

Finding out if you and your baby are at risk of iron deficiency starts with a conversation with your doctor and letting them know your concerns. In this factsheet, you'll learn how to prepare for your consultation, and how your doctor will test if you are low on iron.

TAKING CHARGE OF YOUR IRON LEVELS

It all begins with knowing when you are low.

Bear in mind that although iron deficiency has a broad range of non-specific symptoms^{1,2} that may be mistaken as a normal part of pregnancy, finding out more information may help to identify the early signs of iron deficiency before anaemia develops.¹ Signs of iron deficiency may include headache, dizziness, looking pale, feeling fatigued or some may find it hard to concentrate.¹

NEARLY 4 OUT OF 5 people report **tiredness/fatigue** as one of the first symptoms^{1,3}

However, one thing to remember is that while tiredness can be a part of being pregnant, fatigue is different. When you are fatigued, you will feel mentally and physically exhausted.⁴ This is associated with iron deficiency and iron deficiency anaemia.¹

If you are experiencing fatigue, try completing a fatigue survey to assess your level of tiredness, before you visit your doctor. You can also check for other signs of iron deficiency using the symptom browser.

··· DID YOU KNOW? ···

38% OF PEOPLE CITED PALENESS AS ONE OF THE FIRST SYMPTOMS

WHILE

30% EXPERIENCED POOR LEVELS OF CONCENTRATION AS A FIRST SYMPTOM^{1,2}

Other possible signs of low iron to watch out for are strange cravings such as a desire to chew ice and even non-food items (known as pica) like dirt.⁵

The amount of iron you need increases with each trimester of your pregnancy.*6 So make sure your physician keeps an eye on it throughout.

TALKING TO YOUR DOCTOR

During your consultation, let your doctor or physician know your symptoms and how you are feeling even if you think it's an expected part of pregnancy. Your doctor may ask about your lifestyle and medical history to help identify any iron deficiency risk factors^{2,7} and try to understand what is causing your symptoms.

Questions your doctor should ask include:

- Do your symptoms come and go or are they constant?
- How severe are your symptoms? How much do they bother you?
- Does anything seem to improve your symptoms?
- What makes your symptoms worse?
- What is your diet like?
- Have you experienced nausea and how severe has it been?

Some possible questions you might want to ask your doctor include:

- What should my ferritin levels be?
- When is my tiredness not normal?
- How effective is changing my diet?
- What are the treatment options and how are they different?

Plan the questions you would like to ask your doctor beforehand.

TESTING FOR IRON DEFICIENCY

Generally, standard diagnosis includes a Complete Blood Count to check whether or not you are anaemic. However, because of the unspecific nature of symptoms,¹ further verification and diagnostic testing is needed to detect iron deficiency.⁸

Lower than normal levels of haemoglobin may be caused by iron deficiency but can also be influenced by other factors such as such as age, genetics, environment and behaviour.⁹ Therefore, more than testing of haemoglobin alone is required.⁸

Serum* ferritin is recognised as one of the most accurate parameters to diagnose iron deficiency⁸ and is recommended by the World Health Organisation.¹⁰ But even serum ferritin, which indicates the amount of iron stores you have in your body can be influenced by conditions like flu and therefore additional parameters are needed for accurate diagnosis.¹⁰

Several different results from your blood test can help a

These include:

• **TSAT,** or serum⁺ transferrin saturation, that reflects the iron supply to tissues¹⁰

doctor to understand whether or not you are iron deficient.

- Serum' iron, the total amount of iron present in the serum of your blood¹¹
- TIBC, or Total Iron-Binding Capacity, measures the blood's ability to attach itself to iron and transport it around the body¹²

Motherhood can be full of ups and downs -IRON LEVELS shouldn't be one of them

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*From the first to third trimester of pregnancy, estimated daily iron needs increase by almost ~8-fold.6

[†]Where mentioned, serum is the fluid part of the blood once the blood cells have been removed.

References: 1. Pavord S, et al. BJH 2020; 188: 819-30. 2. Soppi ET. Clinical Case Reports 2018;6(6):1082-6. 3. The European iron deficiency survey. 2015, Vifor Pharma. Data on File. 4. Dittner AJ, et al. Journal of Psychosomatic Research 2004; 56: 157-70. 5. Lumish RA, et al. The Journal of Nutrition 2014; 114(10): 1533-9. 6. Bothwell TH. The American journal of clinical nutrition 2000; 72: 2575-264S. 7. Breymann C. Expert Rev Obstet Gynecol 2013;8(6):587-96. 8. Milman N. Ann Hematol. 2008;87(12):949-59. 9. Chaparro CM and Suchdev PS. Ann NY Acad Sci. 2019; 1450(1): 15-31. 10. World Health Organization. WHO guideline on use of ferritin concentrations to assess iron status in individuals and populations.; 2020. 11. Centre for Disease Control. Iron-Status Indicators: National Report on Biochemical Indicators of Diet and Nutrition in the U.S. Population 1999-2002. Available online: https://www. cdc.gov/nutritionreport/pdf/nr_ch3.pdf. Date accessed: September 2020 12. Soldin P et al. Clin Chim Acta. 2004 April ; 342(0): 211–17.

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