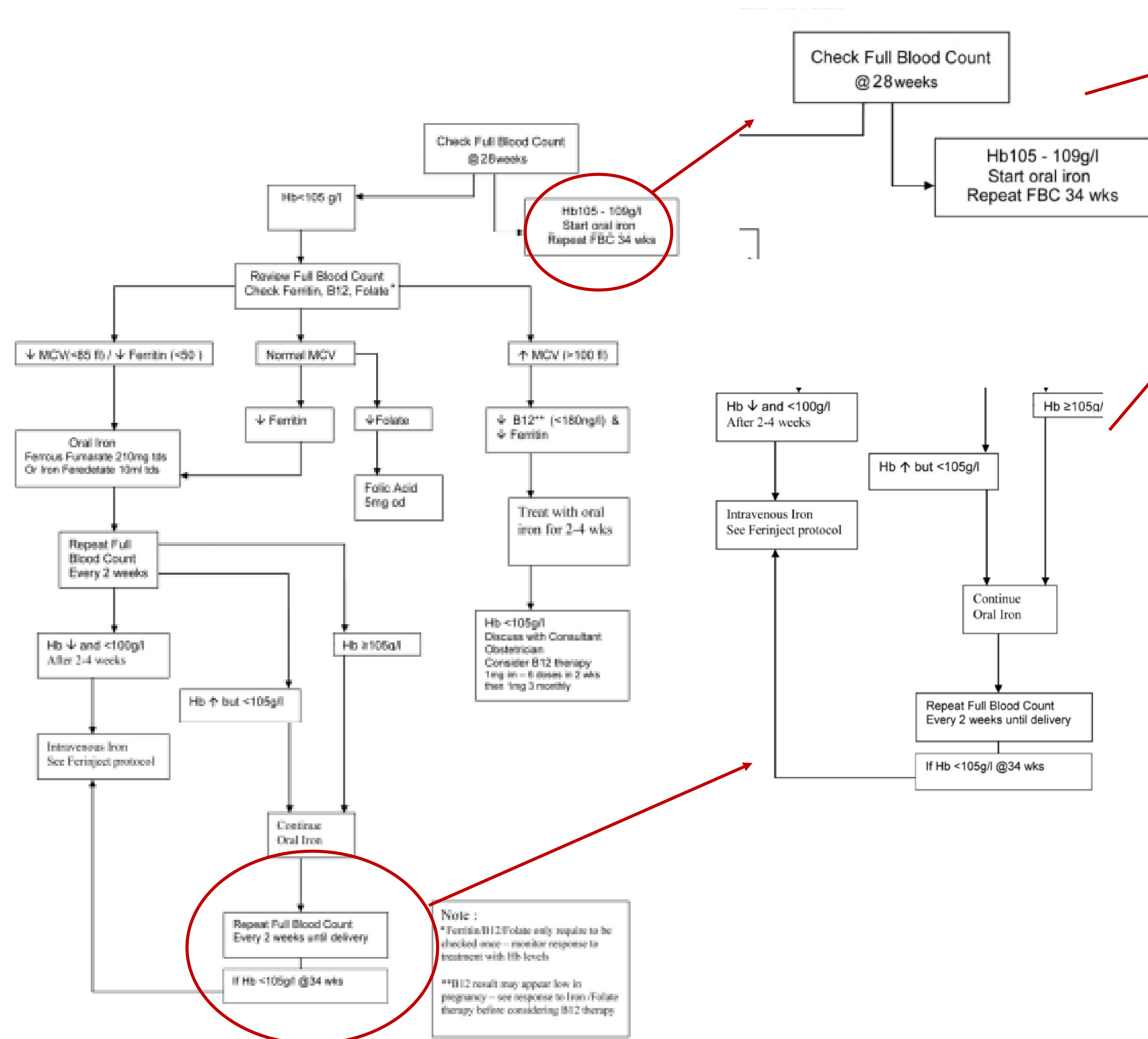
Objective: Does a local policy of optimising haemoglobin with iron supplementation improve anaemia rates at term?

Design: Retrospective case note review of haemoglobin at booking, 28 weeks and delivery in multiple pregnancies and singleton pregnancies.



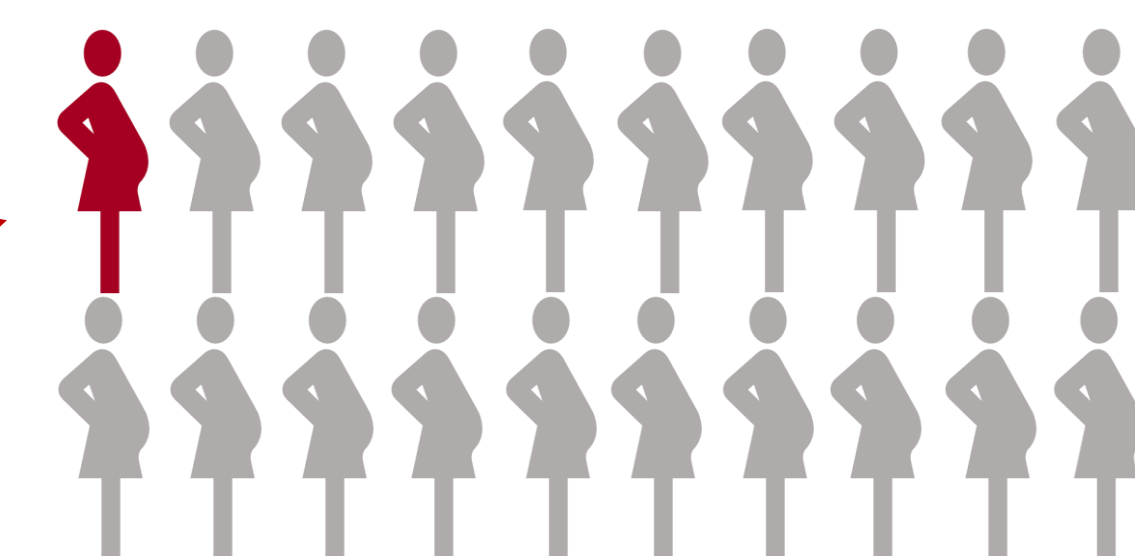
Method: Retrospective review of case notes and results was performed in a tertiary centre in Scotland. This unit has a robust local antenatal anaemia protocol emphasising the use of oral and intravenous iron to address antenatal anaemia and additional haemoglobin checks at 34 weeks for women delivering by planned caesarean section.

Results: 5.5% of all women ($n=181$) had a haemoglobin less than 105 g/L at time of delivery. 8.3% of women were anaemic at 28 weeks ($n=169$); 36 women had haemoglobin checked at 34 weeks with 19.4% of these women found to be anaemic. 52 multiple pregnancies were reviewed. 9.6% were anaemic at time of delivery a reduction from 23% at 28 weeks.



Conclusions:

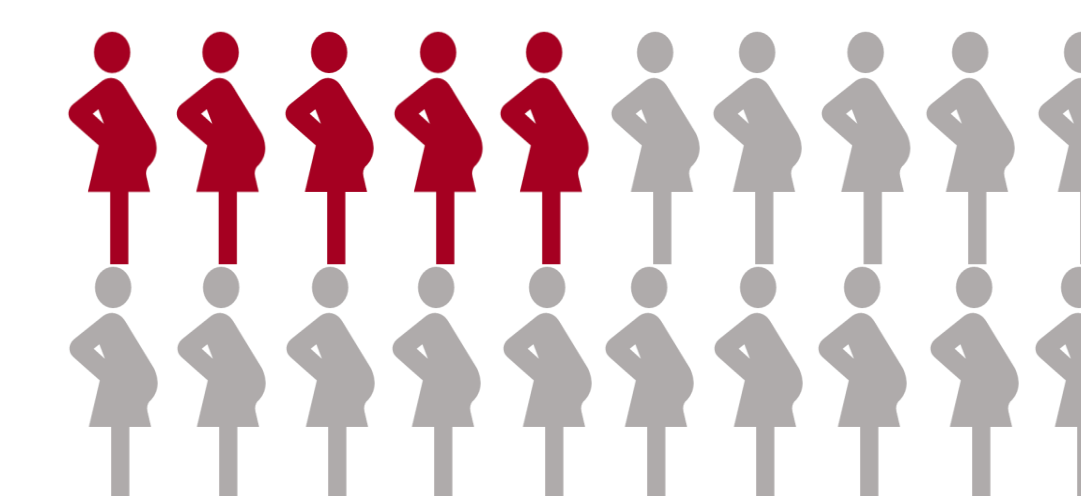
Iron deficiency anaemia is the most common cause of anaemia in pregnant women. It is easily addressed with iron supplementation; a low cost universally available intervention. The risks of anaemia in pregnancy are well described and include increased risk of stillbirth, association with low birth weight and preterm birth, decreased tolerance of blood loss at delivery and increased risk of postpartum haemorrhage (PPH), reduced maternal fatigue and improved outcomes in cases of maternal sepsis. Our current local protocol prompts for oral iron to be started in cases of haemoglobin less than 110 g/L in the third trimester; this leads to favourable anaemia rates at term.



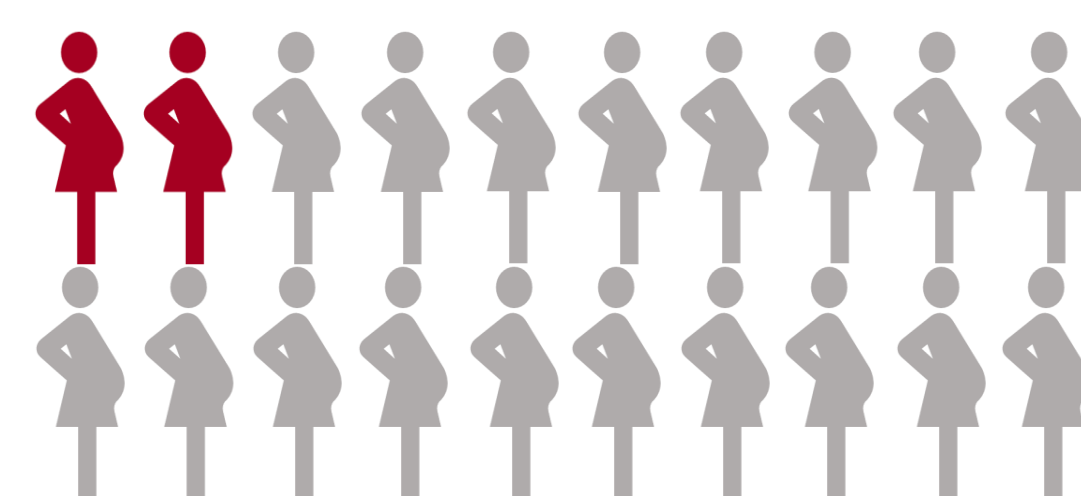
1 in 20 women will be anaemic at time of delivery

- Lowering the threshold for oral iron supplementation leads to favourable rates of anaemia at term
- Robust management of anaemia once identified further reduces rates at time of delivery
- Oral iron supplementation is a universally available, cheap intervention which can improve outcomes for mothers and babies

28 weeks



delivery



Addressing iron deficiency anaemia in multiple pregnancies more than halves the rate of anaemia by time of delivery

The multiple pregnancy population has empirical oral iron supplementation and robust management of their antenatal anaemia leads to a significant reduction in anaemia by time of delivery. These results show that our anaemia management protocol with a focus on addressing iron deficiency anaemia leads to favourable rates of anaemia at term. Further research is needed to establish optimum dosing of oral iron in pregnancy and whether routine supplementation of low dose iron will further reduce rates of antenatal anaemia.