

Iron is an essential nutrient you need more of when you are pregnant and after the birth of your baby.<sup>1-3</sup> In this factsheet, you'll discover some of the reasons why.

### HEALTHY IRON LEVELS ARE IMPORTANT FOR BOTH BABY AND MOTHER

#### Iron is needed to:



Carry oxygen in blood around the body<sup>4</sup>



Give energy and aid concentration<sup>2,4,5</sup>



Keep the immune system healthy to help fight off infections<sup>2,4</sup>

As a woman, there are times in your life when you are at greater risk of not having enough iron, such as when you are pregnant.<sup>3</sup>

- During pregnancy, you need more iron to increase the number of red blood cells for the growing baby and placenta and to prepare for a potential large volume of blood loss at delivery<sup>2,3</sup>
- Iron is needed for the growing placenta<sup>3</sup> which feeds oxygen and nutrients from you to your baby<sup>6</sup>
- If the baby doesn't receive the required iron, it can potentially impact the muscles, brain, and heart<sup>2</sup>
- Iron is important for brain development during pregnancy and evidence shows babies born with iron deficiency can have a lower IQ<sup>2,7</sup>

### WHAT IS IRON DEFICIENCY AND IRON DEFICIENCY ANAEMIA?

When you do not have enough iron to meet your body's needs, this is called iron deficiency.<sup>8</sup> Iron deficiency can lead to iron deficiency anaemia, this is when the balance of iron intake, iron stores, and the body's loss of iron are insufficient to fully support the production of red blood cells that carry oxygen around your body.<sup>9</sup>



You need to add more iron to help with maternal health in pregnancy and delivery,<sup>2,10</sup> and baby's growth and development.<sup>2,7,11</sup> Unfortunately, many women do not always get the iron required.<sup>3</sup>

## WHY YOUR IRON COUNTS

If you are iron deficient during pregnancy, it can affect how much your baby grows, and increase the risk of low birth weight.<sup>1,12</sup> Having iron deficiency anaemia can also increase the risk of premature birth.<sup>1,2,12</sup>

Once you have had your baby, iron continues to play a key role for both of you:

- Providing baby with resources for growth until 4-6 months of age<sup>11</sup>
- Supporting milk production should you choose to breastfeed<sup>13,14</sup>
- Helping with your health and mental wellness as you create those first memories with your newborn<sup>15,16</sup>

## GETTING ENOUGH IRON

### During pregnancy, your daily dietary iron needs rise from around 1-8 mg per day to at least 27 mg.<sup>17</sup>

Eating iron-rich foods is one of the first steps to boosting your iron levels.<sup>18</sup> However, regardless of diet, it can be impossible to absorb all the iron required to meet the high demands of pregnancy and the mother's existing iron stores must be used instead.<sup>3,19</sup> This increases the risk of iron deficiency and iron deficiency anaemia.<sup>19</sup>

UP TO **4 IN 10** 

women begin their pregnancy with low or depleted iron stores<sup>2</sup> UP TO 9 IN 10

women are at risk of iron deficiency during their pregnancy<sup>2</sup> 14-24%

of women are iron deficient one week after delivery<sup>15</sup>

# **KNOW WHEN YOU ARE LOW**

Symptoms of iron deficiency include:<sup>20</sup>

Due to the broad range of non-specific symptoms, these may be mistaken as a normal part of pregnancy and the early signs of iron deficiency may not be identified before anaemia develops.<sup>20</sup>

- Fatigue
- Pale complexion
- Lack of concentration
- Dizzinesss
- Headache

For example, while tiredness can be a part of being pregnant, fatigue is different. When you are fatigued, you will feel mentally and physically exhausted.<sup>21</sup> This may be associated with iron deficiency and iron deficiency anaemia.<sup>20</sup>

If you are unsure, the best approach is to speak with your doctor proactively.

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

#### **BE AN IRON MUM**

Learn more at:

#### TAKE**IRON**SERIOUSLY.COM

References: 1. Milman N. *Ann Hematol* 2008; 87:949-59. 2. Breymann C. *Expert Rev Obstet Gynecol* 2013; 8:587-96. 3. Bothwell TH. *The American Journal of Clinical Nutrition* 2000; 72:257S-264S. 4. Beard JL. *J Nutr* 2001; 131:568-80. 5. Camaschella C. *N Engl J Med* 2015;372:1832-43. 6. Desforges M, Sibley CP. *Int J Dev Biol*. 2010;54(2-3):377-90. 7. Lozoff B, *et al. Nutr Rev.* 2006; 64:S34-S91. 8. Crichton R, *et al. UNI-MED Verlag* AG 2008; D-28323. 9. Miller J. *Cold Spring Harb Perspect Med* 2013; 3:a011866. 10. Villar J, *et al. J Nutr* 2003;133:1606-25. 11. Rao R and Georgieff MK. *Semin Fetal Neonatal Med*. 2007; 12(1): 54-63. 12. Alwan NA *et al. Br J Nutr* 2015;113:1985-92. 13. Henly SJ, *et al. Birth* 1995; 22:87-92. 14. Franca EL, *et al. J Matern Fetal Neonatal Med* 2013; 26:1223-7. 15. Milman N. *Ann Hematol* 2011; 90:1247-53. 16. Corwin EJ, *et al. The Journal of Nutrition*. 2003;133(12):4139-42. 17. Friedrisch JR and Friedrisch BK. *Biochem Insights* 2017; 10:1-18. 18. Alleyne M, *et al. Am J Med*. 2008;121(11):943-8 19. Achebe MM and Gafter-Gvili A. Blood 2017; 12:9:940-9. 20. Pavord S, *et al. BJH* 2020; 188: 819-30. 21. Dittner AJ, *et al. Journal of Psychosomatic Research* 2004; 56: 157-70.

HQ-NA-2000024. Date of preparation: October 2020.