

Why is anaemia still affecting women?

August 15 2018, by Jahnavi Daru And Ewelina Rogozinska



Credit: AI-generated image ([disclaimer](#))

Iron deficiency is the [most common nutritional deficiency](#) in the world, affecting both low- and high-income countries. Although it is an easy problem to fix, it remains unfixed.

Our bodies need iron to function. Too little leads to [anaemia](#), limiting the body's ability to carry and deliver oxygen. Well-known symptoms of iron deficiency include [poor concentration, fatigue and mood changes](#).

Women are more affected by iron deficiency anaemia than men because they lose iron during their periods and need more when pregnant or breastfeeding. In the UK, [one in four women](#) becomes anaemic in pregnancy. In low-income countries, it's [one in two](#).

The consequences of iron deficiency anaemia in pregnancy are alarming. In cases of severe anaemia, our research found that the condition can [double the risk of death for the mother](#). In less severe cases, iron deficiency anaemia can lead to [low birth weight](#), [early delivery](#) and [poor brain development](#) in babies.

Simple treatment

The treatment for iron deficiency is simple: give iron. Iron tablets are often the first-line treatment as they are cheap and readily available.

Many doctors prescribe iron tablets for anaemic women, especially those who are pregnant. Many national and international guidelines suggest that iron should be given prophylactically. In countries where iron deficiency is widespread, iron supplements are given to all pregnant women, irrespective of whether they are anaemic. But still, anaemia persists.

There's a range of ways to give iron – [pills](#), [intravenous drip](#), [fortified water](#) and [cooking with iron](#) – but we still don't know which type is right for different situations. For example, what is the most appropriate type of iron for women who are pregnant versus for women who experience anaemia because of heavy menstrual bleeding? These questions remain unanswered.

Pregnant women and menstruating women are biologically different. These subtleties need attention, not just because they can affect the efficacy of iron treatments, but because [side effects and tolerance](#) to

treatments can also vary.

There are over 100 published clinical trials of iron interventions both for [pregnant](#) women and for women [who have just had a baby](#). Newer preparations of iron [are constantly under development](#). So the question remains: why hasn't this solved the problem?

Access to care and awareness of the problem is just half the story. It is common for women with heavy periods to endure the effects of anaemia [for years before they seek treatment](#). These women then enter pregnancy already deficient in iron, which only worsens as their pregnancy progresses, putting themselves and [their babies under unnecessary risk](#).

Gaps in our knowledge

While studies have compared iron preparations, it has not been possible to find out which type of iron is the most effective for women with iron deficiency anaemia depending on their stage of life. This gap in our knowledge needs attention.

New statistical methods now allow us to compare all treatments against one another and build a network of comparisons. Such a comprehensive comparison of all available iron treatments will help to [provide better guidance](#) on which type of [iron](#) works best and for whom. But this alone cannot solve the problem.

Increasing the awareness of the problem among healthcare professionals, women and their friends and family, so that women seek advice and help early, will help to eradicate [iron deficiency anaemia](#), which remains an under-recognised condition affecting [women](#), globally.

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