GUIDELINE

IRON SUPPLEMENTATION

in postpartum women







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CONTENTS

| ACKNOWLEDGEMENTS | v |
|--|------|
| Financial support | v |
| EXECUTIVE SUMMARY | vi |
| Purpose of the guideline | vi |
| Guideline development methodology | vi |
| Available evidence | vii |
| Recommendation | vii |
| Key remarks | vii |
| Research priorities | viii |
| SCOPE AND PURPOSE | 1 |
| BACKGROUND | 1 |
| OBJECTIVES | 2 |
| SUMMARY OF AVAILABLE EVIDENCE | 2 |
| RECOMMENDATION | 5 |
| REMARKS | 5 |
| RESEARCH PRIORITIES | 6 |
| DISSEMINATION, IMPLEMENTATION AND ETHICAL CONSIDERATIONS | 7 |
| Dissemination | 7 |
| Implementation | 7 |
| Regulatory considerations | 8 |
| Ethical considerations | 8 |
| Monitoring and evaluation of guideline implementation | 9 |
| GUIDELINE DEVELOPMENT PROCESS | 10 |
| Advisory groups | 10 |
| Scope of the guideline, evidence appraisal and decision-making | 10 |
| Management of competing interests | 11 |
| Plans for updating the guideline | 12 |
| REFERENCES | 13 |

| ANNEX 1. GRADE SUMMARY OF FINDINGS TABLE | 17 |
|--|----|
| ANNEX 2. SUMMARY OF THE CONSIDERATIONS OF THE MEMBERS OF THE GUIDELINE DEVELOPMENT GROUP FOR DETERMINING THE STRENGTH OF THE RECOMMENDATION FOR IRON SUPPLEMENTATION IN POSTPARTUM WOMEN | 18 |
| ANNEX 3. QUESTIONS IN POPULATION, INTERVENTION, CONTROL, OUTCOMES (PICO) FORMAT | 19 |
| ANNEX 4. WHO STEERING COMMITTEE FOR NUTRITION GUIDELINES DEVELOPMENT | 21 |
| ANNEX 5. WHO GUIDELINE DEVELOPMENT GROUP | 22 |
| ANNEX 6. EXTERNAL RESOURCE EXPERTS | 23 |
| ANNEX 7. WHO SECRETARIAT | 24 |
| ANNEX 8. PEER-REVIEWERS | 26 |

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WHO GUIDELINE¹: IRON SUPPLEMENTATION IN POSTPARTUM WOMEN

EXECUTIVE SUMMARY

Iron deficiency is one of the most common forms of nutritional deficiencies, particularly among vulnerable groups such as women, children and low-income populations. Iron deficiency often precedes anaemia, and anaemia during pregnancy is one of the strongest predictors of anaemia during the postpartum period, beginning just after childbirth throughout the subsequent 6 weeks. The consequences of iron deficiency and anaemia during the postpartum period can be serious and have long-term health implications for the mother and her infant.

This guideline reviews the evidence on the safety and effectiveness of iron supplementation in postpartum women.

Purpose of the guideline

This guideline aims to help Member States and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the <u>Sustainable Development Goals</u> (1), the global targets set in the <u>Comprehensive implementation plan on maternal</u>, infant and young child nutrition (2) and the <u>Global strategy for women's</u>, children's and adolescents' health (2016–2030) (3).

The recommendation in this guideline is intended for a wide audience, including policy-makers, their expert advisers, economists, and technical and programme staff at organizations involved in the design, implementation and scaling-up of programmes for the prevention of anaemia, and in nutrition actions for public health.

The recommendation supersedes the previous WHO recommendation on iron supplementation in postpartum women (4).

Guideline development methodology

WHO developed the present evidence-informed recommendation using the procedures outlined in the <u>WHO handbook for guideline development</u> (5). The steps in this process included: (i) identification of priority questions and outcomes; (ii) retrieval of the evidence; (iii) assessment and synthesis of the evidence; (iv) formulation of recommendations, including research priorities; and planning for (v) dissemination; (vi) implementation, equity and ethical considerations; and (vii) impact evaluation and updating of the guideline. The Grading of Recommendations Assessment, Development and Evaluation (<u>GRADE</u>) methodology was followed (6), to prepare evidence profiles related to preselected topics, based on up-to-date systematic reviews.

The guideline development group consisted of content experts methodologists and representatives of

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