



Anemia in Pregnancy

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When you're pregnant, you'll develop anemia. once you have anemia, your blood doesn't have enough healthy red blood cells to hold oxygen to your tissues and to your baby.

During pregnancy, your body produces more blood to support the expansion of your baby. If you are not getting enough iron or certain other nutrients, your body won't be ready to produce the quantity of red blood cells it must make this extra blood.

It's normal to possess mild anemia once you are pregnant. But you'll have more severe anemia from low iron or vitamin levels or from other reasons.

Anemia can leave you feeling tired and weak. If it's severe but goes untreated, it can increase your risk of great complications like preterm delivery.

Here's what you would like to understand about the causes, symptoms, and treatment of anemia during pregnancy.

A retrospective audit over a period of six months from July 2019- December 2019 in Obstetric unit at King Abdul Aziz Hospital evaluating the anemia status of women in pregnancy and the management options offered were reviewed through their electronic medical records. Booking status, parity, age of gestation at diagnosis of anemia, clinical setup and any co existent conditions (chronic anemias, hemoglobinopathies) were evaluated against the treatment modalities offered: Oral iron, Parenteral multiple doses regime, Single dose ferric carboxymaltose and blood transfusion.

This review aims to examine relevant clinical trials and case studies with the intent of providing a need and a direction for further research on psychotherapy interventions for involuntary infertile premenopausal women.

The review is focused around three main areas or themes; firstly, developing a psychological profile of an involuntary infertile premenopausal women; secondly the relevant psychotherapy interventions to manage the psychological elements within the profile; and finally examining if some interventions are more effective than others.

Single dose Iron regimens (Ferinject) as offered to 49 women had the least use of length of stay, at a maximum of 2 days if administered along with Vitamin B12 injections (n: 37) followed by 1 day (n: 18) when given as sole treatment. This was followed by Blood transfusion (n:6) with periods varying from 3-11 days, and lastly multiple dose Iron regimens (n:6) and average length of stay being 4 days. Social acceptability and compliance to treatment was higher with the Ferinject group than other, with once weekly dosing. In the whole cohort, only one patient developed mild rashes with Ferinject infusion and responded to targeted treatment.

Anemia, being derived from the Greek word anaimia, literally means lack of blood and is used to state insufficient erythrocytes and therefore inadequate oxygen-carrying capacity to meet the physiological needs of the body. The World Health Organization uses Hemoglobin concentration to define anemia, with diagnosis made below levels of 12g/l in non-pregnant females and below 11g/l in pregnant population. * NICE guidelines on antenatal care advocate screening for anaemia at booking and at 28 weeks of gestation. During pregnancy anaemia is best assessed using serum ferritin. Ferritin rises initially and then gradually declines as pregnancy continues so that by 32 weeks levels are 50% less than pre-pregnancy levels. Treatment should be instigated when levels fall below 30 mcg/l. For women with a postpartum blood loss of greater than 500 ml and those with uncorrected antenatal anaemia, a full blood count should be taken within 48 hours of delivery Antenatal.

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Point of diagnosis: 33% (n: 23) of the cases had no information on the point of diagnosis, while the majority of the cases were diagnosed in the 2nd trimester (23% n: 16). Ironically, those diagnosed in 3rd trimester in the Primary care setup were the same (n: 15, 23%). Only one case of a twin preterm gestation was diagnosed in High risk clinic setup. On comparing the gestational ages at presentation, 35 weeks gestation was found to be the most prevalent one, followed by 36-37 weeks (n: 8 for each) and then 34 weeks (n:6).

To the best of our knowledge, this study will be the first study that is done among Asian countries to explore mental health issues and its effect on mental health. This study will further guide the research community to work on the most similar and common mental issues in women.

In 2011 Anemia affected 33% of global population, while with regard to Women's health, 29% of nonpregnant women and 39% of pregnant women are found to be anemic. The most common cause of anemia is found to be Iron deficiency accounting to about 50% of the cases, while being the leading micro-nutrient deficiency worldwide. Iron deficiency can occur in the absence of anemia when there is insufficient dietary intake or excessive loss. Pregnancy results in an increased iron requirement of 1200 mg for the entirety of pregnancy and this must be met through nutritional changes and supplementation, where necessary. Iron is required by the fetus and the mother as the maternal erythrocyte mass increases from 350 ml to 450 ml. Pregnant women who have been previously anaemic, are multiparous, have had a consecutive pregnancy less than 1 year following a delivery and those with a recent history of bleeding are at increased risk of iron deficiency and iron-deficiency anemia.

The Ministry of Health and Family Welfare, Government of India has given emphasis to prevent anaemia under RMNCH+A services. National Health Policy 2017 also addressed malnutrition and micronutrient deficiencies interventions. "National Iron Plus Initiative" launched in 2013 is a comprehensive strategy to combat the public health challenge of iron deficiency anaemia (IDA) prevalent across the life cycle.

National Nutrition Mission has been setup under the oversight of the Ministry of Women and Child Development with the aim to reduce anaemia among young children, adolescent girls and women of reproductive age (15–49 years) by one third of NFHS-4 levels by 2022.