2023 Infographic Submissions

MANAGEMENT OF **IRON DEFICIENCY IN PREGNANCY**

RISK FACTORS:

- > poor diet
- > pregnancies close
- > pregnant with multiples
- > pre-pregnancy anemia

- > preterm or low birth weight
- > blood transfusion
- > postpartum depression
-) baby with anemia
- > child with developmental delays

Identify in first and second trimester

- > Ferritin < 30 ug/dl or TSAT < 20%
- > Hemoglobin <11 gm/dL

GOAL =

iron replete with delivery Hgb. of 11 or above

TREATMENT

First trimester

oral iron and iron-rich foods, every other day oral iron frequency, repeat labs in 4-8 weeks to evaluate effectiveness

Second trimester (14-28 weeks)

referral to blood management for IV iron repletion

Third trimester (>28 weeks)

referral to blood management for IV iron repletion

check counts at six weeks

PBM is a unity of strategic "blocks" that holds together patient care!

The Building Blocks of Patient Blood Management (PBM)

The most precious resource is the patient's own blood, and it must be protected and preserved!

The evolution of blood management from a transfusion-centered approach to a patient-focused approach has provided major improvements in health care delivery, clinical outcomes, and patient experience, as well as reductions in resource utilization and cost

identify risk factors of bleeding to

Ifestyle behaviors that can

In all clinical situations, the decision to transfuse should be a multidisciplinary (including the patient) effort considering the risks and benefits of the procedure.

Unboxing Hidden Realities

Contributing factors



Statistically, 1/3 of all women suffer from anemia

How anemia in

cvervone

Anemia

Blood Health



-20cc of old RBCs removed daily, primarily



Based on both circus absenuation and Matries, et. al., i., MD (2002). A Contemporary Analysis of Philabotomy... Anesthesia & Analgesia, 126(3), 503 510