

Intravenous (IV) iron therapy (maternity only)



Information for patients

This leaflet has been written for you if you have been advised that you have low iron levels and are recommended an iron infusion, or IV iron. It is intended to give information about why an infusion is recommended and what to expect during the procedure. If you have more questions at any time, please do not hesitate to contact a member of staff.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

Iron is an essential part of haemoglobin, the red pigment which gives blood its colour. Over time, low levels of iron can lead to anaemia, where red blood cells are either smaller and/or fewer than normal. This can be common in pregnancy due to iron requirements being three times higher during this period.

Your blood test results show that you are deficient (low) in iron in your blood. Iron is required in the body for you to make new haemoglobin and red blood cells to carry enough oxygen in your blood.

Why have I been offered an iron infusion?

An iron infusion is offered to treat iron deficiency anaemia. This is administered via drip straight into the vein (an infusion). It has been suggested that this route may benefit you as an alternative to iron tablets or syrup because they are either not working, you have had side effects to oral medications, or you may have a medical condition where you are unable to take tablets. Some patients are given IV iron because it is important for their iron levels to improve quickly.

During pregnancy, it is common for your iron levels to drop, especially in the third trimester. Iron deficiency anaemia is the most common form of anaemia during pregnancy. If left untreated, you can feel tired, short of breath, dizzy and you can experience heart palpitations. It can also increase the risk of having a greater blood loss during childbirth and requiring a blood transfusion following birth as well as delayed healing, higher infection rates and an increased risk of postnatal depression.



Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

Risks

An iron infusion is usually a very safe to have, but like all medication there can be some unwanted side effects.

- The most common side effect is a metallic taste in your mouth. This usually subsides within 15 minutes of you having the infusion.
- You might feel sick, light-headed or dizzy. Please inform the person giving you the infusion if you experience these symptoms.
- Other side effects or adverse reactions following treatment of IV iron include:
 - low blood pressure
 - tingling or numbness of the limbs
 - abdominal discomfort
 - muscular aches and pains
 - fever or rash
 - skin flushing
 - swelling of the hands and feet
 - very rarely, anaphylactic-like reactions, for example, paleness, swollen lips, weakness, sweating, tightness in the chest, difficulty breathing, fast pulse
- A rare, but significant complication of an iron infusion is permanent staining or discolouration of the skin, which can happen if some of the iron leaks outside of the vein during the infusion

If any of these symptoms occur while you are having your infusion, please alert a member of staff immediately. If you have been discharged, please go to your nearest emergency department, GP or maternity triage and tell them you have had an iron infusion. This may be an allergic reaction and you will need to be treated for this.

Are there occasions where an IV iron infusion should not be given?

- You are known to be allergic to any iron preparations intended for IV infusion.
- You have any acute or chronic conditions – please ensure you have had a discussion with your doctor prior to making this appointment.
- You are known to have liver damage.
- You are in your first 12 weeks of pregnancy.

How IV iron is given

An iron infusion is usually given as an outpatient appointment. You will be informed of the exact location of your infusion when your appointment is booked and will be administered intravenously by a qualified member of staff.

When you are admitted for your iron infusion, you will have your observations taken and a cannula inserted into your vein. A doctor or other qualified member of staff will then prescribe the iron infusion.

An IV iron preparation is a brown coloured liquid and will be given through a tube connected to your cannula and administered over 15 to 30 minutes on average. Once the infusion has finished, you will have your observations measured again. It is recommended that you stay for 30 to 45 minutes after your infusion has finished to observe that you have not developed any immediate side effects.

We will also monitor your baby before and after administration of your iron infusion.



If there is no other reason for you to remain in the hospital and you remain well, you can be discharged home.

It may be necessary for you to receive a second iron infusion, which will be given at least 7 days after the first dose, and this appointment will be made before you are discharged following your first infusion.

If you are taking iron supplements, they should be stopped 5 days before your infusion and recommenced 7 days after the administration of your iron infusion. You will be informed of the date you should start taking your supplements again if this is recommended. You will be given an oral iron preparation prior to discharge from the hospital following your first or second dose of IV iron.

Alternatives to IV iron

You can take iron tablets, however there are side effects associated with these and they do not work as quickly in fixing the anaemia in the short term. In the long term, both tablets and infusions have similar effects.

To aid iron absorption from your food and oral tablets, research has shown that it is best to avoid tea and coffee for at least 30 minutes either side of having food or your tablet. Iron absorption can be reduced by up to 67% if you have any tea or coffee at mealtimes. To help encourage the absorption of iron, fruit juice with a high vitamin C content such as orange juice will help.

If you have any dietary concerns, please ask a member of staff who will be able to discuss these with you.

Who to contact

If you have any questions or concerns, please contact your midwife for further information. Their details can be found at the back of your handheld notes.



Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net.