

Anaemia is a term used to describe a low amount of red blood cells in the blood. Red blood cells transport oxygen around your body to your organs.

Red blood cells are made in your bone marrow and help to store and carry oxygen in the blood. The red blood cells last about four months before they break down and are replaced by new red blood cells. If you have fewer red blood cells than is normal, your organs and tissues will not get as much oxygen as they usually would. For your body to produce red blood cells you need to have an adequate supply of iron, vitamin B12 and folic acid in your diet. If one or more of these is lacking, anaemia will eventually develop.

Your Lead Maternity Carer (LMC) or doctor has identified that you are at risk of, or have developed low iron stores (Iron deficiency). Iron deficiency anaemia due to low iron stores is the most common cause of anaemia in pregnancy.

Taking oral iron supplements

Taking iron tablets will boost the low levels of iron in your body and should be taken for at least three months.

Iron tablets are absorbed best when taken 1 hour before meals. Take them with some Vitamin C e.g. an orange, mango or papaya to help absorption. Do not take antacid medications, milk, tea, coffee or cereals at the same time.

You will need to have blood tests every few months to check the treatment is working and that your iron levels have returned to normal.

What are the side-effects of iron tablets?

Common side-effects include:

- Constipation
- Black stools (bowel motions)

- Diarrhoea
- Heartburn
- Nausea
- Mild abdominal pain

These side effects often get better over time. You can try taking a smaller dose of iron (once a day instead of twice a day, or taking a tablet every other day) will often help to reduce the side effects. Don't stop taking your iron tablets. Discuss any side effects with your LMC.

Constipation can be helped by eating kiwifruit, prunes and vegetables, drinking kiwicrush (found in the frozen food section of the supermarket) and drinking plenty of water. Your LMC or GP can also prescribe laxatives.

Who is at risk of anaemia?

- Teenage pregnancies
- Pregnancies close together
- Women carrying twins or more
- Vegetarians
- Women at increased risk if bleeding (eg: Jehovah's Witnesses)
- Women with bleeding disorders
- Women with previous iron deficiency

What else can I do?

A healthy pregnant woman needs an extra 27mgs of iron each day. If you are already anaemic and have low iron stores you will need more. Once you have iron deficiency diet alone will not be enough but it will certainly help.

Animal based sources of iron include lean red meat, fish and poultry. Non-animal (plant) sources are legumes, spinach and some grains. Iron from red meat, fish and chicken is more easily used by your body.

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Eating any iron rich food with some vitamin C (e.g. fruit) will also improve the iron absorption. Antacid medication, milk, tea or coffee taken at the same time as eating iron rich food or an iron tablet will stop the iron from getting absorbed by your body.

Good sources of iron include:

- dark-green leafy vegetables, such as watercress and curly kale
- iron-fortified cereals or bread
- brown rice
- pulses and beans
- nuts and seeds
- meat, fish and tofu
- eggs
- dried fruit, such as dried apricots, prunes and raisins

This table has information from the NZ nutrition foundation and lists some good sources of iron in the diet.

Meat based foods containing iron Iron (mg)

1 grilled lean beef fillet steak (173g)	5.8
½ cup green mussels, marinated	7.5
2 grilled lean lamb leg steaks (116g)	4.0
1 slice fried lamb liver	4.0
90g can salmon	2.1
1 grilled chicken breast (107g)	2.0
1 grilled lean pork loin chops (74g)	1.2
1 baked terakihi fillet	0.8

Plant based foods containing iron Iron (mg)

100g tofu	5.4
1 cup porridge	1.3
1 Wheat biscuit	1.5
½ cup cooked red kidney beans	2.0
½ cup cooked boiled lentils	1.2
½ cup fruity muesli	1.9
½ cup cooked chickpeas	1.6
1 cup boiled broccoli	0.9
½ cup baked beans	1.6
10 dates	1.3

1 cup boiled spinach	2.5
1 boiled egg	0.9
1 slice multigrain bread	0.7

The dangers of anaemia

Pregnant women with severe or untreated anaemia have a higher risk of complications before and after birth. If you already have low iron stores and then lose a large amount of blood at delivery, this can put you at danger of not having enough oxygen transported around your body. This is why anaemia needs to be treated as early as possible in your pregnancy to give you time to build up your iron stores.

Red blood cell levels usually return to normal between 5-12 weeks following the birth. If, however, you had a large blood loss or were low in iron before the birth this can take longer.

Remember: Iron tablets can also be dangerous to small children if eaten. Please keep them out of their reach and locked up with other medications.