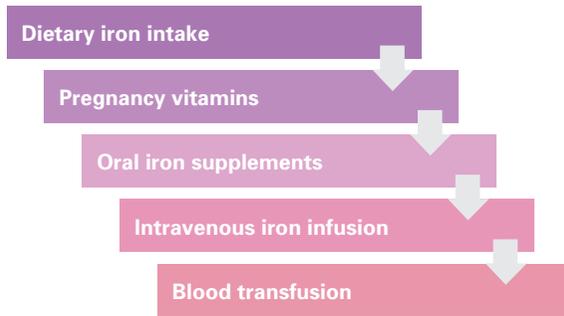


Treatment of anaemia



The treatment of anaemia may include increasing your dietary intake of iron, taking pregnancy vitamins, taking oral iron supplements, administering intravenous iron, and finally blood transfusion.

Dose of elemental iron required is 60 to 100mg daily. Your doctor may recommend that you take oral iron supplements on top of your pregnancy vitamins.

Iron supplements should be taken before food, on an empty stomach, for better absorption, except for Maltofer drops/tablets. They should be taken with or after food and can be mixed with other liquids like fruit juices or milk.

How should my diet be like?

- Dietary iron can come from animal sources (e.g. red meat, poultry, fish) or vegetarian sources (e.g. vegetables, tofu, beans, lentils)
- You can increase your body's absorption of iron by taking it together with fruits rich in vitamin C
- Avoid taking iron together with coffee, black tea, milk or other calcium-rich foods as it will decrease your body's absorption of iron – **it is best to separate them 2 hours apart.**

Recommended servings of the following food groups in your daily diet:

1. At least two servings meat and alternatives
 - 1 palm size of lean meat, poultry or fish

- 2 eggs
 - ¼ cup beans and lentils
 - ½ block of tofu
2. Three servings of vegetables
 - 1 cup dark green leafy veg (e.g. spinach, broccoli, kale)
 - 1 cup of chinese green leafy veg (e.g. kai lan, chye sim, bok choy)
 3. At least four servings of rice and alternatives
 - 1 medium bowl of brown rice or wholemeal pasta
 - 1 slice of wholemeal bread
 - 1 cup of wholegrain or fortified cereals

In addition, you may include the following as snacks during the day to further boost your iron intake

- Dried fruits (e.g. dates, raisins, figs, prunes, longans)
- Nuts and seeds

References

- Pavord, S., Daru, J., Prasannan, N., Robinson, S., Stanworth, S. and Girling, J., 2019. UK guidelines on the management of iron deficiency in pregnancy. *British Journal of Haematology*, 188(6), pp.819-830.
- Frayne, J. and Pinchon, D., 2019. Anaemia in pregnancy. *Australian Journal of General Practice*, 48(3), pp.125-129

Useful telephone number

Central Appointments

6294-4050



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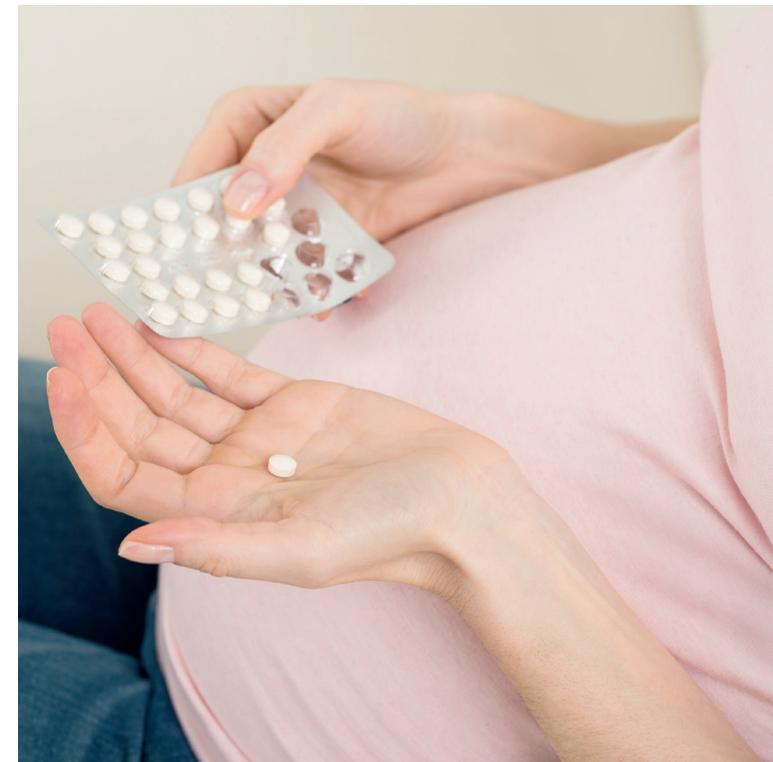
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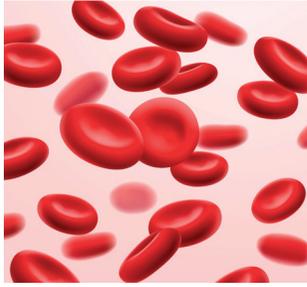
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Anaemia in Pregnancy



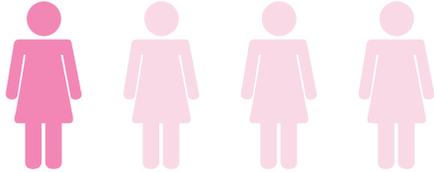
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Anaemia is a blood condition in which your red blood cells (RBCs) lack haemoglobin (Hb), that transports oxygen throughout the body.

1 in 4 pregnant women have anaemia.



What are the common causes of anaemia?

The most common cause of anaemia in pregnancy is iron deficiency. Some women may have other nutritional deficiencies e.g. vitamin B12 or folate.

Thalassaemia, a hereditary blood condition characterised by too little or no haemoglobin, can also cause anaemia.

Signs and symptoms of anaemia

- Fatigue
- Giddiness
- Headache
- Irregular or fast heartbeat
- Shortness of breath
- Chest pain
- Cold hands and feet
- Pale skin

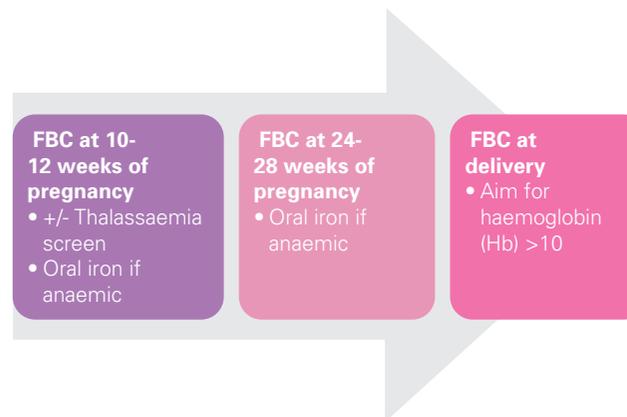
Who are at higher risk of anaemia?

- Vegetarians (low iron diet)
- Previous history of anaemia
- Multiple pregnancies (e.g. twins / triplets)
- Short pregnancy interval (less than one year between pregnancies)
- Bleeding episodes during pregnancy
- Women who had heavy periods
- Women with long term illnesses (e.g. diabetes, kidney disease, cancer, inflammatory bowel disease)

How will I be screened?

A blood test, full blood count (FBC) will be performed early in your pregnancy and repeated between 24 to 28 weeks of pregnancy. If you are found to be anaemic, you should start taking iron tablets. A repeat blood test should be done four weeks after iron supplements to assess your response to the treatment. An iron infusion may be considered if haemoglobin levels remain low (less than 10) despite taking iron tablets.

Thalassaemia testing will be offered for some women, if indicated.



Labour and delivery

When you are admitted to the hospital in labour, FBC will be performed. If you are found to be anaemic or have significant blood loss during delivery, a blood transfusion may be required.

What are the potential side effects of oral iron and what can I do about them?

Upset stomach or vomiting

If these side effects occur, consider taking your supplements with meals or a snack.

Constipation

Drink plenty of fluids and add foods such as bran products and prunes to your diet.

Darkening of stools

This is common and harmless.

What are the potential effects of anaemia in pregnancy?

Mothers may experience physical weakness and poor cognition, increased risk of infections, blood loss during delivery, preterm birth and postpartum depression.

Newborns may have low birth weight. Anaemia in newborn babies are also associated with developmental delay.

It is therefore important to screen and manage anaemia appropriately during pregnancy.