

Do you know which oral iron treatments can help pregnant women with iron deficiency or iron deficiency anaemia achieve optimal results?

Suitable oral iron preparations contain either ferrous iron salts or ferric iron salts. Ferrous iron preparations are the preferred choice for treatment.¹ Ferrous iron preparations are further divided into ferrous fumarate, ferrous sulfate, and ferrous gluconate. Current evidence suggests that the ferrous fumarate preparations such as Ferro-f-tab, and Ferro-tab are better absorbed and tolerated than other ferrous iron preparations such as Ferro-grad, Ferro-grad C, and FGF.² Other oral iron treatments made from ferric iron salts such as Maltofer, are gentler on the stomach but are licensed as a second-line treatment and should only be recommended once ferrous iron is not tolerated or is not suitable.³

A quality improvement project at RHW is aiming to improve the treatment of iron deficiency and iron deficiency anaemia for pregnant women using oral iron treatments. Information is being collected via anonymous surveys from women that attend the Pregnancy Day Stay Unit for intravenous (IV) iron treatment. We are finding that:

1. Women lack consistent advice about oral iron
2. Once oral iron is commenced, follow-up blood tests to check if treatment is effective are not done within the recommended time frame (4 weeks)
3. Apart from a genuine need for women to require IV iron, there are some women receiving IV iron that could potentially have avoided it.

The need for treatment with IV iron remains but according to these survey results, some women are not well-informed and remain using an oral treatment that is not therapeutic. There are risks associated with IV iron and despite minimal out-of-pocket costs for consumers there exist higher costs to the Australian healthcare system (Ferrinject costs approximately \$300 per treatment episode).

Fact sheets (attached) on oral iron and dietary iron have just been completed. These will be on the RHW website soon. Other excellent Australian resources are BloodSafe and the Australian Red Cross Lifeblood website. It is hoped that over time women will receive more consistent guidance and achieve better outcomes using oral treatments.

<https://bloodsafelearning.org.au/>

<https://www.lifeblood.com.au/health-professionals>

References:

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