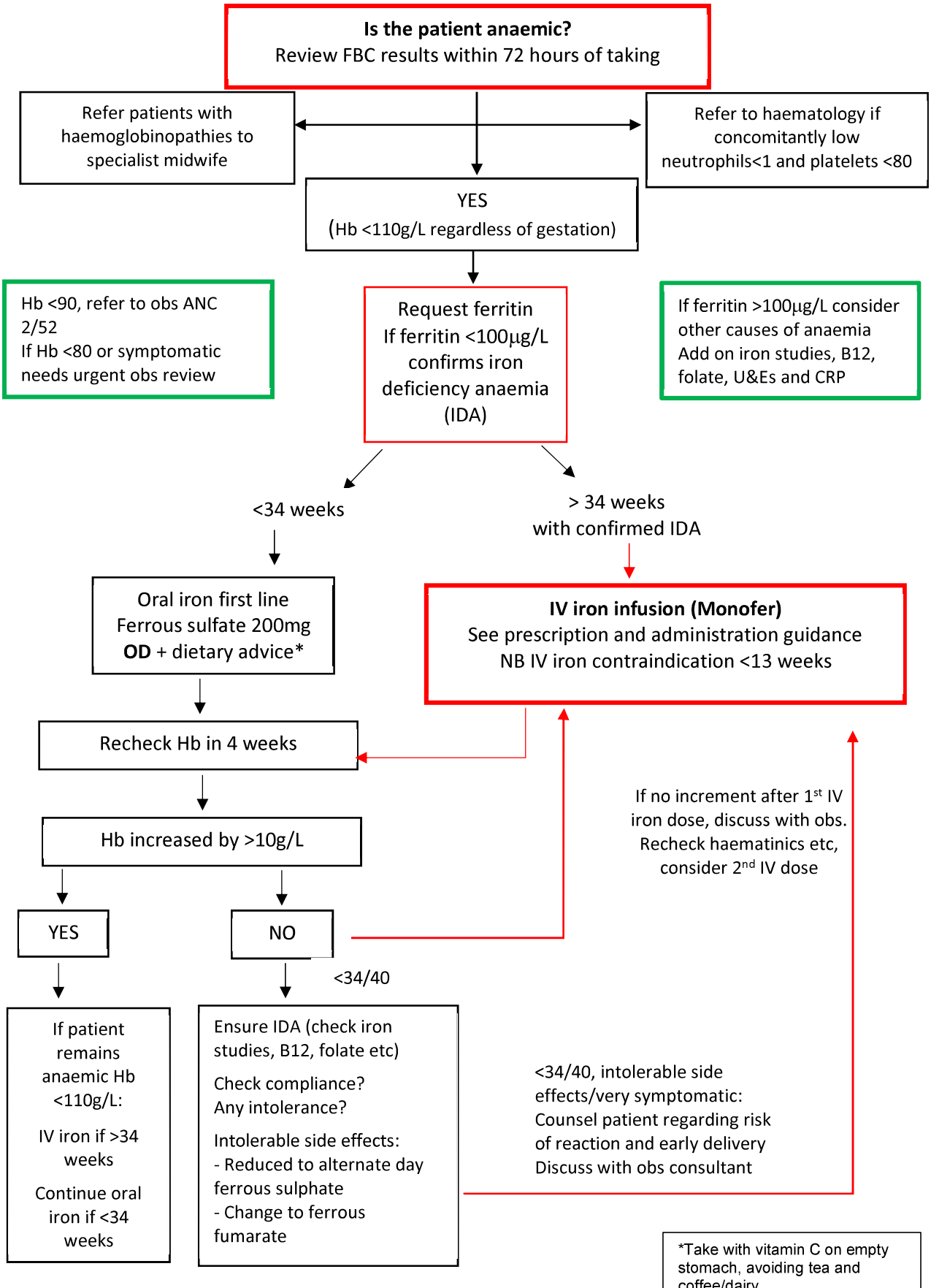
Appendix 1: Antenatal Anaemia Optimisation Pathway: FBC; full blood count, Hb; haemoglobin, IDA; iron deficiency anaemia, Obs ANC; obstetric consultant antenatal clinic, OD; once daily, U&Es; urea and electrolytes



Antenatal Anaemia Optimisation Pathway

1. Initial Assessment
Perform a full blood count (FBC) and review results within 72 hours.

2. Identify Anaemia
Anaemia is defined as Hb < 110 g/L at any gestation. If not anaemic, continue routine care. If anaemic, proceed to further tests.

3. Additional Tests
Request ferritin level.
- Ferritin < 100 µg/L confirms iron deficiency anaemia (IDA).
- Ferritin ≥ 100 µg/L: consider other causes and request iron studies, B12, folate, U&Es, and CRP.

4. Assess Severity
- Hb < 90 g/L: refer to obstetric antenatal clinic within 2 weeks.
- Hb < 80 g/L or symptomatic: urgent obstetric review.

5. Management Based on Gestation
If < 34 weeks: prescribe oral iron (ferrous sulfate 200 mg once daily with dietary advice).
If ≥ 34 weeks with confirmed IDA: offer IV iron (Monofer). Note IV iron is contraindicated < 13 weeks.

6. Follow-Up
Recheck haemoglobin in 4 weeks.

7. Evaluate Response
- If Hb increases by > 10 g/L: continue treatment if remains anaemic Hb<110g/L
- If no increase: confirm diagnosis, check compliance and tolerance.

8. Manage Oral Iron Issues
If side effects occur, reduce to alternate-day dosing or switch to ferrous fumarate.

9. Ongoing Anaemia
If Hb remains < 110 g/L: continue oral iron (<34 weeks) or give IV iron (≥34 weeks).

10. After IV Iron
If no response after first dose, discuss with obstetric team, recheck haematinics, and consider second dose.

11. Special Situations
If <34 weeks and severe symptoms or intolerance: counsel patient and discuss with obstetric consultant.

12. Additional Considerations
Refer patients with haemoglobinopathies to specialist midwife. Refer to haematology if concomitantly neutrophils <1 or platelets <80.

NB BSH Guidelines for the management of anaemia in pregnancy recommends that iron therapy should continue for three months or until at least 6 weeks postpartum.

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