

This information was up to date at the time of release to the Heads of Midwifery.

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Updating arrangements for the formulary should be decided upon and implemented at a local level.

## Ferrous Fumarate (Fersaday®, Fersamal ® ) Tablets

<b>Legal status</b> (GSL, P or POM on exemption list, or PGN)	P - midwife may supply
<b>Patient group</b>	Pregnant and postpartum women.
<b>Clinical indication</b>	Iron deficiency anaemia. Follow local guidelines for treatment threshold.
<b>Pharmacology</b> (Onset and duration of action where appropriate)	Ferrous fumarate is a soluble salt of iron which is an essential component of the body. Iron is required for the production of haemoglobin. It is used in the treatment and prophylaxis of iron deficiency anaemia in accordance with local guidelines.  In solution ferrous ions are absorbed in the proximal portion of the duodenum.  Haemoglobin should increase by 1-2g/litre per day or 20g/litre over 3-4 weeks.
<b>Pharmaceutical form, strength, route of administration</b>	Tablet of ferrous fumarate 322mg (100mg elemental iron) For oral administration.  Tablet of ferrous fumarate 210mg (65-70mg elemental iron) For oral administration
<b>Dose, frequency and maximum number of doses or period of time for administration or supply</b>	322mg tablet - One tablet once or twice daily.  210mg tablet - One tablet three times a day.  Until discharged from midwife care or 3 months after haemoglobin has normalised, whichever is sooner.  Maximum duration 6 months.
<b>Contra-indications/exclusion criteria</b>	<ul style="list-style-type: none"> <li>▪ known hypersensitivity to any component of the medicine</li> <li>▪ women with haemochromatosis, haemosiderosis, haemolytic anaemia, paroxysmal nocturnal haemoglobinuria</li> <li>▪ women with active peptic ulcer, inflammatory bowel disease, regional enteritis and ulcerative colitis</li> <li>▪ intestinal strictures and diverticulae</li> <li>▪ frequent blood transfusion or concomitant parenteral iron</li> <li>▪ anaemias other than those due to iron deficiency</li> </ul>

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<b>Cautions and action that will be taken if a caution applies</b>	<ul style="list-style-type: none"> <li>▪ before starting treatment, exclude any other cause of anaemia</li> <li>▪ reduced absorption in patients who have had gastrectomy</li> <li>▪ women who have treated or controlled peptic ulceration</li> <li>▪ check for and document any allergies</li> <li>▪ check and document past medical and drug history and current medication to ascertain potential for overdose</li> <li>▪ if a caution applies consult with a doctor</li> <li>▪ document consultation in maternity record</li> </ul>
<b>Medicine interactions and action that will be taken if a patient is taking a medicine that may interact</b>	<ul style="list-style-type: none"> <li>▪ antacids and zinc preparations can reduce absorption of iron. Iron reduces absorption of ciprofloxacin and other quinolones, tetracycline, penicillamine, zinc preparations and levothyroxine. The antihypertensive effect of methyldopa may be reduced</li> <li>▪ black stools and constipation are common, diarrhoea can occur occasionally</li> <li>▪ some inhibition of iron absorption may occur if it is taken with cholestyramine, tea, eggs or milk</li> <li>▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply</li> <li>▪ document consultation in maternity record</li> <li>▪ refer to current BNF for latest information on interactions</li> </ul>
<b>Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected</b>	<ul style="list-style-type: none"> <li>▪ <i>nausea and epigastric pain are dose related - black stools and constipation are common, diarrhoea can occur occasionally</i></li> <li>▪ <i>labour</i> <span style="float: right;"><i>Nil</i></span></li> <li>▪ <i>on the neonate</i> <span style="float: right;"><i>Nil</i></span></li> <li>▪ <i>on breast feeding</i> <span style="float: right;"><i>Nil</i></span></li> <li>▪ <i>if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme. <a href="http://yellowcard.mhra.gov.uk/">http://yellowcard.mhra.gov.uk/</a></i></li> </ul>
<b>Overdose</b>	<ul style="list-style-type: none"> <li>▪ there is a high risk of children ingesting this medication unless it is stored safely</li> <li>▪ ingestion of 20 mg/kg elemental iron is potentially toxic and 200-250 mg/kg is potentially fatal</li> <li>▪ all potential overdoses require urgent action with gastric lavage and desferrioxide/desferrioxamine treatment</li> <li>▪ symptoms of abdominal pain, vomiting and diarrhoea occur within 60 minutes of ingestion. Cardiovascular collapse and coma may follow. Patient may recover or further deteriorate with pulmonary oedema, convulsions, anuria, hyperthermia, severe shock, metabolic acidosis, coagulation abnormalities or hypoglycaemia</li> <li>▪ immediate assessment/treatment is essential - refer to medical staff</li> <li>▪ manage in accordance with established treatment guidelines or see BNF overdose section</li> <li>▪ for further advice contact National Poisons Centre 0344 892 0111</li> </ul>
<b>Action if patient declines</b>	<ul style="list-style-type: none"> <li>▪ refer to authorised prescriber or doctor</li> <li>▪ document in maternity record</li> </ul>

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<b>Additional advice and information</b>	<ul style="list-style-type: none"><li>▪ advise women to avoid the following for one to two hours before and after taking this medicine as they reduce the absorption of iron: tea, coffee, milk, eggs and whole grains</li><li>▪ Women taking levothyroxine should separate levothyroxine and iron doses by 4hrs</li><li>▪ iron is better absorbed on an empty stomach and should be taken one to two hours before meals, but if gastro-intestinal side effects are intolerable, advise women to take tablets just after food</li><li>▪ medicine which interacts with iron should not be taken within one to two hours of iron</li><li>▪ women should be given dietary advice to optimise their iron intake</li><li>▪ women should be advised to store these medicines safely out of the reach of children</li><li>▪ recommend taking this medication with a glass of orange juice to increase absorption</li><li>▪ advise to contact midwife/GP if condition worsens or symptoms persist</li></ul>
<b>Patient monitoring arrangements during and after treatment and follow-up required</b>	Monitor women in accordance with local guidelines.
<b>Particular storage requirements</b>	-
<b>References</b> <ol style="list-style-type: none"><li>1. Summary of Product Characteristics Revision of text Fersaday ® 9.10.2019 Fersamal ® 10.5.2016 <a href="http://www.medicines.org.uk">http://www.medicines.org.uk</a> Accessed 16.12.2019</li><li>2. <a href="http://www.bnf.org">http://www.bnf.org</a></li></ol>	