Management of postpartum anaemia

IV iron should be considered for severe anaemia as oral iron is known to be slow and unreliable. In a randomised controlled study of 44 women with postpartum anaemia, significantly higher mean haemoglobin and ferritin levels from baseline were achieved for patients on **IV iron sucrose** (200 mg x 2, 48 hours apart) in comparison to those on oral iron (mean Hb day 5: IV vs oral iron, 2.5 vs 0.7gm/dl - day 14 Hb: 3.8 vs 1.5gm/dl, p = <0.01 for both periods)[31]. Comparable results for IV iron sucrose were reported in 2 similar trials (mean Hb 2.8 & 3.1, both day 14)[32,33]. These increases in Hb from baseline with IV iron exceed the expected rise after a 2U blood transfusion[32]. The level of life-threatening adverse drug events of IV iron preparations is now very low, varying from 0.6 to 3.3 per million, depending on the iron preparation (FDA data)[34].

Erythropoiesis-stimulating agents (ESAs) should be administered **together with IV iron** in life-threatening anaemia to further accelerate erythropoiesis. A **once weekly EPO dosage of 600 IU/kg subcutaneously (e.g. 40,000IU for a 66kg patient)** is being increasingly used and found to be satisfactory in critically ill anaemic patients[35,36]. An **EPO dosage of 300 IU/kg x 3 weekly together with IV iron (200mg x 3 weekly)** has also proved efficacious for postpartum anaemia[37]. Augment with **vitamin B-12 and folic acid**.

Check oxygen saturations: Give **100% oxygen** if necessary (no contraindications for 48-72 hrs of use). Use **microsampling techniques** to conserve blood (e.g. HemoCue), as well as **paediatric sample tubes**. If bleeding continues consider reinfusing washed drain fluid.

Hyperbaric oxygen therapy: Option in life-threatening anaemia[38]. (0151 648 8000 [24 hrs] for suitable and available centres.)

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This document has been reviewed by consultants in obstetrics, gynaecology, anaesthesia and haematology (including experts in haemostasis). It reflects current clinical and scientific knowledge and is subject to change. The strategies are not intended as an exclusive guide to treatment. Good clinical judgement, taking into account individual circumstances, may require adjustments.

For questions, comments, or information as to the availability of the above medications/treatment options please contact:
Hospital Information Services for Jehovah's Witnesses **(054-433-9541,054-433-9542 (24 hrs); hid.gh@jw.org)**

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