Oxford University Hospitals
NHS Trust

Maternity Services

Intravenous iron therapy
Information for women
Please read this leaflet carefully. It has been written to give you information about your treatment with intravenous iron therapy.

What is iron?
Iron is an essential mineral for your body. It is an important part of haemoglobin, which is the protein inside the red blood cells that carry oxygen around your body.

What is intravenous iron?
Intravenous iron is a way of quickly getting iron into your bloodstream by using a small tube which is placed in your arm, through which we can give you a liquid solution containing iron.

Why do I need intravenous iron?
When you are pregnant your body needs more iron. If you do not have enough iron, you may become anaemic. As a result, you can feel tired and short of breath. You may also have poor concentration, loss of appetite, muscle weakness and be more likely to catch colds and develop infections.

You may need intravenous iron if you are:
• unable to take iron tablets
• unable to absorb iron through your gut
• unable to absorb enough iron due to the amount of blood that your body may be losing (after the birth of your baby)
• in need of a rapid increase in your iron levels, to avoid complications or a blood transfusion.
Is there any alternative to intravenous iron?

If you do not want to have iron in this way, you may prefer to take iron tablets instead (if you are able). However, they may not treat your anaemia as well as intravenous iron. Some people also have side-effects from iron tablets, such as constipation and nausea. Your doctor will suggest the best treatment for you.

What will happen if I do not wish to have intravenous iron?

If you do not wish to have intravenous iron, you may become or remain anaemic. You may need to have blood transfusions to treat your anaemia. Blood transfusions are associated with some side effects and risks, such as an allergic reaction to the donor blood.

Is there any reason I shouldn’t have intravenous iron?

You should not receive intravenous iron if:

• you are known to be sensitive (allergic) to any of the ingredients used in the iron solution used for the intravenous treatment
• you have liver disease, such as severe liver cirrhosis or hepatitis, or you have recently had abnormal liver function test results
• you have any new or on-going infections
• you are less than 12 weeks pregnant
• your anaemia is not due to a shortage of iron.
What type of intravenous iron will I be given?

Currently we use ferric carboxymaltose (Ferinject), for the intravenous iron treatment.

What happens when I come for the treatment?

On the day of your treatment please eat your breakfast/lunch as usual. You should also continue to take all of your regular medications.

You will need to come to the hospital to have the intravenous iron treatment (Level 7 at the John Radcliffe Hospital or the Delivery Suite at the Horton General Hospital).

When you arrive, the midwife will greet you and then take your temperature, pulse and blood pressure. You will be shown to the room where the treatment will take place.

The midwife will place a small plastic tube (cannula) into a vein in your arm. The cannula will then be attached to an infusion line. This line is connected to a pump, which will slowly deliver the correct amount of iron solution.

You will be given the full dose over a specific amount of time, depending on the preparation and dose. This can take from 10 to 60 minutes. Your blood pressure will be monitored during the infusion to make sure everything is well with you. If you experience any side effects or feel uncomfortable, alert the staff immediately by ringing your bedside buzzer.

When the infusion is completed, the cannula will be removed and we will cover the area with a small plaster. You may have some bruising where the cannula was inserted.

You will be asked to wait for at least an hour after the end of the infusion, so that we can be sure that you have not developed any sensitivity reactions to the iron solution.

You can drive home after the infusion (unless you have an unexpected reaction) and can carry on with your usual activities.
Are there any side effects?

As with all medicines, intravenous iron can cause side effects, although not everybody will experience them. Side effects can include:

- allergic reactions (less than 1 in 100 people) which can cause:
  - shortness of breath
  - a rash (similar to nettle rash) or hives, other rashes, itching
  - skin becoming flushed (red and hot)
  - nausea and shivering.
- temporary changes in taste (e.g. things tasting metallic)
- headache
- feeling sick or vomiting
- muscle and joint pain
- changes to blood pressure or pulse
- burning sensation and swelling at the injection site.

These side effects are all easily treated. If a side effect became severe during the transfusion, we would stop the treatment.
After the iron infusion

If you were taking iron tablets before the intravenous iron treatment, please ask your GP about stopping them following the infusion; they are usually not needed after this treatment.

We may ask you to arrange an appointment with your GP to check your iron levels after about 4-6 weeks, to see whether your anaemia is improving.

Sometimes side effects can start one to two days after the infusion. These will generally settle down without treatment over the next few days.

If you are worried, or the side effects are interfering with your daily activities, please contact your GP for advice.

If you have chest pain, difficulty breathing, dizziness or neck/mouth swelling CALL AN AMBULANCE (999).

How quickly will the treatment work?

Most women generally start to feel their energy levels improve within a couple of weeks; however this varies from woman to woman.

Who can I contact with questions or concerns?

Silver Star Unit
Tel: 01865 221 710
(Monday to Friday, 8.30am to 5.00pm)
Useful information

You may find useful information about this treatment on the following websites:

www.patient.co.uk

**NHS Choices**
Website: www.nhs.uk/Pages/HomePage.aspx
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**