



WOMEN'S HEALTH GUIDE

# Why Your Iron Looks Normal But You Still Feel Exhausted

*The ferritin trap: when low iron stores drain your energy, mood, and hair without showing up on a standard blood test*

# Tests to Request

Hand this page to your provider or take a photo of it. Ask for these tests by name.

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## Ferritin

Measures your iron stores directly; low levels can cause fatigue, hair loss, and mood changes even when hemoglobin is normal.

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## Complete blood count (CBC) with differential

Checks hemoglobin, red blood cell size, and other markers to screen for anemia and other blood disorders.

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## Iron panel

Includes serum iron, TIBC, and transferrin saturation to give a fuller picture of iron transport and availability.

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## Vitamin B12 level

Low B12 can cause fatigue, brain fog, and nerve symptoms that overlap with iron deficiency.

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## Vitamin D level

Low vitamin D is common and can contribute to fatigue and mood issues independently.

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## Thyroid stimulating hormone (TSH)

Underactive thyroid can cause fatigue, weight gain, and hair loss that mimic iron deficiency.

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## Celiac disease antibody panel

Celiac disease is a treatable cause of poor iron absorption and is underdiagnosed in women.

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## Referral to a gynecologist

To evaluate heavy menstrual bleeding as a source of chronic iron loss.

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## Referral to a gastroenterologist

To assess for absorption issues if oral iron is not raising ferritin despite good compliance.

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## Stool occult blood test

Screens for hidden blood loss in the digestive tract, which can deplete iron over time.

*You can ask for any of these by name. If a provider declines, you can ask for the reason to be noted, or request a referral to someone who will look further.*

*You have done everything right. You sleep enough, eat well, and still wake up tired. Your blood tests came back normal. But the exhaustion, the brain fog, the hair in the brush, the restless legs at night all tell a different story. This guide will show you why standard iron tests miss the real problem, what to ask for by name, and how to get the care you deserve.*

## 01 PART 01

# What Iron Deficiency Without Anemia Actually Is

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Iron deficiency without anemia is exactly what it sounds like: your body does not have enough iron to function well, but your hemoglobin, the part of your blood that carries oxygen, is still in the normal range. Many women live in this in-between state for years without anyone naming it. The standard blood test, a complete blood count, only checks hemoglobin. If that number looks fine, a doctor may tell you that your iron is normal. But hemoglobin is only one piece of the story.

Ferritin is the protein that stores iron in your body. Think of it as your iron savings account. When your body needs iron, it pulls from ferritin first. If your ferritin is low, you have very little in reserve. Your body can still make enough red blood cells for a while, but it is running on empty. Every system that depends on iron, your energy production, your hair follicles, your brain chemistry, your immune function, starts to struggle.

This condition is especially common in women. Menstruation, pregnancy, and childbirth all drain iron stores. Heavy periods, which many women consider normal, can deplete ferritin month after month. A diet that does not include enough iron-rich foods can make it worse. And because the symptoms are vague and build slowly, many women do not connect the dots until a provider looks at the right test.

The good news is that iron deficiency without anemia is treatable and often reversible. But it requires knowing what to ask for. A standard blood panel will not catch it. You need to request a ferritin test specifically. And you need a provider who understands that low ferritin matters even when hemoglobin is normal.

#### KEY TAKEAWAYS

- ✓ A normal hemoglobin does not mean you have enough iron stores.
- ✓ Ferritin is the storage form of iron and the key test for iron deficiency without anemia.
- ✓ Menstruation and pregnancy are the most common reasons women deplete ferritin.
- ✓ Iron deficiency without anemia is common, underdiagnosed, and treatable.



#### Ask for the right test

If your provider orders only a complete blood count, ask them to add a ferritin test. That single number can change everything.

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## 02 PART 02

# Why Your Body Needs Iron for More Than Blood



Iron is not just for making red blood cells. It is a fundamental building block for every cell in your body. Your mitochondria, the tiny power plants inside your cells, need iron to produce energy. Without enough iron, your cells cannot make ATP, the fuel your body runs on. This is why the first symptom of low iron is often fatigue that rest does not fix.

Iron is also essential for your brain. It helps produce neurotransmitters like dopamine and serotonin, which regulate mood, motivation, and sleep. Low iron can disrupt this process, leading to anxiety, depression, and brain fog that feels like you are thinking through molasses. Many women are treated for mood disorders when the real problem is a lack of iron.

Your hair and skin depend on iron too. Hair follicles are some of the most rapidly dividing cells in your body, and they need iron to grow. When ferritin drops, hair growth slows, and shedding increases. Many women notice more hair in the shower or on their brush months before they feel truly unwell. Nails can become brittle or develop ridges. Skin can look pale or sallow.

Iron even affects your sleep. Restless leg syndrome, the urge to move your legs at night, is strongly linked to low iron stores. The mechanism is not fully understood, but iron is needed for dopamine signaling in the brain, and dopamine disruption can trigger that crawling, uncomfortable sensation. If your legs keep you awake at night, low ferritin could be the hidden cause.

#### KEY TAKEAWAYS

- ✓ Iron is required for cellular energy production, not just red blood cells.
- ✓ Low iron can disrupt mood, motivation, and sleep through its role in neurotransmitter production.
- ✓ Hair loss and restless legs are two of the most common but overlooked signs of low ferritin.
- ✓ Symptoms often appear before anemia develops.



#### Track your symptoms

Keep a daily log of your energy, mood, hair loss, and any leg discomfort at night. Show it to your provider. Patterns are powerful evidence.

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## The Full Symptom Picture: What You Might Be Ignoring

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The symptoms of iron deficiency without anemia can be subtle and easy to dismiss. Fatigue is the most common, but it is not the tiredness you feel after a bad night of sleep. It is a deep, bone-level exhaustion that makes it hard to get through the day. You might wake up already tired, need caffeine just to function, and feel wiped out by mid-afternoon. Rest does not fully restore you.

Brain fog is another hallmark. You might struggle to find words, forget why you walked into a room, or feel like your thinking is slow and fuzzy. Many women describe it as a mental heaviness that makes it hard to concentrate or make decisions. This can be mistaken for ADHD, anxiety, or just getting older, but low iron is a very treatable cause.

Mood changes are common and often overlooked. Low iron can trigger anxiety, irritability, and low mood. You might feel more reactive, more tearful, or less able to handle stress. Some women experience panic attacks for the first time. Because these symptoms come on gradually, many women do not connect them to their iron stores until the ferritin number comes back low.

Physical symptoms include shortness of breath with mild exertion, heart palpitations, cold hands and feet, and a pale complexion. Some women develop pica, an unusual craving for ice, dirt, or clay. Craving ice is especially common with iron deficiency. If you find yourself chewing ice all day, it is worth checking your ferritin. Headaches, dizziness, and ringing in the ears can also appear.

#### KEY TAKEAWAYS

- ✓ Fatigue from low iron is deep and not relieved by rest or sleep.
- ✓ Brain fog, anxiety, and irritability can all be signs of low ferritin.
- ✓ Craving ice is a specific and well-documented symptom of iron deficiency.
- ✓ Shortness of breath and heart palpitations can occur even without anemia.



### One question to ask yourself

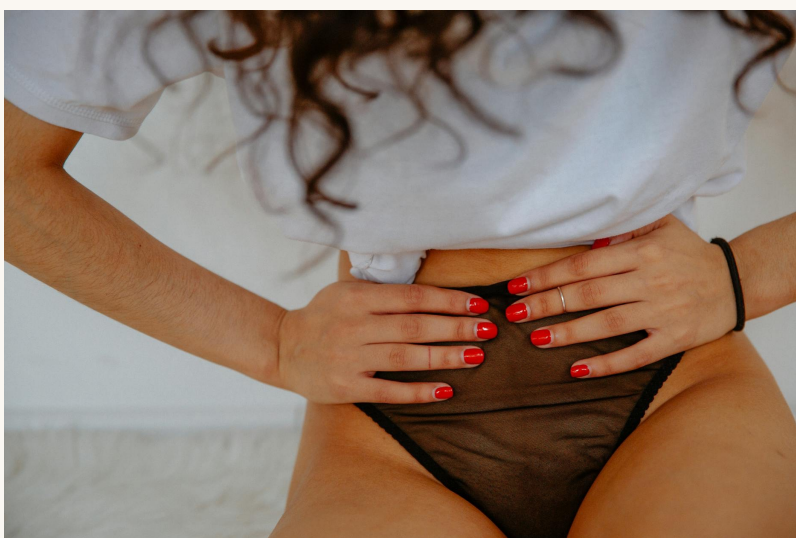
Do you crave ice, chew ice, or add ice to every drink? That single habit is a strong clue that your iron stores may be low.

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## What Causes Ferritin to Drop in Women



The most common cause of low ferritin in women is blood loss through menstruation. A typical period loses about 30 to 40 milliliters of blood, which contains roughly 12 to 15 milligrams of iron. If your periods are heavy, you can lose two to three times that amount every month. Over a year, that adds up to a significant iron deficit that the body cannot replenish through diet alone.

Heavy menstrual bleeding, also called menorrhagia, is defined as soaking through a pad or tampon every hour for several hours, passing clots larger than a quarter, or bleeding for more than seven days. Many women do not realize their periods are heavy because they have never been told what normal looks like. If you have to change protection overnight or double up on pads, your iron stores are likely taking a hit.

Pregnancy and childbirth are another major drain. During pregnancy, your body increases blood volume by about 50 percent, and the growing baby draws iron from you. Breastfeeding also uses iron. If you enter pregnancy with low ferritin, you may become severely depleted by the time your baby is born. Postpartum hemorrhage can make it worse. Many women emerge from the postpartum period with ferritin levels far below where they started.

Other causes include gastrointestinal bleeding from ulcers, polyps, or hemorrhoids, though this is less common in women of reproductive age. Celiac disease and other digestive conditions can impair iron

absorption even when you eat plenty of iron-rich foods. Inflammatory conditions like endometriosis can also contribute. And some women simply do not absorb iron well, a problem that can be genetic or related to gut health.

#### KEY TAKEAWAYS

- ✓ Heavy menstrual bleeding is the most common cause of low ferritin in women.
- ✓ Pregnancy and breastfeeding can severely deplete iron stores.
- ✓ Normal periods should not require changing protection every hour or passing large clots.
- ✓ Gut conditions like celiac disease can prevent iron absorption.



#### Know your period

Track the number of pads or tampons you use each day, and note whether you pass clots. Bring this log to your gynecologist and ask directly: Could my period be causing iron deficiency?

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## 05 PART 05

# How to Tell It Apart From Other Conditions



Iron deficiency without anemia can look like many other conditions, which is why it is so often missed. The fatigue, brain fog, and mood changes overlap with thyroid disorders, especially hypothyroidism. An underactive thyroid also slows metabolism and energy production. If your provider checks only thyroid-stimulating hormone and not ferritin, they may treat the wrong problem. In fact, low ferritin can affect



thyroid function, creating a confusing clinical picture.

Chronic fatigue syndrome and fibromyalgia share the same deep exhaustion and cognitive fog. Many women with these diagnoses have never had their ferritin checked. While these conditions are real and complex, low iron can make them worse or mimic them entirely. Treating the iron deficiency may not cure everything, but it can significantly improve symptoms.

Anxiety and depression are common misdiagnoses. The irritability, low mood, and panic that come with low ferritin can be mistaken for a primary mood disorder. Women are often prescribed antidepressants or anti-anxiety medications without anyone investigating whether their iron stores are low. If your mood symptoms started around the same time as your fatigue or hair loss, iron deficiency should be high on the list.

Restless leg syndrome is another condition that can point directly to low ferritin. While it can have other causes, iron deficiency is one of the most treatable. If your legs bother you at night and you have any of the other symptoms, a ferritin test is a smart first step. The same goes for hair loss, which is also linked to thyroid disorders, stress, and hormonal shifts, but low iron is a common and overlooked cause.

#### KEY TAKEAWAYS

- ✓ Low ferritin can mimic thyroid disorders, chronic fatigue, and mood conditions.
- ✓ If you have been diagnosed with anxiety or depression, ask whether ferritin was checked.
- ✓ Restless leg syndrome and hair loss are both strongly linked to iron stores.
- ✓ Treating low ferritin can improve symptoms that were blamed on other conditions.



#### A smart screening question

Before accepting a diagnosis of chronic fatigue, anxiety, or thyroid disease, ask your provider: Has my ferritin been tested? If not, request it.

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PART 06

## Every Treatment and Management Option, One by One

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The first step in treating iron deficiency without anemia is to raise your ferritin levels. This is almost always done with oral iron supplements. The most common and well-absorbed form is ferrous sulfate, typically at a dose of 65 milligrams of elemental iron per day. Some women do better with ferrous gluconate or ferrous fumarate, which can be gentler on the stomach. The key is to take iron consistently and correctly.

Iron absorption is finicky. Your body absorbs iron best on an empty stomach, ideally one hour before or two hours after a meal. Taking it with vitamin C, such as a glass of orange juice or a vitamin C supplement, can increase absorption significantly. Calcium, tannins in tea and coffee, and phytates in whole grains all block absorption, so avoid those within an hour of your dose.

Some women cannot tolerate oral iron. It can cause constipation, nausea, stomach pain, or dark stools. If that happens, you have options. A lower dose taken twice a day can be easier on the gut. Slow-release formulations may help. Liquid iron supplements can be gentler. And for women who truly cannot absorb or tolerate oral iron, intravenous iron infusions are available. These deliver iron directly into the bloodstream and can raise ferritin quickly.

Dietary changes support supplementation but rarely replace it. Heme iron from animal sources like red meat, liver, and poultry is more easily absorbed than non-heme iron from plants. If you eat plant-based, pair iron-rich foods like lentils, spinach, and fortified cereals with vitamin C to boost absorption. Cooking in a cast iron pan can add small amounts of iron to your food. But for most women with low ferritin, diet alone is not enough to correct the deficit.

#### KEY TAKEAWAYS

- ✓ Oral iron supplements are the standard treatment, with ferrous sulfate being the most common form.
- ✓ Take iron on an empty stomach with vitamin C for best absorption.
- ✓ Avoid calcium, tea, and coffee within an hour of your iron dose.
- ✓ IV iron is an option if oral iron causes side effects or does not raise levels.



### Ask your provider about timing

If you take thyroid medication, calcium supplements, or antacids, ask whether you should space them away from your iron dose by at least four hours.

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## What You Can Do Day to Day to Support Your Iron Levels



While supplements are the main treatment, daily habits can make a real difference in how well your body absorbs and uses iron. Start with timing. Take your iron supplement at the same time each day, ideally first thing in the morning or right before bed, as long as your stomach is empty. Set a phone reminder so it becomes automatic. Consistency matters more than the exact dose.

Pay attention to what you eat and drink around your iron. Avoid tea, coffee, and milk for at least one hour before and after your dose. If you take a calcium supplement, take it at a different time of day. If you eat a meal high in whole grains or legumes, wait a couple of hours before taking your iron. Small adjustments to timing can double how much iron your body actually absorbs.

Include iron-friendly foods in your meals even if you are supplementing. Red meat, liver, and poultry provide heme iron that is easy to absorb. For plant sources, think lentils, chickpeas, spinach, pumpkin seeds, and fortified cereals. Pair them with vitamin C, squeeze lemon on your spinach, add bell peppers to your lentil soup, or have a small glass of orange juice with your meal. This pairing can boost non-heme iron absorption by up to six times.

Reduce things that block absorption. Tannins in tea and coffee are strong inhibitors, so move them to a

different time of day. Calcium is another major blocker, so space out dairy and supplements. Antacids and acid-reducing medications can lower stomach acid, which your body needs to absorb iron. If you take these regularly, talk to your provider about whether your iron levels might be affected.

#### KEY TAKEAWAYS

- ✓ Take iron at the same time daily on an empty stomach.
- ✓ Pair iron-rich foods with vitamin C to boost absorption.
- ✓ Avoid tea, coffee, and calcium near your iron dose.
- ✓ Cook with a cast iron pan to add small amounts of iron to your food.



#### A simple swap

Switch your morning coffee to a time at least one hour after your iron dose. That one change can significantly improve how much iron you absorb.

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## How Iron Deficiency Changes Across Life Stages



Iron needs change dramatically across a woman's life. During adolescence, the onset of menstruation creates a new demand for iron that many young women cannot meet through diet alone. Teenagers who are still growing, have heavy periods, or play sports are especially vulnerable. Low ferritin in adolescence can affect cognitive function, mood, and athletic performance, but it is rarely checked.

In the reproductive years, the biggest risk factor is heavy menstrual bleeding. Women with fibroids, endometriosis, or adenomyosis often lose more blood each month than their bodies can replace. Pregnancy adds another layer. The recommended intake during pregnancy is about 27 milligrams of iron per day, nearly double the non-pregnant requirement. Many women enter pregnancy already low and become severely depleted by the third trimester.

Postpartum is a critical window. The blood loss of childbirth, combined with the demands of breastfeeding, can leave ferritin at rock bottom. Postpartum depression, fatigue, and brain fog are common, and low iron is a treatable contributor. Every woman should have her ferritin checked at her postpartum visit. Unfortunately, many do not, and the symptoms are written off as normal new-parent exhaustion.

Perimenopause and menopause bring their own iron shifts. As periods become irregular, some women experience heavier bleeding, which can worsen iron deficiency. After menopause, blood loss stops, but iron stores can remain low if they were never replenished. On the flip side, some women develop iron overload after menopause, especially if they have a genetic condition called hemochromatosis. That is why checking ferritin at least once after menopause is wise.

#### KEY TAKEAWAYS

- ✓ Iron needs increase during adolescence, pregnancy, and postpartum.
- ✓ Heavy periods from fibroids or endometriosis are a major risk factor for low ferritin.
- ✓ Postpartum ferritin checks should be standard but are often overlooked.
- ✓ After menopause, iron deficiency becomes less common, but iron overload becomes possible.



#### A postpartum question

At your six-week postpartum checkup, ask: Can you test my ferritin? Many new mothers are iron deficient and do not know it.

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Most iron deficiency without anemia is not an emergency, but some symptoms warrant immediate medical attention. If you experience chest pain, shortness of breath that comes on suddenly or worsens quickly, or a racing heart that does not settle, go to an urgent care center or emergency room. These can be signs of significant anemia or other serious conditions, and they need to be evaluated right away.

Severe fatigue that prevents you from getting out of bed or doing basic daily tasks is another red flag. While low ferritin can cause profound tiredness, if you are unable to function at all, you may need more urgent treatment, such as IV iron or a blood transfusion. Do not wait for a regular appointment if you cannot manage your daily life.

If you are pregnant and experience severe fatigue, dizziness, or shortness of breath, call your obstetrician or midwife immediately. Iron deficiency during pregnancy can affect both you and your baby. Low ferritin increases the risk of preterm birth, low birth weight, and postpartum hemorrhage. Pregnant women should have their ferritin checked early and often.

Any sign of gastrointestinal bleeding, such as black or tarry stools, blood in your stool, or vomiting blood, requires urgent evaluation. This is not common in women with low ferritin from periods, but it can happen. If you have these symptoms, do not assume they are related to iron supplements, which can turn stools dark, but not black and tarry. Call your provider or go to the emergency room.

#### KEY TAKEAWAYS

- ✓ Chest pain, sudden shortness of breath, or a racing heart need immediate evaluation.
- ✓ If fatigue prevents you from functioning, seek urgent care.
- ✓ Pregnant women with severe symptoms should contact their provider right away.
- ✓ Black or tarry stools are a sign of gastrointestinal bleeding and require urgent care.



### When to go to the ER

If you have chest pain, trouble breathing, or a racing heart, do not wait for a regular appointment. Go to the emergency room.

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## How to Advocate for Yourself and Not Be Dismissed



Many women with iron deficiency without anemia are told that their symptoms are all in their head, or that they just need more sleep and less stress. This dismissal is frustrating and harmful. The key to being taken seriously is to come prepared with specific language and evidence. Start by saying: I have been tracking my symptoms for several weeks, and I would like to discuss a ferritin test. This signals that you are informed and serious.

If your provider says your hemoglobin is normal, you can respond: I understand that my hemoglobin is normal, but I am asking about my ferritin, which is the storage form of iron. Low ferritin can cause symptoms even when hemoglobin is fine. I would like to have it tested. This is a calm, factual statement that reframes the conversation. If the provider still resists, you can ask them to document in your chart that you requested the test and they declined.

Bring a symptom log with you. Write down your fatigue level each day, how many hours you sleep, how often you feel short of breath, how much hair you lose, and how your mood fluctuates. Concrete data is hard to dismiss. If you have restless legs at night, note how often it wakes you. If you crave ice, say so. These specifics give your provider something to work with.

If you are still dismissed, consider a second opinion. Not all providers are well-informed about iron

deficiency without anemia. A different doctor, a hematologist, or a functional medicine practitioner may take your concerns more seriously. You can also ask for a referral to a hematologist, who specializes in blood disorders and is more likely to understand the significance of low ferritin. You deserve care that listens and acts.

#### KEY TAKEAWAYS

- ✓ Come prepared with specific language: I want my ferritin tested, not just my hemoglobin.
- ✓ If a provider declines, ask them to document your request in your chart.
- ✓ A symptom log with concrete data is powerful evidence.
- ✓ Seek a second opinion if you are dismissed. A hematologist may be more informed.



#### Your script for the office

I have been experiencing fatigue, brain fog, and hair loss for months. My hemoglobin is normal, but I would like my ferritin tested because I understand low ferritin can cause these symptoms.

# Your Symptom Tracker

Track these daily signals to see how your iron status shifts with your cycle, diet, and lifestyle.

## How to read your tracker

- Note whether fatigue, anxiety, or hair shedding worsen in the few days before your period starts, when blood loss is highest.
- Watch for a pattern where restless legs or poor sleep cluster on days you ate little iron or had a heavy flow.
- Check if your energy and mood improve two to three days after a high-iron meal, which points to a genuine deficiency.

Week of: \_\_\_\_\_

TRACK EACH DAY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Energy level (1 to 10 at midday)							
Restless legs or urge to move legs (yes or no)							
Hair shedding (more than usual, same, less)							
Menstrual flow (light, moderate, heavy, very heavy)							
Iron-rich foods eaten today (number of servings)							
Mood (calm, anxious, low, even)							
Notes							

*Three days is not enough on its own. Print one of these for each week and track at least two full cycles before your appointment. One cycle can be a fluke. Two is a pattern.*

# Take This to Your Provider

Bring these questions to your next visit to get a thorough workup.



## Before you book: screen the provider

Call the office and ask: Before booking, call and ask: 'Do you routinely check ferritin levels, not just hemoglobin, for women with fatigue, hair loss, or heavy periods?' If the answer is not a clear yes, find someone else before you wait months for an appointment.

### MY MAIN SYMPTOMS

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### WHEN IT STARTED AND THE PATTERN

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### WHAT I HAVE ALREADY TRIED

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### QUESTIONS TO ASK

- Can you order a ferritin test and share the exact number with me?
- If my ferritin is low, what dose of iron and what form do you recommend?
- Should I also have my iron panel, TIBC, and B12 checked?
- Could my heavy periods or digestive issues be contributing to low iron?
- How often should I retest ferritin to see if supplementation is working?
- Is there a reason to consider a referral to a hematologist or gastroenterologist?

### WHAT WE DECIDED AND NEXT STEPS

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# What to Say in the Room

Say these lines almost word for word to help your provider take your symptoms seriously.

*I have been feeling exhausted, anxious, and losing more hair than usual for months. My hemoglobin was normal, but I have read that ferritin can be low even when the blood count looks fine.*

*Can you please order a ferritin test for me? I want to know my exact number.*

*I have tracked my symptoms for two cycles and my fatigue and mood always get worse right before my period.*

*I am worried that heavy periods might be draining my iron stores. Can we look into that?*

*If my ferritin is low, what is the best plan for me? I want to understand how to take iron and what dose is right.*

*I would appreciate a follow-up to check my ferritin after a few months of supplementation.*

## If they push back

IF THEY SAY	YOU CAN SAY
<b>Your hemoglobin is normal, so you are not anemic. You do not need iron.</b>	I understand my hemoglobin is normal. But I am asking about my ferritin, which measures iron stores. Low ferritin can cause symptoms like fatigue and hair loss even without anemia. Can we test that specifically?
<b>Low ferritin is not a big deal. Just eat more red meat.</b>	I appreciate that advice. But I would like to know my exact ferritin level and whether I need a supplement to bring it up. Can we test it and discuss a plan?
<b>Your symptoms are probably just stress or anxiety.</b>	I have considered that. But my fatigue and hair loss came on gradually, and I have read that low iron stores can mimic anxiety. I would like to rule out iron deficiency first.
<b>Iron supplements are hard on the stomach. Try eating more spinach.</b>	I am willing to try iron under your guidance. Can we start with a gentle form and a low dose, and then retest my ferritin in three months to see if it helps?
<b>Your labs are all normal. There is nothing more I can do.</b>	Can you please check my ferritin level? It is not on the standard panel. If it is low, we have a clear path forward. If it is normal, I will accept that and we can explore other causes.
<b>You are too young to have iron problems.</b>	Many women in their 30s and 40s have low ferritin from heavy periods. Can we test it to be sure?

# Plain-Language Glossary

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**Ferritin**

A protein in your blood that stores iron; a low ferritin level means your body's iron reserves are depleted.

**Hemoglobin**

A protein in red blood cells that carries oxygen; low hemoglobin defines anemia.

**Iron deficiency without anemia**

A condition in which your iron stores are low (low ferritin) but your hemoglobin is still normal, so standard blood counts miss it.

**Iron deficiency anemia**

A more advanced stage of iron depletion in which hemoglobin also drops, causing the classic signs of anemia.

**TIBC**

Total iron binding capacity, a test that measures how well your blood can transport iron; it rises when stores are low.

**Restless legs syndrome**

An uncomfortable urge to move your legs, especially at rest or at night, often linked to low iron in the brain.

**Heme iron**

Iron from animal sources like red meat, poultry, and fish; it is more easily absorbed by the body.

**Non-heme iron**

Iron from plant sources like spinach, beans, and fortified grains; absorption is improved by pairing with vitamin C.

**Oral iron supplementation**

Taking iron by mouth in pill or liquid form to raise ferritin and hemoglobin levels.

**Intravenous iron**

Iron given through a vein when oral supplements are not tolerated, not absorbed, or not enough to correct a severe deficiency.

**Celiac disease**

An autoimmune condition triggered by gluten that damages the gut lining and can prevent iron absorption.

**Menorrhagia**

Medical term for very heavy or prolonged menstrual bleeding, a common cause of iron loss in women.

# What You Can Do at Home

These practices support your body while you work with a provider on the underlying cause. They are comfort and self-care, never a replacement for medical treatment.

- **Pair iron-rich foods with vitamin C**

Add a squeeze of lemon, a side of bell peppers, or a handful of strawberries to meals with lentils, spinach, or fortified grains. Vitamin C can boost non heme iron absorption.

- **Space iron from calcium and tea**

Avoid drinking tea, coffee, or milk within one hour before or two hours after an iron-rich meal or supplement. Calcium and tannins can block absorption.

- **Eat heme iron from animal sources**

If you eat meat, include small servings of beef, chicken liver, or sardines a few times a week. Heme iron is absorbed much more efficiently than plant iron.

- **Cook in a cast iron pan**

Cooking acidic foods like tomato sauce in a cast iron skillet can add a small amount of iron to your meal. This is a gentle, safe way to supplement intake.

- **Rest when your body asks for it**

Low iron can leave you drained. Honor that by taking short rest breaks, going to bed earlier, and saying no to nonessential commitments while you rebuild your stores.

- **Use a heating pad for restless legs**

If restless legs keep you awake, a warm heating pad on your calves before bed can ease the urge to move and help you fall asleep.

*These are comfort and self-care measures, not treatments or cures, and they are not a substitute for care from a qualified provider.*

# Things That Can Help

These generic categories can support your comfort and daily wellbeing as you address iron levels. No product replaces medical care.

- **Heating pad**

[Shop on Amazon >](#)

Warmth can soothe restless legs and help you relax before sleep.

- **Iron supplement with gentle formulation**

[Shop on Amazon >](#)

A slow release or chelated form can be easier on the stomach while still raising ferritin.

- **Cast iron skillet**

[Shop on Amazon >](#)

Cooking with it adds a small amount of dietary iron to your meals.

- **Vitamin C supplement**

[Shop on Amazon >](#)

Taking a small vitamin C tablet with a non heme iron meal or supplement can improve absorption.

- **Liquid iron**

[Shop on Amazon >](#)

Some women tolerate liquid iron better than pills, and it can be taken in smaller, easier doses.

- **Restless legs support cream**

[Shop on Amazon >](#)

A topical magnesium cream massaged into the legs may help calm the urge to move at night for some women.

*As an Amazon Associate, WOMO earns from qualifying purchases. We only suggest products we believe are genuinely useful, and a link may earn us a small commission at no extra cost to you.*

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JOIN THE MOVEMENT

# You Deserve to Feel Energized Again

Low ferritin is a treatable condition, but it is too often missed because the standard tests do not look for it. You now know what to ask for, how to prepare for your appointment, and what to do at home to support your iron levels. This knowledge is power. Follow the WOMO movement for more guides like this one, and join the waitlist for the WOMO app, launching soon, to track your symptoms and advocate for your health with confidence. Save this guide and share it with a woman who needs it.

**Save this guide, share it with a friend, and join the WOMO waitlist at [womohealth.com](https://womohealth.com)**

*We're listening now.*

WOMO HEALTH

This guide is for educational purposes only and does not replace medical advice from a trusted provider. Always consult your doctor before starting supplements or making changes to your health routine.