ANEMIA IN PREGNANCY IN JEDDAH, SAUDI ARABIA

AN EPIDEMIOLOGICAL STUDY

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(1988)

INTRODUCTION

Anemia is the commonest medical disorder to occur in pregnant women (Dewhurst, 1981). Iron deficiency is by far the commonest cause of anemia and the commonest nutritional disorder. The second common cause of nutritional anemia is folate deficiency (W.H.O., 1975; Letsky, 1984). High illiteracy and high fertility deplete body stores of nutrients while poverty will lead to the intake of some kind of foods which reduce iron absorption as stated by Philpot 1982. A reduction in concentration of circulating Hb is a relatively late development in iron deficiency. This is preceded by a depletion of iron stores and then a reduction in serum iron before there is any detectable change in Hb level. However, measurement of Hb is the simplest non invasive practical test at our disposal (Letsky, 1984). According to the standards led by WHO, (1972), anemia of pregnancy is present when the Hb concentration is less than 11 gm/dl. A level of 10 gm/dl has been suggested by Paintin (1962) since many woman in developing countries with Hb level around 10gm/dl are apparently healthy and symptom free. Rates of 10% or less are now common in U.K. (Allaire and Campagna, 1961). In USA it was 15% in 1961. In Egypt a prevalence rates of 75% (Mohi El Din, 1954) and 90% (Abdou et al., 1965) were reported. Adverse effects of anemia on both maternal and perinatal health have been widely reported for decades (Adams and Gurung, 1977). Its effects in reducing economic production have recently come to light as stated by Edgerton et al., (1979).

The aim of this study is to assess the prevalence of anemia in pregnancy in Jeddah and the effect of some biological and socioeconomic factors on its prevalence.