

# Anemia in Pregnancy

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**Anemia** is... a condition in which the body's red blood cells have too little hemoglobin. This means the blood can't carry as much oxygen into tissues like muscles and brain cells. The pregnant woman is affected, but her developing fetus is well-protected from anemia because it has special hemoglobin that uses oxygen more efficiently. Routine blood testing in pregnancy will detect anemia and determine the needed treatment course. Anemia can usually be corrected with nutrition and supplements.

## Common symptoms are:

fatigue, headaches, dizziness, difficulty concentrating, paleness, sleep disturbances, cold hands/feet, and frequent illness. Some women report no symptoms.

## Common causes of anemia in pregnancy are:

- Diet low in iron, folate and/or B12; lack of prenatal vitamin supplement
- Poor absorption of folate/B12 due to intestinal illnesses
- Poor absorption of iron due to low stomach acid (antacid use)
- Pre-pregnancy low iron stores

## Iron Facts in Pregnancy

- Daily requirement for intake of iron **DOUBLES** in pregnancy, to 2 mg of 'elemental' iron
- A typical US diet contains 18 mg iron daily, of which only 1 mg is absorbed
- Total body iron stores are 1000-2000 mg
- Each pregnancy depletes mother's iron stores by 750 mg

### **Nutritional sources of blood-building nutrients:**

- **Folate/Folic Acid:** dark green veggies, oranges, whole grains, yeast, beans
- **B12:** dairy products, soy, meats, healthy gut bacteria, yeast
- **Iron:** beef, beans, dark leafy green veggies, kelp, blackstrap molasses, liver, prunes

### **Supplemental sources of blood-building vitamins/minerals:**

- Prenatal vitamins usually contain 25-30 mg 'elemental' iron per daily serving, and adequate amounts of B vitamins to support hemoglobin levels.
- Iron supplements contain varying forms of iron ('ferrous') compounds in varying strengths (quantity of elemental iron). The cheapest are 'ferrous sulfate' but they may be harder on the GI tract, causing stomach upset & constipation. Slow release formulas are often better tolerated, as are 'ferrous fumarate' and 'ferrous gluconate' or 'chelated' supplements. It is important to read the serving size and elemental iron nutritional info on your supplement to get an adequate intake to correct anemia.

### **Determine how much 'elemental' iron to take daily:**

To correct anemia, an additional 50-75 mg of elemental iron in supplement form is usually recommended daily. Your medical provider will help you choose the appropriate form and amount, based on your blood tests and other concerns. Continue taking prenatal vitamins as usual in addition.

### **To help iron absorb efficiently:**

- Take with Vitamin C (150-250 mg)
- Do not take with dairy/calcium or foods high in phytic acid (grains, beans) as these block iron absorption. Take at least 2 hours apart.
- Do not block stomach acid with strong antacids (Prilosec, Protonix, Nexium) as iron needs gastric acid to be absorbed.

### **To avoid interactions and side effects:**

- Take at least 4 hours apart from thyroid supplements, as iron blocks them.
- Drink plenty of fluids and consume adequate fiber in the form of fruits, vegetables, etc. to avoid constipation.
- If constipation becomes an ongoing problem, add a stool softener such as Docusate to each dose of iron.
- If stomach upset occurs with iron supplements, take smaller doses through the day and eat with a snack (fruit is best, to avoid interactions noted above).

### **Communicate with your medical provider:**

- To determine when your treatment will be monitored with repeat blood tests (usually 2-4 weeks into therapy) to see if supplements are working.
- To decide how long to continue treatment. Supplements are safe with breastfeeding and treating anemia may reduce the risk of postpartum depression.
- If you are not tolerating the recommended treatment. If we know your concerns, an alternative treatment plan can usually be designed. ***It is important to correct anemia, for the mother's well-being!***