

URGENT CALL FOR IRON INFUSION SERVICES IN PREGNANCY AMIDST SUDAN'S WAR CRISIS

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Introduction

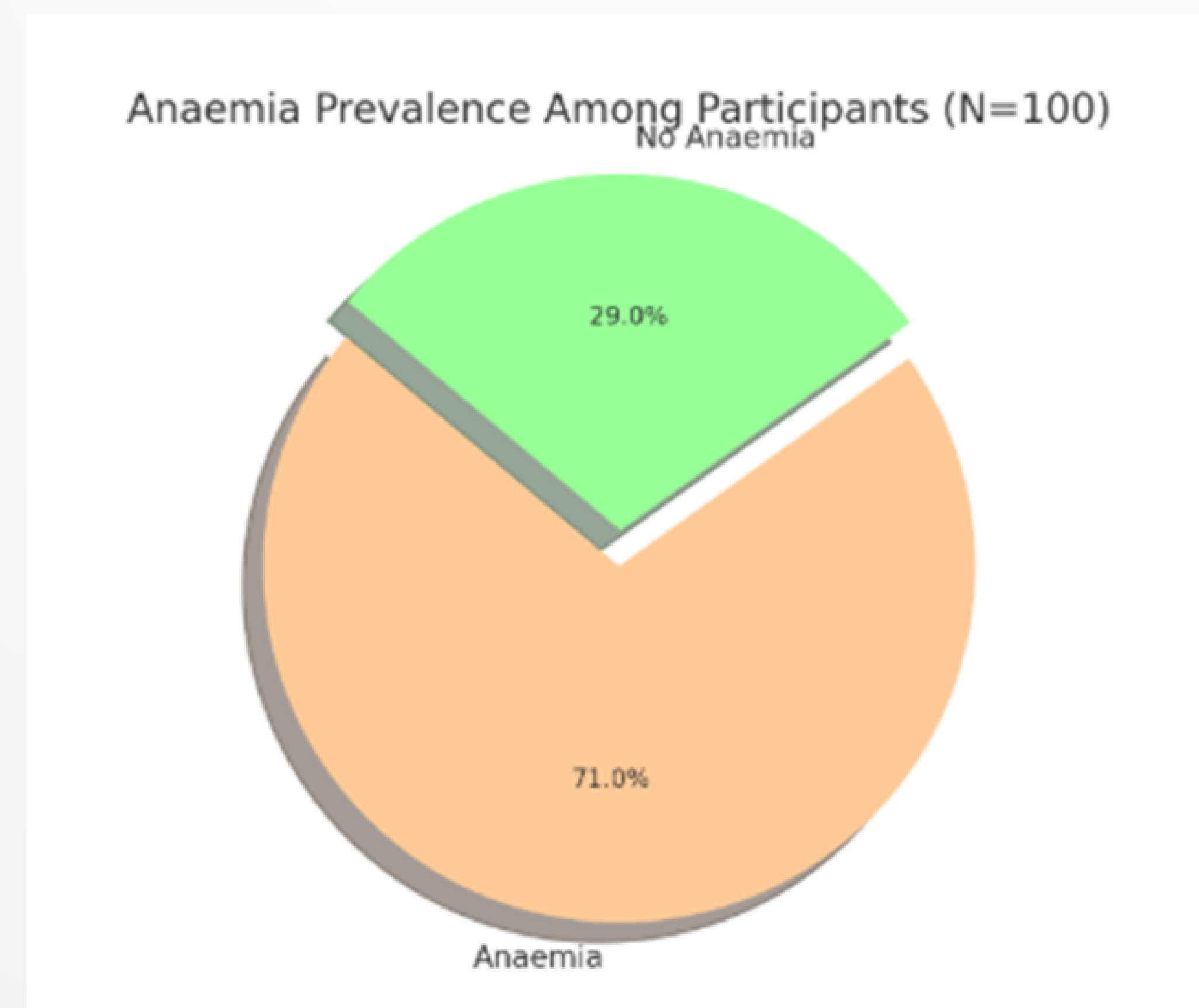
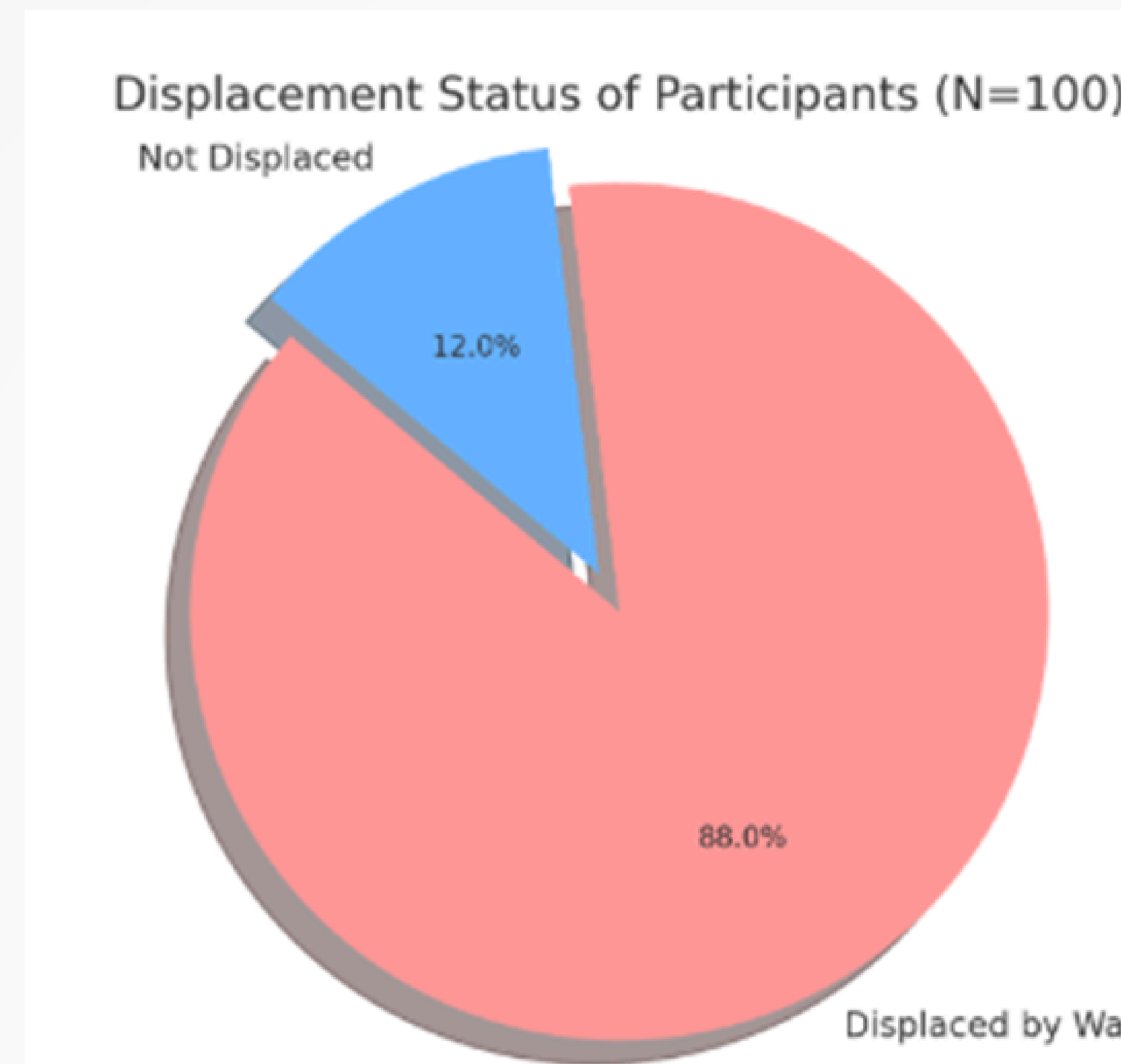
Iron deficiency anaemia (IDA) during pregnancy is endemic in developing countries and is mainly due to nutritional deficiencies. Sudan has faced the largest internal displacement crisis in the world (>9 million people) and one of the worst global food insecurity and malnutrition (affecting 18 million people). Thus, the war added another layer to the prevalent malnutrition and IDA. Traditionally, IDA is treated with oral iron, which requires compliance, and its bioavailability can be adversely affected by a lack of ascorbic acid and proteins. In addition, the co-ingestion of phytates (in bread), and polyphenols (in tea), which are consumed heavily in Sudan, reduce iron absorption. Iron infusion is reported as a superior and efficient therapy for IDA, with the potential to overcome the issues with compliance, malabsorption and lack of time to attend healthcare. Iron infusion is safe, has superior treatment efficacy and can be a cost-effective alternative that can be given in an outpatient setting in a one-stop service.

Objectives

To ascertain the availability of iron infusion options in a big teaching Hospital in the Northern Region of Sudan that is hosting a large number of displaced people

Methodology

A prospective cohort study. Eligibility criteria; women attending Antenatal Clinics at Karima Hospital from 1/12/2023 to 31/1/2024.



RESULTS

A hundred women gave consent, 71% of them were diagnosed with anaemia and 88% were displaced or did not live locally. The compliance with oral iron was reported in 42% during follow-up. Iron infusion was offered to none as it was not available. Blood transfusion (BT) is declined by 83% of eligible women.

Conclusion

Iron infusion can be offered as the first line of IDA in Sudan when patients can only attend the hospital once because of war displacement. In war zones where healthcare infrastructure is disrupted, providing such essential services to vulnerable populations of pregnant women can be challenging. However, it could be achievable with the help of Non-Governmental Organizations, and individuals and Governmental endeavors from inside or outside Sudan.

REFERENCES:
Pavord, S., Daru, J., Prasannan, N., Robinson, S., Stanworth, S. and Girling, J. (2019). UK guidelines on the management of iron deficiency in pregnancy. *British Journal of Haematology*, 188(6). doi:<https://doi.org/10.1111/bjh.16221>.

