

Introduction

Ferinject® is effective in improving iron deficiency anaemia (IDA) in pregnancy, however, its cost and burden on maternity services is pronounced.

Objectives

- To prove that women with IDA are inadequately managed through diet and oral iron as per ‘UK guidelines on the management of iron defieciency in pregnancy’ subsequently needing Ferinject®.
- To identify pitfalls in management of IDA to reduce Ferinject® requirement.

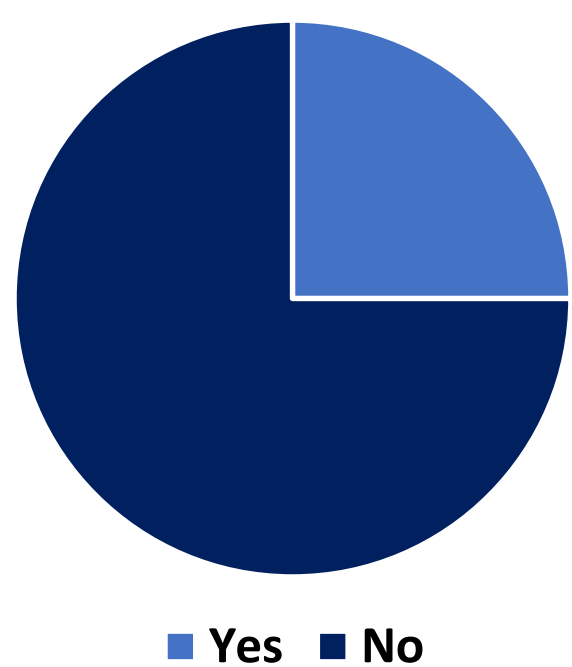
Methods

- Retrospective, single–centered, observational audit of 20 women requiring Ferinject®
- Women who received Ferinject® in 2022 were randomly selected from the maternity unit log-book
- Data was collected from Badgernet (*version 3.0.3.0*)
- We analysed when anaemia was identified, if appropriate dietary advice and intake advice was given.
- We assessed the response when given Ferinject®.

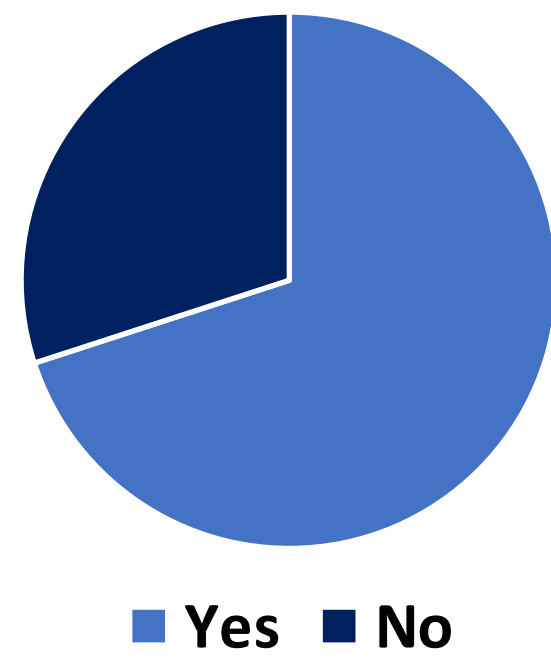
Results

- 25% were diagnosed with anaemia at booking
- 70% were diagnosed at 28 weeks
- 5% were diagnosed after 28 weeks
- 20% received dietary advice
- 14% received advice on adequate oral administration
- 29% of women had their Full Blood Count repeated after 2 weeks of oral iron treatment
- 93% required Ferinject® due to inadequate response to oral iron (not including intolerance.)
- Post Ferinject® 85% had a pre-delivery haemoglobin of 105 or above
- 0% needed a blood transfusion post delivery

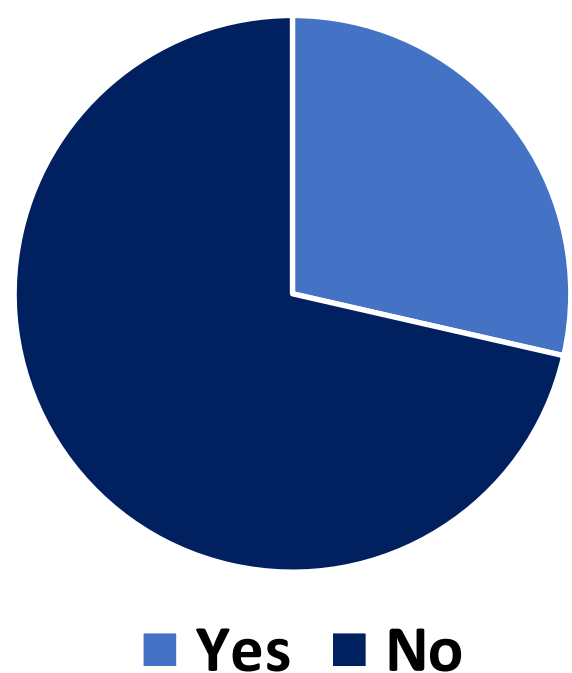
Anaemia identified at booking?



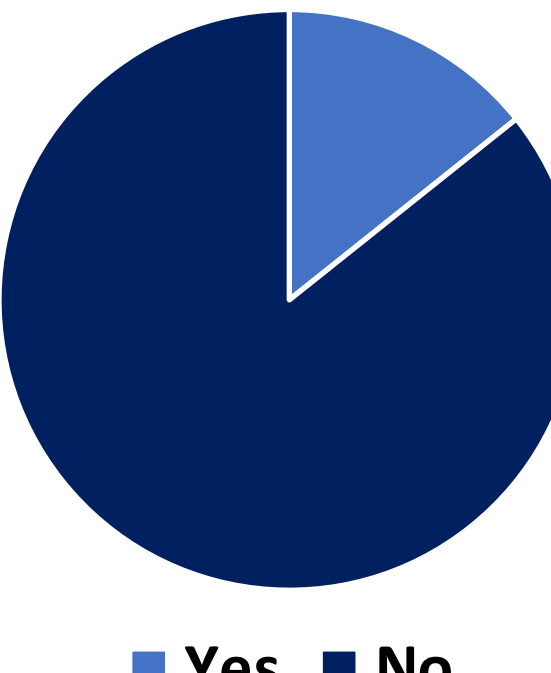
Anaemia identified at 28 weeks?



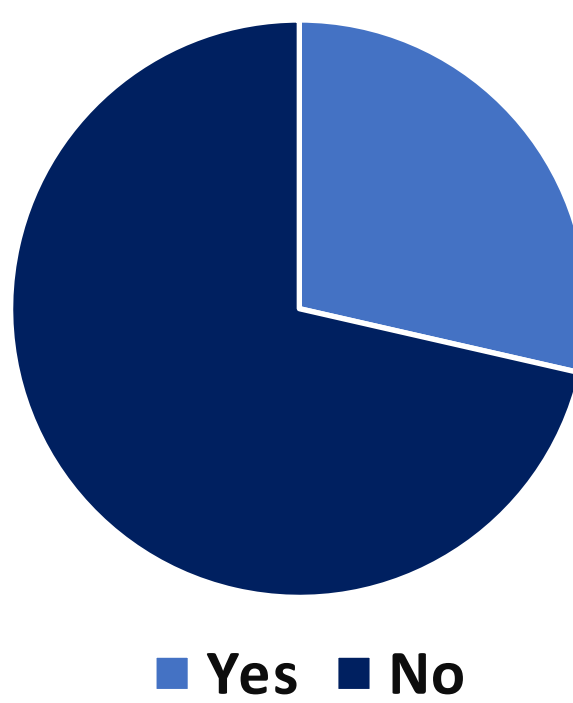
Dietary advice given?



Oral iron advice given?



FBC Repeated After Two Weeks Of Treatment?



References

Parvord S., Daru J., Prasanan N., Robinson S., Stanworth S., Girling J. (2020) UK guidelines on the management of iron deficiency in pregnancy. *British Journal of Haematology*, **188**, 805-903.

Definition of anaemia	
Trimester	Haemoglobin level
1 st trimester	<110g/l
2 nd and 3 rd trimester	<105g/l
Postpartum period	<100g/l

Source of iron	Cost to the NHS
Dietary iron	£0
28 tablets of Ferrous Sulfate	£0.83
Ferinject®	£153.23

Conclusion

- IDA is not adequately managed throughout pregnancy, and this is leading to higher rates of Ferinject® administration. The majority of women requiring Ferinject® had an inadequate response to prior management, perhaps due to inefficient diet or oral iron intake.
- Ferinject®, although proven to be a quick fix for anaemia, not only comes at a great burden to the trust financially and to the service with increased pressured on the maternity unit, but also to the women who have side effects, some potentially life-threatening.

Proposed QI:

- Follow UK guideline on IDA management
- Develop dietary iron intake patient leaflet
- Develop oral iron intake patient leaflet