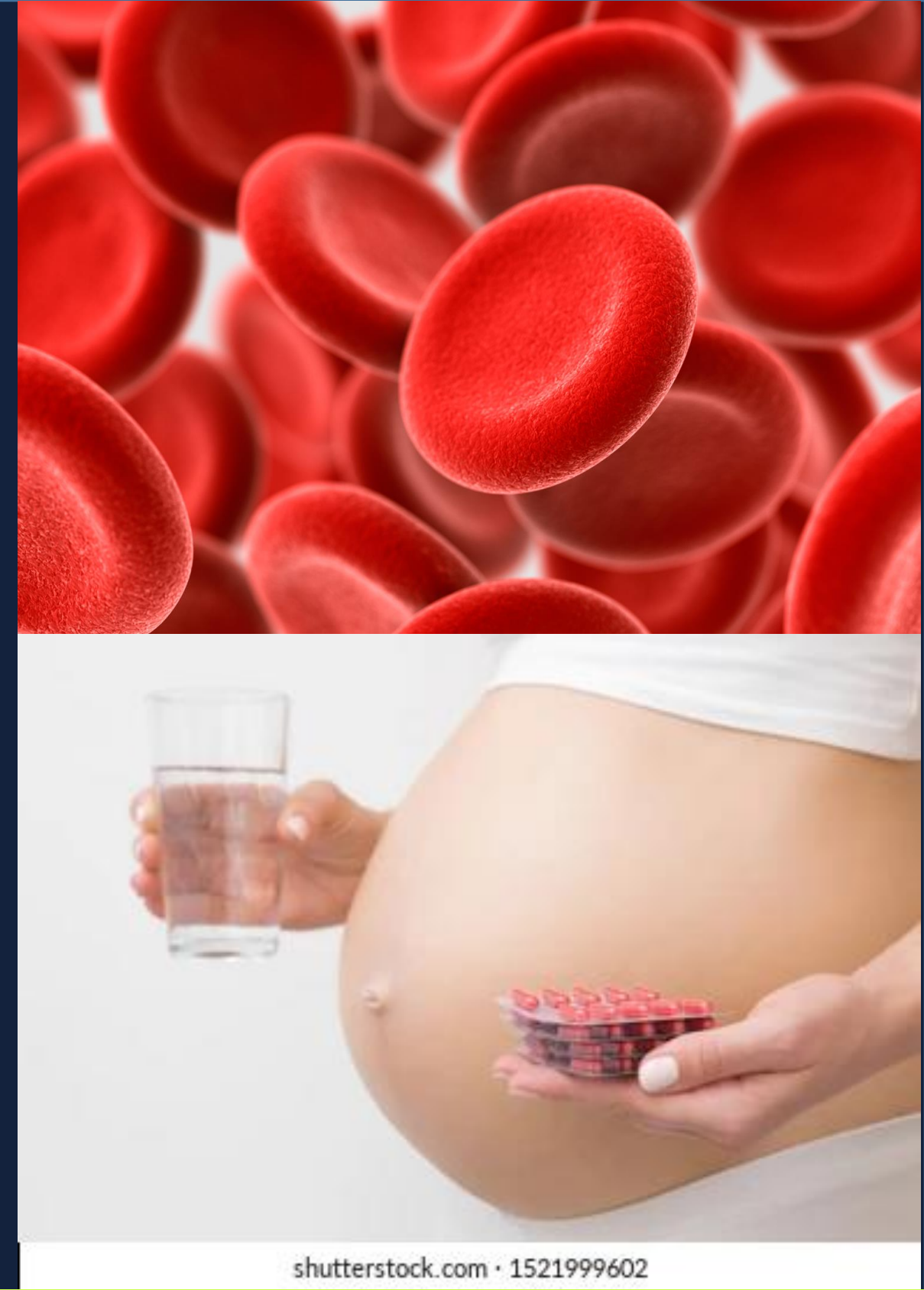


# CURRENT STAFF PRACTICES WITH REGARDS TO MANAGEMENT OF IRON DEFICIENCY ANAEMIA IN PREGNANCY

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## BACKGROUND

Iron deficiency anaemia (IDA) in pregnancy is a common clinical problem both in Ireland and across the globe. It is associated with adverse maternal, neonatal and obstetric outcomes. Rates in Ireland's pregnant populations remain largely unchanged over the last 20 years between 16-17%.

There is increasingly robust evidence in favour of alternate day oral iron over daily iron. It has been shown to be superior from an absorption and tolerability perspective.

## AIMS

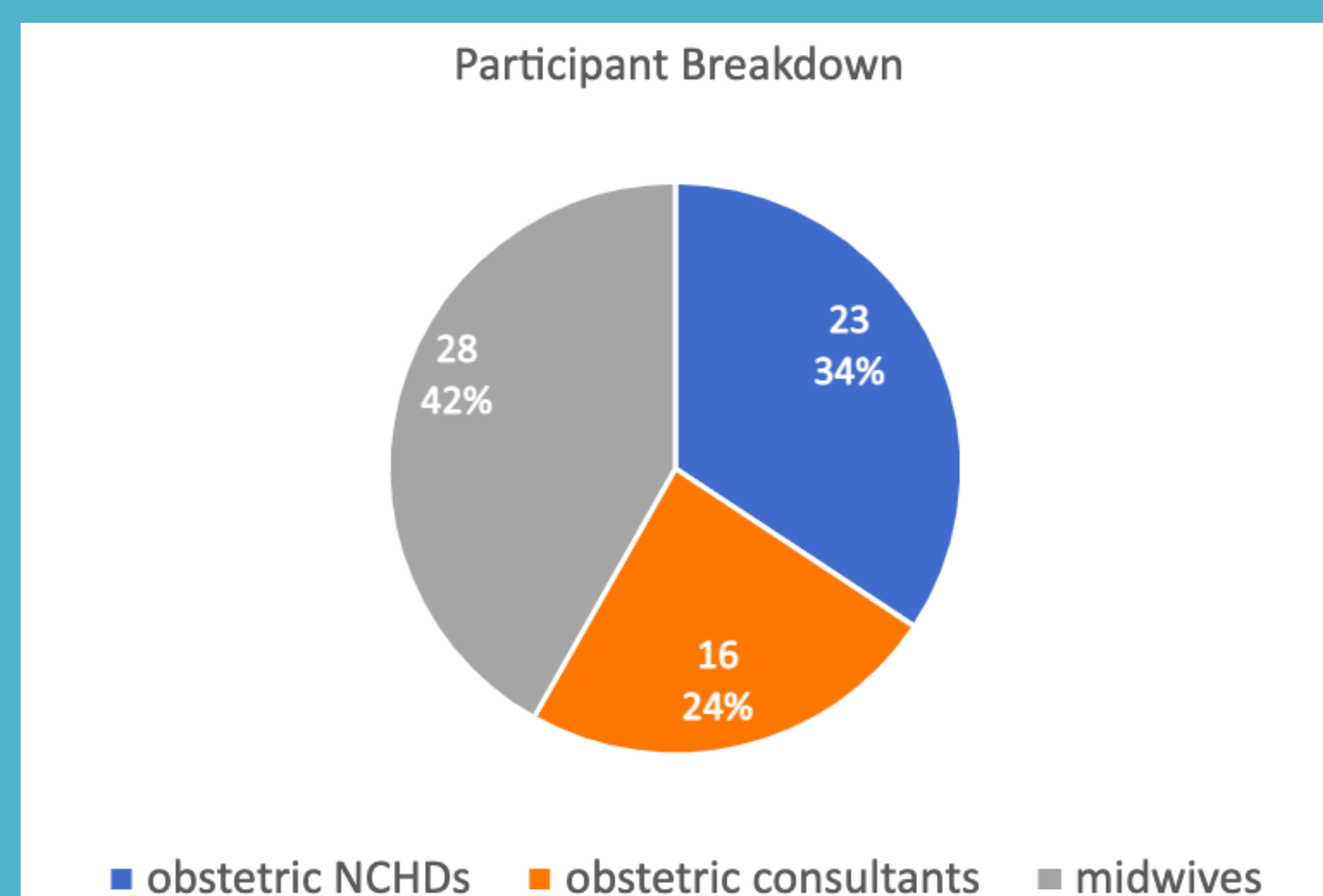
This study was conducted to determine current staff practices at the National Maternity Hospital with regards to the management of IDA in pregnancy.

## METHODS

A survey was designed with validation from a group of obstetricians, NCHDs, midwives and dieticians. The anonymous survey was distributed in electronic form to NCHDs and consultants and in paper form to staff midwives.

Data was collected on whether iron supplementation was advised in all pregnancies routinely by individuals, what iron supplements were advised as first-line and second-line, and what dosing regimens, dietary advice and specific instructions surrounding ingestion of iron tablets people gave. Staff were tested on their knowledge of prevalence, associated complications, diagnostic criteria and awareness of pricing of different supplements.

## RESULTS

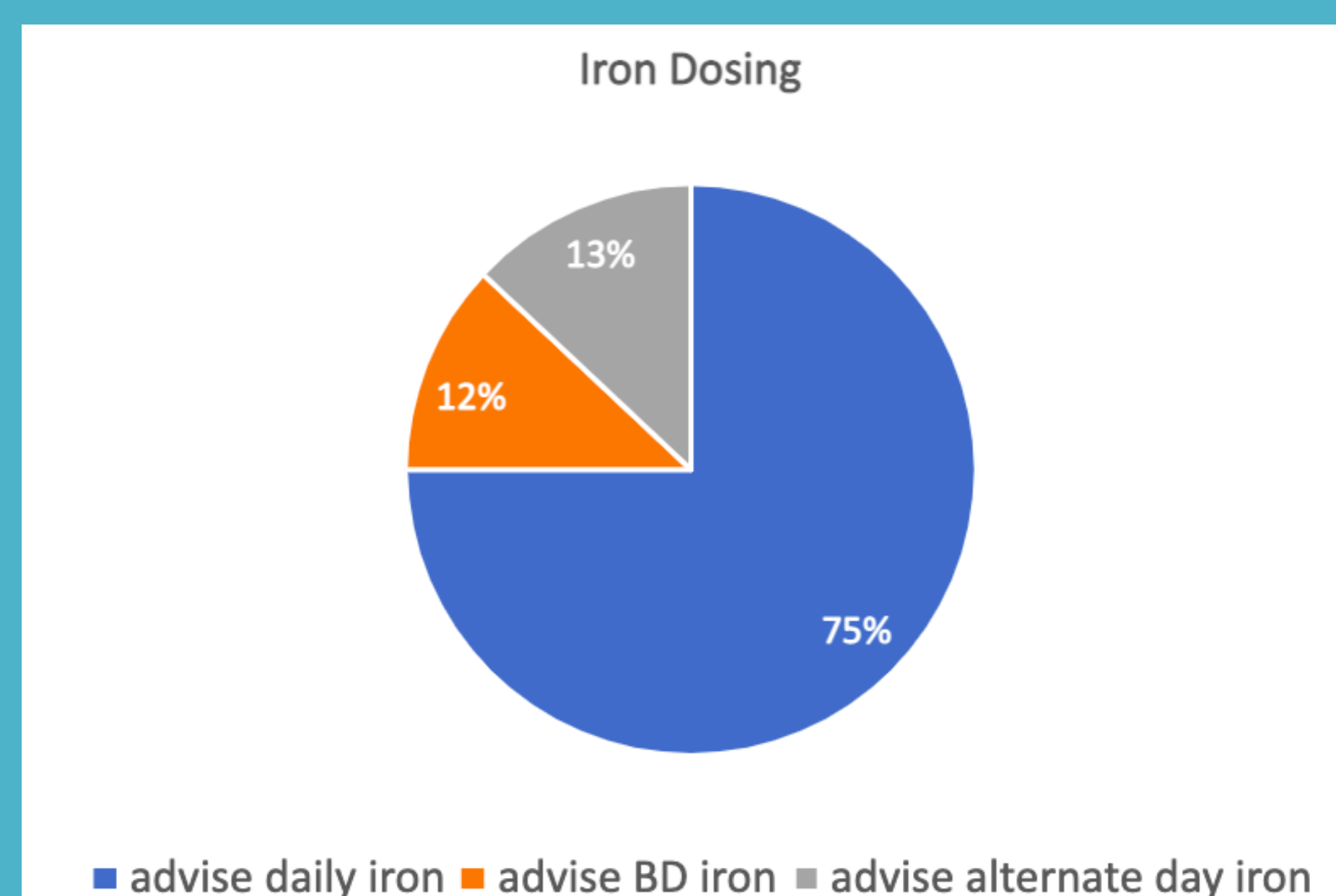


A total of 67 staff completed the survey- 23 obstetric NCHDs, 16 obs consultants 28 midwives.

75% of the total staff surveyed recommend routine iron supplementation in pregnancy.

- 75% daily iron
- 12% advise BD iron
- 13% alternate day iron.

Galfer and Ferrograd C were the most commonly prescribed oral iron supplements.



## RESULTS

The majority of participants (80.5%) routinely give advice to women on how to ingest their iron supplement and give dietary advice to women requiring iron supplementation. 62% of those surveyed routinely counsel women to avoid foodstuff which may affect iron absorption. However, only 10 participants (14.9%) selected all relevant options with regards to optimal method of ingestion of oral iron to facilitate best absorption.

Only 25% of staff selected the correct Hb cut-off in 2nd and 3rd trimester ( $<10.5\text{g/dL}$ ) as per the hospital guideline and 32% selected the correct postnatal Hb cut-off ( $<10.0\text{g/dL}$ ). The majority selected higher cut-offs.

31.3% of respondents answered correctly for price ranking of supplements (Active Iron>Liquid Galfer>Ferrograd C>Galfer) however the majority correctly selected Active Iron as being the most expensive supplement.

Only 8 participants correctly selected the national prevalence (10-20%) with >50% believing Ireland to have rates of  $\geq 40\%$ , similar to developing countries.

Knowledge surrounding maternal and neonatal complications from IDA varied with less awareness surrounding potential long-term neurodevelopmental issues and mental health issues in the child from exposure to in-utero severe IDA.

## CONCLUSIONS

Management may be improved with more streamlined advice. Staff education on the recently update local guideline is required.

The development of a leaflet to hand to patients listing all relevant advice to improve the absorption of oral iron could be useful to standardise advice and potentially improve the effectiveness of therapy.

Iron dosing varies between staff, demonstrating a need to clarify optimal treatment.



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