**ANAEMIA IN PREGNANCY:**

• Anaemia is the most common haematological disorder in pregnancy.

• India has the highest prevalence of anaemia in the world and the most common cause is iron deficiency.

• Anaemia is defined when the haemoglobin levels are less than 11g/dl or Hematocrit of less than 33% in 1st and 3rd trimester.

• Haemoglobin levels of less than 10.5g/dl and hematocrit of < 32% in 2nd trimester.

• Classification of anaemia

* Mild 10-10.9
* Moderate 7-9.9
* Severe < 7

• Iron requirement in pregnancy- Daily intake of 100mg elemental iron(335 mg of ferrous sulphate ) and 500 mcg of folic acid for 100 days starting from 14-16 wks gestation for all pregnant women. Continued for 100 days postpartum.

• You should not ingest iron tablets with milk, calcium tablet, and with tea/coffee - all these may inhibit iron absorption.

• For a better iron absorption try to consume it on empty stomach and with any citrus juice which will enhance iron absorption.

• Anthelminthic treatment is recommended in second trimester.

• When oral iron is non-compliant or unresponsive intravenous iron therapy is recommended after 20wks of gestation.

• You may need blood transfusion when your haemoglobin is

* < 5g/dl at any gestational age.
* < 7g/dl in late third trimester
* Women with severe anaemia in labour
* Severe anaemia with decompensation
* Acute haemorrhage

• There are different types of anaemia. The cause of anaemia should be diagnosed before we proceed

with treatment. We recommend you to do few lab tests to confirm the type of anaemia and treatment will be started

accordingly.

• Symptoms of anaemia includes fatigue, Headache, exercise intolerance, giddiness, palpitation and edema. Severe anaemia may cause congestive cardiac failure.

• Anaemia is a correctable one. When the treatment was not taken properly it may lead to few complications to both mother and fetus.

• Maternal complications:

• hypertension

• Poor tolerance to blood loss

• Preterm birth

• Cesarean section

• Puerperal sepsis

• Puerperal thromboembolism

• Postpartum depression

• Fetal complications:

• Low birth weight

• Low iron stores at birth

• Prematurity

• Perinatal mortality

• Poor mental and psychomotor performance

• - Autism spectrum disorder

• - Attention deficit hyperactivity disorder

• - intellectual disability

• When the haemoglobin is < 6 g/ dl

• Nonreassuring fetal heart rate pattern

• Reduced amniotic fluid

• Fetal death

Correcting anaemia is very important for both the mother and the fetus. It is the mother’s duty to correct her anaemia with proper treatment and to give birth to a healthy child. When you fail to do this, the impact of anaemia will cause physical and mental disability to your child. Your unborn child deserves a healthy life in this world. So, correct your anaemia and have a positive pregnancy outcome.