



Low iron after pregnancy a problem for many women

The first several months of a baby's life can be a period of great joy for a mother. However, this is not always the case. The postpartum period that follows the birth of a child carries a high risk of both physical and mental health challenges.

QUESTION: What health challenges are most common during the postpartum period?

ANSWER: Challenges include increased fatigue, anxiety, sleeping problems, decreased short-term memory, ADHD types of symptoms and compromised immune function. Also, postpartum depression is increasingly recognized as an especially serious problem for many new mothers.

Most people expect a new mother to be fatigued, but they may not realize that all of these health problems can be caused by iron deficiency.

Q: How common is postpartum iron deficiency?

A: According to research reviewed by Dr. Lisa Bodnar at the University of Pittsburg, postpartum iron deficiency may occur in almost 50 percent of the women in some racial/ethnic groups. Unfortunately, this low iron state too often goes unrecognized.

Q: Why is the link between post-

partum symptoms and iron deficiency so common?

A: Iron needs during pregnancy are very high because a woman's diet must meet requirements both for the developing fetus and for an increase in the mother's blood volume. When a woman completes pregnancy in a well-nourished state, day-to-day iron needs typically decrease after delivery. However, it should not be forgotten that a woman loses almost a pint of blood during a normal childbirth and up to a liter of blood with a normal Caesarean birth. Restoring the iron lost in birth can take many months.

One factor that helps to protect iron status after giving birth is exclusive breast-feeding because it generally delays the return of the menstrual cycle. The iron lost in breast milk is significantly less than typical menstrual losses of iron. However, for a woman who completes pregnancy with a poor iron status, the need for iron can remain high for a period of time after pregnancy.

Q: How much dietary iron is needed during pregnancy to meet the needs of both mom and the developing child?

A: Iron needs are very high during pregnancy. Recommended in-

take increases from 18 milligrams per day in the nonpregnant condition to 27 milligrams per day during pregnancy if the diet includes red meat. For a vegetarian diet, recommended iron intake increases to about 50 milligrams per day because a lower percentage of iron is absorbed from plant foods.

Consuming this much iron can be quite challenging for many women. A British study reported that 2 out of 3 pregnant women did not meet even the estimated average requirement for iron. Additionally, dietary calcium inhibits iron absorption, so individuals striving to consume plenty of calcium for breast-feeding may not realize that this further increases their iron needs.

Q: Can a woman's iron status affect her unborn child?

A: Yes. A pregnant woman with a lower iron status is more likely to have a baby with a low iron status. Consequences of iron deficiency to the baby can be serious. It is well established that brain development is seriously compromised by a lack of adequate iron. This results in compromised intelligence, behavioral problems, a challenged immune system and increased susceptibility to many health problems.

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