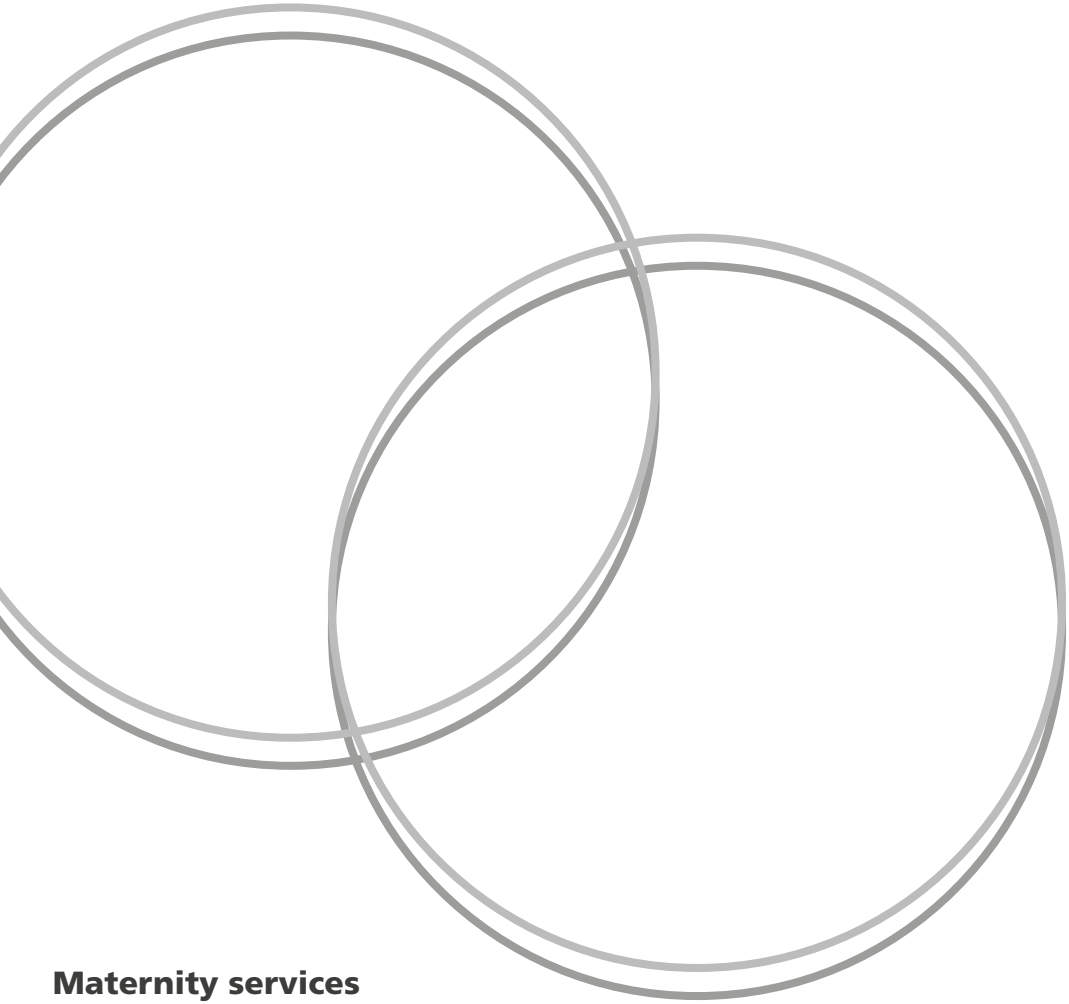
NHS
Oxford University Hospitals
NHS Foundation Trust

Intravenous iron therapy

Information leaflet



Maternity services

Please read this leaflet carefully. It provides 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 (the protein inside red blood cells) which carries 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 into a vein in your arm, through which we can give you a liquid solution containing iron (an infusion).

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?

Iron supplements can alternatively be taken as tablets. These should be taken once a day or alternate days, on an empty stomach. Food, drink (especially those containing caffeine) and other medications should be avoided for at least an hour after taking them. They can be taken either with water or with orange juice, as the vitamin C helps the absorption of iron.

However, iron tablets may not treat your anaemia as well as intravenous iron and they can also cause side-effects, 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 iron replacement, you may become or remain anaemic. You may need to have blood transfusions to treat your anaemia. Blood transfusions are associated with some potential 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 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 ongoing infections
- you are less than 12 weeks pregnant
- your anaemia is not due to a shortage of iron.
- you are known to be sensitive (allergic) to any of the ingredients used in the iron solution.

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. 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, temperature, pulse and baby's heartbeat (if appropriate) will be monitored before and after the infusion, to make sure everything is well. 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 30 minutes 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:

- 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 infusion site
- irritation of the skin around where the infusion is given.
- 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.

The above side effects are all easily treated. If a side effect becomes severe during the infusion, we will stop the treatment.

Rarely, the iron infusion can cause a discolouration of the skin around the infusion site. This is due to the iron solution leaking into the skin. It can cause permanent staining of the skin. If you feel any discomfort at the time of the infusion, please report it immediately.

After the iron infusion

If you were taking iron tablets before the intravenous iron treatment, you can restart them 2 weeks after the infusion, to help prevent the iron deficiency recurring.

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 or mouth swelling, call an ambulance (dial 999).

How quickly will the treatment work?

Most women/birthing people generally start to feel their energy levels improve within a couple of weeks. However this varies from person to person.

Who can I contact with questions or concerns?

Silver Star Unit

Telephone: 01865 221 710
(8.30am to 5.00pm, Monday to Friday)

Further information

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

www.patient.co.uk

www.nhs.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet

Authors: Consultant Obstetric Physician
Consultant Haematologist

December 2024
Review: December 2027
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

Oxford Hospitals Charity

Leaflet reference number: OMI 109796