Antenatal Intravenous Ferric Carboxymaltose (Ferinject) Safety And Efficacy: A Retrospective Cohort Study

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INTRODUCTION

Intravenous Ferric Carboxymaltose (FCM) is suitable in pregnancy when oral iron supplementation is inadequate or not tolerated[1,2]. Since FCM was PBS-listed in 2014, use has increased dramatically[3]. However, data on efficacy and safety in pregnancy is limited[4]. This interim analysis is from a larger study which will describe IV FCM use in pregnancy at three large hospitals in Sydney between 2015-2019. Here we present data from one tertiary hospital.

METHODS

Cases were identified from the site's 'Day Assessment Unit' diary. Data on maternal characteristics, pre- and post-infusion haematological values, infusion related adverse events, and birth outcomes were collected. Primary outcomes were indication for infusion, adverse reactions, and correction of anaemia prior to birth.

RESULTS

IV FCM was administered in 182 pregnancies over the five year study period. Only 113/182 (62.1%) patients were anaemic (Hb <110) and iron deficient (Fe <30). 53/182 (29.1%) were not anaemic, but received IV FCM for iron deficiency alone. 16/182 (8.8%) were already iron replete (Fe > 30). 0/182 (0%) experienced a major adverse reaction (anaphylaxis or skin staining), but 10/182 (5.5%) experienced a minor adverse reaction (headache, cannula site pain, nausea, felt faint). Of patients who were anaemic with iron deficiency (n=113), there was a mean Hb increase of 18g/L prior to delivery, correcting the anaemia in 75/113 (64.7%) patients at time of birth.

DISCUSSION

IV FCM is a safe and effective treatment for iron deficiency anaemia in pregnancy, though current use exceeds what is indicated. Further data from additional sites should provide a more complete picture.

REFERENCES

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