This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

# Sodium feredetate (Sytron®)

| | |
|---|---|
| **Legal status** (GSL, P or POM on exemption list, or PGD) | ▪ P - midwife may supply |
| **Patient group** | Pregnant and postpartum women. |
| **Clinical indication** | Iron deficiency anaemia.<br>Follow local guidelines for treatment threshold. |
| **Pharmacology**<br>(Onset and duration of action where appropriate) | Iron is an essential component of the body. Iron is required for the production of haemoglobin. It is used in the treatment and prophylaxis of anaemia in accordance with local guidelines.<br>Sodium feredetate contains iron in an un-ionised form and is not an iron salt. The iron is “insulated” or “sequestered” with the sodium salt of ethylenediamine tetra-acetic acid (EDTA) to form a chelate which is the reason why it is not astringent and does not discolour teeth.<br>It is mainly absorbed in the small intestine, but can be absorbed along the entire length of the alimentary canal. It is more readily absorbed as the ferrous state.<br>Haemoglobin should increase by 1-2g/litre per day or 20g/litre over 3-4 weeks. |
| **Pharmaceutical form, strength, route of administration** | Oral solution of sodium feredetate 190mg (equivalent to 27.5mg of iron/5ml) Sytron®<br><br>For oral administration. |
| **Dose, frequency and maximum number of doses or period of time for administration or supply** | 10ml two-three times a day.<br>Until discharged from midwife care or 3 months after haemoglobin has normalised, whichever is sooner.<br>Maximum duration 6 months. |
| **Contra-indications/exclusion criteria** | ▪ known hypersensitivity to any component of the medicine |
| **Cautions and action that will be taken if a caution applies** | ▪ before starting treatment, exclude any other cause of anaemia<br>▪ reduced absorption in women who have had a gastrectomy<br>▪ none known<br>▪ check for and document any allergies<br>▪ check and document past medical and drug history and current medication to ascertain potential for overdose<br>▪ if a caution applies consult with a doctor<br>▪ document consultation in maternity record |

| Sodium feredetate (Sytron®) | |
|---|---|
| **Medicine interactions and action that will be taken if a patient is Taking a medicine that may interact** | ▪ antacids, calcium and zinc preparations and cholestyramine can reduce absorption of iron. Iron reduces absorption of ciprofloxacin and other quinolones, tetracycline, levothyroxine, mycophenolate, penicillamine and zinc preparations. The antihypertensive effect of methyldopa may be reduced<br>▪ black stools and constipation are common, diarrhoea can occur occasionally<br>▪ absorption reduced by certain foods - see information to be given to patients<br>▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply<br>▪ document consultation in maternity record<br>▪ Refer to current BNF for latest information on interactions |
| **Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected** | ▪ *nausea or mild diarrhoea in the early stages of treatment - it is recommended to stop treatment until symptoms resolve and the start again at a lower dose*<br><br>▪ *on labour* *Nil*<br>▪ *on the neonate* *Nil*<br>▪ *on breast feeding* *Nil*<br><br>▪ *If a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme. http://yellowcard.mhra.gov.uk/* |
| **Overdose** | ▪ ingestion of 20 mg/kg elemental iron is potentially toxic and 200-250 mg/kg is potentially fatal<br>▪ symptoms of nausea, abdominal pain, vomiting and diarrhoea occur within 60 minutes of ingestion - cardiovascular collapse and coma may follow - woman may recover or further deteriorate with pulmonary oedema, convulsions, anuria, hyperthermia, severe shock, metabolic acidosis, coagulation abnormalities, hypoglycaemia or hyperglycaemia<br>▪ haematemesis or rectal bleeding may occur<br>▪ vomit and stools may be coloured grey or black<br>▪ immediate assessment/treatment is essential - refer to medical staff<br>▪ manage in accordance with established treatment guidelines or see BNF overdose section<br>▪ for further advice contact National Poisons Centre 0344 892 0111 |
| **Action if patient declines** | ▪ refer to authorised prescriber or doctor<br>▪ document in maternity record |

| Sodium feredetate (Sytron®) | |
|---|---|
| **Additional advice and information** | ▪ advise women to avoid the following for one to two hours before and after taking this medicine: tea, coffee, milk, eggs and whole grains, as they reduce the absorption of iron<br>▪ medicine which interacts with iron should not be taken within one to two hours of iron<br>▪ Women taking levothyroxine should separate levothyroxine and iron doses by 4 hours<br>▪ 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 just after food<br>▪ women should be given dietary advice to optimise their iron intake<br>▪ women should also be encouraged to drink plenty of fluids and increase the fibre in their diet to prevent the development of constipation<br>▪ recommend taking with a glass of orange juice to increase absorption<br>▪ advise to contact midwife/GP if condition worsens or symptoms persist<br>▪ give the manufacturer's patient information leaflet to the woman |
| **Patient monitoring arrangements during and after treatment and follow-up required** | Monitor both antenatal and post natal women in accordance with local guidelines. |
| **Particular storage requirements** | — |

**References**


1. Summary of Product Characteristics http://www.medicines.org.uk Sytron® text revision 11.9.2017 Accessed 16.12.2019

2. http://www.bnf.org