



ANEMIA DURING PREGNANCY



BASIC INFORMATION

DESCRIPTION

A low level of red cells and hemoglobin in the blood during pregnancy. Hemoglobin is the protein inside red blood cells that carries oxygen to body tissues. Common anemias in pregnancy include iron-deficiency anemia and folic-acid deficiency. Other anemias are glucose-6-phosphate dehydrogenase (G6PD) deficiency, thalassemia, and sickle-cell anemia.

FREQUENT SIGNS AND SYMPTOMS

- Usually no symptoms are apparent.
- Shortness of breath.
- Fatigue, weakness, or fainting.
- Pale skin, gums, eyes, and nailbeds.
- Palpitations or increased awareness of heartbeat.
- Inflamed, sore tongue.
- Nausea.
- Headache.
- Jaundice (yellow skin or eyes).
- Cravings for ice, paint, or dirt (pica).

CAUSES

- Poor diet with not enough iron.
- Folic acid deficiency.
- Loss of blood from bleeding hemorrhoids or internal bleeding.
- Even if iron and folic acid intake are sufficient, a pregnant woman may become anemic.

RISK INCREASES WITH

- Poor nutrition, including not enough vitamins.
- Excess alcohol use, leading to poor nutrition.
- History of any disorder that reduces absorption of nutrients.
- Pregnancy with multiple babies (e.g., twins).
- Use of drugs for seizures.
- Genetic risk for some anemias.

PREVENTIVE MEASURES

- Eat foods rich in iron, such as liver, beef, dried beans, whole-grain breads and cereals, eggs, or dried fruit.
- Eat foods high in folic acid, such as wheat germ, beans, peanut butter, oatmeal, mushrooms, collards, broccoli, beef liver, and asparagus.
- Eating foods high in vitamin C, such as citrus fruits and fresh, raw vegetables.

- Take prenatal vitamin and mineral supplements, if they are prescribed.
- Get tested for certain anemias if you are at risk. Your obstetric provider will discuss the details.

EXPECTED OUTCOMES

Usually curable with iron and folic acid supplements, or other treatment if needed.

POSSIBLE COMPLICATIONS

- Premature labor, intrauterine growth restriction (IUGR), low birth weight. Folic acid deficiency may cause birth defects (neural tube defects).
- Blood loss during labor may require blood transfusion.
- Higher risk for mother of infection after childbirth.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your obstetric provider will do blood studies during your pregnancy. These can help diagnose anemia.
- For most anemias supplements are needed.
- If the tongue is red and sore, rinse with warm salt water 3 or 4 times a day. Use 1 teaspoon salt to 8 oz. warm water.
- Brush teeth with a soft toothbrush.

MEDICATIONS

- Iron, folic acid, and other supplements may be prescribed. Take iron supplements 1 hour before eating or between meals. Iron will turn bowel movements black, and often causes constipation. Iron sometimes may be taken with meals if it has caused an upset stomach.
- If you are taking a calcium supplement in addition to an iron supplement, take them at different times of day, as calcium will interfere with iron absorption.

ACTIVITY

Rest often until the anemia improves.

DIET

Eat a healthy pregnancy diet and take prescribed supplements.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of anemia during pregnancy.
- You have diarrhea, nausea, abdominal pain, or constipation during pregnancy.
- You experience unexplained bleeding during pregnancy.

