

Current Management of Moderate & Severe Anaemia (Zone - 1)

- 1. What percent women present with Moderate (Hb 7-9.9 gm/dl) or Severe (Hb <6gm/dl) anaemia in your daily practice?**
 - A. <50%
 - B. 50-60%
 - C. 60-70%
 - D. 70-80%
 - E. >80%

- 2. What is the most common barrier to effective anaemia management in your practice?**
 - A. Patient non-compliance
 - B. Lack of diagnostic tools
 - C. Late antenatal registration
 - D. Limited access to IV iron

- 3. What is your first-line treatment for moderate anaemia (Hb 7–9.9 g/dL) in the second trimester?**
 - A. Oral iron therapy
 - B. Intravenous iron therapy
 - C. Blood transfusion
 - D. Dietary modification only

- 4. How effective do you find oral iron supplements in treating Moderate anaemia (we can mention in Pregnancy)?**
 - A. Very effective
 - B. Effective
 - C. Moderately effective
 - D. Ineffective

- 5. How do you decide between oral and intravenous iron therapy for a Moderate Anaemic patient?**
- A. Patient Economic stature
 - B. Patient Compliance
 - C. Patient Preference
 - D. Previous response to treatment
- 6. What is your preferred intravenous iron formulation for Moderate anaemia?**
- A. Iron sucrose
 - B. Ferric carboxymaltose (FCM)
 - C. Iron dextran
 - D. Ferrous gluconate
- 7. How do you monitor the effectiveness of Moderate & Severe anaemia treatment? (Can mark more than 1, if necessary)**
- A. Follow-up Hb levels
 - B. Patient-reported symptoms
 - C. Serum ferritin levels
- 8. How do you rate the safety profile of Ferric Carboxymaltose (FCM) in Moderate/Severe anaemia treatment?**
- A. Excellent Safety
 - B. Good Safety
 - C. Moderately safe
 - D. Few Adverse Events Seen
- 9. What is the most significant advantage of using FCM over other treatments?**
- A. Faster replenishment of iron stores
 - B. Assured Hb Rise
 - C. Fewer side effects
 - D. Single-dose administration
 - E. Better patient compliance

10. What is your primary indication for using 1000 mg FCM in pregnancy?

- A. Mild anaemia with Hb > 10 g/dL
- B. Moderate anaemia with poor oral iron tolerance
- C. Severe anaemia with low ferritin
- D. Routine prophylaxis

11. Would you recommend 1000 mg FCM as a standard treatment for moderate to severe anaemia in pregnancy?

- A. Yes, strongly recommend
- B. Yes, with some reservations
- C. Only in selected cases
- D. No, prefer other treatments

12. What is your biggest challenge in using 1000MG FCM in pregnancy?

- A. Cost
- B. Availability
- C. Patient acceptance
- D. Institutional protocol restrictions
- D. Risk of Adverse Events

13. What is your usual follow-up protocol after 1000MG FCM administration?

- A. No follow-up unless symptomatic
- B. Hb and ferritin after 2–3 weeks
- C. Hb only after 4 weeks
- D. Clinical assessment at next ANC visit

14. What is your experience with patient tolerance to 1000 mg FCM infusion?

- A. Well tolerated, no issues
- B. Mild side effects (headache, nausea)
- C. Moderate reactions requiring observation
- D. Avoid use due to past adverse events

15. What is the most common side effect you observe with intravenous iron therapy?

- A. Nausea
- B. Rash
- C. Hypotension
- D. No significant side effects