# Introduction

Iron deficiency anemia (IDA) is the most common type of anemia in pregnancy. The iron content of the body is normally kept constant by regulating the amount absorbed to balance the amount lost ***(Saha et al., 2007)***.

WHO estimates that 58% of pregnant women in developing countries are anemic mainly because of iron deficiency ***(Galloway et al., 2002)***.

Iron requirements are increased during infancy, puberty, pregnancy, and during menstruation. Anemia has a significant impact on the health of the fetus as well as that of the mother. It impairs the oxygen delivery through the placenta to the fetus and interferes with the normal intrauterine growth, leading to fetal loss and perinatal deaths ***(Sharma, 2003)***.

Almost all cases of iron deficiency anemia respond readily to treatment with iron supplementation ***(Dugdale, 2001)***. However, patients do not always respond adequately to oral iron therapy because of noncompliance due to side effects. Gastrointestinal disturbances characterized by colicky pain, nausea, vomiting, diarrhea, and gastric distress occur in about 6%–12% of patients taking iron preparations ***(Adamson et al., 2001)***.

Iron chelated amino acid therapy is said to have more rapid effect with less gastrointestinal tract side effects ***(Burns, 2002)***.