

Treatment Plan

For: Jaslyn Mellor

Date: 16/05/24

Current issues/symptoms:

18 months postpartum, currently breastfeeding (no supplemental support)
Experiencing low energy, anxiety, easily overwhelmed, sugar cravings, stress, 'moody'
Symptoms onset after 1st baby (2020) compounded after 2nd baby (2022) ~6 weeks postpartum
Chronic sleep disturbance (co-sleep/breastfeeding)
Bruising easily, dry hair/skin
Ongoing demand on maternal nutrition (2 close pregnancies and extended breastfeeding with very little/minimal nutritional support, nutrient absorption challenges)
Experiencing 'more sickness than usual' over past 12-18mths
Energy 2/10, Sleep 3/10, Mood 4/10, Stress 4/10, Libido 3/10

Past gastric sleeve surgery (2017)
History/current diagnosis of iron deficiency/anaemia and vitamin B12 deficiency during pregnancy/s
History of postpartum haemorrhages with both births
Maternal family history of hypothyroidism

Summary of key issues identified or suspected: (at this stage)

- Ongoing nutrient *quantity, digestion and absorption* difficulties due to gastric sleeve surgery > contributing to numerous symptoms (this will need lifelong management/support)
- Some degree of postpartum depletion on top of this: nutritional and metabolic
- Query current thyroid function (family history, plus ongoing iron deficiency anaemia can really thyroid gland function)
- Established **iron deficiency anaemia** [IDA] on March 2024 blood tests) > causing many current symptoms
- **Low Haemoglobin** - 113 (oxygen carrying component of red blood cells (made from iron), optimal is ~135, so you're not getting enough oxygen to your cells; causes extreme fatigue, muscle pain, weakness, shortness of breath, headaches, brain fog, mental health changes)
- **Low MVC** - 83 (reflects size of red blood cells, optimal 88-95, reflective of low iron and/or B12, copper, vitamin A)
- **Low Ferritin** - 9 (your iron stores, related to zinc and protein intake not just iron, optimal is 80+)
- **High Transferrin** - 3.6 (reflects how 'hungry' the body is for iron, the iron-binding protein, optimal 2-2.5%)
- **Low Transferrin Saturation** - 10% (tells us about the transport of iron around the body/how much is going to the tissues, optimal is 25-30%, reflective of IDA and also reflects issues with iron metabolism co-factors eg. copper, vitamin A)

- **Low Vitamin B12** - 231 (optimal 600+) needed to make healthy red blood cells, DNA synthesis, nerve function and metabolism of protein and fats, symptoms include fatigue, depression, poor concentration/memory, shortness of breath
- **Low Folate** - 27 (optimal 35-40) works with B12 to make red blood cells, tissue & cellular repair.
- **Low Vitamin D** - 62 (optimal 120-150) essential for immune system, optimal thyroid function, bone strength (helps the body absorb and use calcium/also works with magnesium)
- **Suboptimal cholesterol** - 4.5 (optimal 4.6+) built off nutrients, essential for hormone production

Initial steps

1. IRON INFUSION for IDA

A haemoglobin of <110 and a ferritin of <15/13 is a true IDA and when you'd benefit from an infusion. Discuss your potential dose options with GP, 500mg x 2 (at intervals) instead of 1 x 1000mg?

Once we have all your blood test results back and begin your Treatment Plan specifics, we can incorporate the *iron metabolism co-factors* to support your body to utilise the iron infusion more efficiently.

2. BLOOD TESTS

Assessing your current nutritional and metabolic markers gives us more in depth information about what is likely to be driving your symptoms. Once we have these, we can streamline your treatment plan specifically for you.

Blood Tests*:

- **Iron studies (a recent result/prior to iron infusion)**
- **Vitamin B12 + Folate**
- **Vitamin D**
- **Full thyroid panel: TSH, T4, T3, Reverse T3, Thyroid antibodies (TPO-Ab, TG-Ab)**
- **Red cell magnesium**
- **Red cell zinc**
- **C-Reactive Protein**

As mentioned, the GP may be reluctant to request all of these (particularly the full thyroid panel) but what they don't request, I can. This will be an out of pocket expense, ie. not covered by Medicare.

They'll likely order other basics like Full Blood Count, Liver & Kidney Function, Lipid Studies (hopefully) etc which are all useful too.

***Keywords to mention to GP to help get these tests requested:**

"I'm extremely fatigued - March blood tests showed IDA.

Still breastfeeding - concerned about the extra demand on my body.

Close pregnancies, extended breastfeeding and still breastfeeding now - want to check nutritional levels as feel so depleted.

I don't get a lot of sun (due to work/sensitive skin) and I've had low vitamin D in past.

My mother has an underactive thyroid and I know IDA can be related to and worsen thyroid function - want to check if this is contributing to symptoms.

Once you have the pathology request form - please do not have the blood test.

Instead, upload your request form to your My Appointments account for me, so I can cross check and request those tests that have been left off. I'll email this pathology request form to you, along with instructions and my Blood Test Rules.