

Screening and Supplementation for Iron Deficiency and Iron Deficiency Anemia During Pregnancy

SCREENING AND SUPPLEMENTATION FOR IRON DEFICIENCY AND IRON DEFICIENCY ANEMIA DURING PREGNANCY: CLINICAL SUMMARY OF THE USPSTF RECOMMENDATION

What does the USPSTF recommend?

For asymptomatic pregnant adolescents and adults:
The current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency and iron deficiency anemia in pregnant persons.

Grade: I statement

The current evidence is insufficient to assess the balance of benefits and harms of routine iron supplementation in pregnant persons.

Grade: I statement

To whom does the recommendation apply?

This recommendation applies to asymptomatic pregnant adolescents and adults.
This recommendation does not apply to pregnant persons who are severely malnourished, have symptoms of iron deficiency or iron deficiency anemia, or have specific hematologic conditions (eg, sickle cell disease) or nutritional deficiencies that may increase their need for iron.

What's new?

This recommendation is consistent with the 2015 recommendation statement on screening and supplementation for iron deficiency anemia during pregnancy.

How to implement this recommendation?

There is insufficient evidence to recommend for or against screening or supplementation during pregnancy for iron deficiency with or without anemia.
More research is needed to determine the benefits of screening or supplementation for iron deficiency with or without anemia during pregnancy to prevent adverse maternal and infant health outcomes.
Screening for iron deficiency and iron deficiency anemia often includes measurement of hematologic indices (eg, hemoglobin, hematocrit, and ferritin values as proxies of iron deficiency anemia), and an abnormal screening test result may be followed by treatment with iron therapy.
Supplementation refers to routine provision of low-dose supplemental iron or intake of iron-fortified foods, without specifically measuring hematologic indices.
Other organizations' guidelines on screening and supplementation vary. However, screening and supplementation for iron deficiency with or without anemia during pregnancy is common.
In the absence of evidence, clinicians should use their clinical judgement regarding whether to screen for iron deficiency and iron deficiency anemia and whether to provide routine iron supplementation during pregnancy.

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Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

USPSTF = US Preventive Services Task Force.

As published by the USPSTF.

The full recommendation statement is available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation>. The USPSTF recommendations are independent of the US government. They do not represent the views of the Agency for Healthcare Research and Quality, the US Department of Health and Human Services, or the US Public Health Service.

A collection of USPSTF recommendation statements published in *AFP* is available at <https://www.aafp.org/afp/uspstf>.

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What additional information should clinicians know about this recommendation?	<p>Based on recent survey data, Black and Mexican American pregnant persons are disproportionately affected by iron deficiency anemia in pregnancy, with social determinants of health as possible contributors to these disparities.</p> <p>Iron is necessary for production of hemoglobin, an essential protein in blood required to transport oxygen throughout the body.</p> <p>Iron deficiency refers to depletion of iron stores and may progress to iron deficiency anemia.</p>
Why are this recommendation and topic important?	<p>The overall prevalence of iron deficiency and iron deficiency anemia is uncertain; however, prevalence increases over the course of pregnancy.</p> <p>According to National Health and Nutrition Examination Survey data from 1999 to 2006, overall estimated prevalence of iron deficiency during pregnancy is near 18% and increases across the three trimesters of pregnancy (from 6.9% to 14.3% to 28.4%).</p> <p>An estimated 5% of pregnant persons have iron deficiency anemia.</p>
What are other relevant USPSTF recommendations?	<p>The USPSTF has issued separate recommendations on screening for iron deficiency anemia in children aged 6-24 months and folic acid supplementation to prevent neural tube defects in persons who plan to or could become pregnant.</p>
What are additional tools and resources?	<p>The National Institutes of Health's Office of Dietary Supplements provides a fact sheet on iron for consumers in English (ods.od.nih.gov/factsheets/Iron-Consumer) and Spanish (ods.od.nih.gov/factsheets/Iron-DatosEnEspanol) and for clinicians (https://ods.od.nih.gov/factsheets/Iron-HealthProfessional).</p> <p>The US Department of Health and Human Services' Office on Women's Health provides a fact sheet about iron deficiency anemia for patients (womenshealth.gov/a-z-topics/iron-deficiency-anemia).</p>
Where to read the full recommendation statement?	<p>Visit the USPSTF website (https://www.uspreventiveservicestaskforce.org/) or the JAMA Network website (https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.</p>

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