

STUDY OF MATERNAL AND FETAL OUTCOME IN PREGNANCY WITH SEVERE ANAEMIA

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Background

In pregnant women, nutritional anaemia continues to be one of the major public health problems. It accounts for 20% of the maternal deaths and large number of preterm deliveries and low birth weight babies in India.

Aims & Objectives

To study various epidemiological factors, clinical presentation, maternal and perinatal outcome in pregnancies complicated with severe anaemia.

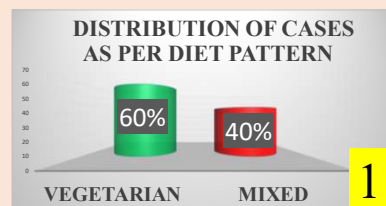
Material and Methods

Study was conducted for a period of two years from October 2019 to August 2021. A total of 116 pregnant women with severe anaemia (Haemoglobin <7 g/dL) were investigated. Information about epidemiological factors was collected through interview and information regarding clinical profile and pregnancy outcome was collected in predesigned and pretested structured proforma. Statistical analysis was done by finding out percentages, proportions, Mean and Standard deviation (SD), Chi square test.

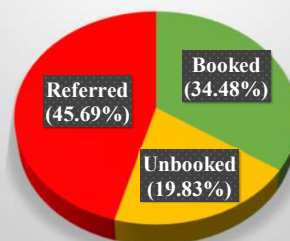
Results

Prevalence of severe anaemia was more in women with early marriages (43%) and teenage pregnancies (37%), women without antenatal care (65%), who had not taken iron folic acid tablets (65%), who were less educated (44% educated below primary school) and who belonged to joint families (66%) and families with low per capita income (95%), from rural area (85%), those who consumed vegetarian diet (60%) and those who had short inter-conceptional period (92%). Maternal exhaustion (22%), Inadequate lactation (14%), postpartum haemorrhage (10%), episiotomy and surgical site infection (33%) were the common maternal complications in women with severe anaemia during the postpartum period. The incidence of preterm delivery (38%) and low birth weight babies (78%) was two times in women with severe anaemia than in those with normal haemoglobin values. The perinatal mortality and morbidity among babies born to severely anaemic women was high.

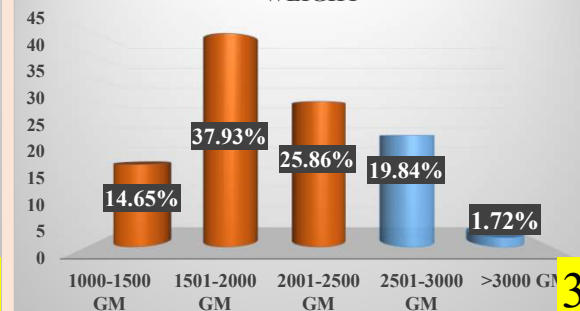
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Conclusion

Improvement in health education, female literacy rates, prevention of early marriages and teenage pregnancies, strengthening the peripheral health care delivery system, improving contraceptive use and provision of accessible safe abortion facilities to control unregulated fertility will reduce the prevalence of anaemia in pregnancy and improve the maternal and perinatal outcome.