

**THESE ARE SHOCKING STATISTICS...but they are fixable.**

Iron deficiency (ID) and its end stage, iron deficiency anemia (IDA), is *“the most frequent hematologic condition and the world's most common malady (100 times more common than all cancer combined). In every country on our planet, ID is one of the top five causes of YLD (years lived with disability).*

*In 35 countries it is number one. It is number one in lower and middle-income countries and affects 3 billion people, including 50% of pregnant women.”\**

In the US, between 30%-50% of pregnant women are iron deficient. And like most public health conditions, it's worse for poor women and women of color.

Further, the 9/13/2023 Journal of the American Medical Association stated that [“The US maternal mortality rate has gone from bad to worse.”](#)

These numbers should get your attention. To understand **why this is so important** read the excerpts and/or click on the [BLUE LINKS](#) below to see the complete medical journal source articles. General media articles follow.

[Special Issue of the International Journal of Obstetrics and Gynecology \(August 2023\)](#) Excerpt: *“Furthermore, it has become abundantly clear that when ID is present during pregnancy, there is an increased risk for several adverse obstetric outcomes and that the developing fetus is at risk for, among other disorders, neuro-developmental impairment that may manifest in adulthood. Not only does ID have a potentially significant adverse impact on obstetric outcomes such as preterm labor and peripartum hemorrhage, it is also associated with fetal growth restriction and, especially,*

*neurodevelopmental impairment that may begin in the first trimester and appears to have manifestations that continue to adulthood.”* In other words, ID is bad for mothers and babies.

\*Dr. Michael Auerbach's summary making the case for IV (infusion by vein): [Int J Gynecol Obstet. 2023;162\(Suppl. 2\):68-77](#). Excerpt: *“Adverse effects with oral iron abound. These include constipation or sometimes diarrhea, metallic taste, and gastric irritation.”* However, iron can be safely administered by IV. This requires only one treatment that takes less than an hour and has *“been shown to be safe and effective during the second and third trimesters. No serious adverse events have been reported in studies encompassing thousands of patients, and no morbid infant events have been observed. A more rapid and quantitative hemoglobin response is universally observed with intravenous iron without clinically significant adverse events.”* In other words, ID can be treated quickly, safely, and effectively.

**We can help millions of pregnant women and their children. Here's how: All women should be tested for iron deficiency (ID) and then treated as above.** Sadly, this evidence-based approach is not yet universally applied, but it should be. The diagnostic tests are straightforward and routine, and these and the treatment are covered by insurance, including Medicaid.

**BOTTOM LINE: WE CAN HELP MOTHERS AND GENERATIONS OF CHILDREN. WOMEN SHOULD GET TESTED AND TREATED FOR IRON DEFICIENCY.**