

Anemia During Pregnancy

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Abstract

In developing nations, anaemia is one of the most frequent nutritional deficiency illnesses afflicting pregnant women. Anemia during pregnancy is linked to a poor pregnancy outcome and can lead to complications that endanger both the mother and the foetus' lives. In low-income nations, anaemia during pregnancy correlates to a bad outcome for both mother and child. Postpartum haemorrhage, the requirement for blood transfusions, maternal mortality, low birth weight, and perinatal mortality were all examined as negative outcomes. Severe anaemia during pregnancy has a negative impact on both the mother and the foetus. It appears that maternal hazards rise before foetal risks. It is advised that hospitals in low-income countries prioritise the prevention, early detection, and treatment of severe anaemia in pregnancy in order to enhance mother and foetal outcomes.

Key words: Anemia in pregnancy; maternal outcome; fetal outcome; low-income countries.

INTRODUCTION

Anaemia during pregnancy is a public health issue, particularly in underdeveloped countries, and is linked to poor pregnancy outcomes. Anemia in pregnancy is denoted by a haemoglobin (Hb) content of less than 11 g/dl, according to the World Health Organization (WHO). According to the World Health Organization, anaemia is considered

a public health issue or problem when the prevalence of anaemia is 5.0 percent or greater in population research. Anemia with a prevalence of 40% in a population is considered a serious public health issue.

Anemia during pregnancy in impoverished nations is caused by a variety of factors, including micronutrient deficiencies in iron, folate, and vitamins A and B12, as well as anaemia caused by parasite illnesses like malaria and hookworm, as well as chronic infections like tuberculosis and HIV. Geographical location, dietary behaviour, and season all influence the contribution of each of the elements that cause anaemia during pregnancy.

Several types of anemia can develop during pregnancy. These include:

- Iron-deficiency anemia

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- Folate-deficiency anemia
- Vitamin B12 deficiency

Iron-deficiency anemia

This type of anemia occurs when the body doesn't have enough iron to produce adequate amounts of hemoglobin. That's a protein in red blood cells. It carries oxygen from the lungs to the rest of the body.

In iron-deficiency anemia, the blood cannot carry enough oxygen to tissues throughout the body.

Iron deficiency is the most common cause of anemia in pregnancy.

Folate-deficiency anemia

Folate is the vitamin found naturally in certain foods like green leafy vegetables. A type of B vitamin, the body needs folate to produce new cells, including healthy red blood cells.

During pregnancy, women need extra folate. But sometimes they don't get enough from their diet. When that happens, the body can't make enough normal red blood cells to transport oxygen to tissues throughout the body. Man made supplements of folate are called folic acid.

Folate deficiency can directly contribute to certain types of birth defects, such as neural tube abnormalities (spina bifida) and low birth weight.

Vitamin B12 deficiency

The body needs vitamin B12 to form healthy red blood cells. When a pregnant woman doesn't get enough vitamin B12 from their diet, their body can't produce enough healthy red blood cells. Women who don't eat meat, poultry, dairy products, and eggs have a greater risk of developing vitamin B12 deficiency, which may contribute to birth defects, such as neural tube abnormalities, and could lead to preterm labor.

Blood loss during and after delivery can also cause anemia.

Anaemia has been linked to poor maternal and child health, as well as an increased risk of maternal and perinatal mortality during pregnancy. Fatigue, low job capability, diminished immunological function, higher risk of cardiac disorders, and mortality are some of the negative health impacts for the mother.

Anaemia is linked to a higher risk of preterm birth

and low birth weight kids during pregnancy. Preterm birth and low birth weight continue to be the primary causes of newborn fatalities in underdeveloped countries, accounting for 30% of all deaths. It's also linked to an increased risk of intrauterine deaths (IUFD), a low APGAR score at 5 minutes, and intrauterine growth restriction (IUGR), a risk of stunting in children under the age of two.

CONCLUSION

Anaemia in pregnancy was a minor public health issue. The location of the pregnant woman's household and her educational level were shown to be the most significant risk factors. In this situation, ongoing therapies to combat anaemia during pregnancy appear to be working, and they should be made universally available. Furthermore, we advocate continued education regarding the implications of anaemia, particularly among low-literacy women, adolescent women, and women of reproductive age in general. Among a variety of socio-demographic, nutritional, and preventive service usage characteristics investigated, the women's knowledge of anaemia and pregnant trimester at the time of interview emerged as independent drivers of anaemia. The high level of anaemia in pregnancy necessitates early care to avoid severe maternal and newborn outcomes.

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