3. Management of Anaemia

In India, anaemia among women is very common. The chances of a mother having a delivery before term, or even dying are higher among mothers with severe anaemia. In order to make sure that all women have good iron stores, all pregnant women should be given iron tablets, even if they are not anaemic. Anaemia can be detected by a simple blood test, which measures the amount of a pigment called Haemoglobin (Hb). Low levels of Hb mean that the woman has anaemia (see box below). The test should be performed during the antenatal check-up. This can be done at the VHND by the ANM.

Haemoglobin level	Degree of anaemia
More than 11 g/dl	Absence of anaemia/Normal
7-11 g/dl	Moderate anaemia
Less than 7 g/dl	Severe anaemia

If a woman during the time of pregnancy has Hb level below 11g/dl, she is considered to be suffering from anaemia.

Common symptoms of severe anaemia include:

- Very pale tongue
- Weakness
- General swelling in body.

For women who do not have anaemia (Hb more than 11 g/dl)

The pregnant woman should take one tablet of IFA every day for at least 100 days (prophylactic dose), starting after the first trimester, at least 14-16 weeks of gestation to prevent anaemia. This dosage regimen is to be repeated again for three months after the delivery.

If a woman is found to be anaemic:

- The woman should be given two IFA tablets per day for three months. This means that a pregnant woman with anaemia needs to take at least 200 tablets of IFA. Besides taking IFA tablets, you should encourage the pregnant woman, where possible, to increase her dietary intake of iron-rich food.
- The Hb level should be estimated again after one month. If the level increases, you should tell the woman to continue with two tablets of IFA daily until the Hb comes to normal. If the Hb does not rise in spite of taking IFA tablets, in the prescribed dose, you should refer the woman to the nearest facility that is equipped to manage complications in pregnancy.
- You should refer women with severe anaemia immediately to the nearest PHC/CHC/DH for further treatment. Such women may need injections or blood transfusions.