

A simple fix for iron deficiency in women: Intravenous infusions

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Gov. Larry Hogan recently announced a four-year, \$72 million program to support maternal and child health with an emphasis on prevention and early intervention.

“By investing in access to prenatal care, postpartum care and child health visits,” the governor said, “we can improve a wide range of outcomes that potentially impact the health of multiple generations of Marylanders.”

That’s an excellent idea, and we have a suggestion for the treatment of one common medical condition that would achieve those goals but is overlooked and underappreciated by the public and health care system: iron deficiency and its more advanced form, iron deficiency anemia. Combined, they affect roughly half of all women and most pregnant women. And like with many health issues, minority and low-income women are hardest hit.

Iron deficiency disproportionately affects women, who lose blood, and therefore iron, with menstruation and childbearing. Iron leaves their bodies, and their diets often can’t make up the deficit. Over time, women may become iron deficient to the point where their red blood cell counts are 10% to 40% lower than normal.

When a woman becomes pregnant, her iron needs increase dramatically to support the developing fetus and placenta. Insufficient iron puts the mother and baby at risk for a variety of complications such as preterm labor, low-birth weight infants and developmental disorders. Should the mother hemorrhage at delivery, she will have less blood reserve with which to recover.

Iron is also critical for fetal brain development. Recently an association between maternal iron deficit and babies with neurodevelopmental disorders — including autism spectrum disorder, attention-deficit/hyperactivity disorder and intellectual disability — has been made. The United Kingdom, among other nations, believes that an increase in these disorders is related to iron deficiency and has adopted guidelines to identify and treat iron deficiency in every pregnancy.

Despite all this, many women in the United States are not routinely screened for iron deficiency unless they are anemic, meaning they have low red blood cell counts. This misses 40% to 50% of cases on initial evaluation.

And moderate levels of anemia (5% to 30% below normal) are routinely disregarded because of a lack of symptoms or urgency on the part of the medical field. This attitude toward the problem mirrors other shortcomings in caring for women, including not recognizing the symptoms of heart attacks in women because they do not follow the classic patterns seen in men; performing unnecessary caesarean deliveries; and providers simply not taking women’s medical complaints seriously enough.

But there’s good news: Iron deficiency can be easily, safely and affordably treated. The first line of treatment is oral iron supplementation. But many women find that these supplements are not tolerated, causing abdominal pain, metallic taste, nausea, cramping and constipation or diarrhea. Ask women about taking oral iron, and you’ll get a range of answers, most of them not good. Further, treating iron deficiency with pills

may take months to years because oral iron is not easily absorbed. Data shows that when oral iron is taken by iron deficient mothers in the second and third trimesters, virtually none gets to the baby. That's why this method of replenishment does not work for pregnant women.

For decades the conventional thinking was that treating iron replacement by intravenous iron infusions had too many risks, and so generations of physicians were cautioned against recommending this. But times have changed. Now iron infusions by vein can be safely administered, largely because of new iron formulations. The process takes about 15 to 60 minutes, and costs are covered by insurance providers, including Medicaid. Typically, only one treatment is needed. For pregnant women, the best time for infusion is at the beginning of the second trimester.

Women are suffering from a condition that's easily identified and safely treatable. With intravenous iron administration, they would feel better, and their children would likely be healthier. It's time for the public — especially pregnant women and their partners — to demand change.

We urge The Health Services Cost Review Commission and Maryland Medicaid to encourage awareness and treatment of this condition. Given the vast numbers of people affected, the availability of effective care, and the short- and long-term benefits, this would be an excellent investment to help women and children.

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