



Vivante Midwifery

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Increasing iron during pregnancy

During pregnancy, blood volume increases dramatically in order to nourish and grow your baby. Plasma rises 50%, but red blood cells increase only about 30%, resulting in a physiologic dilution of red blood cells called "hemodilution of pregnancy" that can look a lot like anemia. This is a normal process that occurs throughout the first 28-30 weeks of pregnancy in the healthy, well-nourished mother and is an excellent indicator of how well the blood volume is or is not expanding. A falling hemoglobin and a healthy well-grown fetus often go together. After 28 weeks, the hemoglobin values begin to rise again as the plasma stops expanding and red blood cells continue to increase.

A hemoglobin of 13 grams per deciliter of whole blood (g/dl) or more at 8 weeks of pregnancy is a good starting point. A gradual 2-gram drop by 28-30 weeks is normal and may be even greater for women carrying twins. A value below 13 g/dl at 8 weeks merits treatment, since that 2-gram drop is anticipated. You don't want to arrive at the end of pregnancy with a hemoglobin of 10 or less if you can help it. It often takes 7-12 days for hemoglobin levels to start to respond to therapy.

If a low hemoglobin is related to lack of nutrients, many factors may be involved. Although anemia is frequently blamed on lack of iron, B-complex vitamins, protein, vitamins E and C, and good assimilation all contribute to the health of the bloodstream. Unfortunately, iron found in foods, especially vegetable sources, is not easily absorbed. Iron from poultry, red meat, and fish is well assimilated but is found in lower concentrations in most of these foods. Absorption improves if a meal contains both vegetable and meat sources. Vitamin C enhances the absorption of vegetable iron, but tannin, fiber and phytates from plants inhibit it.

Two therapies to avoid are iron salts (such as ferrous sulfate) and iron injections. Iron salts are hard on the digestive tract and the liver and are poorly absorbed. (Black stools indicate the elimination of large portions of the supplemental intake.) Iron injections also stress the liver.

If a low hemoglobin is nutritional in origin, the suggestions below should do the trick. Several therapies in combination can be used for severe or stubborn cases. If no change is noticed, switch to a different therapy or ask your midwife about additional lab tests to confirm that the anemia is truly nutritionally related.

- **Nettles leaf infusion:** Steep 1 oz of nettles leaf in a quart of boiled water for at least four hours. Drink ½ to 1 cup several times daily. Nettles contain iron and vitamin C and many minerals, especially calcium. It helps nourish the kidneys and maintain the hemoglobin. If drinking the infusion is unappealing, try fresh freeze-dried stinging nettles leaf in capsules (3 to 4 daily) from Eclectic Institute.
- **Comfrey and red raspberry leaf infusions** are rich in minerals. When prepared as above, both help with general nutrition and enrich the blood. Note that both these herbs and nettles are nutritive herbs and *should not* be tinctured. They are most beneficial prepared in water, not alcohol.

- **Vitamin C with bioflavonoids supplement** helps with iron assimilation.
- **Kelp powder** on food or kelp tablets (6 per day) is a good source of minerals. Dulse (another seaweed) is very high in iron.
- **Cast iron skillets** can be used for cooking.
- **Spirulina and chlorella** both contain high amounts of protein and B-vitamins, especially folic acid (6 tablets, or 2-4 Tbsp of powder are taken daily).
- **Nutritional yeast** used liberally in foods will supplement B vitamins.
- **Folic acid** can be taken in tablet form (1 to 5 mg per day).
- **Dandelion greens**, picked early in the spring, are an excellent source of vitamins and minerals and are very strengthening to the liver.
- **Yellow dock tincture** (alcohol extract): 3 droppersful, 3 times daily will support the liver, and it is very high in iron.
- **400-800 IU of vitamin E** per day also support the general health of the bloodstream. (To ensure proper absorption, vitamin E should be taken first, followed by the daily iron supplement 8 to 12 hours later.)
- **Iron supplement:** 1 to 2 tablets per day of a nonsulfate variety is generally suggested when a supplement is indicated. Standard recommendations for daily intake are 30 to 60 mg of elemental iron for those who have normal iron stores, and 120-240 mg for those who do not. Supplementation probably will not be needed if other therapies are used.
 If an iron supplement is causing constipation or gastric upset, discontinue its use. Constipation stresses the liver and gastrointestinal tract and is an indication that absorption is poor. Try a citrate or aspartate form instead. Rainbow Light's Complete Iron System is well-tolerated by many pregnant women and contains a complex of nutrients which contribute to the health of the red blood cells.
- **Bottled chlorophyll** is readily available and can be used moderately (1 to 3 Tbsp per day).
- **The following foods are valuable:** prunes, apricots, black cherries, dark greens, organ meats, sea vegetables, molasses, grapes, miso, beets.
- **Floridex with iron** is a mix of fruit and herb concentrates that is available in health food stores; it is used as a supplement.
- **Ferrofood** (by Standard Process Lab; 3 to 6 tablets daily): Some women have had excellent success with this supplement.
- **Ferrum phos** is a homeopathic cell salt which enhances iron absorption. A dose of 30C three times daily is recommended, to be taken with any other therapies chosen, especially when a woman is not responsive to other therapies.
- **Exercise** increases oxygen demand by the tissues. This stimulates the body's use of nutritive elements that raise the hemoglobin. Walking or swimming are good choices.