Zeit für gute Vorsorge ...

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Iron predator pregnancy

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Especially expectant mothers, who are very slim or eat a vegetarian diet, belong to the risk group.

Many women already have too low blood values and reduced iron stores due to their menstrual bleeding. During pregnancy, the problem is exacerbated by the need to form 30 to 40% more blood so that the growing uterus is sufficiently blooded and the child can develop properly. The body's need for the trace element then increases at least twice as much. Therefore, the food ingested must contain at least 30 mg of iron, since only about 10% of the amount of iron ingested with the food can actually be used. If there is a permanent iron undersupply, the memory empties and anaemia (anemia) can arise. It can quickly become a danger to mother and child due to insufficient oxygen supply. For this reason, any woman wishing to have a child should check her iron levels by the doctor and, in the event of a looming iron deficiency, quickly replenish the stores before pregnancy. In this way, the risk to mother and child can be significantly reduced.

What happens if there is an iron deficiency during pregnancy?

Iron deficiency can have serious consequences for mother and child.

In addition to the "usual" symptoms of iron deficiency such as fatigue, exhaustion, pallor, increased susceptibility to diseases, brittle hair and nails, torn corners of the mouth, etc., it may be that the placenta does not develop properly and is too small. However, a lack of iron is also dangerous because anaemia can lead to poor oxygenation of the baby. The consequences for the child can be abnormalities or complications at birth such as miscarriages or premature births.

Meanwhile, there is also scientific evidence that iron deficiency can adversely affect the brain development of the baby. Maternal risks include reduced blood reserves at birth and thus an increased risk

of blood transfusions with greater blood loss, severe strain on the heart or prolonged hospitalization.

After birth

Birth is a process that demands everything from mother and child alike.

Women who go through this with iron deficiency or even anaemia carry a high health risk and rob themselves of the strength they need for the baby from now on. Because the high blood loss during childbirth worsens the symptoms of iron deficiency, such as fatigue, dizziness, headache and nausea up to total exhaustion.

By the way, depression in the confinement after childbirth can also be the result of an iron deficiency.

Even in breastfeeding, the mother needs iron-rich food. Because the baby of a fully breastfeeding mother only gets the iron it needs for blood formation and oxygenation, only through breast milk. If the mother suffers from anaemia, less milk is produced. To prevent this, breastfeeding mothers should eat about 20 mg of iron per day.

Diagnosis of iron deficiency in pregnancy and after childbirth

Normally, during pregnancy, the gynaecologist determines the iron supply via the amount of blood (Hb-value). Here, however, a more comprehensive iron diagnostics should be carried out.

In any case, ask your doctor to also examine the iron stores by co-determining the serum ferritin value.

This is the only way he can determine whether the iron stores have already started and may be threatened with iron deficiency or even anaemia during pregnancy. Especially after birth, caution should be exercised in case of inflammation. Because the iron stores are blocked during inflammation in the body, it is then particularly important to determine the C-reactive protein (CRP) in addition to the amount of blood and the serum ferritin value.

after:

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