



**Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes:
Clinical Summary**

Population	Asymptomatic U.S. pregnant women and adolescents	
Recommendation	Screening: No recommendation. Grade: I statement (insufficient evidence)	Iron Supplementation: No recommendation. Grade: I statement (insufficient evidence)

Risk Assessment	No studies assessed the performance of risk assessment tools to identify pregnant women who are at increased risk for iron deficiency anemia	
Screening Tests	Although the evidence is insufficient to recommend specific tests for screening, measurement of serum hemoglobin or hematocrit is often the first step.	
Treatment and Interventions	Iron deficiency anemia in pregnant women is treated through additional iron intake with oral iron pills (usually 60 to 120 mg of elemental iron per day) and diet. Intravenous iron treatment can also be used during pregnancy.	Although the evidence is insufficient to recommend routine iron supplementation for pregnant women, prenatal vitamins often include a low dose of iron (usually 30 mg of elemental iron per day).
Balance of Benefits and Harms	The current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in pregnant women.	The current evidence is insufficient to assess the balance of benefits and harms of routine iron supplementation for pregnant women.
Other Relevant USPSTF Recommendations	The USPSTF addresses screening for iron deficiency anemia in children and folic acid supplementation during pregnancy in separate recommendation statements (available at www.uspreventiveservicestaskforce.org).	

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.