Antenatal Anaemia Optimisation Pathway

Is patient anaemic? Review FBC results within 72 hours of taking

Patients with haemoglobinopathies referred to specialist midwife

Refer to Haematology if concomitantly low
Neutrophils < 1x10⁹/L
Platelets <80x10⁹/L (new in pregnancy)

YES

<13 weeks
Hb <110g/L
If Hb <90g/L please refer to obstetric team for outpatient review within 2/52
If Hb<80g/L or symptomatic please call obstetrician for urgent review

13 weeks to term
Hb <105g/L
If Ferritin >100 µg L⁻¹
Consider other causes of anaemia based on clinical picture/investigations
Functional iron deficiency (iron saturations <20%, inflammatory state, elevated CRP)
Anaemia of Chronic Disease
Renal failure (GFR <35ml/min)
B12 or Folate deficiency
If diagnostic uncertainty discuss with Obstetric team

<34 weeks
1st line empirical
TRIAL ORAL IRON
Ferrous sulphate 200mg tds + Dietary advice

What is the IRON STATUS?
If Ferritin <100 µg L⁻¹
or
Iron Satuations <20% = IRON DEFICIENCY ANAEMIA

>34 weeks

INTRAVENTOUS IRON INFUSION (MONOFER)
See prescription and administration guideline
NB IV iron is contraindicated <13 weeks

Recheck Hb and review haematinsics in 4/52

Has the Hb incremented by >10g/L?

YES

CONTINUE ORAL IRON
Re-educate
Reduce dose
Add lactulose

NO

<34 weeks
PATIENT DISCUSSION
Compliance? Intolerance?

>34 weeks

If patient remains anaemic
Hb <105g/L:
IV IRON IF >34 WEEKS
CONTINUE ORAL IRON IF <34 WEEKS
If no longer anaemic
REVIEW DOSING REGIMEN

>34 weeks

If patient doesn’t want 2nd oral iron trial
Failure to increment post IV iron discuss with Obstetric cons

Consider 2nd dose IV iron if ongoing anaemia