

ASH 2026 Guidelines on Diagnosis of Iron Deficiency

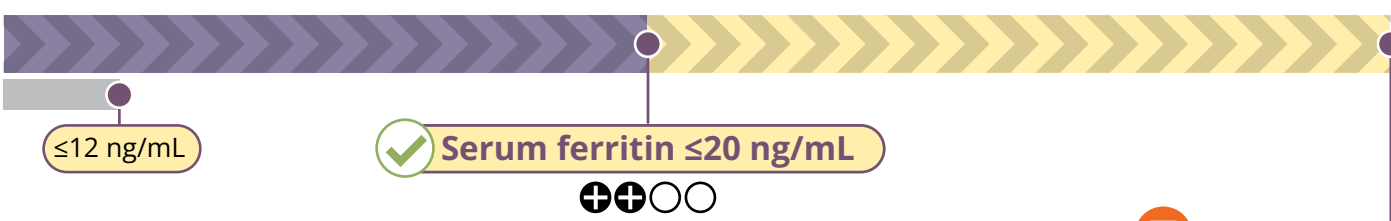
Visual Summary of Recommendations



Children (9 months - 4 years)



The ASH Guideline Panel *suggests* using a serum ferritin threshold of ≤ 20 ng/mL instead of a threshold of ≤ 12 ng/mL for the diagnosis of iron deficiency.



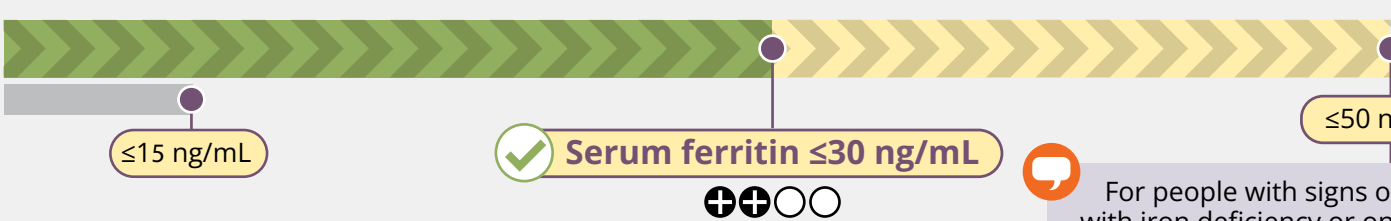
Children aged >4 years until adolescence: A serum ferritin threshold of ≤ 20 ng/mL *may* be appropriate
Non-menstruating adolescents: A serum ferritin threshold of < 30 ng/mL *may* be appropriate
Menstruating adolescents: See recommendation for menstruating individuals.

A higher serum ferritin threshold may be required for children with inflammation.

Adults (excluding menstruating or pregnant individuals)



The ASH Guideline Panel *suggests* using a serum ferritin threshold of ≤ 30 ng/mL instead of ≤ 15 ng/mL for the diagnosis of iron deficiency.

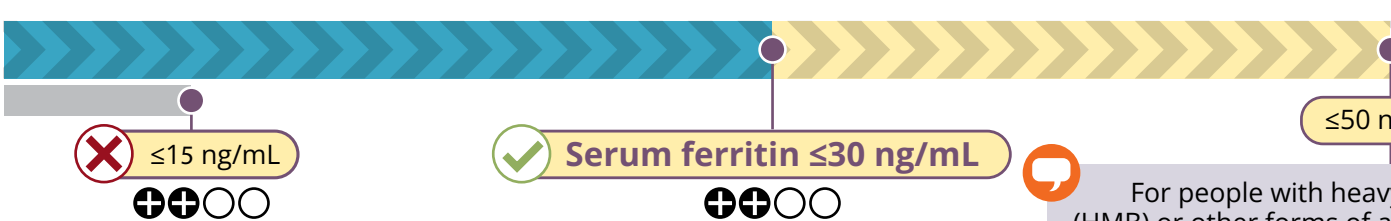


For people with signs or symptoms associated with iron deficiency or ongoing iron deficiency risk factors, it is appropriate to use a serum ferritin threshold of ≤ 50 ng/mL to diagnose iron deficiency and guide management decisions.

Menstruating Individuals



The ASH Guideline Panel *suggests* using a serum ferritin threshold of ≤ 30 ng/mL & *suggests against* using a serum ferritin threshold of ≤ 15 ng/mL for the diagnosis of iron deficiency.



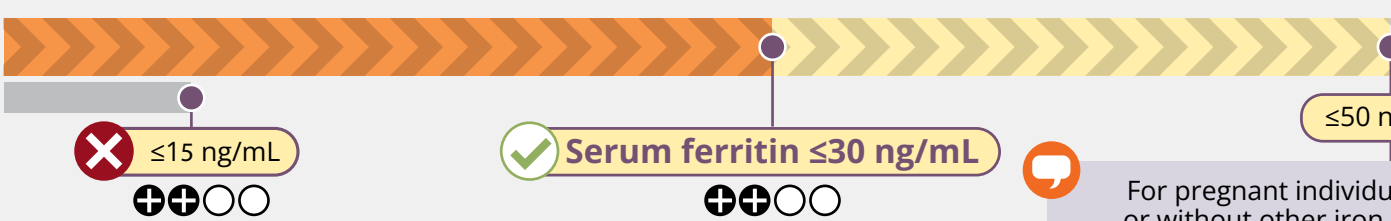
GOOD PRACTICE
A detailed menstrual history is necessary to facilitate the diagnosis of AUB, particularly HMB. It would be essential to address abnormal and/or HMB, if identified.

For people with heavy menstrual bleeding (HMB) or other forms of abnormal uterine bleeding (AUB) resulting in excessive blood loss, symptoms associated with iron deficiency, upcoming surgery, or planning pregnancy, a serum ferritin threshold of ≤ 50 ng/mL is appropriate to diagnose iron deficiency and guide management decisions.

Pregnant Individuals



The ASH Guideline Panel *suggests* using a serum ferritin threshold of ≤ 30 ng/mL & *recommends against* using a serum ferritin threshold of ≤ 15 ng/mL for the diagnosis of iron deficiency.



For pregnant individuals with anemia, with or without other iron deficiency risk factors and/or symptoms associated with iron deficiency, a serum ferritin threshold of ≤ 50 ng/mL may be appropriate to diagnose iron deficiency and guide management decisions.

Adults with Inflammation



The ASH Guideline Panel *suggests* performing both serum ferritin and transferrin saturation (TSAT) rather than serum ferritin alone to evaluate for iron deficiency.

GOOD PRACTICE
Perform serum ferritin + transferrin saturation (TSAT)
++00

GOOD PRACTICE
TSAT should be drawn in a fasting state (5-9 hours), including fasting from multivitamin/iron supplements.



Learn more about the ASH 2026 Clinical Practice Guidelines on Diagnosis of Iron Deficiency at hematology.org/IDA-guidelines

Recommendation Strength			
"Recommends..."	"Recommends against..."	"Suggests..."	Suggests against..."
			
STRONG RECOMMENDATIONS		CONDITIONAL RECOMMENDATIONS	
Most individuals in this situation would want the recommended course of action, and only a small proportion would not.		Most individuals in this situation would want the suggested course of action, but many would not.	

Additional Statements	
	Remark: Remarks accompanying a recommendation are integral parts and serve to facilitate more accurate interpretation.
	Good practice statement: Good practice statements endorse interventions or practices that the guideline panel agreed have unequivocal net benefit yet may not be widely recognized or used. Good practice statements in these guidelines are not based on a systematic review of available evidence. Nevertheless, they may be interpreted as strong recommendations.

Evidence Certainty	
High Certainty	
++++	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate Certainty	
+++0	We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low Certainty	
++00	Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
Very Low Certainty	
+000	We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

REFERENCE
Jacquelyn M. Powers, Ming Y. Lim, Maureen Okam Achebe, Imo J. Akpan, Michael Auerbach, Megan C. Brown, Maria Paula Cardenas, Caroline Cromwell, Thomas DeLoughery, Robert E. Fleming, Martina Fraga, George Goshua, Paula James, Adam Lewkowicz, Jori May, Grace Nnadozie, Frances Ogunnaya, Guillermo J. Ruiz-Arguelles, Michelle Sholzberg, Layla Van Doren, Angela C. Weyand, Michelle P. Zeller, Muayad Azzam, Ali Choai, Qais Hamarsha, Hassan Kawatharany, Jana Khawandi, Reem A. Mustafa American Society of Hematology 2026 guidelines for diagnosis of iron deficiency. *Blood Adv.* 2026. doi: 10.1182/bloodadvances.2025015950