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Updating arrangements for the formulary should be decided upon and implemented at a local level.

Introduction to iron and folic acid preparations

Iron

Iron is an essential component of the body and is required for the production of haemoglobin. It can be used in the treatment and prophylaxis of anaemia.

It is mainly absorbed in the small intestine, but can be absorbed along the entire length of the alimentary canal. It is more readily absorbed as the ferrous state

There is very little difference in the amount absorbed among the various ferrous salts and the choice of product is usually driven by side effects and cost. Haemoglobin should increase by 1-2g/litre per day or 20g/litre over 3-4 weeks.

Once the haemoglobin is in the reference range, treatment should be continued for a further 3 months to replenish the iron stores. Refer to local guidelines for duration of treatments.

Iron supplementation during and after pregnancy is determined by the mother's serum haemoglobin (Hb) results. Refer to local guidelines for treatment thresholds.

Postnatally iron deficiency is the most like cause of anaemia. Postnatal treatment is based on serum Hb taken postnatally.

Antenatally other causes of anaemia must be excluded.

Dietary Advice

Women should be given dietary advice to optimise their iron intake.

Vitamin C aids the absorption of iron therefore women should be advised to take ferrous sulphate tablets with a glass of orange juice and to have a good source of vitamin C with every meal or snack. Women can be referred to the dietary advice found in 'Ready Steady Baby.'

Iron is better absorbed on an empty stomach and therefore should be taken before meals, but if gastro-intestinal side effects are intolerable, women should be advised to take their tablets just after food.

Women should also be encouraged to drink plenty of fluids and increase the fibre in their diet to prevent the development of constipation.

Management

Refer to local guidelines for choice of iron therapy and recommended doses.

Iron in tablet form presents a risk to children; women should be advised to store tablets safely.

All potential overdoses require urgent action with gastric lavage and desferrioxide/desferrioxamine treatment.

Monographs on iron preparations

Ferrous Sulfate – Midwives Exemption

Ferrous Fumarate Fersaday® Fersamal® Tablets – Midwives Exemption

Ferrous Fumarate Fersaday® Galfer® Syrup –Midwives Exemption

Sodium ferredetate Sytron® – Midwives Exemption

Ferrous Fumarate with folic acid tablet Galfer FA® Pregaday®– Midwives Exemption

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Folic Acid for neural tube defects

Administration of folic acid pre conception and during the first 12 weeks of pregnancy has been shown to decrease the incidence of neural tube defects which occur when fetal neural tube fails to fuse, normally during the first 4 weeks of pregnancy. Some couples may require a higher dose; only the routine lower dose of 400mcg has the status of a Midwives Exemption. Local guidelines should be followed.

Monographs on Folic Acid preparations

Folic Acid 400microgram – Midwives Exemption

Folic Acid 5mg – Patient Group Direction

References

1. Royal College of Obstetricians and Gynaecologists (RCOG) Care of women with obesity in pregnancy (gtg 72) 22.11.2018. Accessed 16.12.2019 <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg72/>
2. NHS Health Scotland 2019 Ready steady baby <http://www.readysteadybaby.org.uk>