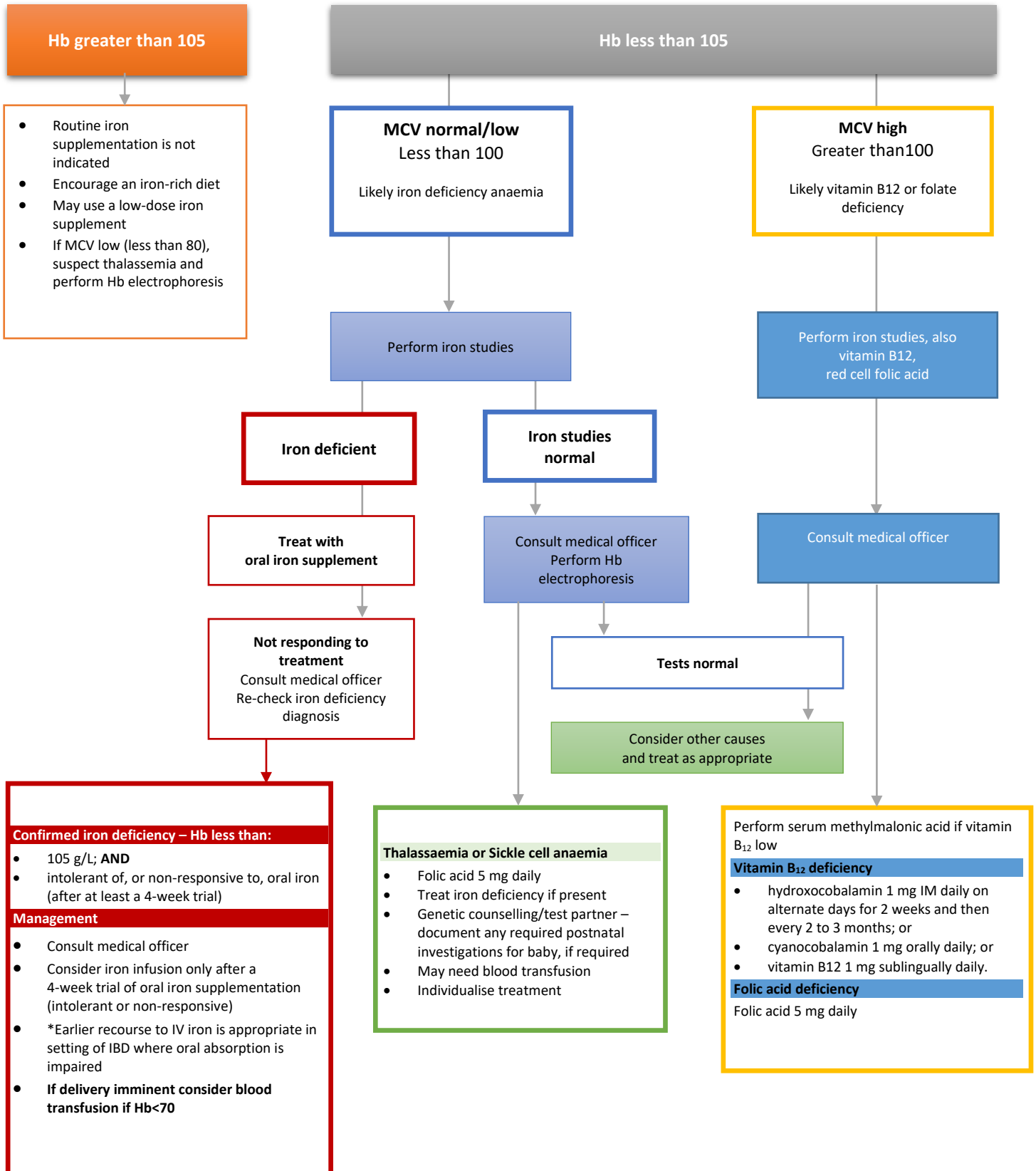


Management of anaemia in pregnancy flowchart. March 2022



Confirmed iron deficiency – Hb less than:

- 105 g/L; AND
- intolerant of, or non-responsive to, oral iron (after at least a 4-week trial)

Management

- Consult medical officer
- Consider iron infusion only after a 4-week trial of oral iron supplementation (intolerant or non-responsive)
- *Earlier recourse to IV iron is appropriate in setting of IBD where oral absorption is impaired
- **If delivery imminent consider blood transfusion if Hb<70**

Thalassaemia or Sickle cell anaemia

- Folic acid 5 mg daily
- Treat iron deficiency if present
- Genetic counselling/test partner – document any required postnatal investigations for baby, if required
- May need blood transfusion
- Individualise treatment

Perform serum methylmalonic acid if vitamin B₁₂ low

Vitamin B₁₂ deficiency

- hydroxocobalamin 1 mg IM daily on alternate days for 2 weeks and then every 2 to 3 months; or
- cyanocobalamin 1 mg orally daily; or
- vitamin B₁₂ 1 mg sublingually daily.

Folic acid deficiency

Folic acid 5 mg daily