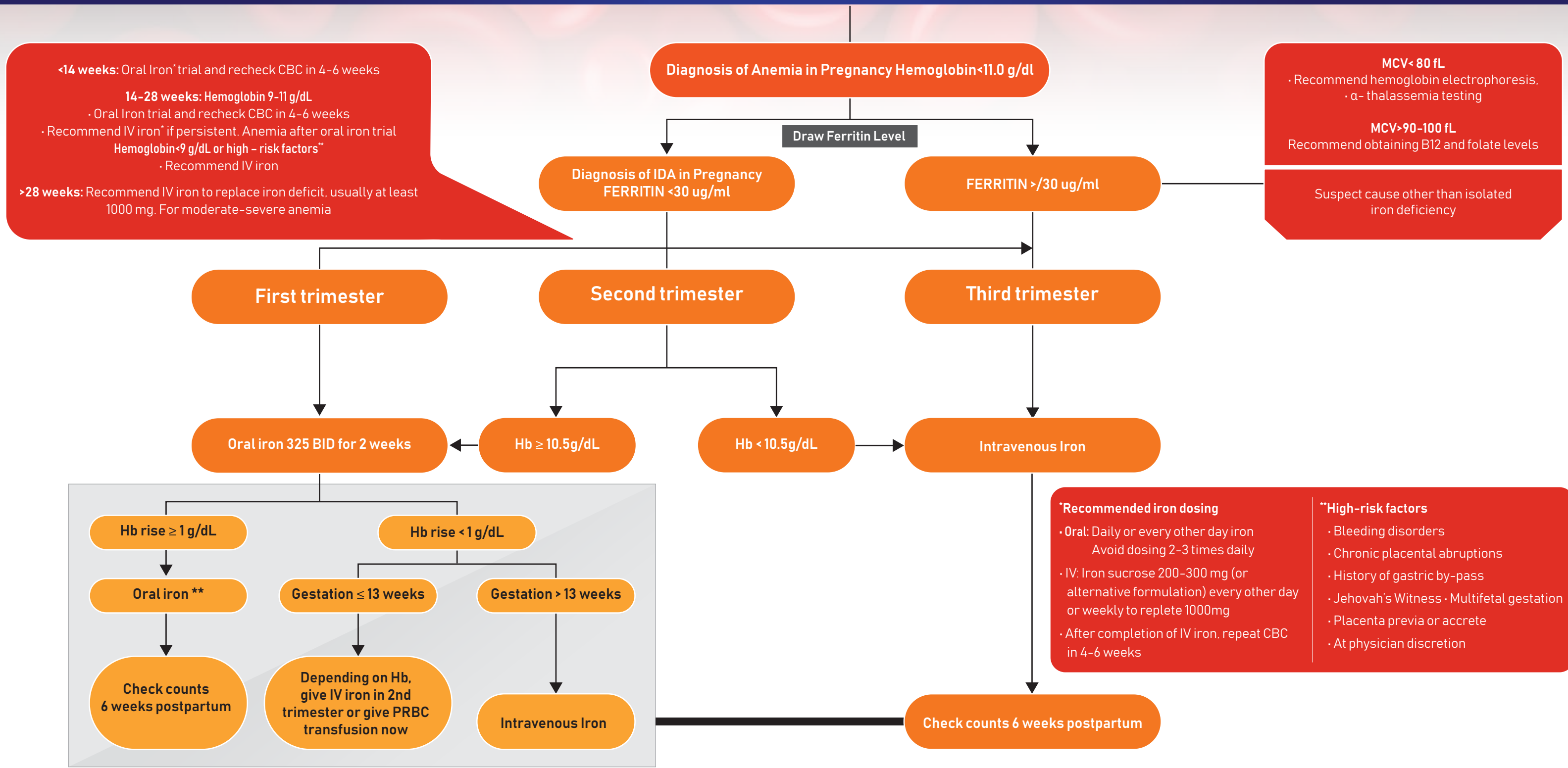


Algorithm of suggested approach to diagnosis and management of iron-deficiency anemia in pregnancy*



<14 weeks: Oral Iron* trial and recheck CBC in 4-6 weeks

14-28 weeks: Hemoglobin 9-11 g/dL

- Oral Iron trial and recheck CBC in 4-6 weeks
- Recommend IV iron* if persistent. Anemia after oral iron trial Hemoglobin < 9 g/dL or high - risk factors**
- Recommend IV iron

>28 weeks: Recommend IV iron to replace iron deficit, usually at least 1000 mg. For moderate-severe anemia

***Recommended iron dosing**

- Oral: Daily or every other day iron
 Avoid dosing 2-3 times daily
- IV: Iron sucrose 200-300 mg (or alternative formulation) every other day or weekly to replete 1000mg
- After completion of IV iron, repeat CBC in 4-6 weeks

****High-risk factors**

- Bleeding disorders
- Chronic placental abruptions
- History of gastric by-pass
- Jehovah's Witness · Multifetal gestation
- Placenta previa or accrete
- At physician discretion

**Oral iron treatment should not be interrupted once normal Hb values are achieved, but rather supplementation should continue to replenish iron stores (generally for at least 2-3 months, and until 6 weeks postpartum). BID, twice a day; IDA, iron-deficiency anemia; PRBC, packed red blood cells.

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