


## Description

# Iron and Women's Health Across the Life Course

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### Introduction

Iron is an essential nutrient for haemoglobin production, carrying oxygen in the blood. It supports cellular function, energy metabolism and immune health. Women are at higher risk of deficiency due to menstruation, pregnancy, childbirth and perimenopause. Iron is vital for fertility, pregnancy, postpartum recovery and wellbeing. Globally, iron deficiency is common and disproportionately affects women.[1,2,3]

### Reproductive years

Menstrual blood loss contributes to iron deficiency in women of reproductive age. Heavy menstrual bleeding (menorrhagia) affects 20 to 30% of women worldwide and is strongly linked to iron deficiency anaemia (IDA).[4] Fatigue, dizziness and poor concentration are often mistaken for stress. The World Health Organization (WHO) estimates IDA affects 29% of non-pregnant women globally.[5] In the UK, NICE advises haemoglobin and ferritin testing for women with heavy periods,[6] and guidance promotes iron-rich foods with vitamin C for absorption.[3,7] Iron deficiency can also impair ovulation, reducing fertility.[3]

### Pregnancy

Iron demands triple in pregnancy to support blood volume, placenta and fetal growth.[8] WHO reports anaemia in 38% of pregnant women worldwide, mostly due to iron deficiency, linked to low birth weight, preterm birth and fatigue.[9] NICE define anaemia as haemoglobin below 110g/L in the first trimester and below 105g/L later.[3] Screening is recommended for high-risk women, such as those with multiple pregnancies, prior anaemia or vegetarian diets.[10] Oral iron (40 to 80mg daily) is first-line; intravenous iron is used for severe cases or intolerance.[11,12] Midwives play a key role in screening, counselling and supporting iron levels in pregnancy and postpartum.[13]

### Postnatal Iron Replenishment

After birth, iron stores may be depleted, especially after blood loss. Postpartum iron deficiency is common and linked to

fatigue, impaired cognition and higher risk of postpartum depression affecting bonding.[14] Women with antenatal anaemia or notable delivery blood loss should have haemoglobin and ferratin levels checked within 48 hours postpartum.[12] Nutritional advice should continue to emphasise iron-rich foods and vitamin C,[12] and supplements where needed.




**Perimenopause**

In perimenopause, hormonal changes and irregular or heavy bleeding raise iron depletion risk. Fatigue, palpitations and mental fog from iron deficiency can be mistaken for menopausal symptoms, delaying diagnosis[15] Routine haemoglobin and ferritin testing is advised for women with heavy bleeding or IUD use.[6] Iron supplements and dietary adjustments can restore iron and wellbeing.

**Conclusion**

Iron deficiency is a global health challenge affecting women throughout life, influencing menstrual health, fertility, pregnancy outcomes, postpartum recovery and perimenopausal wellbeing. A life-course approach – including education, screening and personalised care – can prevent complications, enhance quality of life and reduce risks. **TPM**

**Useful Resources**

Read an interesting fact sheet: Iron and Women's Health Across the Life Course here

Take a FREE mini-course: "Iron deficiency in pregnancy: An Introduction" here

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