



Prevalence of Severe Anemia in Infants Born Following Placenta Praevia and Abruptio Placenta: A Report

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Abstract

This study investigates the occurrence of severe anemia in infants born subsequent to placenta praevia and abruptio placenta. The data reveals that 10% of infants born following placenta praevia and 4% of infants born following abruptio placenta present with severe anemia. Understanding the prevalence of severe anemia in these cases is crucial for informing clinical management strategies and improving neonatal health outcomes.

Keywords: Severe anemia; Infants; Placenta praevia; Abruptio placenta; Prevalence

Introduction:

Severe anemia in infants poses significant challenges to neonatal health and requires prompt identification and management to prevent adverse outcomes. Placenta praevia and abruptio placenta are obstetric complications associated with increased risk for adverse neonatal outcomes, including anemia. Placenta praevia occurs when the placenta partially or completely covers the cervix, while abruptio placenta involves premature separation of the placenta from the uterine wall before delivery [1]. Despite advancements in obstetric care, these conditions remain significant contributors to neonatal morbidity and mortality. While previous research has examined the association between placenta praevia, abruptio placenta, and adverse neonatal outcomes, the specific prevalence of severe anemia in infants born following these complications is not well-established. Understanding the prevalence of severe anemia in this population is essential for optimizing clinical management and improving neonatal outcomes.

Therefore, this study aims to investigate the prevalence of severe anemia in infants born following placenta praevia and abruptio placenta. By identifying the prevalence of severe anemia in these cases, healthcare providers can better tailor interventions to mitigate the risk of adverse outcomes and improve neonatal health. This research contributes to the body of knowledge surrounding neonatal health and informs clinical practice guidelines for the management of infants born following placenta praevia and abruptio placenta [2].

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born following abruption placenta, 4% exhibited severe anemia. These findings highlight the significant prevalence of severe anemia in neonates born subsequent to these obstetric complications. Placenta praevia and abruption placenta are both associated with disruptions in fetal oxygenation and nutrient supply, which can predispose infants to anemia. Placenta praevia, by obstructing the birth canal, may lead to prolonged labor or necessitate cesarean delivery, increasing the risk of fetal blood loss and subsequent anemia. Similarly, abruption placenta, with its potential for significant maternal hemorrhage, can deprive the fetus of vital nutrients and oxygen, contributing to anemia [7].

The higher prevalence of severe anemia observed in infants born following placenta praevia compared to abruption placenta suggests that the extent of placental involvement and the severity of fetal compromise may influence the likelihood of neonatal anemia. Infants affected by placenta praevia may experience more prolonged periods of compromised placental function, resulting in greater fetal blood loss and anemia [8]. Additionally, the degree of placental separation in abruption placenta cases may vary, with milder cases potentially allowing for better preservation of fetal blood volume and nutrient exchange, thereby reducing the risk of severe anemia [9]. These findings underscore the importance of vigilant antenatal monitoring and timely intervention in pregnancies complicated by placenta praevia and abruption placenta to minimize the risk of neonatal anemia. Strategies aimed at optimizing maternal health, such as early detection and management of hypertension and smoking cessation, may help mitigate the risk of placental complications and subsequent neonatal anemia. Furthermore, close fetal surveillance and prompt delivery in cases of fetal distress or worsening maternal condition are essential to prevent adverse neonatal outcomes [10].

Conclusion

In conclusion, the prevalence of severe anemia in infants born following placenta praevia and abruption placenta underscores the need for comprehensive prenatal care and vigilant management of these obstetric complications. Further research is warranted to elucidate the

underlying mechanisms contributing to neonatal anemia in these cases and to develop targeted interventions aimed at reducing morbidity and mortality in affected infants.

Accepted

None

Conflict of Interest

None

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