# Guidelines for the use of Venofer in Pregnancy

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**Responsible Directorate:**

Women and Children’s Services

**Replaces (if appropriate):**

N/A

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**NHSCT MISSION STATEMENT**

*To provide for all the quality of services we would expect for our families and ourselves*
Guidelines for the use of Venofer in Pregnancy

These guidelines exist to ensure the safe administration of Venofer to all appropriate patients. This policy should be read in conjunction with:-

- DHSSPS (2008): Use and Control of Medicines

Therapeutic Indications for use of Venofer

Venofer is indicated for use as parenteral iron therapy in the following indications:-

- Demonstrated intolerance to oral iron preparations.
- Where there is a clinical need to deliver iron rapidly to iron stores.
- In active inflammatory bowel disease where there is intolerance to oral iron preparations.
- Demonstrated patient non-compliance with oral iron therapy.

Contraindications

The use of Venofer is contra-indicated in cases of:

- Non iron deficiency anaemia.
- Iron overload or disturbances in utilisation of iron.
- A history of hypersensitivity to parenteral iron preparations.
- A history of asthma, eczema, other allergic disorders or anaphylactic reactions.
- Clinical or biochemical evidence of liver damage.
- Acute or chronic infection.
- First trimester pregnancy.
Dosage

The normal recommended dosage schedule is 100mg of iron (one ampoule of Venofer), administered not more than 3 times per week. However, if clinical circumstances require rapid delivery of iron to the body iron stores – the dosage schedule may be increased to 200mg of iron not more than 3 times per week.

Administration:

- Prior to administration of venofer, the woman must be given all relevant information in relation to the drug and verbal informed consent sought from the woman to have the drug administered.
- All women should have iron studies checked before venofer is administered.
- The product should not be given at the same time as other iron preparations. Oral preparations should be stopped for at least 48hrs prior to administrating Venofer.
- Venofer must be prescribed by a member of the obstetric medical staff on the woman’s drug prescription chart.
- Within the NHSCT Women and Children’s Directorate, Venofer must only be administered by an intravenous infusion.
- Venofer is a strongly alkaline solution and must never be administered by subcutaneous or intramuscular route.
- Before administering the first dose of Venofer to a new patient a test dose should be given.
- Facilities for cardio-pulmonary resuscitation must be deliverable, because allergic or anaphylactoid reactions and hypotensive episodes may occur.

Intravenous Drip Infusion

- Venofer must be diluted by the obstetric SHO/midwife only in 0.9% Sodium Chloride solution (normal saline).
- The midwife must record temperature, maternal pulse, blood pressure and fetal heart before the infusion is commenced.
- One 5ml ampoule of Venofer (100mg) should be diluted in 100mls of 0.9% saline.
- The first 25mg of Venofer solution (i.e. 25ml) should be infused as a test dose over a period of 15 minutes (100mls/hr).
- If no adverse reactions occur during the time, then the remaining portion of the infusion should not be given at an infusion rate of more than 50ml in 15 minutes (200mls/hr via an IVAC pump).
• The midwife must record maternal pulse and blood pressure and fetal heart following the test dose and then every 15 minutes until infusion is completed.

Adverse Effects

Very rarely anaphylactic like reactions may occur. Occasionally the following undesirable effects have been reported with a frequency ≥ one percent

• Metallic taste
• Nausea, vomiting
• Headache
• Hypotension
• Less frequently, paresthesia
• Abdominal disorders
• Muscular pain
• Fever
• Urticaria
• Flushing
• Oedema of the extremities
• Anaphylactoid (pseudo allergic) reactions
• Phlebitis and venous spasm where cannula is sited

Management of Adverse Side Effects

Hypotensive episodes may occur if the injection is administered too rapidly.

Patients with low iron binding capacity and/or folic acid deficiency are particularly at risk of an allergic or anaphylactoid reaction.

Mild allergic reactions should be managed by:-

1. Stopping infusion of Venofer.
2. Record temperature, pulse, blood pressure, respirations, O2 saturations and reassure patient.
3. Contact the SHO of the medical team looking after the patient or the SHO on call.
4. Administer Hydrocortisone and Piriton as prescribed by Doctor.
5. Documenting patient’s reaction and action as advised by the medical team in maternity hand held record.
Management of Severe Allergic Reactions:

Intramuscular adrenaline should be administered immediately and after supportive cardio-pulmonary resuscitation procedures initiated.

Post Venofer Infusion:
Once the woman has received her prescribed dosage she must be advised to:

- Contact the maternity unit immediately if she experiences any side effects as a result of receiving the iron infusion.
- Have her haemoglobin checked in two weeks.
- Speak to her obstetrician/GP for advice on when/if to recommence oral iron.

Reference:
Venofer Information Leaflet Supplied by Vifor (Approved by UK 2003)