Managing Obstetric Anaemia -
A Comparison of International Clinical Guidelines

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Background & Methods

Introduction:
Iron deficiency anaemia in pregnancy (IDAiP) remains a global issue with a significant disease burden. The WHO global health observatory repository data shows a decline of only 4% over 19 years in global prevalence of IDA in pregnancy. Despite readily available and affordable treatment in the form of oral iron salts, rates of IDAiP have not significantly reduced in recent decades.

Objective:
The purpose of this review was to compare the content and quality of international guidelines on the management of IDAiP.

Design/Methods:
A literature search was conducted to screen for relevant guidelines. International obstetric colleges and bodies were also searched. Guidelines were limited to those in English. 14 were included in the final analysis. The AGREE II GRS tool was used by four appraisers to grade each guideline individually between 1-7 under 4 categories:

1. process of development 2. presentation style
3. completeness of reporting 4. clinical validity.

Results

All identified guidelines were explicit in terms of intended population and purpose of use.

When assessing process of development, 9/14 guidelines scored ≥4, with full disclosure of a systematic method used for guideline development.

In terms of presentation, 10/14 guidelines scored ≥4 for clarify of recommendations and overall layout.

For completeness of reporting which considered clarity of information to fully inform clinical decision-making, 9/14 guidelines score ≥4.

All guidelines scored ≥4 in terms of being considered clinically valid.

An overall assessment deemed 12/14 papers as robust and suitable for consideration in clinical practice, with a score of ≥4.

In terms of content, recommendations regarding screening, doses of elemental iron, the use of routine iron supplementation, timing of follow-up after commencing oral iron and recommendations regarding the use of IV iron differed within the guidelines.

Conclusions

Quality and content of international guidelines on the management of IDAiP vary.

There is a lack of consensus on the benefits of routine iron supplementation in pregnancy.

There is an urgent need to clarify the optimal dosage and timing of oral supplementation in pregnancy via research in this area.