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Uniferon Best Practice Recommendation

Risk of iron deficiency anaemia

Swine production management is becoming increasingly sophisticated as it addresses and improves the multitude of factors influencing health and growth of the baby pigs; however, current management practices sometimes seems to overlook the potential for increased productivity achievable by a more efficient approach to parenteral iron administration.

Why is anaemia a serious risk even today?
In recent years improvements in porcine genetics and productivity have increased the risk of iron deficiency anaemia, whereby an industry standard 200 mg iron supplement may be insufficient for optimum health and growth.

- Increased litter size equates to lower iron stores at birth
- Increased spread in birth weights, and growth weights thereafter have been widely observed
- Accelerated growth rates for piglets that are born with above-average birth weights mean increased risk of depletion of available iron stores
- Low levels of iron in the sow's milk (1 mg) are diminished to even lower levels with the increased litter sizes

How to minimize the risk
Over the years many attempts have been made to solve iron deficiency. This includes rearing the piglets in direct sunlight; administration of supplemental oral iron, such as ferrous sulphate solutions sprayed directly on the sow's udder; and iron-impregnated peat moss, but none of these approaches have led to measurable success. Consequently, experience shows injection of iron to be the fastest way to replenish iron stores in piglets. This is supported by scientific evidence, which also indicates that the parenteral administration of iron is the most efficient and effective solution.

2nd injection
The most straight forward approach would be to administer an additional parenteral iron supplement prior to weaning. It's widely common that piglets are routinely weaned within a timeframe of 21 to 28 days of age. Therefore, in this particular situation it is recommended that an additional parental iron supplement of up to 200 mg iron is administered at 10 to 14 days of age.

Dose-response clinical trials clearly demonstrate that there is no gain to be had from increasing the initial dosage beyond the 200 mg iron, and we note that administration of more than 200 mg iron in the initial dosage could potentially manifest symptoms of toxicity. Therefore, it is obvious that additional supplementation with parenteral iron must be administered in a second dose prior to weaning.

Sincerely
The Uniferon Team

F.A.C.T

For more information on F.A.C.T
please contact Pharmacosmos
T: +45 5948 5959
E: uniferon@pharmacosmos.com