

Managing Iron Deficiency in Pregnancy: 1500 Man-Years Consensus on Ferric Pyrophosphate combinations

Authors: 1. Dr Ambuja Choranur, C Ambuja Clinic, Hyderabad 2. Dr Ratna Sharma, Aashirvad Nursing Home, Agra 3. Dr Siddhartha Chatterjee, Calcutta Fertility Mission, Kolkata 4. Dr Cynthia Alexander, Padma Clinic & Nursing Home, Chennai 5. Dr Deepthi Shashidhar, First Care Clinic, Bangalore 6. Dr. Charu Verma, Atul-Charu Hospital & Trauma Centre, Bareilly. 7. Dr Anila Nagpal Rohtak, Nandal Hospital, Rohtak 8. Dr Komal Jain, KJ Memorial Hospital, Jabalpur 9. Dr Saikat Tripathy, Motherland Nursing Home, Nandigram 10. Dr. Kaustav Chatterjee, Vivekananda Hospital, Durgapur.
ACTION Study group

- **Objective:** To build expert consensus on managing **iron deficiency anemia (IDA)** in pregnancy using **Microsomal Ferric Pyrophosphate (MFP)** combinations
- **Design**
 - Two consensus meetings with **62 obstetricians**
 - Clinical statements rated using a **5-point Likert scale**
- **Methods**
 - Conducted under the ACTION initiative:
Addressing Iron Deficiency Management in Pregnancy: Consensus on MFP Combinations in India
 - Participants contributed over **1,500 man-years** of cumulative experience
 - Rated **14 clinical statements** using Likert scale and specific response choices
 - Statistical analysis via **GraphPad 10.4.1**
 - **Weighted Score (WS) >100** indicated strong consensus
- **Key Findings**
 - **Anaemia in pregnancy** is a major public health concern (WS: 107.2)
 - Anaemia seen as a **critical health indicator** (WS: 122.1)
 - Women in **low-resource settings** enter pregnancy with **lower iron stores** (WS: 123.0)
 - **Rapid hemoglobin improvement** supports better maternal-fetal outcomes (WS: 119.4)
 - **Iron absorption** is essential for achieving target hemoglobin (WS: 123.3)
 - **Conventional iron formulations** often lead to **GI side effects**, reducing adherence (WS: 124.7)
 - Enhancing **iron stores** helps reduce hemorrhage-related **maternal mortality** (WS: 124.8)

- **Lifestyle factors** such as low BMI, smoking, multiparity, and vegetarian diets contribute to IDA (WS: 121.5)
- **Gut microbiota benefits** from iron supplementation improving maternal health (WS: 122.9)
- **Formulation Preferences by Anemia Severity**
 - **Severe anemia:** Microsomal Ferric Pyrophosphate (MFP) – 38.2%
 - **Moderate anemia:** Ferrous Fumarate / Ferrous Ammonium Citrate – 48.0%
 - **Mild anemia:** Ferrous Ascorbate – 51.3%
- **Statistical Highlights**
 - **Agree:** 82 ± 14 (95% CI: 72–92)
 - **Strongly agree:** 36 ± 17 (95% CI: 24–48)
 - **$p < 0.0001$** – indicates statistically significant consensus
- **Conclusion**
 - Strong consensus confirms the need to **proactively manage IDA in pregnancy**
 - **MFP preferred for severe anemia**, with other formulations matched to severity
 - **Improving adherence, reducing side effects**, and tailoring therapy are key for **maternal-fetal health optimization**

RCOG World Congress 2025

23-25 June 2025 | ExCeL London