

When you are pregnant, your iron requirement increases significantly. Prior to pregnancy, your daily dietary iron needs will have been around 1-8 mg a day. This increases to at least 27 mg during pregnancy. However, even with eating iron-rich foods, it can be impossible to absorb all the iron you need from your diet.

In this factsheet, you'll learn about options your doctor may suggest to help you achieve your iron requirements.

## --- CHANGING YOUR DIET ----

It is possible that your diet met your body's iron needs in the past, but due to pregnancy your current iron intake may not meet the increased demands. Alternatively, you may have had low iron levels before your pregnancy.

### Research has shown:

## AROUND 80%

**or more of menstruating, non-pregnant women** do not have enough iron to support them through pregnancy and are at risk of developing iron deficiency anaemia unless they supplement their iron intake beyond eating iron-rich foods<sup>4</sup>

Eating iron-rich foods is one of the first steps to boosting your iron levels<sup>5</sup> and your doctor will be able to provide information on what diet is suitable for you. **This may include:** 



Foods that contain sources of haem iron such as red meat<sup>5</sup>



Plant-based iron sources such as lentils, beans and spinach<sup>6</sup>



Or food and drinks high in vitamin C to help your body absorb iron<sup>5</sup>

Note that some food and drinks can limit the absorption of iron. These include those that contain calcium such as dairy products, as well as tea and coffee. You should consult your doctor or midwife before changing your diet, since some foods should be avoided when you are pregnant.

# WHEN YOU CAN'T GET THE IRON YOU NEED

Despite a change of diet, you may miss out on the iron you and your baby need.<sup>2,3</sup> This is because the largest amount of iron that a healthy individual can absorb through diet is ~1–2 mg.<sup>2</sup> When this happens, your existing iron stores must be used instead, which increases the risk of iron deficiency and anaemia<sup>3</sup> which can impact baby's growth and development.<sup>9</sup>

## ··· DID YOU KNOW? ···

WOMEN BEGIN THEIR PREGNANCY WITH LOW OR DEPLETED IRON STORES<sup>4</sup>

## You have options

The World Health Organisation gives a range of recommendations for pregnant women<sup>10</sup>



Daily oral iron and folic acid supplementation with 30 - 60mg\* elemental iron<sup>†</sup>



120mg elemental iron once weekly if daily iron is not tolerated and in populations where anaemia prevalence among pregnant women is <20%<sup>‡</sup>



Diet and healthy
eating information
including vitamin /
mineral food sources
and the need for
a varied diet

Your doctor can advise if you need iron therapy. This may include:

- Oral iron<sup>4,5</sup>
- Intravenous iron (IV)<sup>4</sup>

Your doctor will recommend the most suitable approach to treat your iron deficiency. If you are finding that your symptoms are not improving, go to see your doctor again for advice.

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

Learn more at:

TAKE**IRON**SERIOUSLY.COM

†In combination with folic acid (0.4 mg/day); †In combination with folic acid (2.8 g/week) **References: 1.** Bothwell TH. *The American Journal of Clinical Nutrition* 2000; 72: 257S-264S. **2.** Friedrisch JR and Friedrisch BK. *Biochem Insights* 2017;10:1-18. **3.** Achebe MM

\*In regions where anaemia in pregnant women is a severe health problem (i.e. ≥40% of pregnant women have Hb <11 g/dL), a daily dose of 60 mg is preferred;