

## Editorial

# Anaemia: A Most Preventable Cause of Maternal Mortality



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With the advent of new millennium and the herald of high tech era, women's status was expected to reach new horizons both socially and physically. But to our great disappointment, we are receiving the same or only marginally improved maternal mortality statistics. Though the contribution of sepsis and haemorrhage in causing maternal mortality has reduced to quite an extent by continued efforts to provide safer deliveries and better care, Anaemia still remains the most important indirect cause of maternal mortality and morbidity.

In India more than half of pregnant women i.e. at least 1.3 crore women during pregnancy suffer from anaemia. 1 in 5 of all maternal deaths are attributed to anaemia (19% of the causes of maternal mortality, as per statistics of Registrar General of India 1992). This however is only a tip of the iceberg, as the number of hospital admissions with anaemia in pregnancy is showing an increasing or rising curve. To make the matters worse, even primiparous women now come with moderate to severe anaemia. Despite the nationwide efforts by the Govt. and the national iron prophylaxis programme and the increasing number of medical

personnel, this remains an appalling issue.

The cause of anaemia in pregnancy lies not entirely in the duration of pregnancy but in the girl child, adolescent girl and intervals between pregnancies. Effort therefore need to be directed to correct anaemia in the entire womenfolk of the country, which is possible only through increased socio-economic status, educational level and elevated position of females in the society.

A girl child as such is the most unimportant and neglected member of the family. Common disorders as worm infestations, bleeding gums and diathesis, epistaxis, chronic urinary tract infection, pelvic infection causing prolonged, heavy and repeated menstruation, chronic malaria and tuberculosis which leads to a jumbled picture of the anaemia, are always overlooked and remain untreated till the girl comes to the brink of maternal mortality on getting pregnant after marriage. Anaemias in these girls need a multipronged approach and few of them have the fortune to reach an apex centre for care.

Even in women and girls of high income groups, nutritional iron deficiency remains an important factor because of ignorance of the importance of balanced diet and nutritious food material. Lot of money is wasted on costly eatables which deliver empty calories, under the influence of widespread multi media advertisements.

An adult male had 70mg/kg body wt. of iron and an adult female has 50mg/kg body wt. iron. Lower iron content in the female reflects widespread iron deficiency in females rather than any sex difference in iron metabolism. A proper knowledge of iron rich foods and high bioavailability proteins, which are cheap and easily available, needs to be dissipated amongst the masses. Iron fortification of different commonly used food articles as flour and salt should be materialized

soon. Help from mass media communication is a must to spread the message of a safer pregnancy with a healthy female child.

With an enormous number of members of our Federation can take steps to correct the problem at grass root level. School going girls and their mothers can both be approached through educational institutions. Regular health check ups of these girls and their mothers, while providing them medicines at minimal cost, scientific knowledge and information at its best, can go a long way in reducing anaemias in pregnancies thus eliminating the major indirect cause behind most of the maternal mortalities.

Anaemia, the most preventable cause of maternal mortality, should be eradicated from the female population in the coming years, that will ensure a better maternal and perinatal health, happier family and a healthy nation.

“It is how best we do for the masses from sunrise to sunset that makes our world beautiful”.

**Dr. Shaila Sapre**