



# Iron deficiency anaemia in pregnancy

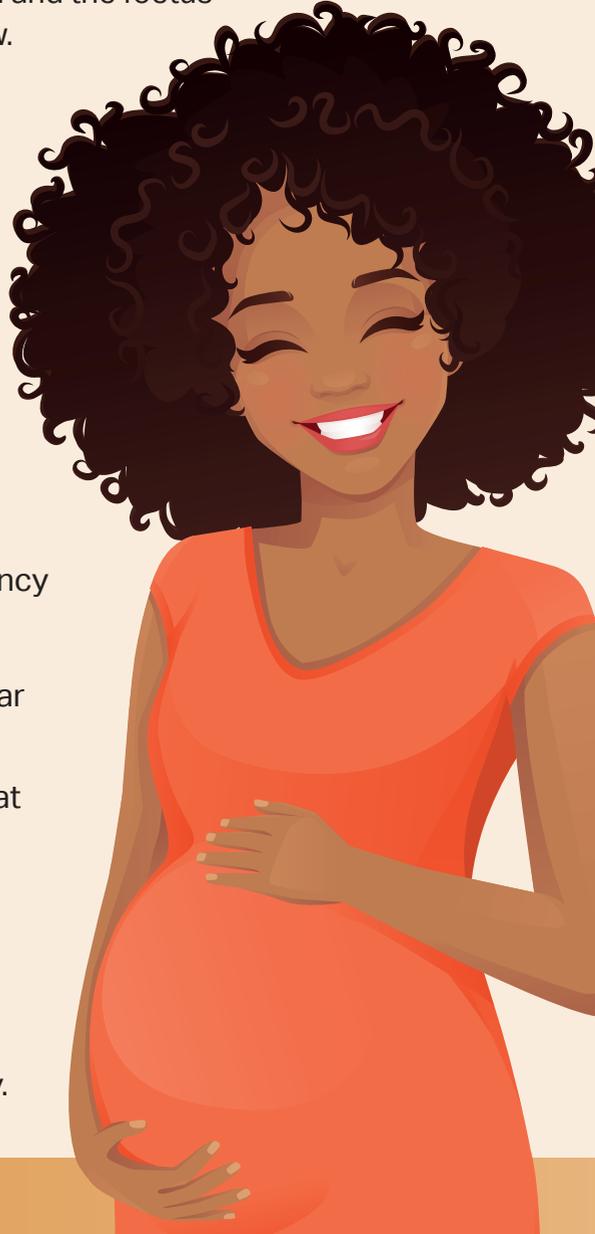
## What is iron deficiency anaemia?

Iron deficiency anaemia is a condition where a lack of iron in the body leads to a lower number of red blood cells. It is common in pregnancy because your body's need for iron is three times higher in pregnancy than when you are not pregnant. This is because you need more red cells for a larger volume of blood and the foetus (unborn baby) needs iron to grow.

## How is iron deficiency anaemia identified?

You will be offered blood testing for anaemia at your first booking appointment and at 28 weeks of pregnancy. You may need further blood tests if you are considered at high risk of anaemia, for example, if you:

- had anaemia before pregnancy
- are having twins or more
- have a gap of less than a year between pregnancies
- do not eat enough foods that contain iron
- suffer from hyperemesis (excessive vomiting in pregnancy)
- suffer from bleeding of any cause during the pregnancy.



## What does it mean if I have iron deficiency anaemia?

It is important to detect and treat iron deficiency anaemia either before or during your pregnancy to avoid increased risks to you and your baby:

### For you:

- higher chance of needing a blood transfusion after giving birth
- increased chance of infection
- increased chance of postnatal depression



### For your baby:

- higher chance of low birth weight
- higher of chance of premature birth
- increased chance of iron deficiency
- higher chance of effects on brain development.

## What symptoms should I watch out for?

### Symptoms include:

- fatigue
- weakness
- shortness of breath
- dizziness
- palpitations
- headache
- chest pain
- poor concentration
- irritability
- cold hands and feet.

## What if I need a prescription for iron tablets?

If your blood test shows you have iron deficiency anaemia, the only way to increase your iron is through a prescribed supplement (tablets). You should take your iron tablet before eating, with a source of vitamin C, like a glass of pure orange.

Please do not take your iron tablet at the same time of day as other medications such as methyldopa, levothyroxine, penicillamine or medication for heart burn.

Avoid taking multivitamins as well as iron as this may interfere with iron absorption (see back page).



If you experience any ill effects from taking your iron tablets or if you follow a vegetarian/vegan diet, please discuss with your midwife. If your iron levels have not improved on retesting (after 4 weeks), you may need to have other blood tests to find the cause of your anaemia.

## How can I get more iron in my diet?

The main dietary sources of iron are:

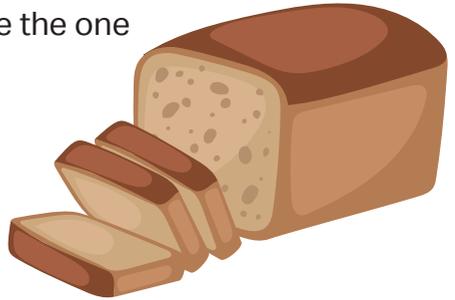
- red meat such as lamb, beef or pork;
- fish and poultry.

Aim to include at least one portion of these every day. (Do not eat more than two portions of oily fish per week.)

Non-meat sources of iron include:

- fortified breakfast cereals (choose the one that has extra iron added);
- pulses (beans);
- eggs;
- bread (wholemeal);
- green leafy vegetables (broccoli, cabbage, spinach);
- dried fruit (apricots, figs).
- tofu
- nuts and seeds

Aim to eat at least four portions of these foods each day, especially if you are vegetarian.



# Iron absorption

To help your body absorb the iron in food, eat iron-rich foods alongside foods rich in vitamin C, like:

- fruit (kiwi, oranges, grapefruit, strawberries, raspberries, fruit juice or diluted juice with added vitamin C);
- dark green vegetables (broccoli, cabbage, leeks, peas, broad beans);
- potatoes.

Avoid drinking tea, coffee, milk and antacids for at least one hour after eating iron-rich foods or taking iron supplements, as these can reduce the absorption of iron.

## Where can I get more information?

See [www.nidirect.gov.uk/conditions/iron-deficiency-anaemia](http://www.nidirect.gov.uk/conditions/iron-deficiency-anaemia) or ask your midwife.

Based on original text developed by Belfast Health and Social Care Trust Royal Jubilee Maternity Service and adapted with permission.



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