**Anaemia in Pregnancy:**SFT (Somerset Foundation Trust) has made some changes to their guidance, that of the CKS guidance to be more proactive. Anaemia and iron deficiency both have significant implications: maternal fatigue, increased risk of antepartum and postpartum haemorrhage, delayed healing of caesarean and perineal wounds, negative effects on the quantity and quality of breast milk and increased length of stay and transfusion requirements. The fetal implications include poor fetal growth and increased and preterm delivery.

To simplify levels SFT recommends a ferritin level with the FBC at both booking and at 28 weeks and to start treatment with a ferritin of <30 OR an Hb <110g/l.

First line treatment is ferrous sulphate 200mg or ferrous gluconate (if previous bariatric surgery) on alternate days to aid absorption. The advice also includes taking it on an empty stomach with a source of vitamin C such as orange juice, not within an hour of tea or coffee or other medications. For further information, [**UK guidelines on the management of iron deficiency in pregnancy (wiley.com)**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Fepdf%2F10.1111%2Fbjh.16221&data=05%7C01%7Csarah.johns%40nhs.net%7C0bec60c08ffd4c9f9aa108daf3c9590a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638090343342956297%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ZLhrnJ2btwf2958e5z5IPsRuDCSJ9%2FhJ1mbl77UAITM%3D&reserved=0)