GUIDELINES FOR PRESCRIBING IRON AND FOLIC ACID IN PREGNANCY

Pre-conception and early pregnancy – usually the GP will see patient.

Patient with sickle cell anaemia
- Start folic acid 5mg daily – continue until the 12th week of pregnancy.
- If clinically indicated add ferrous fumarate equivalent to 100mg iron (Galfer®** or Fersaday®**) twice daily

High risk of neural tube defects*
- Teenager or, Hb <11g/dl or,
  - Symptomatic i.e. excessive breathlessness, fatigue or weakness
- Start ferrous fumarate equivalent to 100mg iron and folic acid 350 micrograms (E.g Galfer FA®**, Pregaday®**), 1 tablet daily.
- At 12 weeks change to ferrous fumarate equivalent to 100mg iron (Galfer®** or Fersaday®**) twice daily

All other women
- Advise patient to take folic acid 400 micrograms daily. Continue until 12 weeks pregnant.

Teenager or, Hb <11g/dl or,
- Symptomatic i.e. excessive breathlessness, fatigue or weakness
- Start ferrous fumarate equivalent to 100mg iron and folic acid 350 micrograms (E.g Galfer FA®**, Pregaday®**), 1 tablet daily.
- At 12 weeks change to ferrous fumarate equivalent to 100mg iron (Galfer®** or Fersaday®**) twice daily

Hospital: At booking in scan (ideally by 10 weeks)
- Hb <11g/dl
- Hb ≥ 11g/dl

Refer to GP for consideration of iron therapy: Ferrous fumarate equivalent to 100mg iron (E.g Galfer®**, Fersaday®**) twice daily. GP to recheck Hb in 2 weeks

Already on iron therapy?
- No
  - Hb <10.5g/dl
  - Hb ≥ 10.5g/dl

Yes
- Check diet and compliance and if both ok refer to consultant clinic for consideration of parenteral iron

Hospital: At 28 week and subsequent checks
- Hb <10.5g/dl
- Hb ≥ 10.5g/dl

Refer to GP for consideration of iron therapy: Ferrous fumarate equivalent to 100mg iron (Galfer®** or Fersaday®**) twice daily. GP to recheck Hb in 2 weeks

If at any stage after initiation of iron therapy iron levels are not ≥10.5 g/dl

* Couples are at a high risk of conceiving a child with neural tube defects (NTD) if:
  - Either partner has had an NTD or has previously conceived a child affected by an NTD
  - The woman is taking antiepileptic drugs or has diabetes, coeliac disease or thalassaemia

** Primary care clinicians should follow ScriptSwitch recommendations for the most cost effective preparation

Iron and Folic Acid Prescribing V1 Clinical Guideline
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