

GYNAECOLOGY & OBSTETRICS UPDATE

Website for Doctors MarkMalak.com

Website for Patients MrMalak.com

Issue 88

January, 2010

Author

Mark Malak

MB, BCh., M.Sc.,
Ph.D., DFFP,
MRCOG, FRCOG

Lead

Urogynaecologist
East Sussex NHS
Hospitals Trust

Tel: 01323 413735

**HOSPITAL
DOCTOR**

AWARD

1st runner up

**UK best
Continence Team**

**Eastbourne
Urogynecology
Team**

M Malak, A Grimston,
J Andrews, N Lawton,
A Spirou, W Fletcher

Integrated
management of
pelvic floor
disorders: Prolapse,
urinary incontinence
(1ry & recurrent),
frequency, urgency
and recurrent cystitis

**NHS Clinical
Excellence**

Award

**2005 2006 2007
2008 2009**

(achieving the highest
local Award)

Management of low Haemoglobin in Pregnancy

- * Pregnant women should be offered screening for anaemia. Screening should take place early in pregnancy (at the booking appointment) and at 28 weeks, when other blood screening tests are being performed. This allows enough time for treatment if anaemia is detected.
- * Iron supplementation should *not be offered routinely to all pregnant women*. It does not benefit the mother's or fetus's health and may have unpleasant maternal side effects. Low haemoglobin values such as those between 8.5 g/100 ml and 10.5 g/100 ml may be associated with reduced risks of low birth weight and preterm labour. Increased risks of poor fetal outcome are associated with particularly low and very high levels of haemoglobin
- * Haemoglobin levels outside the normal UK range for pregnancy (that is, 11 g/100 ml at first contact and 10.5 g/100 ml at 28 weeks due to the impact of gestational age on the change in plasma volume) should be investigated and iron supplementation *considered if indicated*.
- * Because of the diverse pathogenesis of anaemia (e.g., iron deficiency anaemia, thalassaemia, and sickle cell anaemia) *the use of haemoglobin as the sole means of diagnosing anaemia is not a sensitive test* although this is often used as the first indicator in clinical practice.
- * *When there is a suspicion of iron deficiency, more sensitive and specific tests should be considered. Serum ferritin is the most sensitive single screening test to detect adequate iron stores: Using a cut-off of 30 micrograms/litre sensitivity of 90% has been reported.*
- * The evidence on the effects of treating iron deficiency anaemia in pregnancy has been inconclusive because of the lack of good-quality trials. There is an absence of evidence to indicate the right timing of iron supplementation during pregnancy.

References:

Antenatal care: Routine care for the healthy pregnant woman. National Collaborating Centre for Women's and Children's Health Clinical Guideline. (Commissioned by the NICE). March 2008

Website for Doctors MarkMalak.com

Website for Patients MrMalak.com