

Maternity

Iron deficiency anaemia in pregnancy

Many women have low stores of iron during their childbearing years. In pregnancy, the mother and baby use lots of iron from the mother's stores. This can cause problems for both mother and baby during pregnancy and after your baby is born. We check every pregnant woman for iron deficiency and want to correct the body stores of iron. Treatment options include diet changes, iron tablets, or for some women, getting iron through a drip. In rare cases, if treatment does not work, a blood transfusion might be needed.

You can find more information in the FAQ attached, and there are also helpful websites available.

What is iron deficiency anaemia?

This is a condition caused by a lack of red blood cells or haemoglobin. In the UK, the most common reason for anaemia is not having enough iron.

Haemoglobin is a protein found in red blood cells. It picks up oxygen from the lungs and carries it around the body. A key ingredient used to make haemoglobin is iron. If there isn't enough iron stored in the body, then the amount of haemoglobin drops. When haemoglobin reaches a low level, less oxygen can be carried in the blood. This can cause symptoms such as:

- Tiredness
- Breathlessness
- Heart palpitations
- Weakness
- Headache
- Dizziness
- Chest pain
- Irritability



Why do you have iron deficiency anaemia?

There are several reasons why you might not have enough iron in your body:

- There might not be enough iron in your diet.
- Your body might not absorb enough iron from your food, even if you eat iron-rich food.
- Your body might need a lot more iron than usual. Your baby needs extra iron to grow. The baby takes iron from you, which can lower your iron levels.
- You may lose iron through bleeding, such as by having heavy periods before pregnancy, or because you have another medical condition.

It is possible to have more than one of these causes, especially during pregnancy. Over 20% (1 in 5) of pregnant women in Europe are anaemic during pregnancy. Some cases of anaemia are due to other reasons, such as vitamin B12 or folate deficiency, or other medical conditions. We check for these before giving iron tablets.

Who is more likely to get anaemia in pregnancy?

You might be more likely to get anaemia if:

- You already have low iron stores before becoming pregnant.
- You have a condition like sickle cell disease or thalassaemia.
- You have an inflammatory bowel disorder which affects the gut's ability to absorb iron from food. Examples of these include inflammatory bowel disease, coeliac disease, or if you have had gut surgery before.
- You are having twins or triplets, which means your body needs more iron.
- You are younger than 20 years old when you become pregnant.
- You gave birth to your last baby less than 1 year ago.
- You had anaemia in a previous pregnancy.

You can also get anaemia after giving birth. This is usually because you lose blood during or shortly after giving birth.

How is it diagnosed?

Anaemia can be found with a simple blood test. As anaemia is so common in pregnancy, your community midwife will check your haemoglobin levels regularly. All pregnant women are screened for anaemia at their first booking visit and at 28 weeks of pregnancy. If you are at increased risk of anaemia, you may be screened more often.

What are the risks of having anaemia?

Anaemia during pregnancy can cause problems for both the mother and the baby. Iron deficiency anaemia can make your muscles weaker, making it harder to do things like climbing the stairs, and cause problems with your digestion. In pregnancy, iron deficiency also increases the risk of having a low birth weight baby and a premature delivery.

After giving birth, iron deficiency anaemia can make you very tired and might reduce the amount of milk you produce. It can also be linked to post-natal depression. Your baby might also be born with low iron.

Another important reason to treat iron deficiency anaemia is to lower the chance you will need a blood transfusion, during or after giving birth. Giving birth can cause bleeding, and if you have anaemia, you are more likely to need a transfusion because of the blood loss.

What happens next?

If you are early in your pregnancy, you will usually be given a course of iron tablets. We will see you again in 2 to 4 weeks to check your haemoglobin level.

If the iron tablets are working, your haemoglobin should increase, and you should start to feel better. You will get more information about this treatment in the iron tablets section.

Sometimes, iron tablets don't work well enough, even if you take them every day and follow all the instructions. If this happens, your GP will ask for more blood tests to check:

- **B12 and folate:** These are important nutrients that help make red blood cells. Low vitamin B12 or folate can also cause anaemia, but this is less common than iron deficiency anaemia.
- **Ferritin:** This is a protein in the blood that stores iron. If your ferritin level is low, this means you don't have enough iron.

If you are more than 36 weeks pregnant, there may not be enough time for iron tablets to work before your baby is born. In this situation, you might need iron through a drip. This is called intravenous iron (IV iron).

How is anaemia treated?

Diet

A good balanced diet is important to get enough iron. The easiest iron to absorb comes from red meat, fish, and poultry. There are also vegetarian options like, lentils, fortified cereals, and leafy green vegetables like spinach.

Vitamin C can help your body to absorb iron from food; this is found in orange juice and other fruits and vegetables.

Some foods can make it harder to absorb iron, so try not to eat these when you take your iron tablets. These include tea, coffee, and foods containing calcium like milk, other dairy products, dairy alternatives, some seeds, pulses and vegetables, and many multivitamin tablets.

For more information about iron-rich foods, visit the NHS choices website:

<https://www.nhs.uk/conditions/vitamins-and-minerals/iron/>

Iron tablets

Iron tablets are very good at replacing the iron your body needs to make more haemoglobin. Some iron tablets also have folic acid and vitamin C to help your body absorb iron better.

The recommended tablets used are called ferrous sulfate. To make them work best, take a tablet with orange juice one hour before breakfast. If you don't drink orange juice, your midwife or doctor can suggest other drinks with vitamin C.

Your GP or midwife will tell you how many iron tablets to take each day. Usually, you should take just one tablet a day. If it causes side effects, you can try taking one every other day instead. Taking more than one tablet a day doesn't usually help and can make side effects worse.

Side effects of iron tablets

The most common side effects of taking iron tablets are feeling sick (nausea), having a bloating tummy, and constipation (difficulty going to the toilet). If this makes it hard to take the tablets, your GP can change your medicine to a different type of iron tablet called ferrous fumarate. This might reduce side effects.

Response to treatment

After 2 to 4 weeks, you will have another blood test to check if the iron tablets are working. If they are working, your haemoglobin level should rise. If it is rising well, you can keep taking the tablets.

When your haemoglobin is back to normal, you should keep taking the iron tablets for 3 more months. This helps to boost your body's stores of iron, so you don't become anaemic again.

If the iron tablets aren't working, your GP will first check you are taking them regularly and correctly. You might also need more blood tests to check for other causes of anaemia.

Your doctor might send you to hospital to get iron through a drip (intravenous iron) if:

- The tablets are not working.
- You have side effects that stop you from taking the tablets.
- The tablets are not working fast enough.
- There is not enough time to fix the anaemia before your baby is born.

If you need intravenous iron infusion, you will be given a separate leaflet with more information. If you don't get this, please ask your doctor or midwife for it.

Blood transfusions

Most pregnant women with anaemia can be successfully treated with a change in diet and taking iron tablets or intravenous iron. But if your haemoglobin levels become very low, or your anaemia symptoms are very bad, you might need a blood transfusion.

Blood transfusions have some risks because the blood you receive is donated by another person. This is why we try to avoid transfusions by giving iron first.

However, blood transfusions are the only quickest way to fix severe anaemia, especially if you lose a lot of blood during delivery. If you need a blood transfusion, a doctor or midwife will explain what will happen.

Patient information

More information

For more information, you can ask your doctor or midwife.

These websites also have useful information:

- <https://www.nhs.uk/conditions/iron-deficiency-anaemia/>
- <https://patient.info/allergies-blood-immune/anaemia-leaflet>

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Document history

Department: Maternity / Anaesthesia

Contact: Ext 25871

Updated: October 2025

Review: October 2028

Version: 2

Reference: HIC/LFT/2431/20