Anemia in Pregnancy and its Outcome at Al-Sadaqa Teaching Hospital

the placenta together with the increasing maternal blood volume and red cell mass cause a great demand on the maternal iron stores during the period of pregnancy [11]. e metabolism of fetal iron depends on iron delivery from the mother through the placenta. us the results of fetal anemia is related to the iron de ciency in the mother that may result to increased mortality linked to severe iron de ciency anemia [4].

During pregnancy, the fetal demand for iron increases maternal daily iron requirements around 10-fold, increasing from 6 mg/day to 22 mg/day in rst and third trimesters of pregnancy, respectively [3].

e e ect of anemia during pregnancy on maternal and neonatal life are o en serious and long lasting ranging from varying degrees of morbidity to mortality, whereby severe anemia (Hg<7 g/dl) during pregnancy increases the risk of preterm delivery, low birth weight, intrauterine fetal death, neonatal death [12-16].

An association between maternal anemia and low infant Apgar scores was reported in some studies. A literature report concluded that in 102 Indian women in the rst stage of labor, higher maternal hemoglobin concentrations were correlated with`better Apgar scores and with a low risk of birth asphyxia [17]. A study in Niger compared the outcome of pregnant women being treated with iron or a placebo, which resulted in Apgar scores signi cantly higher in those newborns whose mothers received iron [18]. us anemia is one of the most common nutritional de ciencies a ecting mothers during the period of pregnancy with many associated risk factors that contribute to major complications resulting in poor outcomes in the mother and baby emphasizing the early detection and prompt diagnosis and management.

e aim of this study was to investigate maternal anemia and its relation with maternal outcome such as low birth weight and preterm birth.

Patients and Methods

	N=605 (24.4%)	N=1752 (70.7%)	N=121(4.9%)	N=2478		
Age in Years						
<19 years	65 (24.6%)	188 (71.2%)	11 (4.2%)	264	10.7	0.906
19-34 years	458 (24.6%)	1311 (70.5%)	90 (4.8%)	1859	75.0	
35 years	82 (23.1%)	253 (71.3%)	20 (5.6%)	355	14.3	
Address						
Aden	539 (23.7%)	1623 (71.5%)	109 (4.8%)	2271	91.6	0.020
Other governorate	66 (31.9%)	129 (62.3%)	12 (5.8%)	207	8.4	

- 20. Mirazie F, E ekhari N, Goldouzian S, Mahdavinia J (2010) Prevalence of anemia risk factors in pregnant women in Kerman, Iran. Iranian Journal of Reproductive Medicine 8: 66-69.
- 21. Hani J, Das A, Onn LT, Sun CW, Nordin NM, et al. (2007) Anemia in pregnancy in Malaysia: a cross-sectional survey. Asia Paci c Journal of