This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Ferrous fumarate with folic acid Galfer FA ® Pregaday ®	
Legal status (GSL, P or POM on exemption list, or PGD)	▪ P - midwife may supply
Patient group	Pregnant women requiring iron and folic acid supplementation.
Clinical indication	Prophylaxis against iron deficiency and megaloblastic anaemia indicated during the second and third trimester of pregnancy.
Pharmacology (Onset and duration of action where appropriate)	A daily dose 100mg of elemental iron and 200-500micrograms of folic acid should be sufficient to prevent the development of iron or folic acid deficiency during pregnancy which might result in anaemia as both are essential for red cell production.
Pharmaceutical form, strength, route of administration	Pregaday®: tablet containing ferrous fumarate EP 322 mg and folic acid EP 350 micrograms. Galfer FA®: capsule containing ferrous fumarate BP 305mg and folic acid BP 350 micrograms. For oral administration.
Dose, frequency and maximum number of doses or period of time for administration or supply	One tablet or capsule daily. Maximum duration 6 months during 2nd and 3rd trimester.
Contra-indications/exclusion criteria	▪ known hypersensitivity to any component of the medicine ▪ vitamin B12 deficiency ▪ anaemias other than those due to iron deficiency ▪ women with haemochromatosis, haemosiderosis, haemolytic anaemia, paroxysmal nocturnal haemoglobinuria ▪ women with active peptic ulcer, inflammatory bowel disease including regional enteritis, and ulcerative colitis, intestinal strictures and diverticulae ▪ frequent blood transfusion, concomitant parenteral iron
Cautions and action that will be taken if a caution applies	▪ women with treated or controlled peptic ulceration, folate dependent tumours or who have had a gastrectomy ▪ microcytic anaemia resistant to iron therapy with iron should be screened for vitamin B12 or folate deficiency ▪ the development of anaemia despite prophylaxis - requires further investigation and appropriate therapy ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record

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Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ antacids,calcium and zinc preparations and cholestyramine can reduce absorption of iron ▪ iron reduces absorption of, ciprofloxacin and other quinolones, tetracycline, levothyroxine, mycophenolate, penicillamine and zinc preparations: the antihypertensive effect of methyldopa may be reduced ▪ absorption reduced by certain foods- see information to be given to women ▪ co-trimoxazole, chloramphenicol, sulphasalazine, aminopterin, methotrexate, pyrimethamine or sulphonamides may interfere with folate metabolism ▪ serum levels of anticonvulsant drugs may be reduced by administration of folate ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record ▪ refer to current BNF for latest information on interactions
Potential adverse reactions and side effects including actions to be taken if adverse drug reaction is suspected	▪ *nausea and epigastric pain are dose related* ▪ *black stools and constipation are common, diarrhoea can occur occasionally* ▪ *allergic reactions - rarely* ▪ *on labour* *Nil* ▪ *on the neonate* *Nil* ▪ *on breast feeding* *Nil* ▪ *If a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme. http://yellowcard.mhra.gov.uk/*
Overdose	▪ ingestion of 20 mg/kg elemental iron is potentially toxic and 200-250 mg/kg is potentially fatal ▪ symptoms of abdominal pain, vomiting and diarrhoea occur within 60 minutes of ingestion - cardiovascular collapse and coma may follow ▪ vomit and stools may be coloured grey or black ▪ woman may recover or further deteriorate with diffuse vascular congestion, pulmonary oedema, convulsions, anuria, hypothermia, severe shock, metabolic acidosis, coagulation abnormalities, hypoglycaemia or hyperglycaemia ▪ immediate assessment/treatment is essential - refer to medical staff ▪ manage in accordance with established treatment guidelines or see BNF overdose section ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record

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Additional advice and information	▪ advise women to avoid the following for one to two hours before and after taking this medicine: tea, coffee, milk, eggs and whole grains as they reduce the absorption of iron ▪ medicine which interacts with iron should not be taken within one to two hours of iron ▪ Women taking levothyroxine should separate levothyroxine and iron doses by 4 hours ▪ iron is better absorbed on an empty stomach and should be taken one to two hours before meals, but if gastro-intestinal side effects are intolerable, advise women to take just after food ▪ give women dietary advice to optimise their iron intake ▪ encourage women to drink plenty of fluids and increase the fibre in their diet to prevent the development of constipation ▪ recommend taking with a glass of orange juice to increase absorption ▪ advise to contact midwife/GP if condition worsens or symptoms persist ▪ give the manufacturer's patient information leaflet to the woman
Patient monitoring arrangements during and after treatment and follow-up required	Check full blood count if woman becomes symptomatic.
Particular storage requirements	-

References

1. Summary of Product Characteristics Pregaday® text revision 29.4.2019 and Galfer FA®, 14.9.2018 http://www.medicines.org.uk Accessed 16.12.2019

2. http://www.bnf.org