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ANEMIA IN PREGNANCY IN TERTIARY CARE CENTRE OF TELANGANA- A CLINICO – HAEMATOLOGICAL STUDY AT GMC SURYAPET.



Pathology

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ABSTRACT

AIM: To study incidence and various types of anemia in pregnant women (gravida and Trimester).

METHODOLOGY: 570 cases of pregnant women with low hemoglobin were included. All the haematological parameters were obtained through analyzer. Peripheral smear stained with Leishman's stain was evaluated for morphology.

RESULTS: Out of 570 cases of anemia, we found 377 patients (66.8%) to be diagnosed as Iron Deficiency Anemia, Megaloblastic Anemia 131 cases (22.10%) and Dimorphic Anemia 62 cases (11%).

CONCLUSION: The incidence of anemia in pregnancy is high. Moderate to severe anemia is common in third trimester. In 570 cases studied, 377 cases (66.8%) belonged to Iron deficiency anemia, 131(22.2%) were diagnosed as Megaloblastic anemia. 62(11%) were diagnosed as Dimorphic anemia. Anemia is common in the age group between 21 to 30 years due to repeated and short interval of pregnancies.

KEYWORDS

Iron deficiency anemia; gravida

INTRODUCTION

Haemoglobin level is less than the normal range for age and sex of a particular age group it is defined as anemia¹.

Apart from the risk to the mother, it is also responsible for increased incidence of premature births, low birth weight babies and high perinatal mortality.²

In pregnant women WHO defined Anemia as a reduction in Haemoglobin level <11g/dl. It occurs in 40-80% of the pregnant women. Iron and Folic acid deficiencies, malaria, intestinal parasitic infections and hemoglobinopathies are the principal causes of anemia in pregnancy.³

Anemia is responsible for 20% maternal deaths in the third world countries.⁴

Anemia due to Iron deficiency is the commonest malnutrition disorder seen throughout the world and in India. The single most important cause for the widespread Iron deficiency anemia in our country is inadequate iron intake in the habitual diets compared with the poor bioavailability of dietery iron. Normal Range of haemoglobin for Men- $13.6-17.2\ g/dl$, women- $12-15g/dl^{\circ}$. In the lower income group, 40-60% of the urban and 50-70% of the rural women are anemic during pregnancy.

GRADING OF ANEMIA8

Depending upon haemoglobin concentration anemias are graded into following types. Mild \geq 10 g/dl (cut off values), Moderate7 to 9.9 g/dl, Severe<7 g/dl.

METHODLOGY

The present study was carried out in pregnant women who attended the out patient and inpatient department of OBG from march 2017 to febrauary2019 at Government medical college and Hospital, suryapet. A detailed clinical history of each patient was recorded and a thorough clinical examination was performed. Venous blood was collected in all women with aseptic precautions in EDTA anticoagulant for hematological investigations

The haematological investigations were performed on Sysmex with standard calibration using fresh whole blood. Peripheral blood smear study was performed on each of these patients. A good peripheral smear was made and the blood film was stained by Leishman's stain.

Inclusion Critera

Pregnant women whose haemoglobin levels are less than 11 gm%.

Exclusion Criteria

- Pregnant women who had already received blood transfusion.
- Anemias of chronic disorders and haematological malignancies.

STATISTICALMETHODS

Descriptive statistical analysis has been carried out in the present study.

RESULTS

Out of 570,In Age wise distribution of anemic cases in pregnancy, in the age group of 18-20 years, 119 cases(20.8%), 21-25 years, 189 cases(33.8%), 26-30 years, 211 cases(36.2%), 31-35 years, 51 cases(9.2%) were anemic. Maximum no:of cases were found in the age group of 21-30 years (70%) [Table no 1]

Table 1: Age distribution of patients studied

Age in years	Number of patients	%	
18-20	119	20.8	
21-25	189	33.8	
26-30	211	36.2	
31-35	51	9.2	
Total	570	100.0	
Mean ± SD	24 70+4 28		

Among the 570 cases studied, no:of primigravida were 250 cases(44%). Gravida II were 242 cases(42.2%). Gravida III were 65cases (11.4%), Gravida IV were 13 (2.4%) [Table 2]

Table 2: Gravida and Anemia

Obstetric Index	Number of patients	%
Gravida		
I	250	44.0
II	242	42.2
III	65	11.4
IV	13	2.4
Total	570	100.0

In trimester wise distribution of anemia, 45 cases were seen in first trimester(8%), 216 cases were seen in second trimester(38.2%),309 cases were seen in third trimester(53.8%) [TABLE 3]

Table 3: Trimester and Anemia

Trimester	Number of patients	%
I	45	8.0
II	216	38.2
III	309	53.8
Total	570	100.0

DISCUSSION

Southeast Asia have a high prevalence of anemia, the condition is worse in some rural areas of India. The reason for this may be due to differences in socio-cultural, economic and geographical conditions ⁹.

. Nearly half the pregnant women in the world are estimated to be

anemic,52% compared to 23% in industrialized countries. ¹⁰ In our present study we included 570 cases of pregnant women whose hemoglobin was less than 11 gm%.

Anemia is one of the most common medical condition met during pregnancy. This was noted in most of the women attending the antenatal clinic. Iron deficiency anemia accounted for 66.8%, and dimorphic anemia 11%, and megaloblastic anemia accounts for 22.2% in our present study.

If we compare the age wise distribution with otherstudies,In the present study, the age wise distribution of anemia,maximum no:of cases were observed between 21-30 years accounting for 60%. The present study correlates closely to observations by Ahmad N $^{\rm 11}$ (51.8%), Pai PM $^{\rm 12}$ (62%), HaniffJ et al $^{\rm 10}$ (91.5%).

If we compare trimester wise distribution with other studies,In the present study, 8% were in first trimester, 38.2% were in second and 53.8% were in third trimester. Our present study correlates with Rasheed P. et al ¹³ found in his series 27.7% in first trimester, 37.3% in second trimester and 50.2% in third trimester. Belgnaou S ¹⁴found in his series 19.7% in first trimester, 46.7% in second trimester and 33.6% in third trimester. Comparing various authors studies, it is seen that majority of cases are in third trimester.

Gravida wise distribution of anemic cases in comparision with other studies, In our present study we found 44% primigravida, 53.6% G2 to G3 and 2.4% of G4 to grand multi gravida. Our present study correlates with Haniff J et al. found 27.42% of primigravida, 62.77% of G2 to G3 and 9.79% of G4 to grand multi gravid. Satyanarayana M ¹⁵found 16% of primigravida, 74% of G2 to G3 and 10% of G4 to grand multi gravida. Sidhu GS ¹⁶ found 15.15% of primigravida, 57% of G2 to G3, 27% of G4 to grand multigravida.

CONCLUSION

The incidence of anemia in pregnancy is high. Moderate to severe anemia is common in third trimester. In 570 cases studied, 377 cases (66.8%) belonged to Iron deficiency anemia, 131(22.2%) were diagnosed as Megaloblastic anemia. 62(11%) were diagnosed as Dimorphic anemia. Anemia is common in the age group between 21 to 30 years due to repeated and short interval of pregnancies.

REFERENCES:

- Firkin F, Chesterman C, Penington D, Rush B, de Gruchy's Clinical Hematology in Medical Practice, 5th ed. Blackwell Science Ltd; 2008.
 Gautam VP, Bansal Y, Taneja DK, Saha R. Prevalence of Anemia Amongst Pregnant
- Gautam VP, Bansal Y, Taneja DK, Saha R. Prevalence of Anemia Amongst Pregnant Women and its Socio- Demographic Associates in a Rural Area Of Delhi. Indian Journal Of Community Medicine 2002; 27(4):157-160.
- Meda N, Mandelbrot L, Cartoux M, Dao B, Ouangre A, Dabis F. Anaemia during pregnancy in Burkina Faso, West Africa, 1995-96:prevalence and associated factors. Bulletin of the World Health Organization 1999;77(11):916-922.
- Dutta DC. Text Book of Obstetrics including Perinatology and Contraception, 6th ed. New Central Book Agency (P) Ltd; 2006.
- Gupta R, Kalia M. Diagnosis of anaemia in Expectant Mothers. J.Hum.Ecol 2004; 15(1):69-71.
- Kumar V, Abbas AK, Fausto N, Aster JC. Robbins and Cotran Pathologic Basis Of Disease, 8th ed. Saunders, Elsevier Inc; 2010.
 Lowenstein L, Cantile G, Ramos O.IronandFolate deficiency in pregnancy. Med Times
- Lowenstein L, Cantile G, Ramos O.IronandFolate deficiency in pregnancy. Med Times 1968; 96(6): 563-574.
- Preventing and controlling iron deficiency anaemia through primary health care, WHO, Geneva, 1989.
- Mangla M, Singla D. Prevalence of anaemia among pregnant women in rural India: a longitudinal observational study. Int J Reprod Contracept Obstet Gynecol 2016;5:3500-5.
- Haniff J, Das A, Onn LT, Sun CW, Nordin NM, Rampal S et al. Anemia in pregnancy in Malaysia: a cross-sectional survey. Asia Pac J Clin Nutr 2007;16 (3):527-536.
- Ahmad N, Kalakoti P, Bano R, Aarif SMM. The Prevalence of Anemia and associated factors in pregnant women in a rural Indian Community. Australasian Medical Journal AMJ 2010; 3,5:276-280.
- Pai PM, Tibrewala NS, Pradhan AG. Serum Iron levels at birth as related to maternal serum level. J of Obst and Gyn of India 1975; 25: 456-460.
- Rasheed P, Koura MR, Al-Dabal BK, Makki SM. Anemia in Pregnancy: A Study among attendees of primary health care centres. Ann Saudi Med 2008; 28(6): 449-452.
- Belgnaoui S, Belahsen R. Anaemia and Iron Deficiency anaemia during pregnancy in an Agricultural region of Morocco: Effects of Dietery Intake and Iron Supplementation. Research Journal of Biological Sciences 2007; 2(2): 118-126.
- Research Journal of Biological Sciences 2007; 2(2): 118-126.

 15.) Satyanarayan M and Alli. Anemia complicating pregnancy. J Obst and Gyn of India 1985; 35(11): 335-338.
- Sidhu GS, Sood SK, Swami RV. Anemia of Pregnancy in Northern India Delhi Area. Indian Journal of Med Res 1988; 55(6): 449-457.