

Date: _____



Patient demographics

You have been diagnosed with low iron and have been recommended to take the following:

- For iron deficiency in pregnancy (e.g. Hb \geq 110, ferritin <30): **1 tab ferrous fumarate (300 mg) every other day until 6 weeks post-partum**
- For iron deficiency anemia in pregnancy (e.g. Hb <110, ferritin <30): **2 tabs ferrous fumarate (600 mg) every other day until 6 weeks post-partum**
- For iron deficiency post-partum: **1 tab ferrous fumarate (300 mg) every other day for 3 months**
- For iron deficiency anemia post-partum: **2 tabs ferrous fumarate (600 mg) every other day for 3 months**

Please note: ferrous fumarate is available at the pharmacy (behind the counter) but does not require a prescription. It comes in 300 mg tabs.

To maximize absorption, your iron supplements:

- Should be taken on an empty stomach (one hour before or two hours after meals) with a full glass of water or fruit juice.
- Should be taken in the morning or early in the day.
- Should be taken with a supplement or dietary source of vitamin C (e.g., fruit juice, oranges, tomatoes).
- Should NOT be taken with calcium (e.g.: supplements, certain antacids) or dairy (e.g. milk, cheese, yogurt).
- Should NOT be taken with high-oxalate foods (e.g., coffee, tea, spinach, kale, broccoli).
- Should NOT be taken with antacid medications (e.g. Tums, pantoprazole, Pantoloc, etc.)

Iron pills can cause nausea, an upset stomach, constipation, diarrhea, a metallic taste, and dark stools. If you are experiencing side effects such as nausea or an upset stomach, consider the following:

- Take the iron with small snack or with meals (however food may decrease iron absorption by 40%)
- Take at bedtime (however, iron absorption can be lower in the evening).

Physician / Midwife Signature

Printed Name / CPSA #

Revised January 16, 2020