UK National Screening Committee

Screening for Iron Deficiency Anaemia (IDA) in Pregnancy

Evidence Map

Consultation comments pro-forma

Name:	Dr Jamie Hynes and Dr Adrian Hayter	**Email address:**	Jamie.Hynes@rcgp.org.uk and Adrian.Hayter@rcgp.org.uk
Organisation (if appropriate):	Royal College of General Practitioners		
Role:			
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Section and / or page number	Text or issue to which comments relate	Comment *Please use a new row for each comment and add extra rows as required.*
Search methods and results Page 7	**One reviewer examined all titles and abstracts** against the prespecified eligibility criteria (available in Appendix 1). All references were reviewed at abstract level, and in some cases full texts were reviewed to clarify uncertain pieces of information. A formal quality appraisal of the evidence was not required, given the remit of the evidence map.	We are concerned that the approach described risks introducing bias. In addition, the absence of a formal quality appraisal may result in uncertainties being attributed to the evidence base when, in fact, they may reflect limitations in study design, methodological weaknesses, or unaddressed confounding variables. Greater clarity on how study quality has been assessed and accounted for would strengthen confidence in the conclusions drawn.
Question 2 Page 11	"Of the 8 prioritised studies, one was a Systematic Literature Review (SLR), one was a prospective cohort study, 5 were retrospective cohort studies, and one was a case-control study. Three studies were conducted in Europe; however, **no UK-based studies were identified**."	We have concerns regarding the external validity of the evidence base, particularly in relation to the London population. Maternity pathways, population demographics, baseline diet, levels of socioeconomic deprivation, and the prevalence of haemoglobinopathies and other comorbidities differ significantly across regions. These factors are likely to influence the prevalence and severity of iron deficiency and iron deficiency anaemia, which may be higher in some London populations. The absence of UK-based data therefore limits the applicability of the findings to our setting. We also note that the studies do not appear to specifically address high-risk groups, who may be disproportionately affected and for whom targeted approaches may be most relevant.

		In addition, it is unclear whether the UK National Screening Committee criteria have been fully addressed within the review. Current UK maternity pathways already include haemoglobin testing at the booking appointment, which in effect functions as a screening process for anaemia in pregnancy. In some areas, asymptomatic individuals identified through this process are treated with iron supplementation. While this may mean that a new formal screening programme is not required, there is a clear need for clarification and standardisation of existing pathways. We suggest greater consistency which would help promote equity and reduce inequalities in the identification and management of iron deficiency anaemia in pregnancy.
General		We found the distinction drawn in the review between “screening” and “routine” antenatal testing to be unclear and potentially confusing. In UK practice, routine haemoglobin testing at the booking appointment and later in pregnancy already functions in many respects as a screening process for anaemia. Greater clarity in definitions and terminology would help ensure that conclusions are interpreted appropriately within the context of existing maternity care pathways. We also note that the review does not appear to adequately explore the potential harms associated with screening for iron deficiency anaemia in pregnancy. A balanced assessment would benefit from clearer consideration of possible unintended consequences, including overdiagnosis, unnecessary treatment, side effects of supplementation, resource implications, and the impact on patient experience.
General		As noted above, we recognise that current UK maternity pathways already include routine haemoglobin testing at booking and at 28 weeks. This functions, in practice, as a form of screening, and is widely embedded in antenatal care across general practice and maternity services. The review suggests that evidence for intervention in mild to

		moderate iron deficiency anaemia (IDA) is limited, which may underpin the recommendation not to introduce a formal screening programme. However, severe IDA is generally accepted as requiring treatment, and it is not possible to distinguish between no, mild, moderate, or severe anaemia without undertaking blood testing. This creates a degree of practical tension between the evidence synthesis and current clinical pathways. We note that the evidence is clearly presented and supports the recommendation that a formal screening programme for IDA in pregnancy is not recommended. However, screening for IDA remains common practice and is arguably considered standard antenatal care. This apparent contradiction likely reflects NICE NG201, which recommends offering a full blood count at booking and at 28 weeks. We believe that there would be value in clearer alignment and communication between the National Screening Committee and NICE to support clinicians in understanding the distinction between a population screening programme and routine antenatal testing. In particular, greater emphasis may be needed on the meaning of “offer”, which may not always be fully considered in practice. Clearer guidance on the evidence base, potential harms, and resource implications, including workload impact in primary care, would support more informed discussions with pregnant women and greater consistency in implementation.
General		We note that the review does not appear to consider screening for anaemia in the postnatal period. This is a significant gap, as postpartum anaemia is common and may have important consequences if undiagnosed. Ongoing post-partum anaemia can contribute to fatigue, low mood, impaired functioning, and difficulties with infant care and bonding. In more severe cases, it may delay recovery and increase healthcare utilisation. We recommend that the potential harms of missed postnatal anaemia should be explicitly considered when assessing the overall balance of

		benefits and harms.

Yes **No**

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