

Maternal Blood Optimisation Pathways

FIRST TRIMESTER OR BOOKING VISIT

NOTE 1 Risk factors for anaemia

Obesity, low socio economic status, previous anaemia, interpregnancy interval < 1 year, multiple pregnancy, parity ≥ 3, meat-free or poor diet, teenage pregnancies, recent history of bleeding, haemoglobinopathy (eg. women with a family history of anaemia, thalassaemia or other abnormal haemoglobin variant).

NOTE 2 If oral iron is not well tolerated, eg. causing nausea or constipation, consider alternate day dosing or ↓ dose to 60 mg elemental iron or greater (eg. Ferro tab). Slow release enteric coated forms should be avoided.



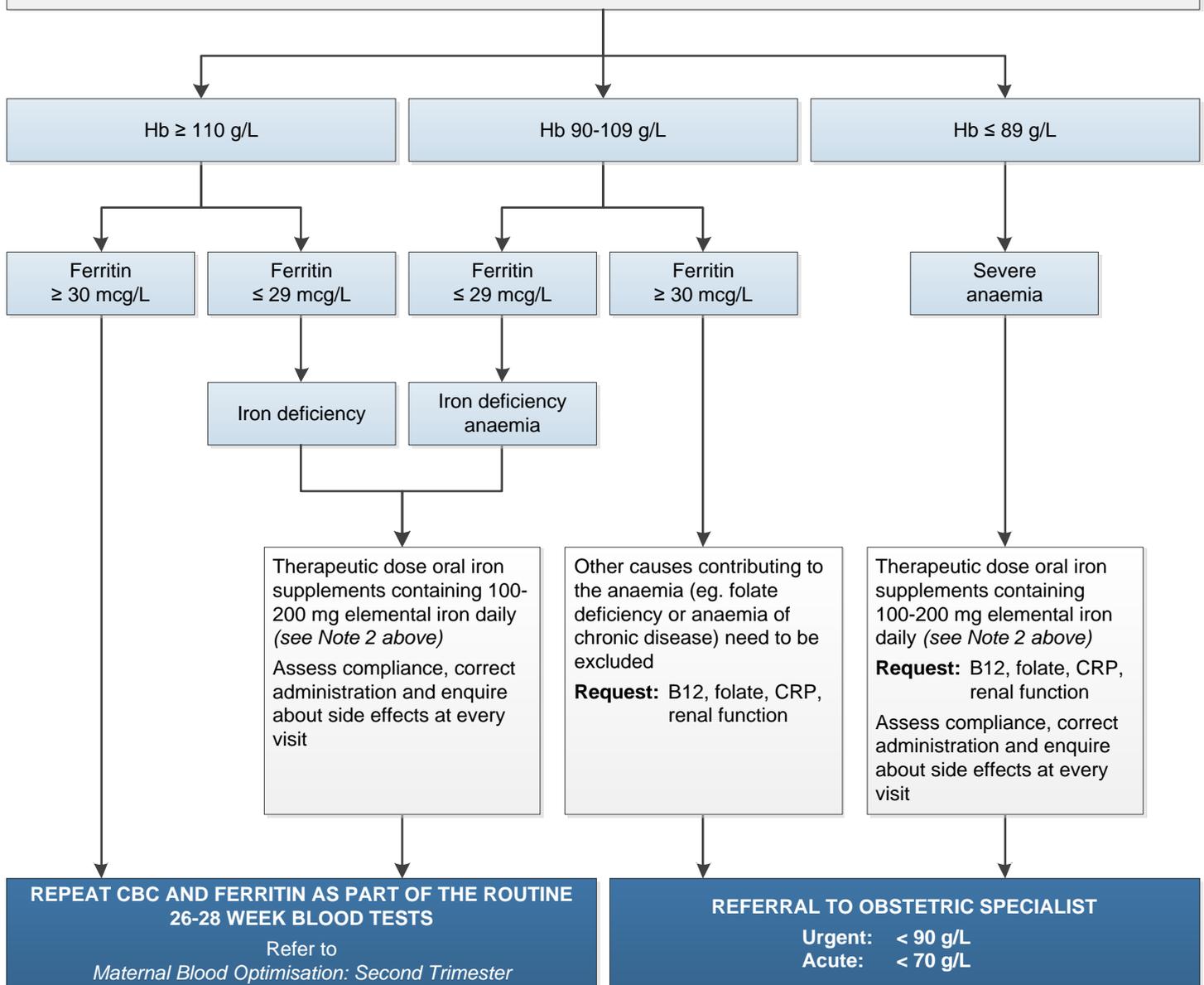
Each tablet equivalent to elemental iron 65.7 mg



Each tablet equivalent to elemental iron 100 mg

FIRST ANTENATAL VISIT ≤ 20 WEEKS

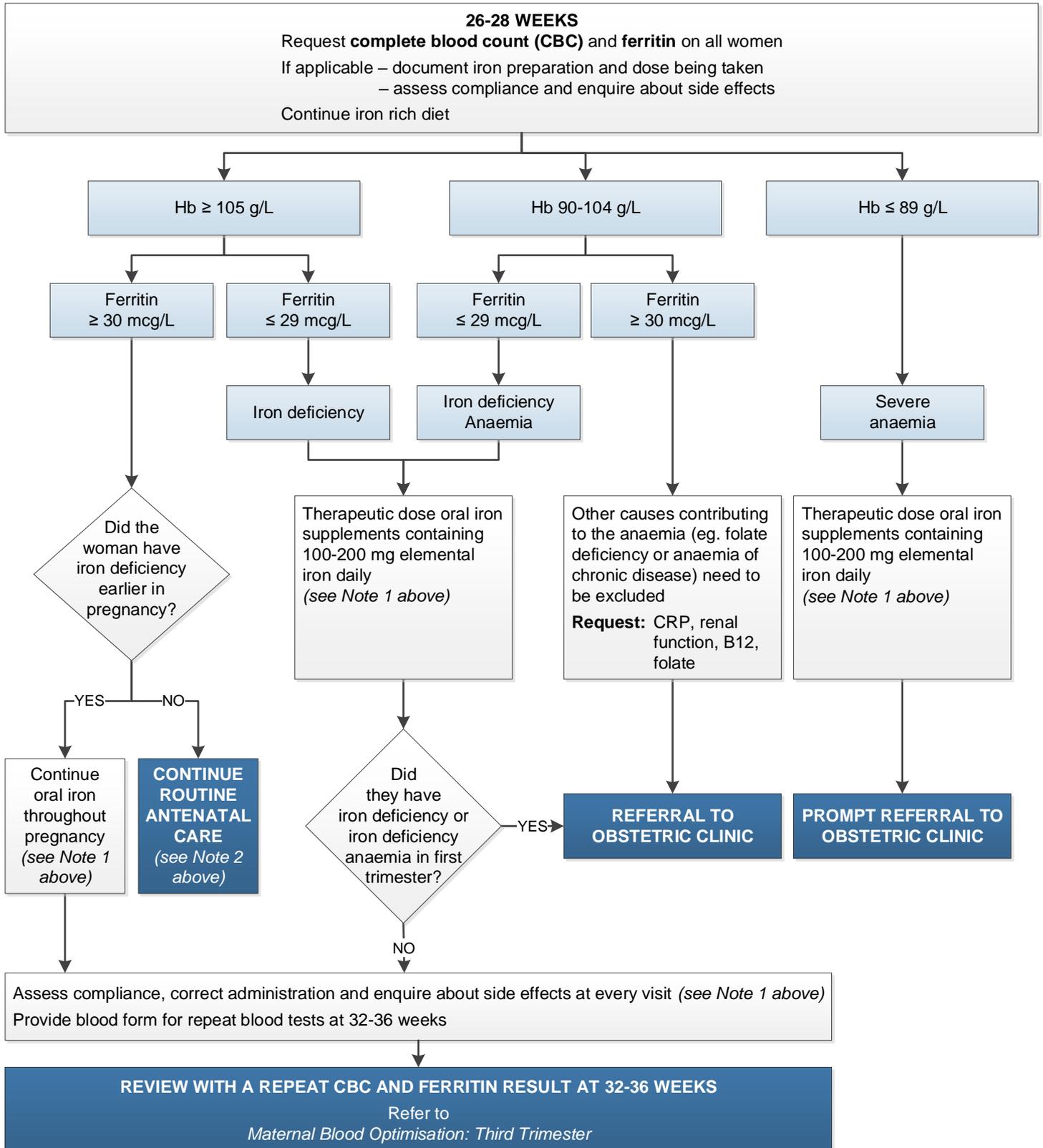
Document the presence of any risk factors for anaemia (see Note 1 above)
 Request **complete blood count (CBC)** and **ferritin** on all women as part of the booking bloods
 Encourage iron rich diet (eg. discuss flip chart)
 Provide blood form for repeat blood tests at 26-28 weeks



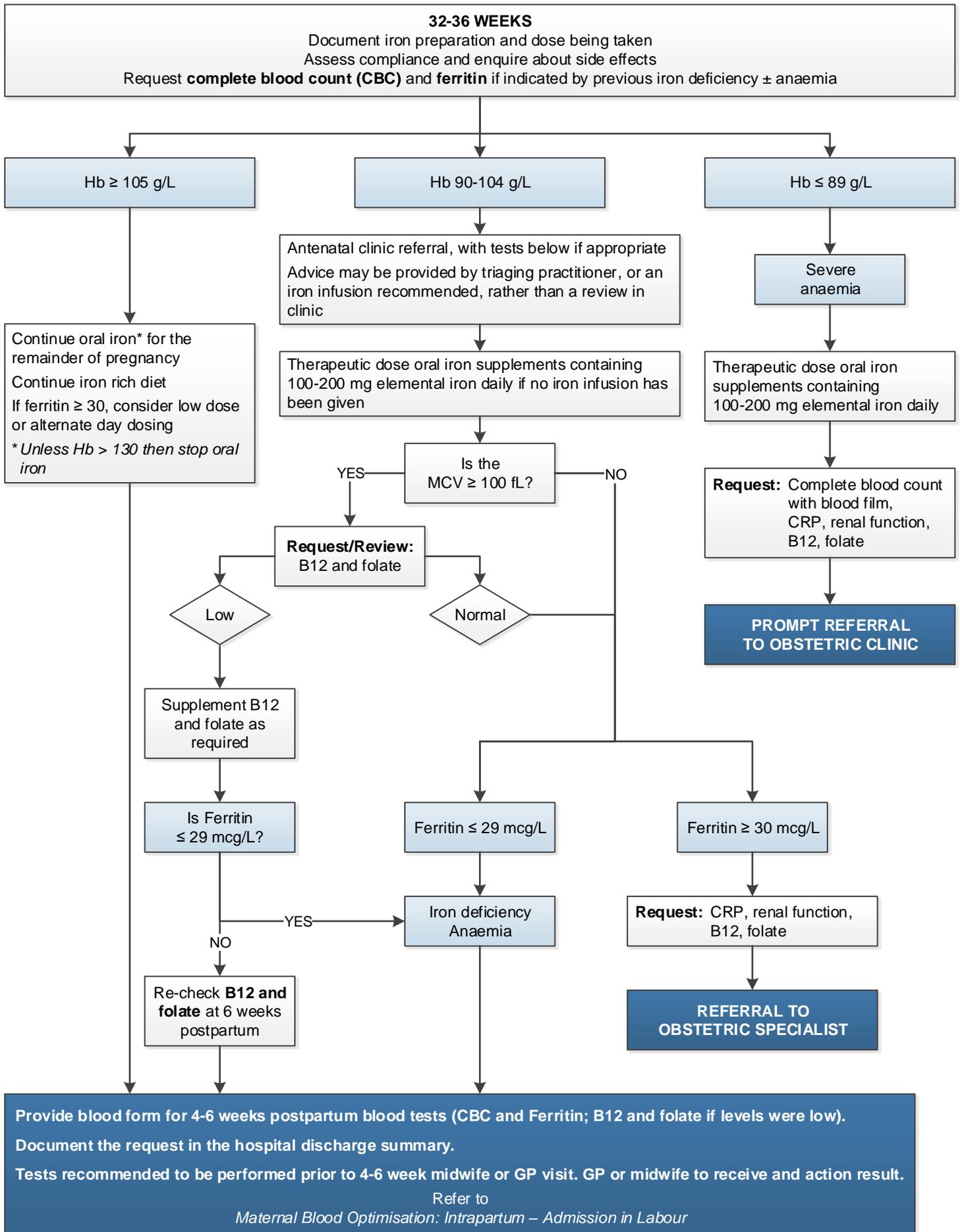
SECOND TRIMESTER

NOTE 1 If oral iron is not well tolerated, eg. causing nausea or constipation, consider alternate day dosing or ↓ dose to 60 mg elemental iron or greater (eg. Ferro tab). Slow release enteric coated forms should be avoided.

NOTE 2 Non-anaemic women where estimation and optimisation of iron stores is necessary as significant blood loss may occur at delivery: Jehovah's Witnesses, recent history of bleeding, previous postpartum haemorrhage, placenta previa/accreta. Provide blood form for repeat blood tests at 32-36 weeks.

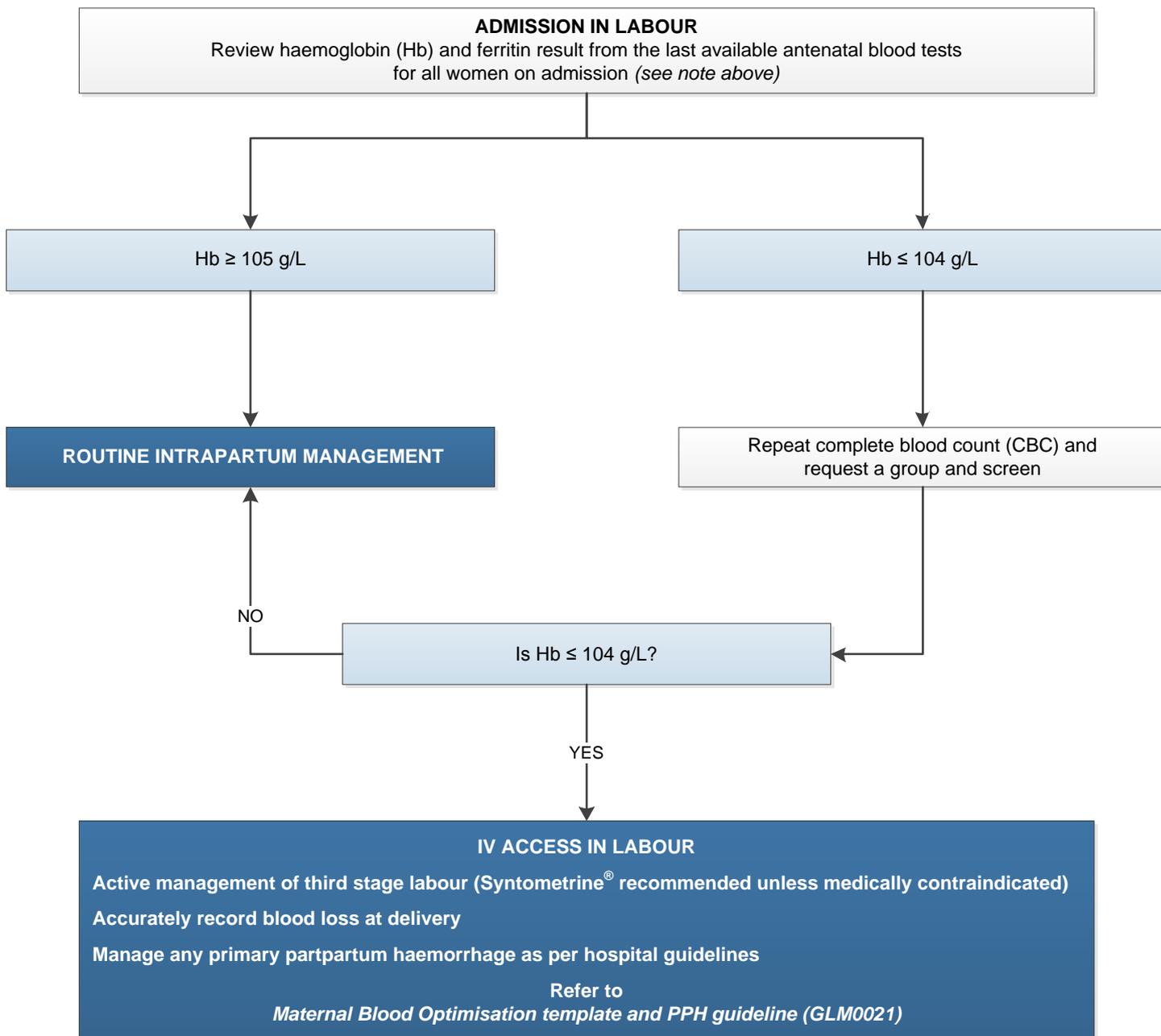


THIRD TRIMESTER



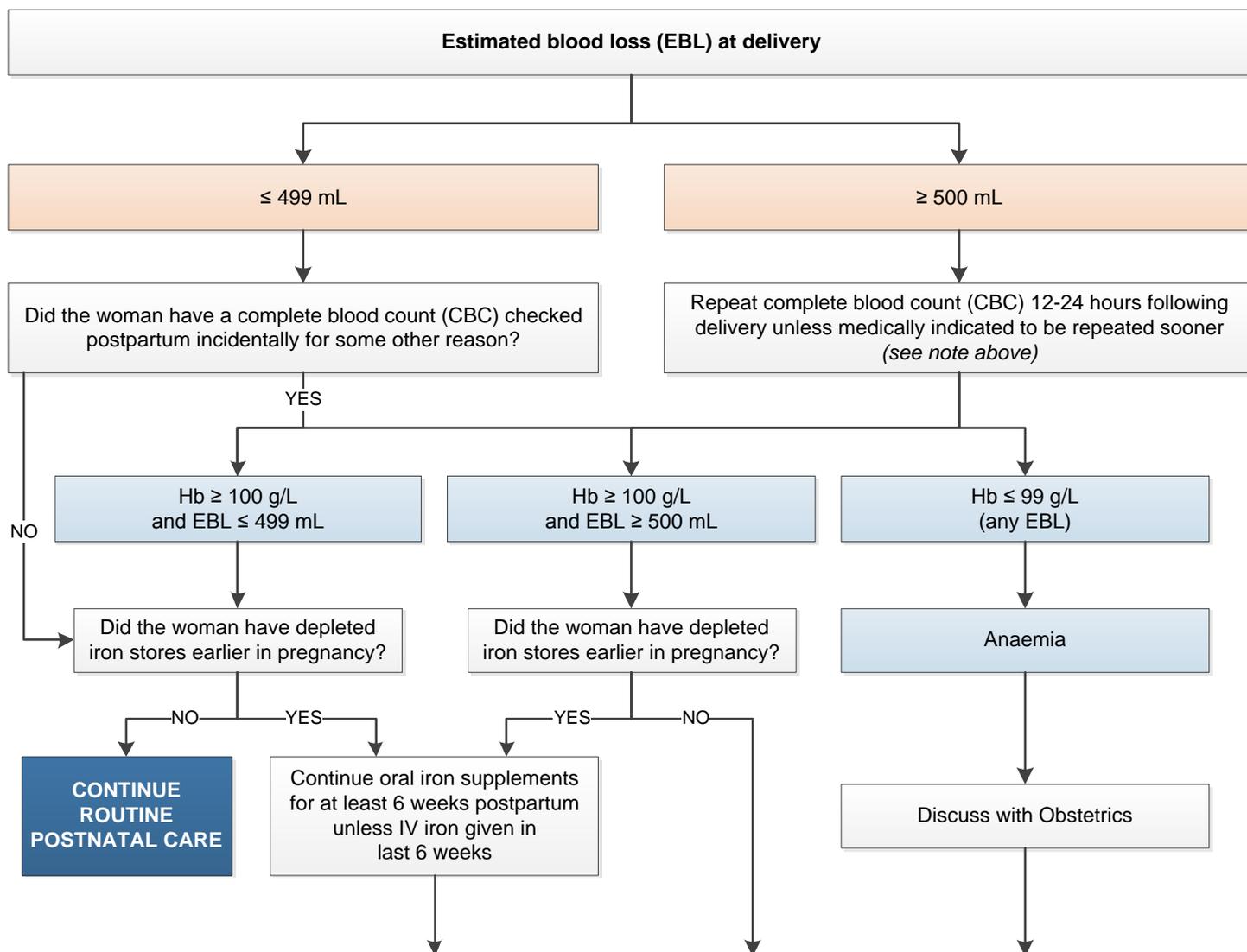
INTRAPARTUM – ADMISSION IN LABOUR

NOTE Anaemic women may have reduced tolerance to blood loss and will require active management at time of delivery.



INPATIENT POSTPARTUM

NOTE There is no role for checking a ferritin level or iron studies in the immediate postpartum period as the results are not interpretable.



Ensure woman has blood form on discharge from hospital for 4-6 week postpartum blood tests (CBC and Ferritin; B12 and folate if levels were low in pregnancy).

Document the request for blood tests in the hospital discharge summary.

Tests recommended to be performed prior to the 4-6 week midwife or GP visit. Person requesting the test needs to receive and action results, requesting further blood tests or investigations as appropriate.