

## IRON TABLETS (MATERNITY CLINICS)

### I. DEFINITION:

Some pregnant women may be determined to be iron deficient and in need of supplemental iron. The PHN may initiate iron tablets to the maternity clients if hemoglobin values indicate a need. However, responsibility for managing the anemia must be referred to the maternity APRN, OB provider or PA.

### II. CLINICAL FEATURES:

#### A. Subjective Information:

The pregnant woman may report extreme fatigue, headache, weakness, vertigo or symptoms which may be difficult to distinguish from pregnancy adaptation. She may also report poor nutritional intake, or ingestion of nonnutritive substances: (Pica)

#### B. Objective Information:

Examine client for skin, conjunctiva or mucous membrane pallor, brittle nails or lip fissures.

### III. MANAGEMENT PLAN:

#### A. Laboratory Studies:

1. Hemoglobin testing performed on all pregnant women at clinic site.
2. Hemoglobin electrophoresis for Sickle cell screening test should be performed on all non-white pregnant women of risk populations (such as Africans, Asiatic Indians, Arabs, Egyptians, Greeks, Iranians, Sicilian Italians, and Turks) who have **not** previously been screened.
3. Women shall be screened for iron deficiency. The following table should be used for anemia:

STAGE OF PREGNANCY CUT-OFF	HEMOGLOBIN (g/dL)*
1st Trimester	< 11.0
2nd Trimester	< 10.5
3rd Trimester	< 11.0
Postpartum	< 12.0

\*Smoking substantially increases Hgb. levels; therefore, a smoking-specific adjustment is necessary for the proper diagnosis of anemia in smokers.

4. The table below indicates the amount to be added to the hemoglobin cut-off values. For example, a woman being screened in her first trimester, who smokes 1 pack/day, would have a cut-off of < 11.3 for Hgb.

ADJUSTMENTS IN HEMOGLOBIN CUT-OFFS FOR SMOKERS

CHARACTERISTIC	HEMOGLOBIN
Nonsmoker	0.0
Smoker (all)	+ 0.3
½ - 1 pack/day	+ 0.3
1 - 2 packs/day	+ 0.5
2 packs/day	+ 0.7

B. Medication:

Ferrous Sulfate should be given in the amount of 5 gr. (300-325 mg.) three times a day with meals. The tablets should be carefully labeled as to identification and dosage.

C. Client Education:

Clients should be instructed to take iron tablets spaced during the day as prescribed. The client may prefer to take the tablets with bread or food. Instruct client on foods that enhance or block iron absorption. Iron enhancers are orange juice, grapefruit juice, and strawberries. Foods that block iron absorption include milk, tea, caffeinated drinks. Antacids should not be taken until 2 hours after the iron supplement is taken. She should be informed that her stools will appear darker. Increased fluids and a diet with fiber and fruit may be helpful to prevent constipation. Advise to keep out of reach of children.

D. Consultation:

1. Women for whom iron is dispensed should also have counseling by the nutritionist. Her diet should be carefully reviewed in order to assure an adequate intake of foods high in iron content or foods which aid in iron absorption.
2. If the client reports difficulty in tolerating or retaining iron tablets, she should be referred to the APRN, CNM, physician or PA.

E. Referral:

Women with hemoglobin of  $\leq 10.0$  should be referred to the APRN, CNM, physician or PA for assessment/management.

F. Follow-up:

1. Four weeks after initiation of iron therapy hemoglobin should be repeated.
2. Physician consultation should be obtained for values remaining below the trimester cut-off values.
3. The hemoglobin should be repeated at 28 weeks.

4. Determine tracking priority utilizing professional judgment.

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