

Patient and Provider Experiences of the Diagnosis and Treatment of Iron Deficiency in Pregnancy: A Qualitative Descriptive Study

Summary

How is low iron diagnosed and managed in pregnancy at St. Michael's Hospital (SMH)? The KT Program explored this question in partnership with the Hemequity Lab. We interviewed 20 patients and 20 healthcare providers (HCP) at SMH about their experiences with diagnosing and treating low iron in pregnancy.

Implications

This study is part of a broader effort to improve pregnancy care by making ferritin testing for the diagnosis of iron deficiency a routine component of prenatal care. In the future, working closely with both patients and HCP can create tailored, practical solutions that address the barriers, optimize facilitators, and consider suggestions for improving low iron management in pregnancy.

Funding

The Innovative Fund of the Alternative Funding Plan for the Academic Health Sciences Centres of Ontario.

For more information, please contact Danielle Kasperavicius at Danielle.kasperavicius@unityhealth.to

What is the current situation?

- Low iron (iron deficiency) affects everyone, but those who menstruate are at an increased risk because of higher iron demands during menstruation and pregnancy.
- Iron deficiency may result in anemia, termed iron deficiency anemia (IDA), due to insufficient iron stores to support red blood cell production
- Pregnancy guidelines generally recommend routine screening for anemia, but many overlook the importance of using a ferritin test to screen for low iron *without* anemia.
- Iron deficiency is still associated with poor health outcomes for a pregnant person (e.g., fatigue, trouble concentrating, postpartum bleeding) and baby (e.g., neurodevelopmental delays).
- Understanding the barriers and facilitators to diagnosing and managing iron deficiency with or without anemia in pregnancy is critical for changing practice and ensuring iron health is prioritized during pregnancy.

What did we do?

- We conducted a qualitative descriptive study from September 2024 to April 2026 at SMH in Toronto, Ontario to gather information on how low iron is diagnosed and managed in pregnancy.
- We interviewed two groups: 20 SMH patients who were between 16-weeks pregnant and 6-weeks postpartum, diagnosed with low iron during the pregnancy and 20 SMH HCP who care for pregnant patients.

What did we find?

- Many patients were surprised by their iron deficiency diagnosis and thought being tired, having brain fog, and muscle cramps were just normal pregnancy symptoms.
- Most patients felt they did not receive enough iron education from their HCP. They also would have liked to receive iron education earlier in pregnancy, so they could start iron pills to maybe *prevent* low iron and not just *treat* low iron.
- Patients said they would be more comfortable to self-advocate if they had better knowledge about iron and its importance in pregnancy.
- Iron pills are usually the first line of treatment for iron deficiency, but HCP often recommend brands with known tolerability issues or give little guidance on which pills to choose. Patients find this makes it harder to stick with the treatment.
- SMH HCP routinely order ferritin tests to check for low iron in pregnancy, but differ in the cutoffs they use to diagnose, when and how often they check for low iron, and when they start patients on treatment.
- HCP suggested that more education, clearer and standardized guidelines, adding ferritin to routine lab forms and encouraging patients to self-advocate could help push the widescale adoption of routine ferritin testing in pregnancy.