

Iron Deficiency Anemia FAQ

What is iron deficiency anemia (IDA)?

Anemia is a medical term that means a person does not have enough red blood cells or hemoglobin in their body. Hemoglobin is the protein in red blood cells that carries oxygen to all parts of the body.

Iron plays an important role in forming red blood cells. If your body does not have enough iron, your body will make fewer and small red blood cells with less hemoglobin. IDA is the most common form of anemia.

Obstetrical considerations

- *The amount of blood in your body increases by 20-30% when you are pregnant. This increases your need for iron.*
- *Severe anemia in pregnancy puts you at risk for having a pre-term delivery or low birth weight baby.*

Who is at risk of developing IDA?

- Vegetarian or vegan diet - not enough iron in their diet
- Chronic disease, certain medications, celiac disease, bariatric surgery - poor iron absorption
- Pregnancy, breastfeeding - increased iron requirements
 - Two pregnancies close together
 - Pregnant with more than one child
- Heavy menstrual cycle, GI bleeding - blood loss

What are the signs and symptoms of IDA?

Mild anemia may not have any symptoms or only minor symptoms. Symptoms can include, but are not limited to:

- General weakness
- Unexplained fatigue or lack of energy
- Shortness of breath – especially with activity
- Pale skin
- Fast heartrate
- Headache
- Depression
- Difficulty with thinking or concentration
- Pica – cravings for non-food items
- Pagophagia – craving for ice

How is IDA diagnosed?

To confirm anemia, a blood test is needed. Part of your obstetrical or pre-op care is screening your blood for anemia.

If anemia is found, further testing of your iron stores may be required.

- Hemoglobin is part of red blood cells. Hemoglobin carries oxygen throughout the body.
- Iron is an essential nutrient. You need to get iron from your diet because your body cannot make iron on its own.
- Ferritin is a protein that stores iron in your body. Your body can use the “back up” iron that is stored as ferritin when it doesn’t get enough iron from the food you eat

How is IDA treated?

Oral iron

Oral iron is the first choice in treating iron deficiency anemia. Iron supplements can be purchased over the counter or by prescription.

It is recommended that people diagnosed with IDA take supplements with 50-100 mg of elemental iron per day.

Tips for taking oral iron

- Vitamin C helps your body absorb iron. It is best to take oral iron at bedtime with vitamin C (citrus fruit, juice or vitamin C tablet).
- Avoid caffeine, dairy and black tea 1 to 2 hours before and after taking your oral iron pill
- Common side effects include stomach upset and constipation. Talk with your health care team if you are having side effects for strategies to manage symptoms. Strategies may include:
 - o Increasing fiber and fluid intake
 - o A gentle laxative
 - o Switching to alternate day dosing i.e. take every other day
 - o Can try a different type of oral iron
- Iron pills can cause your stools to turn black. This is due to unabsorbed iron and is not harmful.
- Continue to take oral iron even if you start to feel better to ensure your iron stores are fully replaced.

Common oral iron supplements

Generic name	Daily or alternate day dosing	Dose	Elemental iron mg/tab
Ferrous gluconate (iron salt)	1-2 tabs	300 mg	35
Ferrous sulfate (iron salt)	1 tab	300 mg	60
Ferrous Fumarate (Iron salt)	1 tab	300 mg	100
Ferrous Bisglycinate (chelated iron)	2 tabs	300 mg	25
Polysaccharide iron complex (ferramax *poorly absorbed*)	1 tab	150	150 *poorly absorbed*

Intravenous iron

Some people cannot tolerate or absorb oral iron, or they need rapid iron replacement. These people may benefit from IV iron.

“Intravenous”, “infusion” or “IV” all mean giving something directly into the bloodstream of the body through a vein.

The two types of iron we give at BMS clinic are:

- Venofer (iron sucrose) [Venofer Patient Brochure](#)
- Monoferric (iron isomaltoside) [Monoferric Patient Brochure](#)

Your blood pressure, heart rate and breathing rate will be monitored during the infusion and 30 minutes after the infusion is complete.

IV iron is covered under Manitoba health. There is no cost for your appointments with BMS iron clinic.

Venofer is safe in pregnancy. Monoferric is not proven for use in pregnancy or breastfeeding women. Studies are ongoing.

Common side effects of IV iron

- Low blood pressure
- Muscle cramps
- Joint pain
- Headache

Serious allergic reactions are rare. You are monitored closely when getting IV iron and staff are trained to respond to this medical emergency.

Make sure you inform your health care team if:

- You have an active infection
- You have problems with asthma, eczema, allergies or chronic inflammation

Preparation for your appointment

There is no specific preparation needed for an iron infusion.

- Eat and drink as normal
- Please stop taking oral iron on the day of your appointment. You may restart 5 days after your infusion.
- You may take all other medications as prescribed.

What to do after your iron infusion

There are no dietary or activity restrictions after your iron infusion. You may feel tired, headache, body aches, or nauseous after your appointment. Listen to your body and rest if you need to.

- Do not take oral iron for 5 days after infusion (if you are scheduled for multiple appointments do not take until 5 days after your LAST infusion).
- We may provide you with a requisition to have bloodwork completed in 1 to 4 weeks after your infusion to assess your response to treatment.
- A nurse will call you 24 hours after your appointment to check in and answer any questions you might have.

Dietary iron

In addition to supplements and intravenous iron is it helpful to eat an iron-rich diet.

See recommendations from Dieticians of Canada for increasing your dietary iron.

[How to Get More Iron from Food](#)

When will I feel better?

Symptom relief varies. We expect to see a rise in hemoglobin levels 2-4 weeks after initiating treatment. Your bloodwork will be reassessed to monitor your response to treatment. You should continue to take your oral iron as prescribed even if you feel better to ensure your iron stores are fully replenished.