



Iron Building Protocol

A midwifery informed resource
for blood building during
pregnancy and postpartum.

yourWOMB Holistic Midwifery & Doula Services

The background of the page is a close-up, artistic photograph of red blood cells. The cells are shown as small, spherical structures with a lighter, textured center and a darker red outer rim, floating in a fluid medium. The lighting creates a sense of depth and movement, with some cells in sharp focus and others blurred in the background. The overall color palette is a range of reds, from deep crimson to a lighter, almost pinkish-red.

ANEMIA

It is fairly common for anemia to be a part of the childbearing year in some form. Approximately 30-40% of women will have an iron depletion issue that requires treatment.

Some women with severe periods know they are anemic coming into pregnancy, and some find out from their very first blood draw in the first trimester. Many more have great iron levels in the beginning of pregnancy but at the 28 week lab draw they are told that they are newly anemic this pregnancy.

Hemodilution is the result of a normal dip in red blood cell concentration as blood volume expands up to 50% by 28 weeks of pregnancy. This is a biologically protective mechanism meant to supply the growing baby with plenty of oxygen and nutrients, and bolster the woman for normal blood volume lost at the birth event.

Many more women can become anemic just after the birth, when blood loss is at its peak. Slight anemia is normal during postpartum, and one reason why serious rest and recovery are so vital.



ANEMIA

Hemoglobin is the most comprehensive value for measuring iron-deficiency anemia. Hemoglobin measures the oxygen carrying capacity of the red blood cell. Anemia results from a reduction in the amount, or concentration of red blood cells, or in a dysfunction of current red blood cells. A reduced oxygen flow to the body's organs is what produces symptoms and risk factors.

Diagnostic criteria:

Hemoglobin at or below 11 (11.5+ is ideal)

Hematocrit at or below 33 (34+ is ideal)

Anemia left untreated can have some pretty discouraging symptoms and risks:

- fatigue, low energy and motivation
- shortness of breath and difficulty exercising
- low resistance to infection and poor appetite
- higher risk of preterm labor, uncoordinated labor pattern, exhaustion in labor and hemorrhage
- lower newborn birth weight and higher risk for fetal distress
- higher postpartum risk of poor healing, low milk supply and mood disorders

ABSORPTION

The 2 greatest barriers to increasing iron levels are locating a quality supplement, and then maximizing absorption.

Because iron supplementation can be toxic in high quantities over long periods of time, we recommend being as intentional as possible about working to lift levels and running lab work often to check on improvement. Only about 30% of supplemental iron is assimilated, so a comprehensive approach with varied nutritional aids are usually needed.

Choosing an iron supplement:

- whole-food and organic
- ferrous bis-glycinate, ferrous gluconate or ferrous fumarate

Take with/ at the same time:

- Vitamin C: citrus, peppers, pineapple, broccoli, strawberries, sweet potatoes, brussel sprouts or a vitamin c supplement

Avoid within 2 hours of taking:

- dairy, calcium, antacids, aspirin, vitamin e, sugar and caffeine

Food sources of iron/ increase in diet:

- organic beef liver, red meat, prune juice, molasses, pumpkin seeds, sesame seeds, sunflower seeds, beans, raisins, dark leafy greens

PROTOCOL

This protocol is meant to be followed fully and daily for 3-4 weeks before testing hemoglobin again. It can take 6 weeks or more for iron levels to come up to optimal ranges.

Daily Protocol:

1. **Iron:** Plan for 3 low doses spread throughout the day. 25-50 mg 3 times per day for a total of 100 mg iron.
2. **Beef Liver:** Grassfed and dessicated capsules if fresh liver is not available or palatable. 8 oz of fresh liver per week, or the dose on the bottle of liver capsules per day.
3. **Protein :** Adequate protein is needed to build red blood cells. Get 80-100 grams per day from whole foods, organic meat and eggs are the preferred source.
4. **Folate:** A B vitamin needed to maintain the red blood cell membrane, choose a methylated version (if not in iron supplement already). Avoid the synthetic form, folic acid.
5. **Trace Minerals:** when stress is a lifestyle factor, minerals get depleted easily and impact iron assimilation. Add to water 1-2 times per day.

Optional:

1. **Chlorophyll :** Oxygenates the red blood cells you do have. Take 1 dropperful per day added to water, any time in the day.
2. **Yellow Dock** tincture: Aids iron absorption. Take 1 dropperful with iron + vitamin c doses.

FOLLOW UP + TROUBLESHOOTING

If repeated blood work doesn't show significant improvement (0.5 points or more in hemoglobin rise) with 4-6 weeks of strict daily treatment, switch to another supplemental iron type and repeat the protocol to include the optional choices on the previous page. Different things work for different women and a little fine tuning is sometimes necessary.

If stomach upset occurs with iron supplements, like cramping, nausea, vomiting, diarrhea or constipation (or you are already very GI sensitive before supplementing):

- Always take iron with food
- Start slow- gradually increasing your dose over a week, starting with 20 mg 2 times a day for 2 days, 20 mg 3 times a day for 2 days- and then repeat with 40 mg dosing until up to 100 mg per day.

To offset constipation:

- Include 2 servings of fiber (whole grains, raw fruit or vegetables) with every meal
- Use topical and oral magnesium daily
- Aim to get 30 minutes of brisk walking in per day, especially after large meals.
- Drink 3-4 quarts of water per day as a minimum

If side effects persist with any of the above issues, switch to another supplemental iron type and try again. See Absorption page of this guide for iron type suggestions.

SUPPLEMENT RECOMMENDATIONS

A collection of our go-to and midwife-vetted supplements:

- Iron: <https://amzn.to/3INFEoC>
- Beef Liver: <https://amzn.to/3ySYaHz>
- Protein (collagen peptides): <https://amzn.to/3zeRZiG>
- Folate: <https://amzn.to/3yTVYj1>
- Trace Minerals: <https://amzn.to/3RMR28w>
- Chlorophyll : <https://amzn.to/3clIwNs>
- Yellow Dock tincture: <https://amzn.to/3B2UQfQ>
- Topical Magnesium: <https://amzn.to/3vmKF2f>
- Oral Magnesium: <https://amzn.to/3AZ8KzC>

Our favorite resource on general pregnancy nutrition:

- Real Food For Pregnancy: <https://amzn.to/3AYmWJb>