South Australian Perinatal Practice Guidelines

Iron Infusion

Iron sucrose

- A clinical trial of intravenous iron sucrose (Venofer®) is currently in progress at the Lyell McEwin Hospital. This product may be available as an iron infusion alternative once results of the trial become available

Iron polymaltose complex

- There are no controlled studies on the effects of iron polymaltose complex on pregnant women (MIMS 2006; MIMS 2008)
- Ferrum H® or Ferrosig®
- Available in 100 mg / 2 mL ampoule
- Once diluted, the infusion is stable for 24 hours at room temperature

Indications

- Correction of iron deficiency states detected in the third trimester after failure of oral iron

Contraindications

- The drug company's product information says Ferrum H® or Ferrosig® should not be given in the first trimester of pregnancy. However it has an ADEC category A
- Ferrum H or Ferrosig® should not be given to a woman with haemochromatosis or an anaemia that is not due to iron deficiency
- Avoid in women with severe inflammation or infection of the kidney or liver

Precautions

- Anaphylactoid reactions occur most frequently within the first several minutes of administration and are generally characterised by sudden onset of respiratory difficulties, tachycardia and hypotension
- Adrenaline, oxygen, antihistamines and steroids should be available for immediate use during administration to treat possible anaphylactic reaction
- Oral iron is not indicated after total iron infusion

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Dosage and administration

- The obstetrician / physician should prescribe the required dose and document verbal consent when obtained for the procedure in the case notes
- Calculation of total iron doses are based on body weight and haemoglobin (refer to product information or Australian Prescription Products guide / MIMS)
- Add the calculated dose to 500 mL of sodium chloride 0.9 % (up to 2,500 mg may be given in 500 mL)
- Administer through infusion pump
- Use a dedicated intravenous line and do not add any other medications

Administration

- The first 50 mL should be given slowly at 20 to 40 mL per hour
- If well tolerated after 50 mL, the rate may be increased to 120 mL per hour, until completion (AIDH 2009)

Observations

Maternal

- Monitor vital signs before the infusion, then every 15 minutes for the first two hours
- Continue hourly until completion
- Monitor urine output
- Observe for initial systemic reactions including:
    - headache
    - nausea, vomiting
    - joint and muscle pains
    - faintness
    - tachycardia
    - flushing, sweating
    - bronchospasm with dyspnoea
    - hypotension, dizziness and circulatory collapse
- Delayed systemic reactions may include:
    - dizziness, syncope
    - sensation of stiffness in arms, legs or face
    - chest and back pain
    - arthralgia, chills, fever, rash
    - urticaria, angioneurotic oedema
    - generalised lymphadenopathy

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Fetal

- Confirm presence of fetal heart rate on admission and before discharge

Discharge planning

- Discharge after medical review

References

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5. Bayoumeu F, Subiran-Buisset C, Baka N-E, Legagneur H, Monnier-Barbarino P, Laxenaire MC. Iron therapy in iron deficiency anemia in pregnancy: Intravenous route versus oral route. Am J Obstet Gynecol 2002; 186: 518-522.

Abbreviations

®	Registered trademark
mg	Milligram(s)
mL	Millilitre(s)
ADEC	Australian Drug Evaluation Committee
APP	Australian Prescription Products Guide

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	16 Aug 04	08 June 06	Original version
2.0	08 June 06	20 Oct 09	Review
3.0	20 Oct 09	04 Jan 11	Review
4.0	04 Jan 11	current	

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