**GUIDANCE DOCUMENT**

**Morbidly Adherent Placenta (MAP)**

**SUPPLEMENTAL GUIDANCE FOR ANEMIC PATIENTS**

- Example of oral therapy to be initiated:
  - Ferrous sulfate - 325mg one to three times per day
  - Ascorbic acid (Vitamin C) - 250-500 mg with every dose of iron
  - Folic acid 400 mcg per day
  - Alternative dosing regimens exist. Consider hematology consultation if erythropoietin stimulating agents or intravenous iron are being initiated.

- Parenteral iron therapy should be considered for patients with severe iron deficiency anemia (Hgb<8g/dl) who cannot tolerate oral therapy and those with malabsorption syndrome.

- Erythropoietin stimulating agents (Epogen) should be considered for patients with severe iron deficiency anemia (Hgb <8g/dl). Recommended dosing as follows:
  - 30,000 to 40,000 units of Epogen given subcutaneously once per week. This dose can be increased to 60,000 units if there is no response (i.e., hemoglobin rise <1 g/dL) at four weeks.
  - Adequate iron stores should be maintained when administering these agents. Supplement to maintain a transferrin saturation >20% and a serum ferritin >100 ng/mL.

**Note:** Alternative dosing regimens exist. Consider hematology consultation if erythropoietin stimulating agents or intravenous iron are being initiated.

**Epogen Regimens:**


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Safe Motherhood Initiative