

U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening and Supplementation for Iron Deficiency During Pregnancy

More research is needed on whether or not pregnant people should be screened for iron deficiency or take iron supplements

WASHINGTON, D.C. – August 20, 2024 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening and supplementation for iron deficiency and iron deficiency anemia during pregnancy. The Task Force determined that there is not enough evidence to recommend for or against screening pregnant people for iron deficiency and iron deficiency anemia. There is also limited evidence on the use of iron supplements during pregnancy. **These are I statements.**

Grade in this recommendation:

I: The balance of benefits and harms cannot be determined.

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Iron deficiency is when the body has low iron levels. In some cases, iron deficiency will progress to iron deficiency anemia, which is when the body does not have the iron it needs to make enough healthy red blood cells, which carry oxygen throughout the body.

“Having enough iron is important for the health of pregnant people and their babies,” says Task Force member Esa Davis, M.D., M.P.H. “However, we don’t have the evidence we need to determine whether or not screening for iron levels or using iron supplements improve health, so we are calling for more research on both these important topics.”

All pregnant people are at increased risk for developing iron deficiency and iron deficiency anemia because people need more iron when they are pregnant. Factors that can further increase risk include a diet low in iron-rich foods, conditions or medications that decrease iron absorption, and short intervals between pregnancies. Additionally, Black and Mexican American people have higher rates of iron deficiency anemia during pregnancy than White people.

“Importantly, our recommendation is only for people without signs or symptoms of iron deficiency or iron deficiency anemia,” says Task Force member David Chelmow, M.D. “Given the continued lack of evidence, we encourage healthcare professionals to use their judgment and listen to patient concerns when deciding whether their pregnant patients should be screened or take iron.”

If a pregnant person has concerns about their health, including tiredness, headaches, or dizziness, they should talk to their healthcare professional so that they can get the care they need.

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from February 27, 2024, to March 25, 2024.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davis is a professor of family and community medicine, the associate vice president for community health at the University of Maryland Baltimore, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

Dr. Chelmow is the Leo J. Dunn professor of obstetrics and gynecology and chair of the Department of Obstetrics-Gynecology at Virginia Commonwealth University (VCU) School of Medicine in Richmond, Virginia. He has been chair since 2010 and recently completed service as interim dean for the VCU School of Medicine.

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