



SUMMARY



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Anemia is one of the most common and intractable nutritional problems in the world today. It has consequences on human health, social and economic development, and associated with increased risk of morbidity and mortality, especially in pregnant women. Anaemia affects over two billion people and the World Health Organization (WHO) estimates that half of these cases are due to iron deficiency (*WHO, UNICEF, UNU, 2001; Bagchi, 2004; Kraemer&Zimmermann, 2007*).

Aim of the study:

The aim of the study was to assess the risk factors encountered during pregnancy among pregnant women with IDA.

Research question:

What are the risk factors of iron deficiency anemia among pregnant women?

Research design:

The present study is a descriptive exploratory study.

Methodology:

a. Setting of the study:

This study was conducted in the antenatal and obstetrical units at Mansoura University Hospitals.

Subjects of the study:

A convenience sample of (100) pregnant women will be recruited for this study according to the following criteria: women during the second and the third trimester of pregnancy on admission to the hospital,

both primi & multipara will be included, and Level of hemoglobin is ≤ 11.0 g/dl.

Tools for data collection:

Data were collected using the following tools:

- First part: This part covers Sociodemographic characteristics of the pregnant women.
- Second part: this part covers physical examination of pregnant women.
- Third part: this part covers present pregnancy history of pregnant women.
- Fourth part: this part covers assessment of life style of pregnant women.
- Fifth part: this part covers laboratory investigation.
- Sixth part: this part covers women's knowledge regarding IDA.

b. Pilot study:

The pilot study was applied on a group of 10 patients based on statistical percentage to test content applicability and clarity of the tools. Based on the results of the pilot study, some modifications were carried out.

Result:

The main study findings can be summarized as the following:

- More than half of studied sample 65% was in age group of 20-30 years old with mean 27.63 ± 5.27 years. As regard to the woman's education level less than half of them 46% had secondary education and 71% of them were not working. The same table revealed that,

63% of pregnant women form rural area. As well as, less than one half 45 % of them had 4 members in their family.

- More than one half 58% of the studies pregnant women had moderate anemia (8-10.5) mg/dl, and less than one quarter 23% of the pregnant women had sever anemia (<8 mg/dl).
- Regarding the total pregnant women's knowledge score regarding IDA less than half of the sample (38%) of the pregnant mother had satisfactory knowledge, while 62% of them had unsatisfactory knowledge regarding IDA.
- There is statistically significant relation between degree of Iron deficiency anemia and parasitic infection of the pregnant women, spacing between pregnancy at p value = 0.036, Parity's number, at p value = 0.008. and there was no statistically significant relation between Iron Deficiency anemia and age, educational level, occupation, residence of the pregnant women.
- There is highly statistically significant relation between degree of Iron deficiency anemia and life style of pregnant women regarding frequency of intake vegetable & fruits, at p value = 0.000, iron intake, at p value = 0.004, frequency of intake meat (month), at p value = 0.017, frequency of intake beans, at p value = 0.013, regularity of taking iron supplementation, at p value = 0.02 and there was no statistically significant relation between Iron Deficiency anemia and drinking tea.

Based on the results of the present study, the following can be concluded, and recommended that:

- IDA during pregnancy is likely to lead to continuation of IDA during lactation and long-term, as it takes time to replete iron stores once

they have been exhausted. For this reason alone, it is important to prevent the development of IDA during pregnancy.

- It is apparent that iron deficiency will be seen often enough to require a clear set of guidelines for recognition and management as the adopted strategies seems to lack good management. The findings also suggest a degree of uncertainty amongst those health professionals who deal with pregnant women as to its clinical consequences and the best policy regarding identification and prevention.
- We recommend a more direct reliance on hemoglobin and serum ferritin levels as a screening tool, for pregnant women in their second and third trimesters, for the whole area, along with a more aggressive approach to the level of iron stores at which iron supplementation should be prescribed.
- As iron-rich diet is the cornerstone of any approach to prevention or treatment of IDA and diet is a cheaper, safer and much more palatable option than iron supplementation, it is essential that physician or other health professionals must pay more attention to teach pregnant woman good long-term dietary habits as a part of an overall approach to health promotion, however, once IDA is established, a period of iron supplementation is almost certainly necessary in order to improve the iron status of the mother and prevent further consequences of IDA.
- It is also of great importance to encourage women for early registration during pregnancy and to attend postnatal visits during lactation for close supervision and effective follow-up.

- It is apparent that (68%) of pregnant women of this study have unsatisfactory knowledge score regarding IDA nutritional hence, education should be provided for anemic pregnant women and their families about the balanced diet, proper manner of cooking and eating, daily requirements.
- The maternity nursing should be alert for early detection and identification of risk factors associated with anemia in order to reduce maternal and fetal complications.
- High risk anemic women whether mild or severe cases should be treated before pregnancy to prevent its deleterious effect on pregnancy and its outcome.