INTRODUCTION

Iron deficiency and iron deficiency anaemia are prevalent in the world. They constitute a major public health problem in developing countries where poor nutrition, chronic infections and parasitic infestations predominate. Even in developed countries, some segments of the population are at high risk of becoming anaemic especially during pregnancy (Cohen and Gibor, 1980). In the Middle East, 20 to 25% of pregnant females suffer from iron deficiency anaemia (Bengoa, 1974).

Iron deficiency anaemia during pregnancy may lead to maternal and fetal complications.

A number of investigations done over the years have shown that the fetus is a highly efficient parasite in extracting adequate amounts of iron from the maternal circulation regardless of the iron levels. Parish and Brame (1954), observed that there was no relationship between maternal and neonatal haemoglobin. On the other hand, Nhonoli et al. (1975), showed that there was a direct relationship between maternal and cord blood haemoglobin. Singla et al. (1979), also found that there was a linear relationship between maternal serum iron

levels and iron concentrations in the cord blood, implying that maternal iron deficiency during pregnancy leads to reduced amounts of the element in the fetus.

Singla et al, (1978), observed that birth weight was also significantly reduced in severly anaemic mother.

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