Whereas, Iron deficiency (ID) and iron deficiency (IDA) anemia are the most common nutritional deficiency disorders in the world; and

Whereas, In the US studies show that approximately 50% of women overall and up to 90% of pregnant women, especially minority and poorer women have ID or IDA; and

Whereas, ID and IDA are associated with an increased risk of serious and permanent neurodevelopmental disorders, such as ADD and ADHD, autism, and schizophrenia in the offspring of affected women, making ID/IDA in pregnancy a cross-generational health equity issue; and

Whereas, Pregnant women who have ID/IDA are at greater risk of pregnancy related complications such as pre-term delivery and bleeding, and in the event of hemorrhage, of needing blood transfusions; and

Whereas, ID/IDA are both more common, and less often successfully treated in poorer women and women of color, and use of transfusions (with resultant potential harms) to rectify severe IDA may as a result be more frequent in these populations; and

Whereas, Testing for ID/IDA is straightforward and, in most cases, consists of a CBC, iron level, TIBC, and ferritin; and

Whereas, 80% of women cannot tolerate oral iron due to numerous GI side effects, and the tolerable dosage is often inadequate to treat pregnant women with ID/IDA; and

Whereas, Despite past concerns based on anaphylactic reactions using older dextran formulations, modern intravenous iron infusion formulations are both safe and affordable, with typically fewer adverse drug effects than even oral therapies; and

Whereas, Publications from other developed countries for testing and treating ID and IDA reflect the evolving international standard of care for treatment of ID/IDA includes all appropriate iron therapies; therefore, be it
RESOLVED, That our AMA will promote education of physicians and others taking care of pregnant women as to the importance of routine testing and treatment for Iron Deficiency/Iron Deficiency Anemia in their patients, and the advisability of using IV iron if oral iron repletion is not tolerated or not adequate. (Directive to Take Action)

Fiscal note: Minimal - less than $1,000

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Relevant AMA Policy: None

References: