

A FREE GUIDE

The Ferritin Conversation

7 questions to ask your doctor about the blood test most women in midlife are never offered — and what to do with the answers.

FOR	Women in their 40s and 50s navigating fatigue, hair changes, or heavy periods
FORMAT	Read in 12 minutes · Print and bring to your appointment
WRITTEN BY	The team at OYO Health

WELCOME

Why most women leave the doctor without the number they need

If you've been feeling exhausted, foggy, or simply not yourself — and your annual bloodwork came back "normal" — you're not imagining things, and you're not alone.

The standard blood panel most doctors order at a yearly physical measures hemoglobin: the iron currently moving oxygen through your bloodstream. It does *not* measure ferritin — the protein that stores iron in your body, and the number that reveals whether your reserves are running low.

Many women in their 40s and 50s walk around with normal hemoglobin and severely depleted ferritin for years. They're told their labs look fine. They keep feeling worse. They start to think the exhaustion is just "getting older."

This guide is built to change that conversation. Inside are seven questions to bring to your next appointment — what to ask, why each one matters, and what the answers typically reveal. Print it. Bring it. Use it as a script if it helps.

HOW TO USE THIS GUIDE

Read it through once before your appointment so the language feels natural. Bring a printed copy with you, or pull it up on your phone. You don't need to ask every question — start with question 1, and follow the path your provider's answers open up. Most women find questions 1, 2, and 3 do most of the work.

— The team at OYO Health

A QUICK PRIMER

The difference between hemoglobin and ferritin

Two numbers tell very different stories about your iron status. Understanding the distinction is the most important thing you can take into your appointment.

	HEMOGLOBIN	FERRITIN
What it measures	Iron currently carrying oxygen in your red blood cells.	Iron stored in your body — your reserve tank.
When it drops	Late. After your reserves are already depleted.	Early. Often years before hemoglobin shows a problem.
Routine bloodwork?	Yes — included in a standard CBC.	No — must be requested separately.
Useful analogy	The fuel in your engine right now.	The fuel in your tank.

The takeaway: if your doctor only checks hemoglobin, they're checking the engine. Asking about ferritin checks the tank. For midlife women, the tank is almost always where the problem hides.

QUESTION ONE

01

Can you order a ferritin test in addition to my standard bloodwork?

Why this question matters

Most annual physicals include a CBC (complete blood count), which measures hemoglobin, hematocrit, white blood cells, and platelets. It does not typically include ferritin unless you ask for it specifically. Many women assume "comprehensive bloodwork" includes iron stores. It usually doesn't.

How to phrase it at the appointment

TRY SAYING

"I'd like to add a ferritin test to my bloodwork today. I've been reading about how ferritin can show up low even when hemoglobin is normal, and given my age and symptoms, I want to make sure we're not missing it."

What to listen for in the response

Most providers will agree without resistance — it's a simple addition to an existing blood draw. If your provider pushes back or suggests it isn't necessary, you can ask: *"Given that I'm in perimenopause and experiencing fatigue, would you be willing to rule it out?"* Reasonable providers will say yes.

If they refuse

Some insurance plans cover ferritin tests only with specific symptoms documented. If your provider declines, ask them to note your symptoms in your chart (fatigue, hair loss, heavy menstrual flow) so the test is covered. In many regions, you can also order ferritin directly through a private lab without a doctor's referral — Quest, LabCorp, and direct-to-consumer services typically run \$30–\$60.

QUESTION TWO

02 What is my ferritin level, and what reference range does your lab use?

Why this question matters

Reference ranges vary substantially between labs. One lab may report "normal" as 15–200 ng/mL; another may use 11–307 ng/mL. The lower bound is the critical number. Many well-respected practitioners now consider anything under 50 ng/mL to be functionally low for women experiencing fatigue — even though it falls inside the "normal" range.

How to phrase it

TRY SAYING

"What's the exact number, and what range does the lab consider normal? I'd like to understand where I sit within that range — not just whether I'm flagged as abnormal."

What the answer typically reveals

Three scenarios are common:

- **Below 15 ng/mL.** The lab will flag this as low. Your provider will likely recommend iron supplementation immediately and may follow up with a workup for the cause.
- **15–50 ng/mL.** The lab will report this as normal. Your provider may move on. This is precisely the gray zone where symptoms persist but standard care doesn't intervene — and where it's worth asking question 3.
- **Above 50 ng/mL.** Less likely to be the source of fatigue. Worth ruling out other causes — thyroid, B12, vitamin D, perimenopausal hormone shifts.

QUESTION THREE

03 Is my level optimal — or just inside the normal range?

Why this question matters

This is the most important question in this guide. Reference ranges are built from population averages — they tell you what's *common*, not what's *optimal*. A ferritin of 22 ng/mL is technically "normal" by most lab standards. It is also frequently associated with fatigue, hair loss, restless legs, and reduced exercise tolerance.

How to phrase it

TRY SAYING

"I understand the number falls inside the normal range. But I've read that many practitioners consider ferritin under 50 to be functionally low for women my age. Given my symptoms, do you think there's room to bring it higher?"

What you're really doing here

You're inviting your provider into a conversation many of them are open to but rarely initiate. Functional medicine, integrative health, and women's health specialists are increasingly comfortable with the optimal-range framing. General practitioners may be less familiar, but most will engage thoughtfully when asked directly.

If your provider dismisses the question, that's useful information too. It may signal that a second opinion — or a provider who specializes in midlife women's health — would serve you better.

QUESTION FOUR

04 Could any of my current symptoms be related to my iron status?

Why this question matters

Linking symptoms to the number is what turns lab data into a plan. Many women in midlife carry symptoms that overlap heavily with low iron — and also with perimenopause, thyroid shifts, and stress. Your provider is the right person to help disentangle these.

Symptoms commonly associated with low iron stores

Persistent fatigue that sleep doesn't fully resolve	Restless legs at night
Hair thinning or increased shedding	Heart palpitations or a racing sensation
Brain fog or word-finding difficulty	Lower mood or motivation
Shortness of breath on mild exertion	Brittle nails or pale complexion

How to phrase it

TRY SAYING

"I've been experiencing [list 2–3 of your most disruptive symptoms]. I know these can have many causes. Given my ferritin number, do you think iron status could be part of the picture?"

Naming your two or three most disruptive symptoms — rather than reciting the full list — tends to produce a more useful conversation. Specificity helps your provider think.

QUESTION FIVE

05 Have my recent menstrual patterns affected my iron stores?

Why this question matters

Perimenopause frequently brings heavier, longer, or more frequent periods. A 2024 study in *Menopause* following more than 2,300 midlife women found that roughly one in three experience abnormal uterine bleeding during the transition — and that this bleeding pattern is directly associated with midlife fatigue.

Each milliliter of menstrual blood contains roughly half a milligram of iron. Over months and years, heavy cycles can deplete reserves faster than diet can replace them. Many women don't connect their heavier periods to their fatigue — but their iron labs do.

How to phrase it

TRY SAYING

"My periods have changed recently — they're [heavier / longer / more frequent / closer together] than they used to be. Could that be contributing to my iron levels? Should we investigate the bleeding pattern itself?"

Why this can open a bigger conversation

Heavy or irregular bleeding in perimenopause can have multiple causes — hormonal shifts, fibroids, polyps, or other conditions worth ruling out. Asking about iron and asking about bleeding are two halves of the same conversation. Your provider may suggest additional evaluation if your pattern warrants it.

QUESTION SIX

06

What form of iron supplementation would actually work for me?

Why this question matters

If iron supplementation is appropriate, the form matters as much as the dose. Ferrous sulfate — the most commonly prescribed oral iron — has well-documented tolerability issues: nausea, constipation, cramping, and a metallic taste. Research suggests that roughly half of women prescribed oral iron stop taking it within weeks because of side effects. The deficiency persists not because iron is unavailable, but because the delivery method fails the people who need it.

Alternatives worth asking about

Different iron forms vary considerably in tolerability and absorption:

- **Ferric saccharate.** A gentler iron form often better tolerated than ferrous sulfate. Available in capsule and in newer dissolvable formats.
- **Iron bisglycinate.** A chelated form with fewer gastrointestinal side effects. Available in capsules.
- **Buccal absorption (dissolvable strips).** Iron delivered through the mucous membrane of the mouth, bypassing the digestive system entirely. Avoids the stomach side effects of pills.
- **IV iron infusion.** For more severe deficiency or in cases where oral iron has failed. Done in a clinical setting.

How to phrase it

TRY SAYING

"I want to make sure I can actually stay consistent with whatever I take. Are there forms of iron that tend to be better tolerated than ferrous sulfate? I'd rather start with something gentler than abandon a protocol that wrecks my stomach."

QUESTION SEVEN

07 How often should I retest, and what should I be looking for?

Why this question matters

Iron replenishment is not fast. Even with appropriate supplementation, ferritin can take three to six months to rise meaningfully. Without a follow-up plan, women often abandon supplementation before it has time to work — or continue indefinitely without confirming they're actually moving.

How to phrase it

TRY SAYING

"If we start supplementation today, when would you want to retest? And what change in the number would tell us it's working — versus that we need to adjust the approach?"

A reasonable retesting timeline

Many providers recommend retesting at the 3-month mark, then again at 6 months. A healthy trajectory typically shows ferritin rising by 15–30 ng/mL per 3-month interval with appropriate supplementation. If the number isn't moving, that's a signal to revisit the form, dose, absorption, or underlying cause — not to give up.

Iron is one of the few nutrients where both too little and too much carry real risks. Retesting ensures you're moving in the right direction, and stopping at the right time.

REFERENCE CARD

Ferritin ranges, at a glance

A printable reference to keep with your bloodwork results. Note that these are general ranges; your individual interpretation depends on symptoms, medical history, and your provider's judgment.

LAB CATEGORY	TYPICAL RANGE	WHAT IT MEANS
Deficient	Below 15 ng/mL	Iron stores significantly depleted. Symptoms are likely.
Standard "normal"	15 – 200 ng/mL	The range most labs report. Wide, and not always meaningful.
Functional optimal	50 – 100 ng/mL	Range many functional medicine practitioners associate with reduced fatigue and symptom resolution.
Elevated	Above 200 ng/mL	May indicate inflammation, liver issues, or iron overload. Warrants follow-up.

Other tests worth asking about

If your ferritin is being tested, these adjacent labs are often worth running at the same time. Most can be added to the same blood draw at minimal additional cost:

- **Complete blood count (CBC)** — usually already included; confirms hemoglobin and red blood cell health.
- **TIBC and transferrin saturation** — gives a fuller picture of how your body is transporting iron.
- **Vitamin B12 and folate** — deficiencies in either can produce overlapping fatigue and cognitive symptoms.
- **Vitamin D, 25-hydroxy** — frequently low in midlife women and often connected to fatigue.
- **TSH (thyroid)** — thyroid dysfunction shares many symptoms with iron deficiency.

A QUIET NOTE

About the team that made this guide

OYO Health is a small women's health brand focused on midlife. We created this guide because we kept hearing the same story from women who reached out to us: years of feeling exhausted, normal-looking labs, and no one telling them what to ask next.

We're best known for our iron strips — a dissolvable, raspberry-flavored daily iron designed for women whose stomachs can't tolerate traditional iron pills. The strips use buccal absorption, meaning the iron is taken up through the mucous membrane in the mouth and bypasses the digestive system entirely. No nausea. No constipation. No empty-stomach rule. No coffee interaction.

If you and your provider decide iron supplementation is right for you, and traditional pills have been a struggle, OYO Iron Strips may be worth looking at. We're not asking you to switch today — just to know the option exists. You can read more at tryoyo.com whenever you're ready.

WHEN YOU'RE READY

Visit tryoyo.com to learn more about OYO Iron Strips, read customer stories, and explore whether the format works for you.

Every order is backed by a 60-day money-back guarantee.

Thank you for taking the time to read this. We hope it makes your next appointment more useful than the last one.

— The team at OYO Health

IMPORTANT

Disclaimers & disclosures

Educational, not medical advice

This guide is intended for informational and educational purposes only. It is not a substitute for personalized medical advice, diagnosis, or treatment. The information in this guide should not be used to self-diagnose any condition or to make any decisions about supplementation or medical care without consulting a qualified healthcare provider.

FDA disclosure

Statements regarding dietary supplements have not been evaluated by the U.S. Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent any disease. Individual results vary. Consult your healthcare provider before starting any new supplement, particularly if you are pregnant, nursing, managing a medical condition, or taking prescription medication.

Material connection

This guide was created and distributed by OYO Health, a company that manufactures and sells iron supplements. While the educational content reflects published research and clinical perspectives on ferritin testing, OYO Health has a commercial interest in iron supplementation and a financial relationship with any sales of OYO products. This connection is disclosed in accordance with U.S. Federal Trade Commission Endorsement Guides.

Research references

Statistics referenced in this guide draw from peer-reviewed literature on midlife women's health, iron metabolism, and ferritin reference standards, including the 2024 *Menopause* study on abnormal uterine bleeding in midlife women, and clinical reviews of oral iron tolerability published in major hematology journals. Specific citations are available upon request.

Symptom lists

Symptoms described in this guide as potentially associated with low iron stores can have many causes other than iron deficiency, including thyroid disorders, vitamin deficiencies, hormonal changes, sleep disorders, mental health conditions, and others. The presence of any of these symptoms does not confirm iron deficiency; only appropriate bloodwork interpreted by a qualified healthcare provider can do that.

Customer stories

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