



Improving the Management of Iron Deficiency Anaemia in Pregnancy

F. O'Toole^{1,2}, F. McAuliffe^{1,2}, J. Walsh^{1,2}
The National Maternity Hospital, Dublin, Ireland¹
UCD Perinatal Research Centre, Dublin, Ireland²



Background & Methods

Introduction:

Iron deficiency anaemia (IDA) is a common pregnancy problem with potential maternal and neonatal adverse effects. There is a lack of consensus in the international literature regarding benefits of routine iron supplementation in pregnancy and optimal screening, prevention and treatment.

Objective:

To audit current staff practices with regards to management of iron deficiency anaemia in pregnancy.

Design/Methods:

A structured survey of survey was designed to examine staff knowledge and compliance with hospital guidance. Consultant obstetricians, obstetric trainees, midwives and dieticians in our tertiary level unit were invited to participate. The anonymised surveys were distributed in both paper and electronic formats and data were recorded on a computerised database for analysis. Data were examined to identify any disparities in practice.

Results

A total of 67 staff completed the survey- 23 obstetric trainees (53% response rate), 16 obstetric consultants (76% response rate) and 28 midwives (80% response rate). Overall, **the majority (75%) of staff surveyed recommend routine iron supplementation in pregnancy.** Most recommended this from the second trimester and at a dose of approximately 100mg elemental iron.

In terms of dose frequency for the treatment of IDA, 75% of participants routinely advise daily iron, 12% advise twice daily iron and **just 13% advise alternate day iron.** Galfer (ferrous fumarate) and Ferrograd C (ferrous sulphate) were the most commonly prescribed oral iron supplements.

80% of staff surveyed routinely give advice to women on how to ingest their iron supplement. 80% of staff routinely give dietary advice to women requiring iron supplementation and 62% of staff would routinely counsel women to avoid foodstuff which may affect iron absorption.

However, only 25% of staff selected the correct Hb cut-off in 2nd and 3rd trimester (<10.5g/dL) and 32% selected the correct postnatal Hb cut-off (<10g/dL) as per the hospital guideline. Only 10 participants (14.9%) selected all relevant options with regards to advice for optimal method of ingestion of oral iron.

Conclusions

Management of this common pregnancy issue may be improved with more robust evidence-based guidance regarding optimal management.