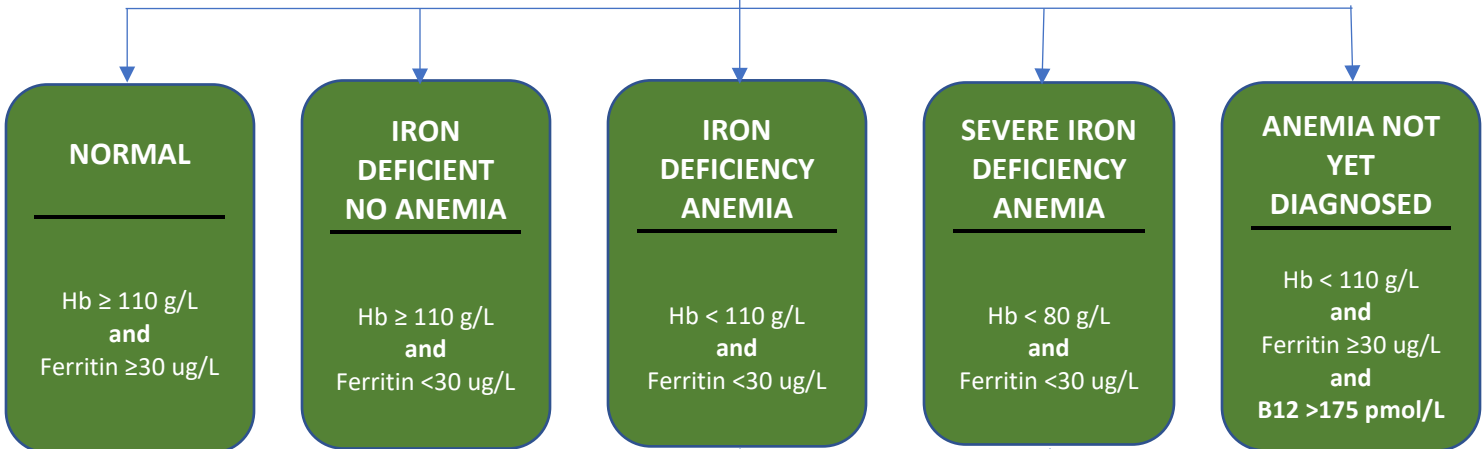


Anemia and Iron Deficiency Screening and Treatment Algorithm for Pregnant Patients in Manitoba

CBC and Ferritin¹ at following time-points:
 1) first prenatal
 2) 24-28 weeks
 +/- 36 weeks if enhanced testing indicated
 3) Prior to any iron supplementation
¹Add B12 if vegan/vegetarian

B12 DEFICIENT
 <175 pmol/L

No/low meat diet: PO B12 1000mcg OD
[Vitamin B12 Deficiency CCMB](#)



No new management.
 Repeat CBC and Ferritin at 24-28 weeks
 Continue iron supplementation if already initiated.
 Screen CBS and ferritin as identified in first step

Start PO ferrous fumarate or sulfate 300mg QHS with vitamin C.
 If already on PO iron, consider adherence, absorption and **switch to alternate formulation.**
 Screen CBS and ferritin as identified in first step

Start PO ferrous fumarate or sulfate 300mg QHS with vitamin C.
 If already on PO iron, consider adherence, absorption and **switch to alternate formulation.**

Consult BMS ([BMS-OBS consult form](#)) for consideration of IV iron

Please see [anemia algorithm](#) for further work up and refer to hematology if needed/indicated

Enhanced screening with CBC and ferritin recommended 6 weeks after starting iron treatment, add to next routine bloodwork

Immediate Postpartum (all comers):
 Give IV iron if post-partum Hb <90 g/L and iron deficient
 Give PO iron x 6 weeks if previous PO iron in pregnancy or post-partum Hb 91-109 g/L

6 weeks Post-Partum Visit (all comers):
 Repeat CBC + ferritin at 6-12 weeks post-partum if anemia or iron deficiency in pregnancy/postpartum. Add B12 if previously deficient.

Generic name	Daily or alternate day dosing	Dose	Elemental iron, mg/tab
ORAL IRON			
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)	1 tab	300 mg	25
Polysaccharide iron complex	1 tab	150 mg	150
Heme iron polypeptide (polysaccharide iron)	2-3 tabs	398 mg	11
PARENTERAL IRON			
Iron sucrose (IV Iron)	200-300 mg in a single dose over 2 hours		
Ferric derisomaltose* (IV Iron)	500-1500 mg in a single dose over 30-60 mins		

*Not yet approved for use in pregnancy; studies including pregnant and breastfeeding women are ongoing.

Special considerations:

- If anemic with low mean corpuscular volume (MCV) consider hemoglobinopathy screening in patients with increased risk based on ethnicity: African, Middle Eastern, Southeast Asian, West Indian, and Mediterranean ancestry.
- If severe iron deficiency anemia or minimal response to oral iron (taken correctly) consider screening for celiac disease.
- If ferritin level is elevated but patient is anemic consider full iron studies and evaluation of ferritin as an acute reactant.

BMS = blood management services
 CBC = complete blood count
 Fe = ferrous
 Hb = hemoglobin
 IV = intravenous
 PO = per oral
 QHS = once a day at bedtime
 ≥ = greater than or equal to
 > = greater than
 < = less than