Clinical Practice Guideline	**Iron Deficiency Anemia in Pregnancy, Intrapartum and Postpartum**
Department	**Transfusion Safety/ Blood Matters**

Target Audience
This clinical practice guideline is applicable to all medical and nursing staff and performed by:
Registered Nurse
Registered Midwife
Medical Officer
Student Nurse/ Midwife under supervision

Purpose
To provide a guideline for staff in the assessment and treatment of Iron deficiency anaemia throughout the Antenatal and Postnatal stages of pregnancy.
To provide optimal, safe patient care during pregnancy.

Guideline
Iron deficiency anaemia is the most common cause of anaemia in pregnancy worldwide.
Many women, particular those who are multiparous, commence pregnancy with reduced iron stores.
Iron requirements are 3 times higher in pregnancy, because of this the early recognition and treatment of iron deficiency anaemia is beneficial to both mother and baby.

Normal Haemoglobin (Hb) range in pregnancy is 110 -150gm/L

Iron Deficiency Anemia assessment and optimisation varies during each trimester of pregnancy. The Australian Red Cross Blood service has developed guidelines to assist clinicians in the decision making process.

- ***First trimester – Please see attachment one***
- ***Second trimester – Please see attachment two***
- ***Third trimester – Please see attachment three***

Risk factors for anaemia
- Vegetarian Diet
- Previous episode of anaemia.
- Multiple Pregnancies.
- Inter- pregnancy interval < 1 year.
- Teenage pregnancy.
- Recent history of bleeding.
- Inflammatory bowel disease- decreased absorption.
- Multiparous women.
- Aboriginal and Torres Strait Islander Women.

Key Aligned Documents

- Peninsula Health Policy – Alerts and Allergy and Adverse Drug Reaction
- Peninsula Health Policy – Hand Hygiene & Aseptic Technique.
- Peninsula Health Policy – Consent to medical Treatment.
- Peninsula Health Policy – Patient Identification & Procedure Matching.
- Peninsula Health Policy – Medication management.
- Peninsula Health Policy-Iron Polymaltose
- Peninsula Health Policy – Transfusion Practice.

Evaluation

Effectiveness of this guideline will be monitored and evaluated through, the regular revision and review of relevant documentation. Investigation into and education surround feedback received through the VHIMS/Riskman reports.

References

1) Australian Red Cross Blood Service – Transfusion Resource Center accessed from http://resources.transfusion.com.au/cdm/singleitem/collection/p16691coll1/id/864/rec/1 on the 26/04/17

2) Women and Newborn Health Service- King Edward Memorial Hospital http://www.kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectionb/1/b1.1.12.pdf

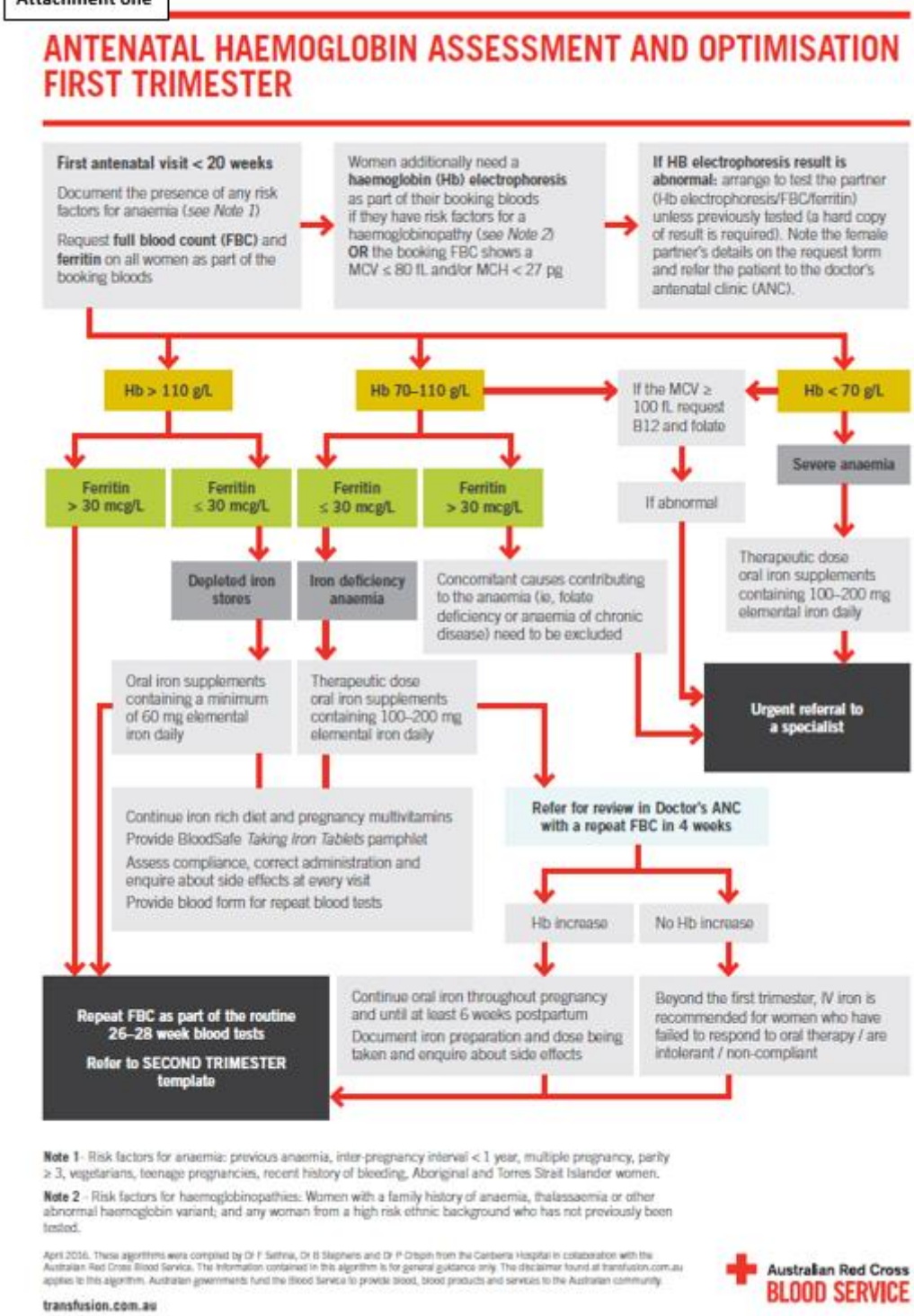
3) Patient Blood Management Guidelines:Module5: Obstetrics and Maternity. *National Blood Authority, Australian Government National health and medical research council,* 2015

Keywords

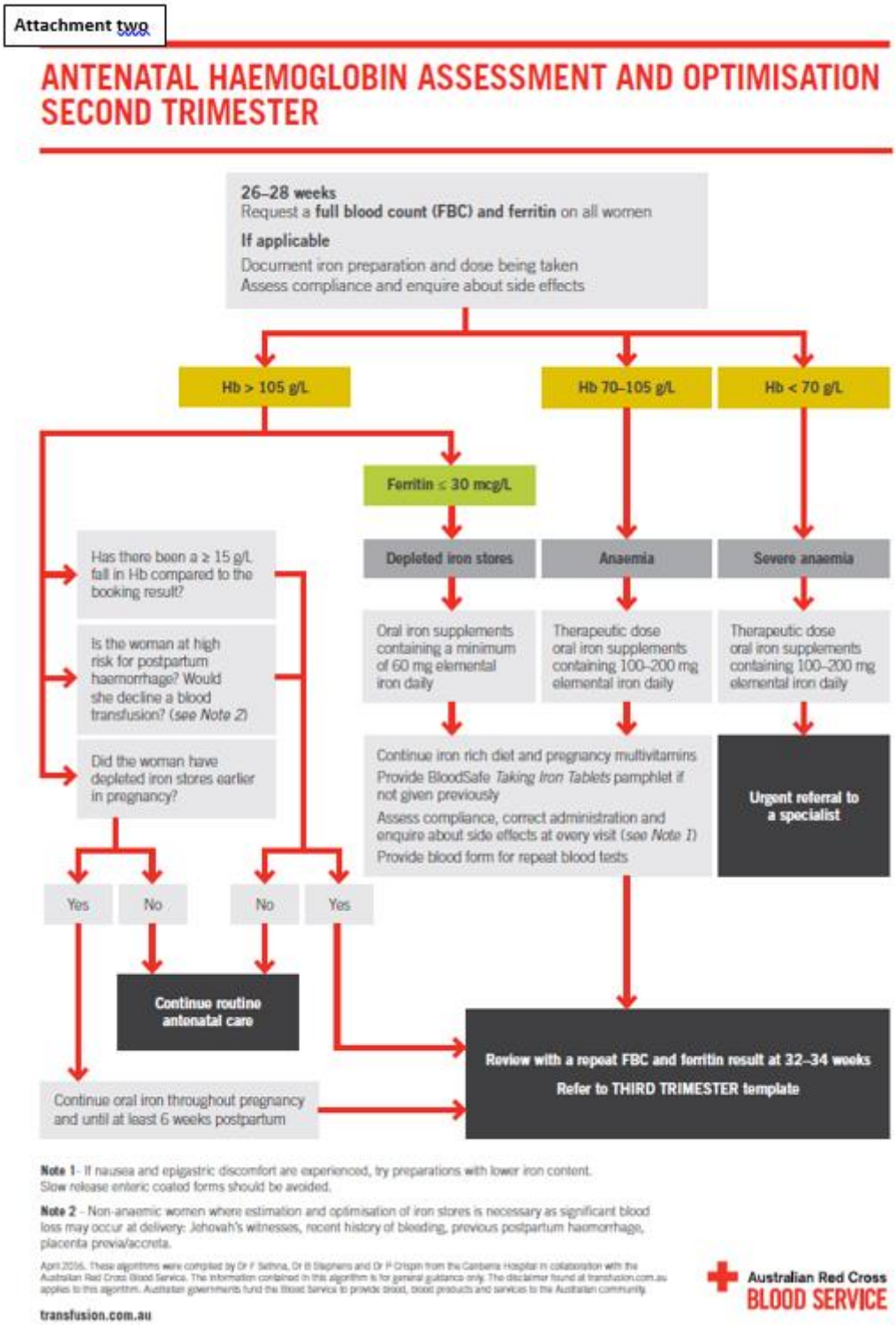
Hb- Haemoglobin.
Anaemia- defined by the World Health Organization as Hb < 110 g/L in pregnancy and < 100 g/L postpartum.
Severe Anaemia - in Pregnancy – Hb below 70 gm/L
ARCBS – Australian Red Cross Blood Service.
FBC- Full blood count.
MCV- Mean Corpuscular volume/ Mean cell volume – measure of the average volume of a red blood cell.

Document management	Position
Executive Sponsor:	Executive Director of RoMANCCC
Document Owner:	Transfusion Safety Committee Meeting
Document Author	Transfusion Clinical Nurse Consultant
Approved by:	Transfusion Safety Committee Meeting, Drugs and Therapeutics
Date created/revised in archived system:	26/07/17

Attachment one



Attachment two



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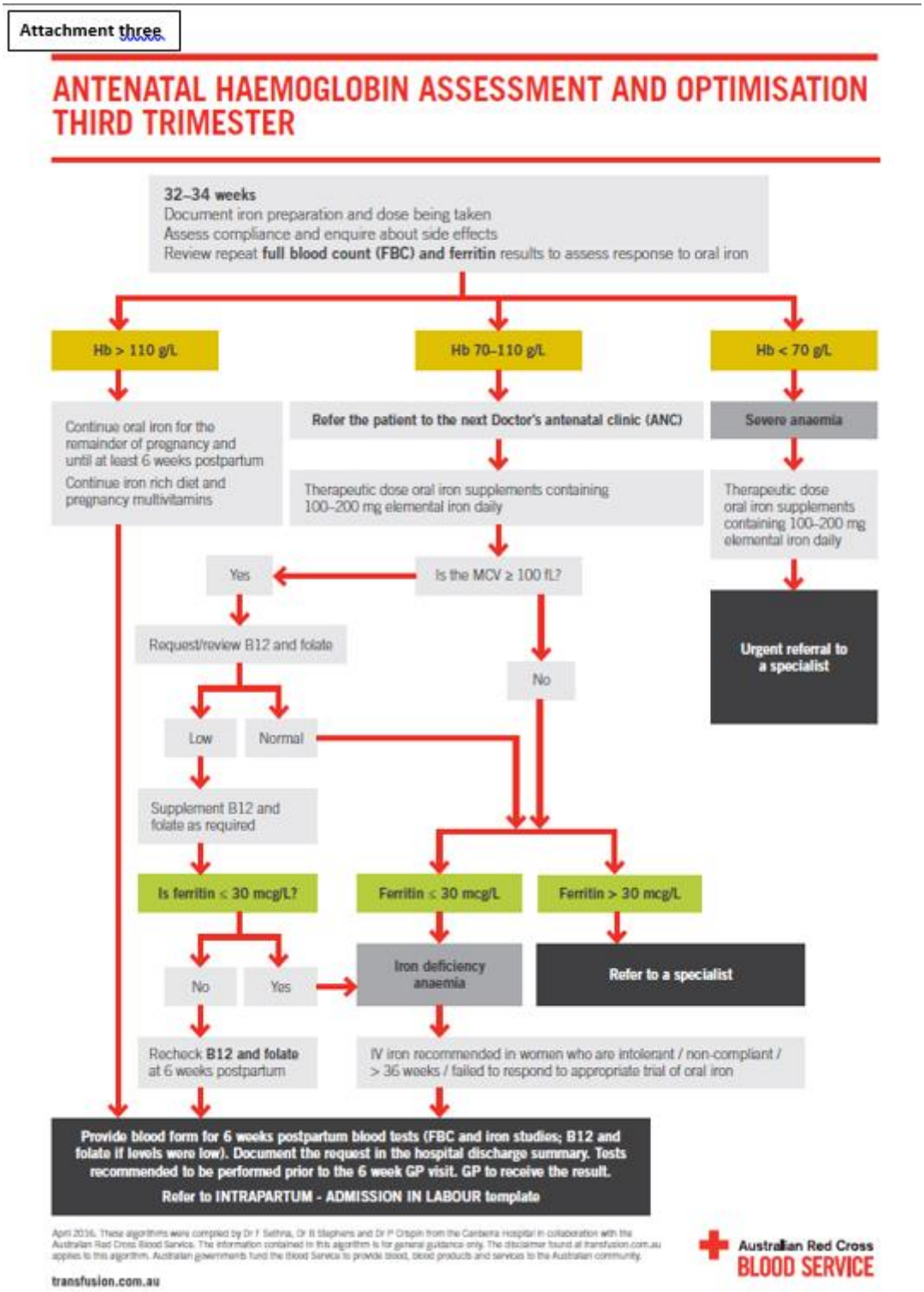
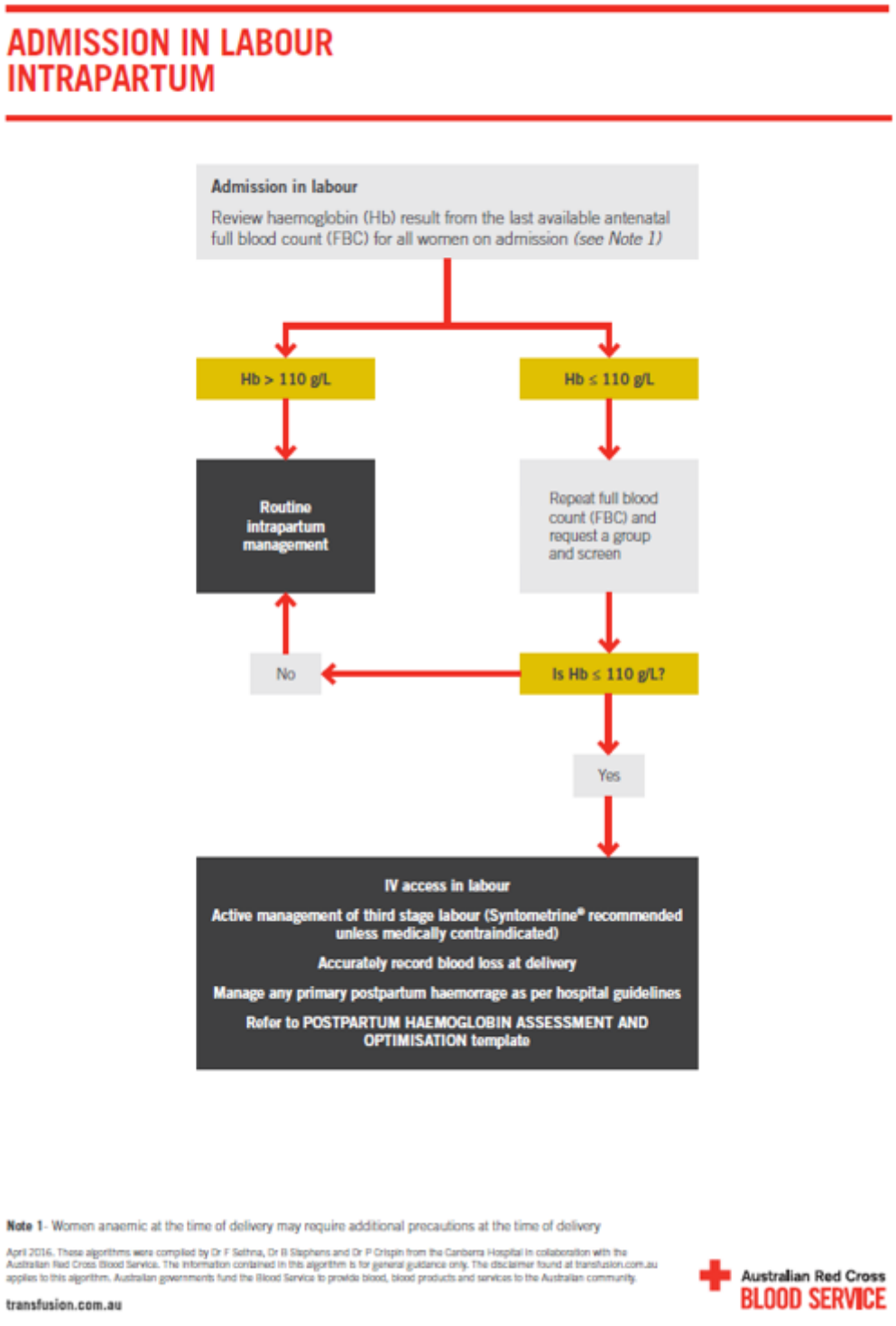
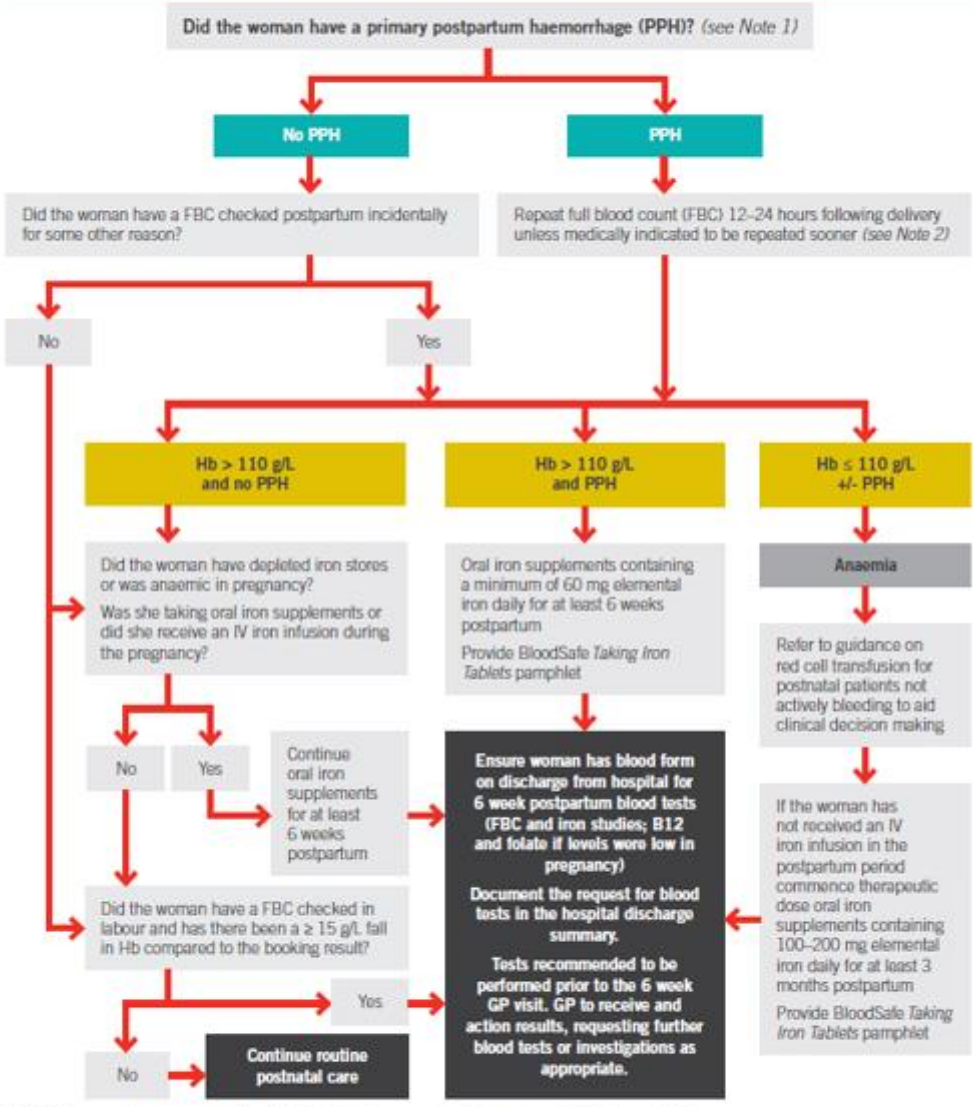


Attachment four



Attachment five

POSTPARTUM HAEMOGLOBIN ASSESSMENT AND OPTIMISATION



Note 1 - Primary postpartum haemorrhage (PPH) is defined as excessive bleeding in the first 24 hours post-birth, and is traditionally defined as blood loss of ≥ 500 mL after vaginal birth or ≥ 1000 mL blood loss after caesarean section.

Note 2 - There is no role for checking a ferritin level or iron studies in the immediate postpartum period as the results are not interpretable.

April 2016. These algorithms were compiled by Dr F Sathna, Dr B Stephens and Dr P Crispin from the Canberra Hospital in collaboration with the Australian Red Cross Blood Service. The information contained in this algorithm is for general guidance only. The disclaimer found at transfusion.com.au applies to this algorithm. Australian governments fund the Blood Service to provide blood, blood products and services to the Australian community.

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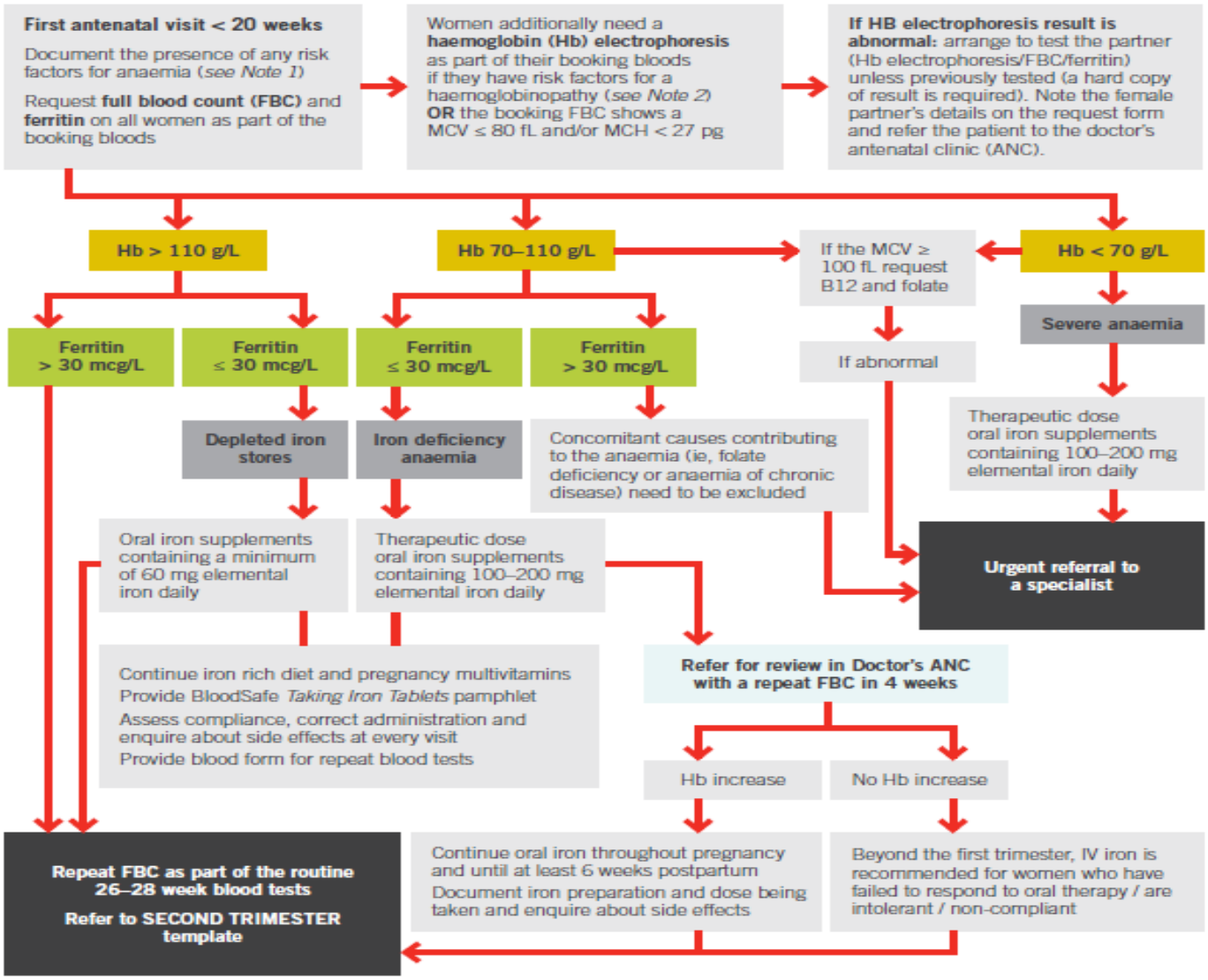
ANTENATAL HAEMOGLOBIN ASSESSMENT AND OPTIMISATION FIRST TRIMESTER



Note 1- Risk factors for anaemia: previous anaemia, inter-pregnancy interval < 1 year, multiple pregnancy, parity ≥ 3, vegetarians, teenage pregnancies, recent history of bleeding, Aboriginal and Torres Strait Islander women.

Note 2 - Risk factors for haemoglobinopathies: Women with a family history of anaemia, thalassaemia or other abnormal haemoglobin variant; and any woman from a high risk ethnic background who has not previously been tested.

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