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ANEMIA IN PREGNANT WOMEN

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Abstract:-

BACKGROUND:-

In this study we show how to improve the womens lifestyle during the pregnancy and also how to overcome the anemia by taking some lifestyle remidies to improve the quality life of pregnant women.

AIM:-

The main objective is how to improve the quality life and reduces the lifestyle complications who are facing the anemia during the pregnancy.

MATERIAL AND METHOD:-

Retrospective study was done and we collected the 5,15,270 cases of pregnant women in marathwada region.

CONCLUSION:-

In this rural area we studied 5,15,270 cases .in that we found . 65,906 (12.8%) had anaemia: 11.8% had mild, 0.43% had moderate, and 0.02% had severe anaemia

RESULT:-

As we studied in pregnant women,compared with mothers without daily iron supplementation ,mothers who had daily iron supplementation had higher haemoglobin concentration [mean (SD),112.39 (11.33) g/L vs.110.66 (10.65) g/L] at delivery and their infants had longer nocturnal sleep duration [mean (SD),565.99 (82 .46) mins vs.553.66 (76.03)mins.]

KEYWORD:

anemia,pregnancy.iron supplementation,nutrition,cognitive function

INTRODUCTION:-

One of the most common pregnancy-related problems is anemia. Hemoglobin (Hb) is affected by normal physiological changes during pregnancy and either has a relative or absolute decrease in concentration. Iron deficiency anemia, which affects about 75% of pregnant women, and folate deficiency megaloblastic anemia, which affects more pregnant women with poor diets and who do not take prenatal iron and folate supplements. Both the mother and the foetus may suffer negative repercussions from severe anemia. Low haemoglobin levels, less than 6 gr/dl, are linked to anemia and a poor pregnancy outcome. Severe maternal anemia can lead to difficulties such as premature birth, spontaneous abortions, low birth weight, and foetal deaths. Yet, a slight to severe iron deficit does not seem to have a noticeable impact.{1}The most common physiological malfunction that affects women their entire lives is anemia. Both developed nations and resource-poor nations have this dangerous issue. This manuscript's primary goal is to raise the appropriate awareness of anemia in pregnancy. Poor diet, iron deficiency, micronutrient deficiencies, particularly those in folic acid, vitamin A, and vitamin B12, illnesses including malaria, hookworm infestation, and schistosomiasis, HIV infection, and hereditary hemoglobinopathies like thalassemia are the most frequent causes of anaemia. There could be a variety of negative outcomes, such as low birth weight and preterm delivery, depending on the severity, length, and stage of the anemia.

Clinicians frequently diagnose anaemia. The criteria for determining the cause of anaemia are outlined in this brief review. Iron-deficient anaemia is the most frequent type of microcytic anaemia. Also, we want to spread the word about thalassaemia as a possible differential diagnosis. A normocytic anaemia, such as anaemia from a persistent illness, is an excluding diagnosis. Based on reticulocyte count, a macrocytic anaemia scheme is offered and differentiates. We intend to give readers a concise summary of anaemia and when to consult hemologist.

By comparing it to industry standards, we discuss the treatment of iron deficiency anaemia (IDA) during pregnancy and its prevalence. At maternity units in the UK and Ireland, a cross-sectional national cohort study of women who had given birth six weeks prior to data collection was carried out. Data were gathered from 10 consecutive pregnant women by participating centres. A descriptive analysis was conducted to determine the prevalence of IDA during pregnancy and the puerperium and to compare the results for IDA-positive and IDA-negative pregnant women. Data on 860 pregnancies and births were supplied by 86 maternity institutions. IDA was present in pregnant women overall at a rate of 30.4% and in the puerperium at a rate of 20%. Women with anaemia were more likely to be members of ethnic minorities (2.23 odds ratio).

One of the most serious medical disorders impacting people all over the world is anaemia. With a sluggish progression and minimal outward symptoms, the illness is quiet. Premature birth, low birth weight, and foetal abnormalities are among risks associated with anaemia during pregnancy, which can increase expenditures for both society and families. A systematic review and meta-analysis of the prevalence of anaemia in pregnant women around the world are hence the goals of this work.{13}One of the most widespread dietary issues in the world, iron deficiency disproportionately affects women and children. Mild iron deficiency refers to the depletion of iron reserves, marginal deficiency refers to the production of many iron-dependent proteins being compromised while haemoglobin levels remain normal, and iron deficiency anaemia refers to the decreased production of haemoglobin and decreased oxygen delivery to the tissues. Hemoglobin levels are typically used to diagnose iron deficiency anaemia, although this method lacks both specificity and sensitivity. Given the effects of iron deficiency without anaemia on neurocognition, it is alarming when early stages of iron insufficiency are not recognised and treated. Just 5–10% of the daily requirement for iron comes from food, with the majority coming from the recycling of senescent erythrocytes by macrophages.

MATERIAL AND METHOD:-

All pregnant women in rural area who experienced a live birth or stillbirth at or after 20 weeks of gestation between 2021 and 2023were the subjects of a population-based retrospective study. Two criteria were used to diagnose anaemia in women: a third-trimester haemoglobin value or a diagnosis of anaemia established at the time of delivery (made before delivery). No anaemia (haemoglobin 11 g/dL or higher), mild (9-10.9 g/dL), moderate (7-8.9 g/dL), severe (less than 7 g/dL), or anaemia of undetermined severity were the different categories for anaemia (with diagnosis made before delivery). To calculate adjusted odds ratios (aOR) and 95% confidence intervals (CIs) indicating the relationship between anaemia and maternal and perinatal outcomes, logistic regression was utilised.

DISCUSSION :-

Given that GPs handle the majority of preconception and early pregnancy care and since anaemia is allegedly present in 25% of pregnant women, it is critical to comprehend the aetiology, dangers, and available treatment choices. Although iron deficiency anaemia is the most frequent kind, a deeper understanding of other causes and the need for haemoglobinopathy screening is necessary.

CONCLUSION:-

According to the findings, mild anaemia is linked to better mother and foetal survival as well as foetal growth throughout pregnancy and is connected with both maternal and foetal health outcomes. Further work is needed to validate the concentration of hemoglobin at which optimal maternal and fetal health are achieved.

RESULT:-

In the sample population of 515,270 women, 65,906 (12.8%) had anaemia: 11.8% had mild, 0.43% had moderate, and 0.02% had severe anaemia, while 0.58% had anaemia of unknown severity. Women with anaemia had greater rates of preeclampsia, placenta previa, and caesarean deliveries, as well as longer hospital stays and more prenatal admissions. AOR 2.45, 95% CI 1.74-3.45 for mild anaemia; 21.3, 95% CI 12.2-37.3 for moderate anaemia; not analyzable for severe anaemia; and 48.3, 95% CI 6.60-353.9 for anaemia of unspecified severity. The intrapartum-postpartum blood transfusion rate was 5.1 per 1,000 among women without anaemia, and higher among those with anaemia. Mild anaemia, aOR 1.09, 95% CI 1.05-1.12; moderate anaemia, aOR 2.26, 95% CI 2.02-2.54; anaemia of unknown cause) was linked to premature birth.

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