

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening and Supplementation for Iron Deficiency During Pregnancy

More research is needed on whether or not pregnant people should be screened for iron deficiency or take iron supplements

WASHINGTON, D.C. – February 27, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening and supplementation for iron deficiency and iron deficiency anemia during pregnancy. The Task Force determined that there is not enough evidence to recommend for or against screening pregnant people for iron deficiency and iron deficiency anemia. There is also limited evidence on the use of iron supplements during pregnancy.

These are I statements.

Grade in this recommendation:

I: The balance of benefits and harms cannot be determined.

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Iron deficiency is when the body has low iron levels. In some cases, iron deficiency will progress to iron deficiency anemia, which is when the body does not have the iron it needs to make enough healthy red blood cells, which carry oxygen throughout the body.

“Iron is a nutrient that is important to overall health, especially during pregnancy,” says Task Force member Esa Davis, M.D., M.P.H. “The challenge is that we don’t have the evidence to tell us whether or not screening and supplementation improve the health of mothers and their babies, so we are calling for more research on these important topics.”

All pregnant people are at increased risk for developing iron deficiency and iron deficiency anemia because people need more iron when they are pregnant. Factors that can further increase risk include a diet low in iron-rich foods, conditions or medications that decrease iron absorption, and short intervals between pregnancies. Additionally, Black and Mexican American people have higher rates of iron deficiency anemia during pregnancy than White people.

“We need more evidence on the effectiveness of screening for iron deficiency and the use of iron supplements in pregnant people without signs or symptoms of anemia,” says Task Force member David Chelmow, M.D. “Prenatal care is important. In the absence of clear evidence, healthcare professionals should use their judgment when recommending whether their pregnant patients should be screened or take iron supplements.”

Importantly, this recommendation is only for people without signs or symptoms of iron deficiency. If a pregnant person has concerns about their health, including tiredness, headaches, or dizziness, they should talk to their healthcare professional so that they can get the care they need.

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from February 27, 2024, through March 25, 2024, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davis is a professor of medicine and family and community medicine, the associate vice president for community health, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

Dr. Chelmow, M.D., is the Leo J. Dunn professor of obstetrics and chair of the Department of Obstetrics-Gynecology at Virginia Commonwealth University (VCU) School of Medicine in Richmond, Virginia. He has been chair since 2010 and recently completed service as interim dean for the School of Medicine.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (301) 951-9203