

Introduction

Iron deficiency anaemia (IDA) was reported among 50% of pregnant women in Sub-Saharan Africa (SSA). With post-partum haemorrhage being the leading cause of maternal mortality in SSA, anaemic women are at great risk. Anaemia also increases maternal morbidity and decreases gross domestic product in SSA. A long war in Sudan has displaced women, adversely affected nutrition, and disrupted maternity services in a country that already has high maternal deaths (estimated in 2020 to be 720/100000) . Karima is a city in the North Region of Sudan, which hosts thousands of refugees and pregnant women who are displaced

Objective

To ascertain the incidence of iron deficiency anaemia in pregnant women attending a teaching hospital during the war in Sudan, to assess available treatment options and patients' outcomes

Methods

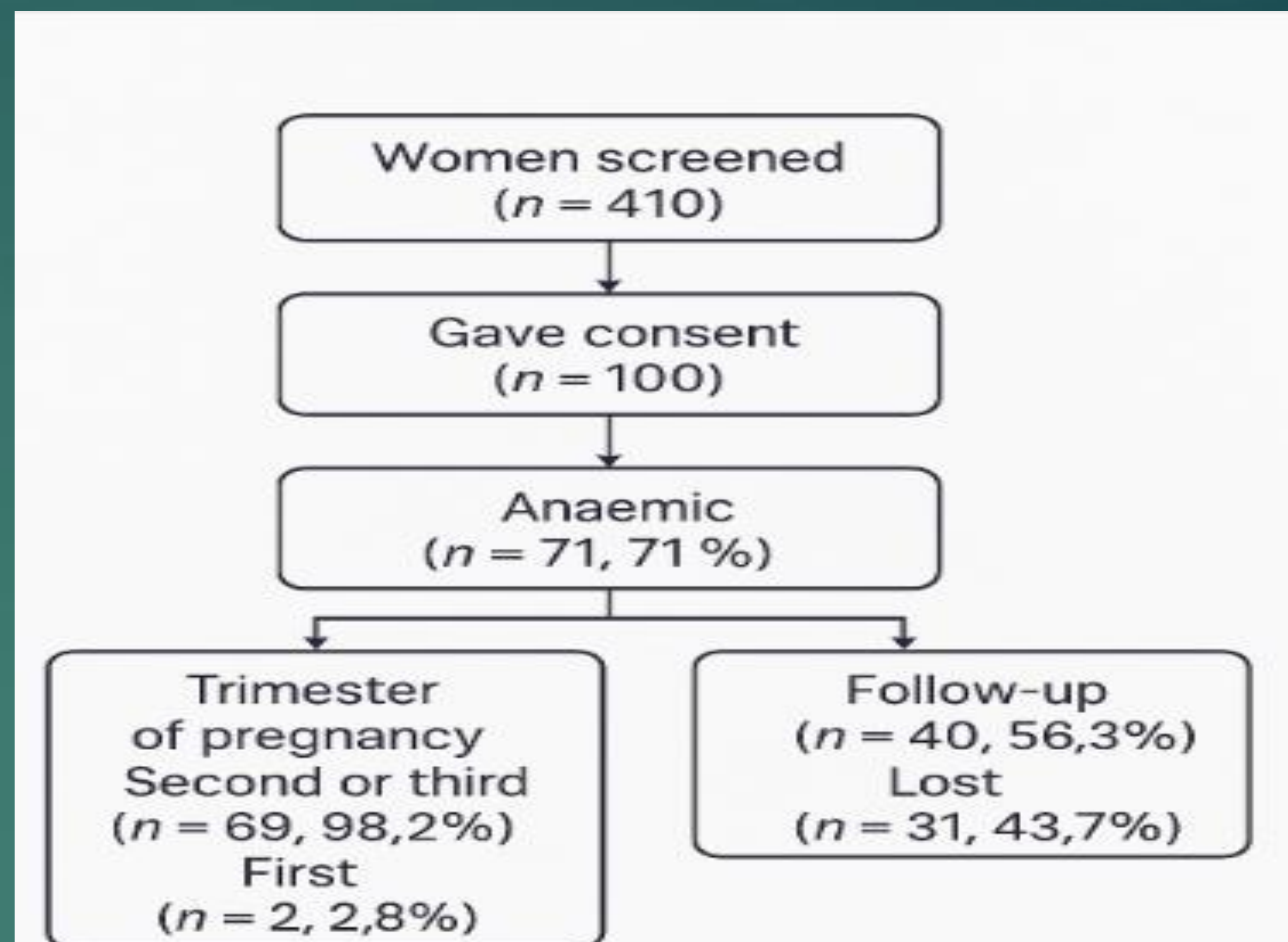
A prospective cohort study.

Eligibility criteria; women attending Antenatal Clinics at Karima Hospital during the period from 1/12/2023 to 31/1/2024.

A FBC test was done at the first visit. Women with anaemia as defined by the Royal College of Obstetricians and Gynaecologists Green top Guideline No 47 Blood Transfusion in Obstetrics were enrolled. Anaemic women were given oral iron. FBC was repeated at a follow-up visit at least 3 weeks after treatment. If no increase in the level of haemoglobin by 1 gm/dl despite adequate compliance, further blood tests (Ferritin, folate and B12) were done and deficiencies were supplemented accordingly.

Blood transfusion (BT) was considered when Hb is below 70 g/l and in symptomatic women. Iron infusion (II) was not available.

Results



Six patients (8.5%) needed BT, only one consented to it.

Conclusion

The high incidence of anaemia and loss to follow-up are alarming.

