

Observation of Hemoglobin Status of Pregnant Women at The Time of Delivery

By

Ankita Sonraya

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2016-2018



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National Health Mission
08, Arera Hills, Bhopal. (M.P)



The Certificate Is Awarded To

ANKITA SONRAYA

In Recognition of Having Successfully Completed Her
Internship in The Department
of

IIHMR
University Jaipur

And Has Successfully Completed Her Project

On

**"Observation of Haemoglobin Status of Pregnant women at
the time of Delivery Bhopal."**

Under The Guidance Of

Dr. Archana Mishra

(Deputy Director of Maternal Health NHM-MP)

NHM, Bhopal

Internship :- (5th April – 13th May)

NATIONAL HEALTH MISSION

Madhya Pradesh

She comes across as a committed, sincere & diligent person who has a strong
Drive And Zeal For Learning

We wish her all the best for future endeavors


(Dr. Durgesh Gour)
DD/HR

NHM, Bhopal
उप संचालक (मानव संसाधन)
राष्ट्रीय स्वास्थ्य मिशन
मध्यप्रदेश


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राष्ट्रीय स्वास्थ्य मिशन

SONO DIAGNOSTIC CENTER

THIS CERTIFIES THAT

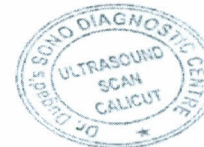
DR. ANKITA SONRAYA (MBA-HM, B.H.M.S.)

Has successfully completed her dissertation of 47 days out of 84 days as per IHMR University with topic "Patient time reducing" under the guidance of Dr. Luv Dugad.

4/4/2018


for
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INDIA

THE IIMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **OBSERVATION OF HAEMOGLOBIN STATUS OF PREGNANT WOMEN AT THE TIME OF DELIVERY IN DISTRICT HOSPITAL BHOPAL** and submitted by **Dr. ANKITA SONRAYA 0388** under the supervision of **Dr. SAMEER PHADNIS** for award of **MBA in Hospital and Health Management in Health and Hospitals** of the University carried out during the period from **19/02/2018 to 13/05/2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

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ABBREVIATION

<u>Acronym</u>	<u>Full form</u>
ANC	Ante-natal care
DH	District hospital
CMHO	Chief medical health officer
J.P.	Jai Prakash
DD	Deputy director
HB	Haemoglobin
PREG	PREGNANT

PPH	POST PARTUM HEMORRHAGE
C.S.	CIVIL SURGEON
IFA	IRON FOLIC ACID
CA++	CALCIUM
B/W	BETWEEN
I.S.	IRON SUCROSE
TAB	TABLETS
NFHS	NATIONAL FAMILY HEALTH SURVEY

NRHM	NATIONAL RURAL HEALTH MISSION
NUHM	NATIONAL URBAN HEALTH MISSION
NHM	NATIONAL HEALTH MISSION
NHM MP	NATIONAL HEALTH MISSION MADHYA PRADESH

TIME SCHEDULE:-

S. No	Name of the Department	Date(s) of Visit	Interacted with
1	HR DEPARTMENT	5/4/2018	MRS TASHA
2	HR HEAD	6/04/18	DR. D. GAUD
3	MENTOR ALLOTMENT	9/04/17	DR. ARCHNA MISHRA
4	GUIDE ALLOTMENT	10/04/17	DR.ROHANI
5	TOPIC ALLOTMENT	11/04/17	MATERNAL HEALTH
6	SYNOPSIS PREPRATION	12 TO 13/04/2018	
7	APPROVAL OF SYNOPSIS	14/04/2018	FROM MATERNAL DEPARTMENT
8	RESERCH DESIGN FORMATION	15/04/2018	
9	MEET WITH CMHO AND CIVIL SURGEON (OFFICE)	16/04/2018	
10	STARTED DATA COLLCETION	17 TO 30/4/2018	FROM J.P. HOSPITAL BHOPAL
11	DATA ENTRY	1 TO 3/5/2018	FROM RESIDENCE
12	DATA ANALYSIS	4 TO 6/5/2018	
13	REPORT WRITING	7 TO 9/5/2018	
14	ABSTRACT WRITING	10 /5/2018	
15	REPORT APPROVAL	11 TO 14/5/2018	JAIPUR VISIT
16	REPORT SUBMISSION NHM-MP	16/5/2018	NHM-MP

DETAILS

NRHM - Established 12th April 2005

NUHM - national urban health mission 2011

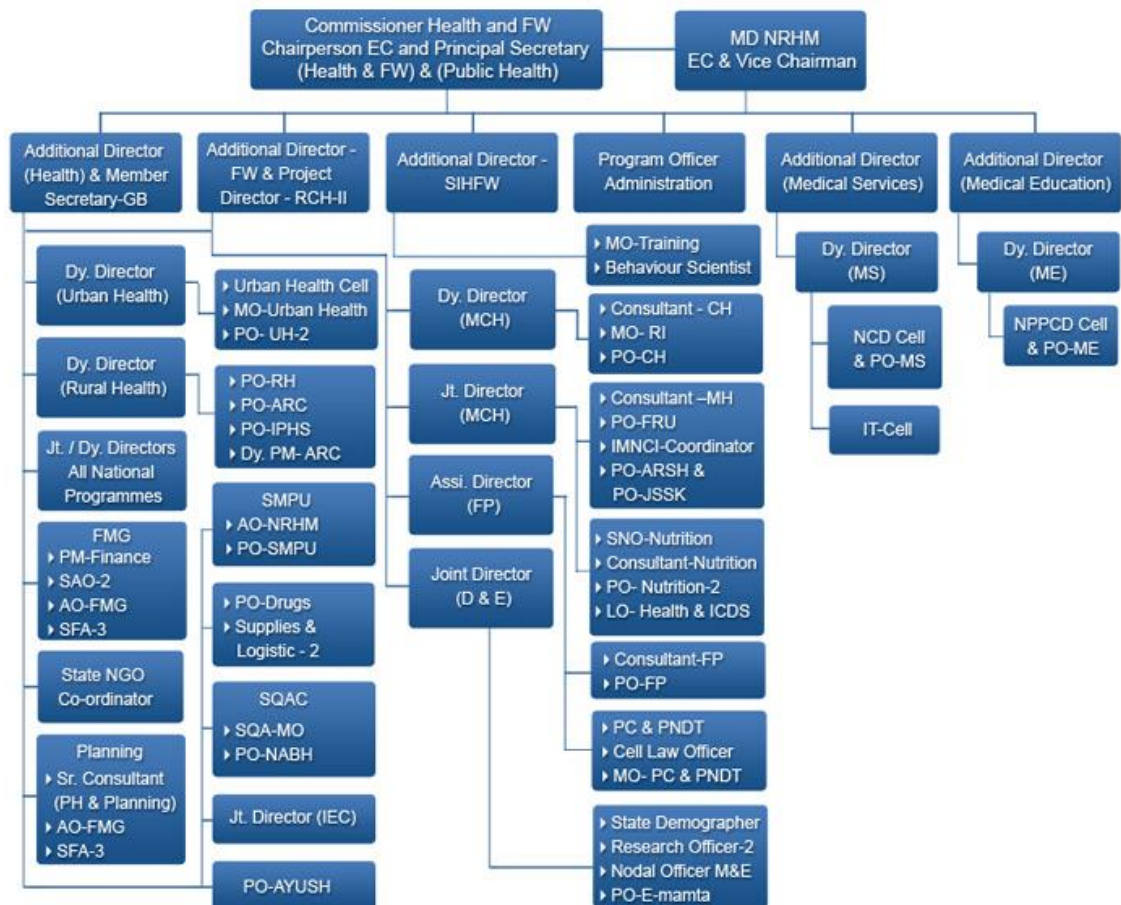
NHM – national health mission 2013

PRINCIPLE SECRETORY- Mrs. Gauri Singh

DIRECTOR- Mr. S. Viswanathan

DEPUTY DIRECTOR OF MATERNAL HEALTH- dr. Archana Mishra

GUIDE FOR DISSERTATION- Dr. Rohini



OBJECTIVE OF DISSERTATION

The objective of dissertation is to give practical experience to the candidate in handling the managerial issues which likely to come up day to day in the working as a health manager.

Three months of extensive training is provided to us with the chance to meet different set of people within or outside of the organization like field for data collection.

We came to know the practicality of the health care mission running in our country specially in Madhya Pradesh.

To understand the working of programme running for maternal health in NHM-MP and provide real field experience of working with full efficiency and effectiveness

Get the opportunity to learn from the key person of maternal health department

To enhance the professional and managerial skill.

ABSTRACT

Anaemia in pregnancy is an important public health problem worldwide. Women often become anaemic during pregnancy because the demand for iron and other vitamins is increased due to physiological burden of pregnancy. The inability to meet the required nutrition in pregnancy has a significant impact on the health of the mother as well as of the foetus. This is particularly in developing countries like in India prevalence of anaemia is 51% (as per global nutrition report). In Madhya Pradesh the anaemia prevalence among women is 56% (as per NFHS 3) and anaemia among pregnant women is more than 80% in Bhopal (as per National health survey). Due to which Madhya Pradesh is having high MMR of 221/1 lac (as per SRS 2011-13). Postpartum haemorrhage is one the major cause of it and Anaemia during pregnancy is the cause for preterm delivery. To overcome this, Indian government is providing free IFA and calcium tablets. still the anaemia prevalence is very high in Madhya Pradesh, this cross-sectional descriptive study was conducted in one month at 'District Hospital' (J.P. Hospital) with the sample size of 130 women's (conveniently selected) in Bhopal. To determine the haemoglobin status of pregnant women and to understand the of consumption of iron-folic-acid tablets, calcium tablets, albendazole intake & Causes behind the non-consumption of IFA. only those women's who took ANC from J.P. Hospital and came for delivery at the same were consider as sample. During data collection the number of IFA tablets, calcium tablets taken by pregnant women will be noted down along with her recent haemoglobin status. On the basis of, personal interview, ANC and MCP card the personally administered self-structured questionnaire tool was used for data collection This study is helpful to identify the haemoglobin status of pregnant women before delivery, impact of supplementation strategy (about IFA and calcium) of government and it also give knowledge regarding number of IFA tablets, iron sucrose and calcium tablets consumed.

Introduction

Anaemia in pregnancy is an important public health problem worldwide. Women often become anaemic during Pregnancy because the demand for iron and other vitamins is increased due to physiological burden of Pregnancy. The inability to meet the required nutrition in Pregnancy has a significant impact on the health of the mother as well as of the foetus². This is particularly in developing countries like in India prevalence of anaemia is 51%¹⁰. In Madhya Pradesh the anaemia prevalence among women is 56%⁷ and anaemia among pregnant women is more than 80% in Bhopal.¹¹

Due to which Madhya Pradesh is having high MMR of 221/1 lac¹². Postpartum haemorrhage is one the major cause of it and Anaemia during Pregnancy is of the cause for preterm delivery¹⁰. To overcome it Indian government is providing IFA tablets to decrease it. This cross-sectional study was being conducted in 'District Hospital, JP Hospital Bhopal to determine the haemoglobin status of pregnant women and to check consumption of iron-folic-acid tablets & Causes behind the non-consumption of IFA and calcium tablets.

The research question is what is the HB status of pregnant women at the time of delivery and to measure the supplementation intake, related to anaemia control provided by government?

Our research problem is that, In India prevalence of anaemia is 51%. About 830 women *die* from Pregnancy or childbirth-related complications around the world every day¹¹. 35% of total MMR is contributed by postpartum haemorrhage⁶. Therefore we want to measure the haemoglobin status of pregnant women during at the time of delivery and total number of IFA tablets consumed.

In Madhya Pradesh the anaemia prevalence among women is 56%⁷. To reduce maternal deaths government is providing free IFA tablets. Supplements are reaching about 85% of the targeted beneficiaries in Madhya Pradesh³. Still the anaemia among pregnant women is more than 80% in Bhopal⁵. This study will help to identify the high-risk Pregnancy. It gives information regarding non-consumption of IFA, iron sucrose, albendazole & calcium and regarding medication taking from private or government.

Literature review

So many researches have been conducted over this topic like “Haemoglobin status and predictors of anaemia among pregnant women in Mpigi, Uganda”. In this research study the women's of 3rd trimester was involved but comparison with the previous haemoglobin status was not taken.²

‘Prevalence of anaemia in pregnant women and its effect on neonatal outcomes in Northeast India.’ This study gives very good guide ANC for conduction of study and its effects on neonates, but the comparison of supplementation status was not performed.³

Study Iron status of pregnant Indian women from an area of active iron supplementation, provide clear cut route for study purpose with sample size of 221⁴

This study includes tribal population of India along with supplementation status provided by government. effects are also mentioned in this study. It shows improvement in haemoglobin status of pregnant women with effects of supplementation strategy. this study will give base guideline to conduct study in this kind of research⁵

Study of helminthiasis in pregnancy and its correlation with haemoglobin level” the government is providing free albendazole to remove any worm infestation, worm infestation leads to remove the effect of supplementation strategy. So, this study also plays an important source and data of information.⁶

Iron deficiency anaemia at admission for labour and delivery is associated with an increased risk for Caesarean section and adverse maternal and neonatal outcomes. This study is helpful to know the maximum complication occurs at the time of delivery due iron deficiency anaemia and give very interesting way of sampling.⁷

OBJECTIVES

- To measure the prevalence of anemia during 3rd trimester of pregnancy.
- To measure the compliances of IFA tablets, calcium tablets and factor related to the non compliances of both the tablets and its availability as per the women.
- To assess the gap duration between calcium and iron intake by pregnant women
- To assess albendazole consumption.
- To assess the needed dose of iron sucrose provided to the pregnant women.

METHODOLOGY: -

AREA OF STUDY: - Bhopal District

DURATION OF STUDY 1 month

STUDY POPULATION: -

Women received ANC and now in third trimester pregnancy attending a tertiary healthcare institution for delivery care.

INCLUSION CRITERIA-

inclusion of women of third trimester who had her ANC visit from J.P. Hospital and Those who came for delivery to J.P. hospital Bhopal are included in sample.”

EXCLUSION CRITERIA: -

Those women who did not have ANC check-up from J.P. Hospital are excluded because the MCP card are not filled completely so that the missing details can be find out from the registers of same hospital, within one month it will be difficult to get the details from other hospitals also so that only those women who received ANC from J.P. Hospital are included. Seriously ill women with other disease are not included in sample. Women's with non consent are excluded.

SAMPLE SIZE: -

Total no of women during study the available time duration, eligible for the inclusion criteria (130 pregnant women)

STUDY DESIGN:

it is a cross sectional Descriptive Observational Study because the data collection includes hemoglobin status and the base data for comparison is taken from the guideline for treatment of anemia by government in Madhya Pradesh.

TECHNIQUE: convenience sampling

SOURCE OF DATA: -

- MCP card
- HB test before delivery
- Personal interview

QUESTIONNAIRE

“To assess the Haemoglobin status of pregnant women at the time of delivery Bhopal.”

DATE _____

STUDY SAMPLE NUMBER_____

NAME OF PREGNANT WOMEN _____ **AGE** ____

REG NO AS PER MCP CARD _____

HUSBAND’S NAME _____

Please mark the any one option for following questions OR SPECIFY
--

1) ALBENDAZOLE INTAKE

YES

NO

2) NUMBER OF CALCIUM TABLET INTAKE _____

3) AVAILABILITY OF CALCIUM TABLET (BY GOV) as per patient’s
FEEDBACK

GOOD

AVERAGE

POOR

4) GAP DURATION MAINTAINED IN B/W IFA AND CALCIUM TABLET IN
MINUTE

NOT SPECIFIC
THAN 2 HR

LESS THAN 2 HR

MORE

5) NO OF IFA TABLETS INTAKE _____

6) WHEN IFA CONSUMED IN RELATION OF FOOD

BEFORE FOOD
SPECIFIC

AFTER FOOD

NOT

7) AVAILABILITY OF IFA TABLET (BY GOV) as per patient's FEEDBACK

GOOD
POOR

AVERAGE

8) IF IFA TABLETS ARE NOT CONSUMED WHAT DID THE REASON SPECIFY

9) HB STATUS DURING 1ST TRIMESTER IN GRAM % _____

10) HB STATUS DURING 2ND TRIMESTER IN GRM% _____

11) HB STATUS DURING 3RD TRIMESTER IN GRAM % _____

12) RECENT HB STATUS IN GRAM % _____

13) NO OF ANC RECIVED _____

14) USING MEDICINE PROVIDED BY GOV

YES

NO

15) RECEIVED IRON SUCROSE

YES

NO

16) NO. OF TIME IRON SUCROSE RECEIVED _____

17) RECEIVED BLOOD TRANSFUSION

YES

NO

18) NO OF TIME BLOOD TRANSFUSION RECEIVED_____

19) ANY OTHER HEALTH ISSUE SPECIFY

THANK YOU

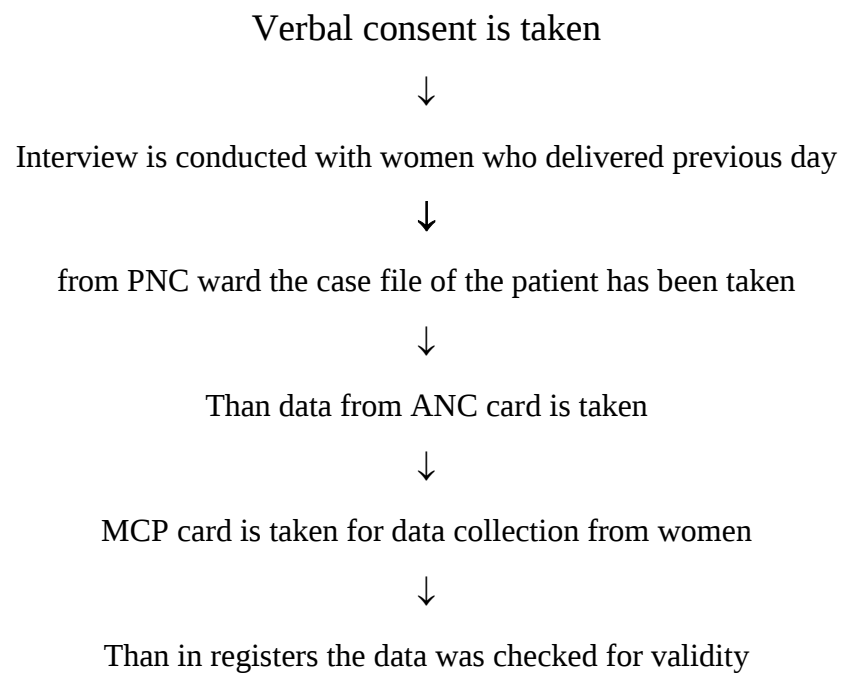
A tool is designed to collect the data from district hospital Bhopal regarding the name registration no, husband's name , no of ANC received, no of IFA intake , availability of IFA, gap maintained in between IFA and calcium ,no of calcium tablets intake, availability of calcium tablets as per women, albendazole intake, recent Haemoglobin status of pregnant women, iron sucrose received, reason for non-consumption of IFA, any other disease, blood transfusion received.

Data collection Process: -

The Pregnant women who came delivery purpose, details are taken from the MCP Card and based on personnel interview, personally administered structured questionnaire is used as a tool for data collection and then from registers the missing data was find out. for recent HB status the case report of the patient who admitted for delivery is taken than Verbal consent is taken from the patient than interview is conducted than questionnaire is filed by data collector. The current haemoglobin level is measured during ANC check-up is noted down, Near the obstetric care providing area. From MCP card the information is taken like name and age with reg. no. id, husbands name, previous haemoglobin in gram % with number of consumed IFA tablets etc. In this way data will be collected. status of hemoglobin and the base data for comparison is taken from the previous hemoglobin status as mentioned on MCP card, and the information like calcium intake and its duration of gap from IFA tablet, iron sucrose intake and albendazole intake this information will take from MCP card and on the personal interview

The data will be analysed on above basis and then also separate compression can be done based on number of IFA Tablets consumed by the pregnant women. The average percentage of anaemic women can be find out with above mentioned criteria. This way we can find out number of high risk pregnancy and the consumption of IFA tablets was proper or not. Through this we can find out the percent of women are using go supplied medicine, else they are taking from private medical stores. The availability of medicine by the 1st line worker from the government is also measured from the women's point of view.

FLOW CHART OF DATA COLLECTION



Guideline for anaemia treatment by NHM-MP with HB status and treatment

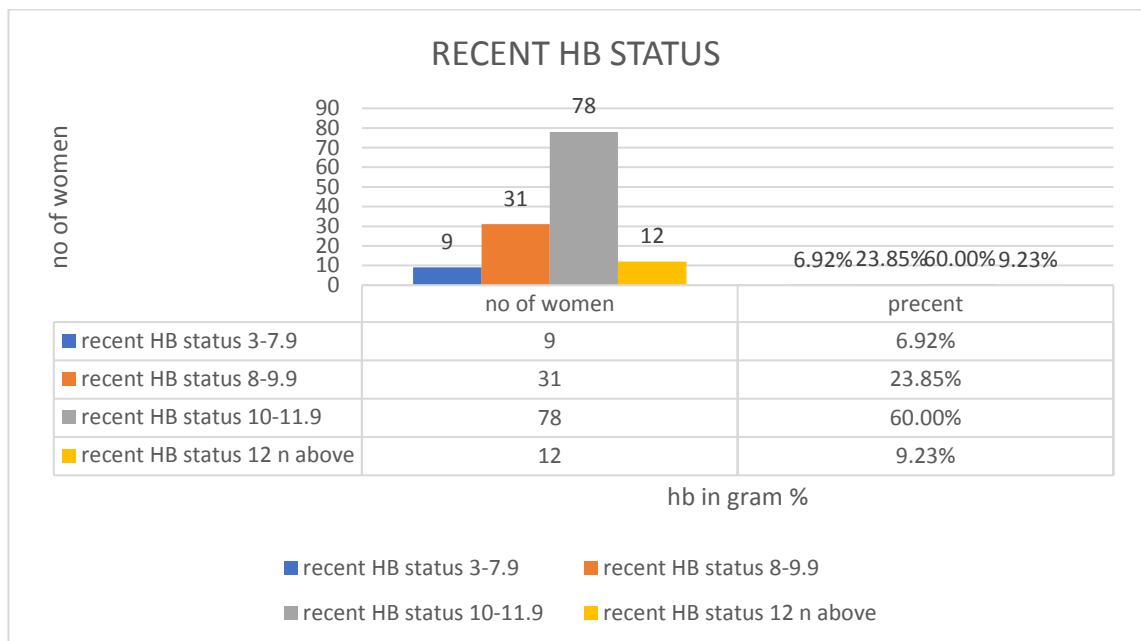
Time of pregnancy	Haemoglobin status				
	>11 g/dl	9-11 g/dl	7-8.9 g/dl	5-6.9 g/dl	<5 g/dl
1 ST TRIMESTER	Folic acid 400 µgm				BLOOD TRANSFUSION
2 ND TRIMESTER	In 17 high priority districts IFA 1 tablet / day + 100gm iron and 1.5 mg folic acid for Rest of the district Ferus sulphate 100mg iron +500µgm	IFA 2 tablets /day 17high priority district ferrous ascorbate 100 gm iron+1.5 mg folic acid In rest of the district Ferus sulphate 100 mg iron+500µgm	I V iron sucrose 200mg, 2 to 3 doses (alternative day) Than IFA 1 tablet / day Until HB gets normal	I V iron sucrose 200mg, 4 to 5 doses (alternative day) Than IFA 1 tablet / day Until HB gets normal	BLOOD TRANSFUSION

at the time of delivery	IFA 1 tablet / day In 17 high priority district ferrous ascorbate IFA 1 tablet / day + 100gm iron and 1.5 mg folic acid Rest district Ferus sulphate 100mg iron +500µmg	IFA 2 tablets /day In 17 high priority district ferrous ascorbate IFA 1 tablet / day + 100gm iron and 1.5 mg folic acid Rest district Ferus sulphate 100mg iron +500µmg	I V iron sucrose 200mg, 2 to 3 doses (alternative day) Than IFA 1 tablet / day Until HB gets normal	I V iron sucrose 200mg, 4 to 5 doses (alternative day) Than IFA 1 tablet / day Until HB gets normal	BLOOD transfusion If pregnancy is of more than 36 weeks And blood transfusion for women having below 7 gm HB
-------------------------	--	--	--	--	---

FINDINGS:-

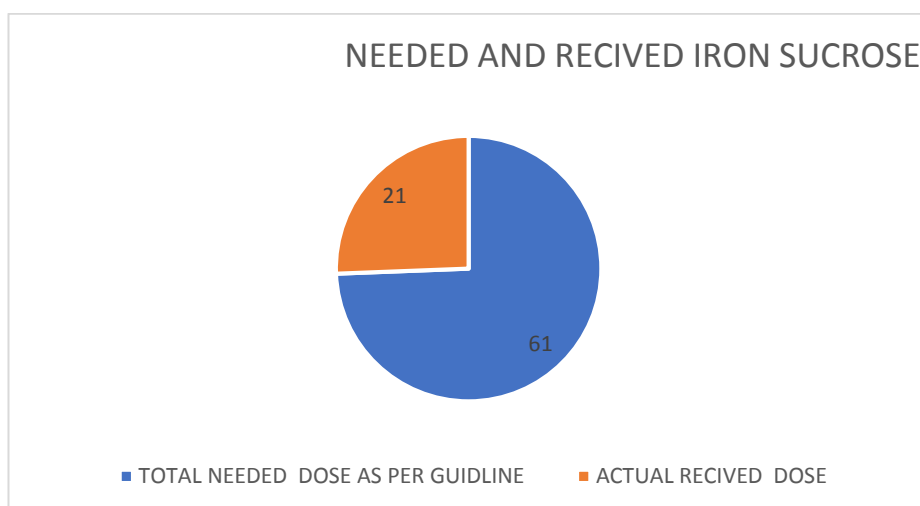
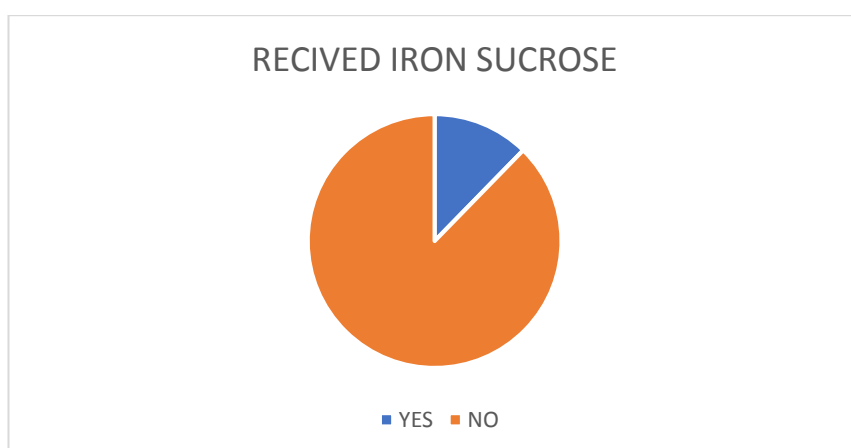
Based on data of 130 women collected from the J.P. Hospital it is observed that.

Table showing the Recent HB status among study subjects

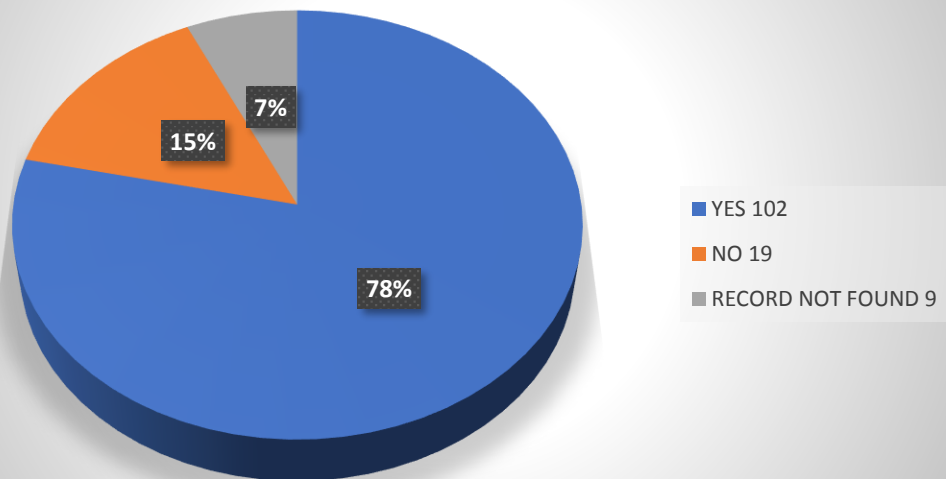


Iron sucrose received by pregnant women and its need

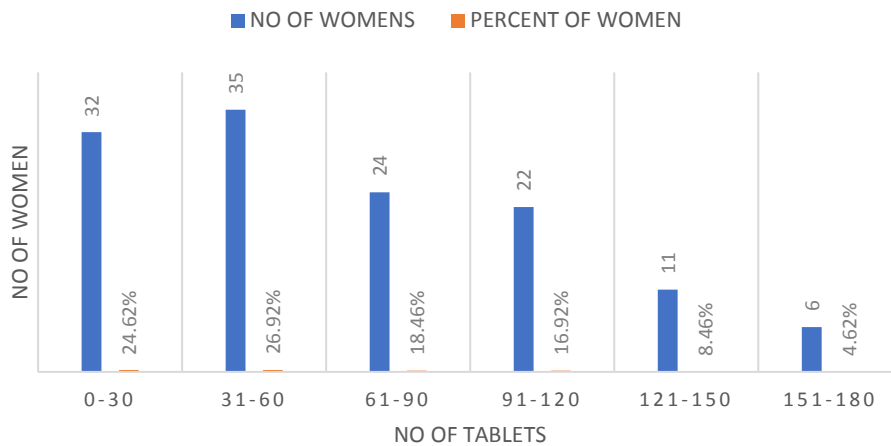
		RECEIVED IRON SUCROSE		
	frequency	Percent	TOTAL NEEDED DOSE AS PER GUIDLINE	ACTUAL RECEIVED DOSE
Yes	16	12%	61	21
No	114	88%		



PERCENTAGE OF ALBENDAZOLE INTAKE



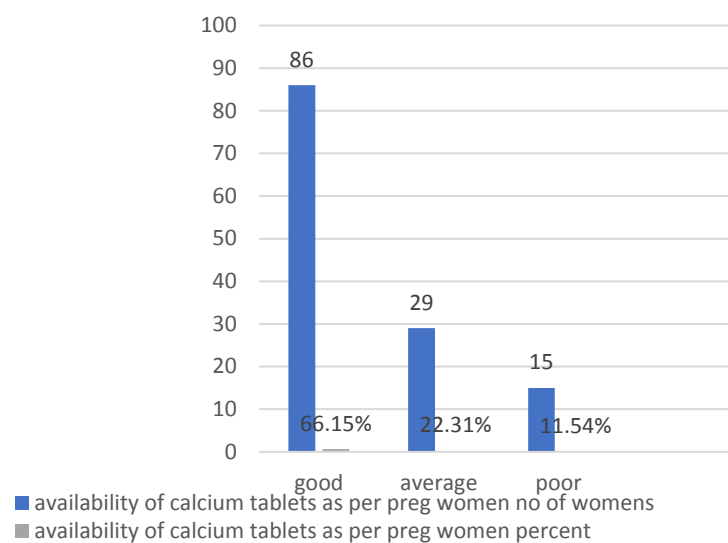
NO OF CALCIUM TABLETS INTAKE



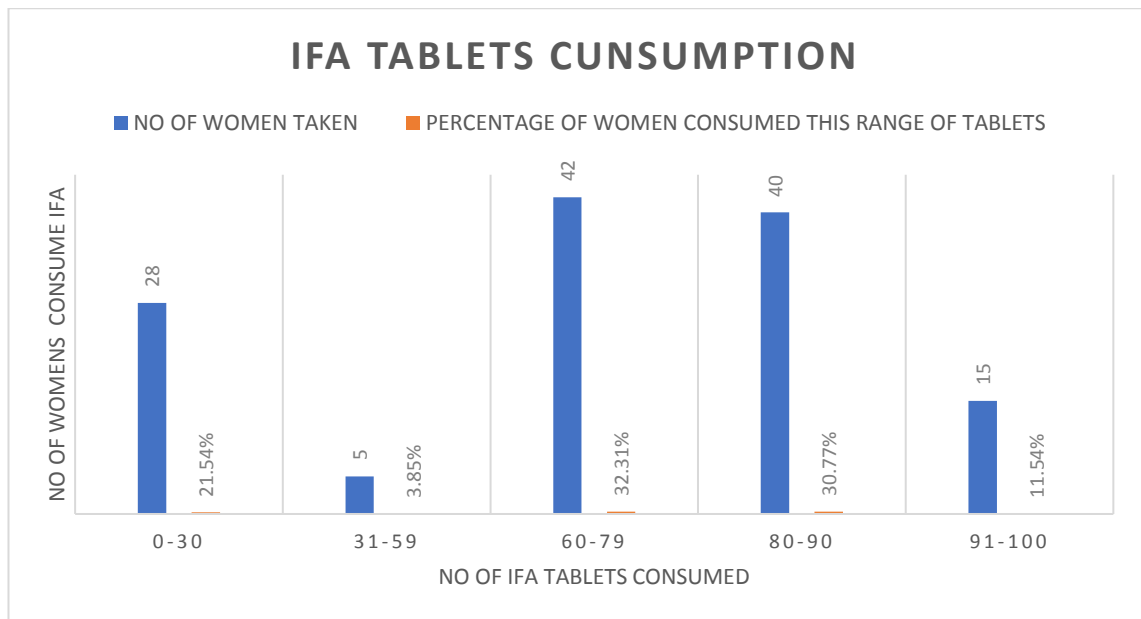
TOTAL CUNSUMPTION DEFICITE

23400 IDEALY
 9858 CONSUMED
 13542 DEFICITE

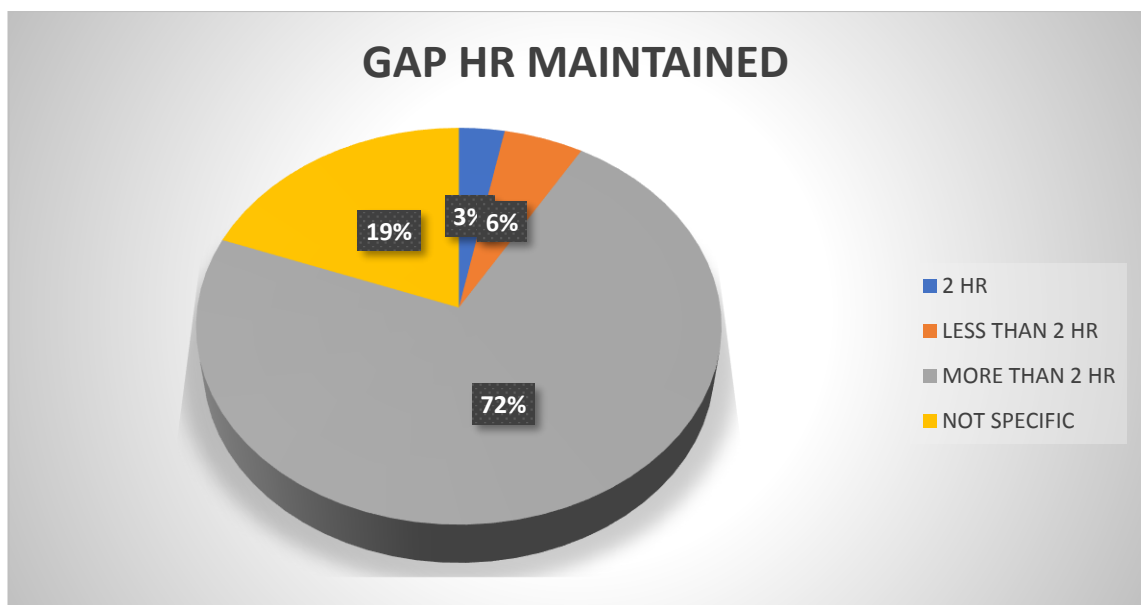
availability of calcium tablets as per preg women



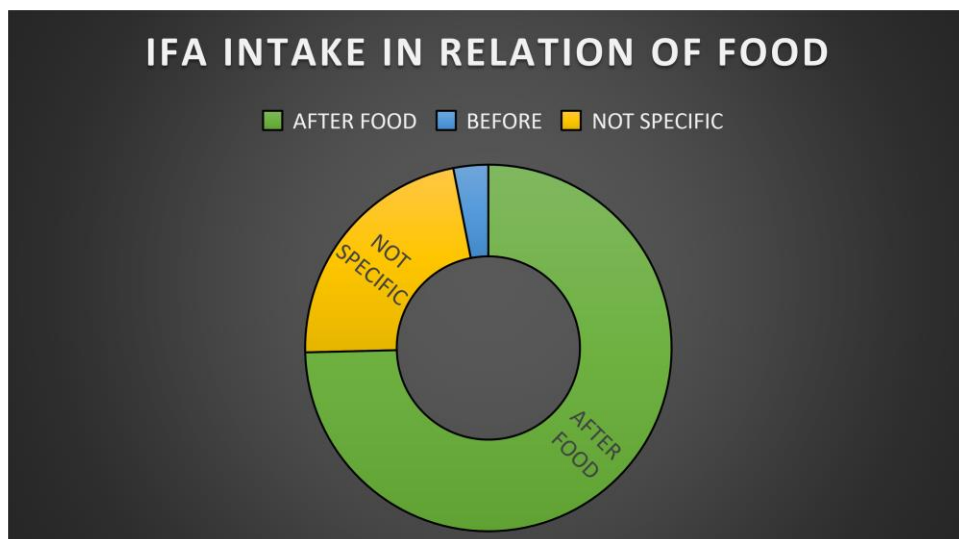
	no of IFA TABLETS CONSUME	
RANGE OF TABLETS	NO OF WOMEN TAKEN	PERCENTAGE OF WOMEN CONSUMED THIS RANGE OF TABLETS
0-30	28	21.54%
31-59	5	3.85%
60-79	42	32.31%
80-90	40	30.77%
91-100	15	11.54%
TOTAL	130	



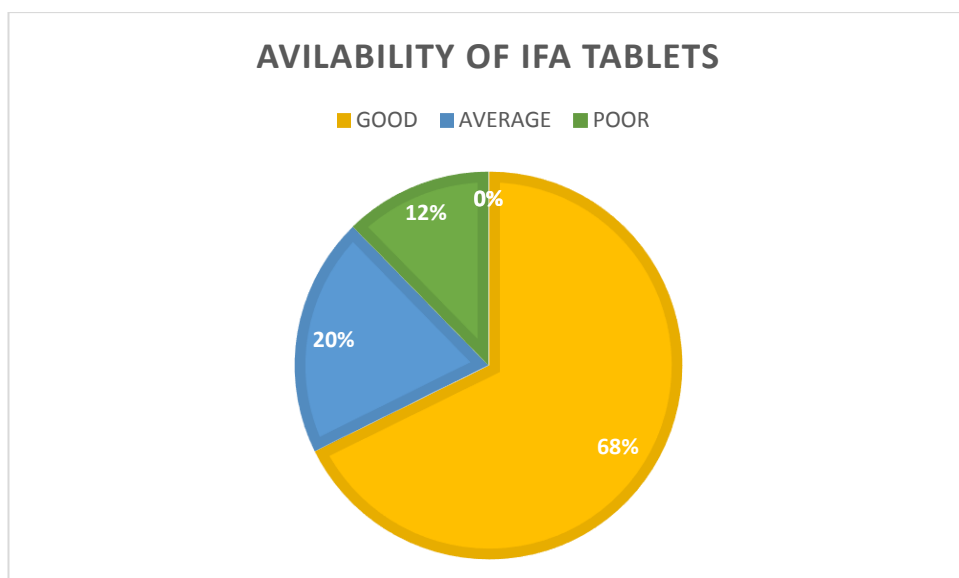
Gap maintained in between it and calcium tablets intake

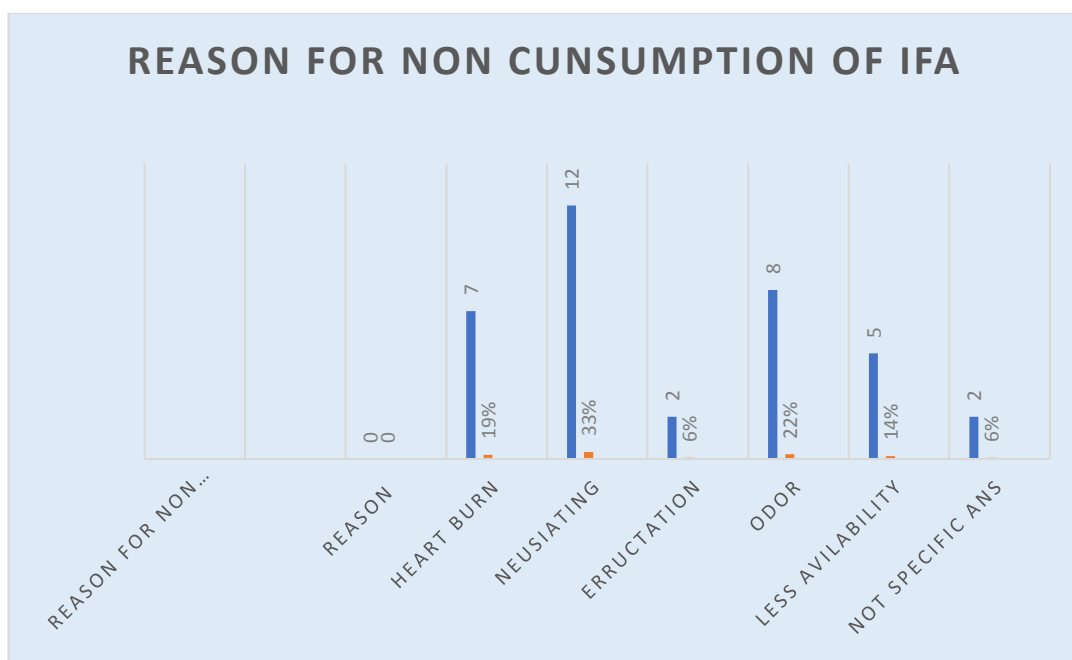


IFA intake in relation of food intake by women



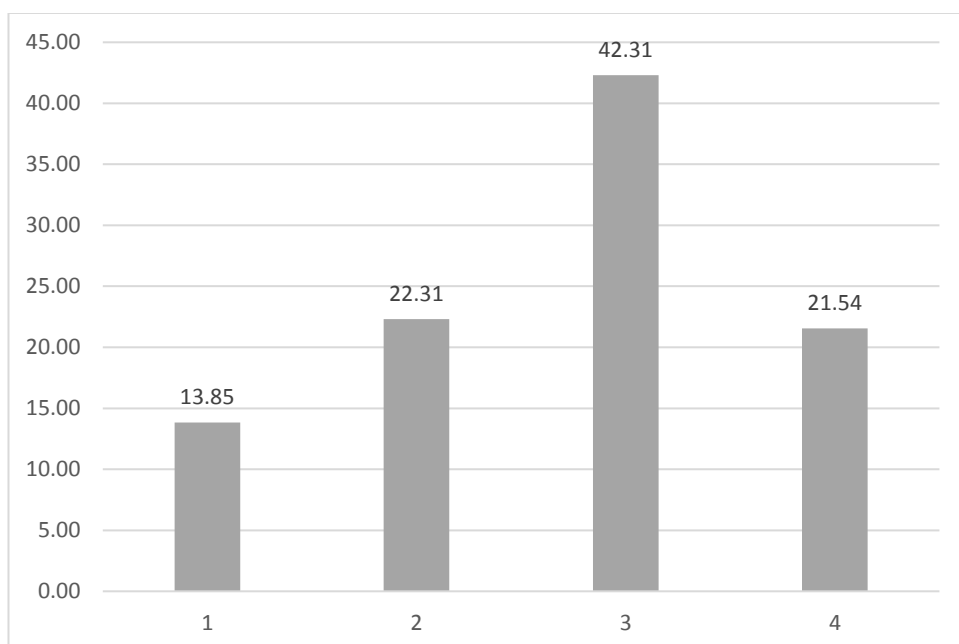
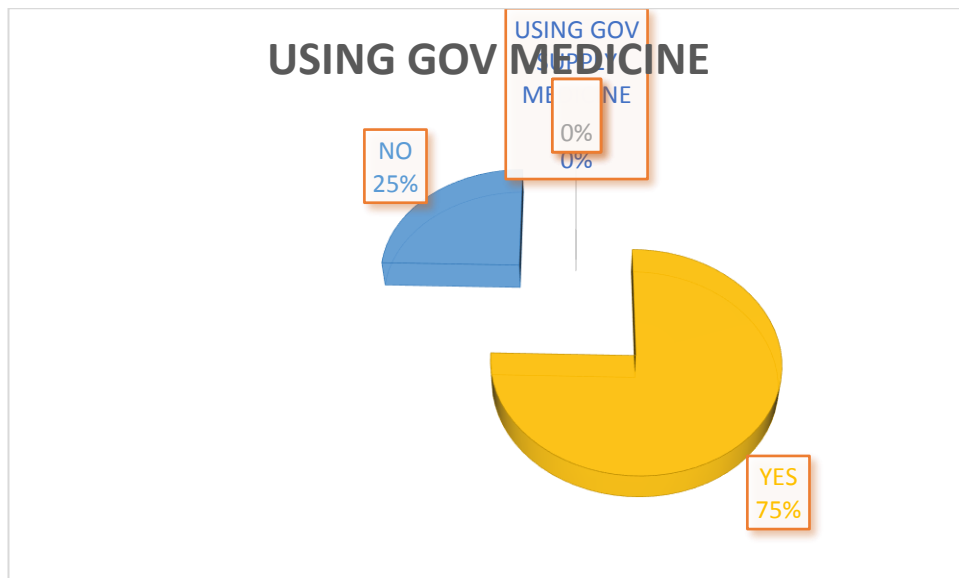
Availability of IFA tablets





REASON FOR NON-CONSUMPTION OF IFA				
REASON	NO OF WOMEN HAD	PERCENTAGE OF WOMEN OUT OF 36		
HEART BURN	7	19%		
NEUSIATING	12	33%		
ERRUCTION	2	6%		
ODOR	8	22%		
LESS AVILABILITY	5	14%		
NOT SPECIFIC ANS	2	6%		
TOTAL NO OF WOMEN NOT CONSUMED IFA	36			

OUT OF 130 WOMEN 36 WOMENS ACCEPTED THAT THEY DID NOT CONSUMED IFA BECAUSE OF FOLLOWING REASONS AND THOSE 36 WOMENS DID NOT CONSUMED IFA WITH ABOVE MENTIONED PERCENTAGE AND REASON



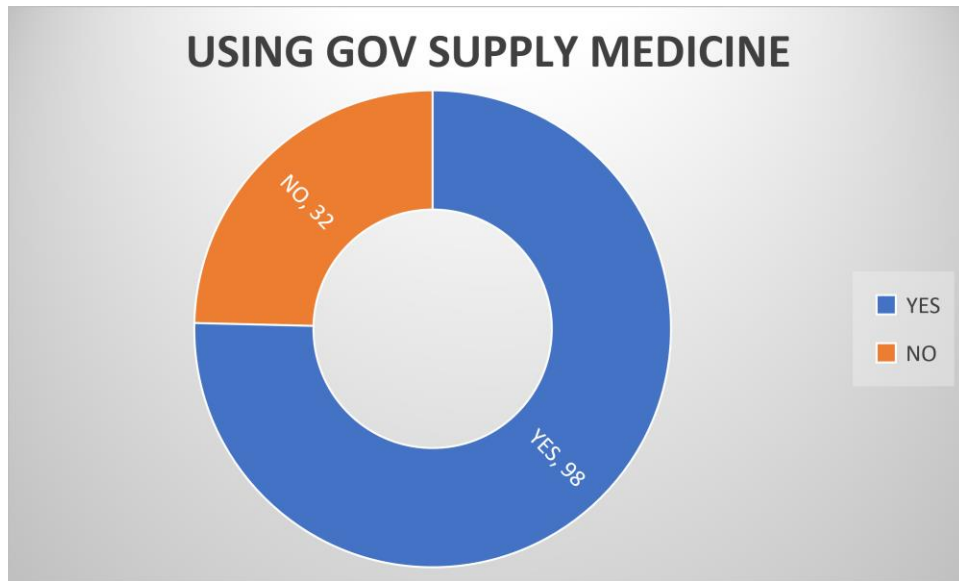
PERCENTAGE OF ANC RECIVED

13.85= 4 ANC

22.31%=3 ANC

42.31%= 2 ANC

21.54%= 1 ANC



“BLOOD TRANSFUSION IS RECIVED WHEN REQUIRED(BELOW 5 GRAM HB) NOT SUCH SPECIFIC DATA WAS FIND OUT IN 1 MONTH BECAUSE BELOW THE HB LAVEL OF 5 GM PERCENT THE BLOOD SHOULD BE GIVEN, AND IT SHOULD BE GIVEN UNTILL IT REACH THE MINIMUM LEVEL OF IRON SUCROSE CAN BE GIVE THAT IS MINIMUM 5 GRAM PERCENT.”.

15 WOMEN HAD SOME OTHER HEALTH
ISUUES DURING PREGNANCY OUT
OF130

SUMMARY OF FINDINGS: -

The study was conducted in district hospital of Bhopal, with the sample size of 130 pregnant women's. On the basis of collected data from J.P. Hospital Bhopal it is observed that before delivery 6.92% women were majorly anaemic and having 3 to 7.9 gram % HB status. The women's account for 23.58% are moderately anaemic and having 8 to 9.9 gram % HB status. It was also found that 60% women are mild anaemic with HB level of 10 to 11.9 gram %. 9.23% pregnant women are having normal HB status.

This study represents that 78.46% women consumed and 14.6% did not consume albendazole during their 2nd trimester. In addition to it was observed that Hospital, MCP and ANC card combinedly were not having any record regarding albendazole intake of 7% women. Those women who did not consume albendazole are found more anaemic than women who consumed albendazole by 14%.

It was observed on the basis of personal interview and MCP card data that 24.62% women consumed 0-30 tablets and 26.92% women consumed 31-60 tablets and 18.46% women consumed 61-90 tablets. It was also found that only 4.62% women consumed 151-180 tablets and 8.46% women consumed 121-150 tablets and 16.92% women consumed 91-120 tablets. Among 130 women's ideally calcium tablets consumption should be 23400 (180 tablets per woman) but actual consumption found 9858 tablets, there for 13542 tablets were not consumed tablets. It was also found in interview that availability of calcium tablets was good by 66.15% women's, average by 22.31% women's and poor by 11.54%. So around 34% non-consumption was due to the less availability of calcium tablets.

From the data filled based on interview it can be interpreted that 21.54% women consumed 0-30 IFA tablets and 3.85% women consumed 31-59 IFA tablets and 32.31% Women's consumed 60-79 tablets. It was also observed that 30.77% women consumed 80-90 tablets and only 11.54% women consumed 91-100 IFA tablets. It is clearly seen in data that those women's who consumed more IFA tablets there HB status was comparatively better than those who consumed less IFA tablets.

3% women accepted that they consume IFA and calcium tablets at approximately 2 hr interval and 5% women consume the same tablets with less than 2 hr interval. It was also found that 72% women maintain more than 2 hr gap in between both the tablets and 195 women's do not maintain any specific time Gap In between IFA and calcium tablets. It was found based on interview that 75% women's consumed IFA tablets after food intake and 3% women consumed IFA before food and 22% women do not maintain any specific pattern to intake the IFA and food. Total 33 women's out of 130, did not take IFA tablet after food, out of them 7 women had complain of heart burn. Availability of IFA tablets were good as per 68% women's, average as per 20% women and poor as per 12% women.

As per data the reason for non-consumption IFA tablets among 36 women was, heart burn for 19%, nauseating for 33% women, eructation for 6% women's, odour for 22%, less availability for 14% and not specific for 6% women's. It was also observed that 75.38% out of 130 consumed medicine provided by government and rest 24.61% women purchase it from shops

It was observed that 13.85% women had 4 ANCvisit, 22.31% women had 3 ANCvisit and 42.31% women had 2 ANC visit and 21.54% women had only 1 ANC visit.

As per the HB status 12% women's need iron sucrose with total needed dose as per guidelines (7-9 hb ,2-3 doses and 5-7 hb, 4-5 doses) are 61. only 21 doses are received by pregnant women's. It was also found that details are 20% filled ON MCP card, rest of the card is empty.

Blood transfusion is received when required (below 5-gram hb) not such specific data was found in 1 month because below the hb level of 5 gm percent the blood should be given, and it should be given until it came to minimum 5-gram percent. It was also found that 15 women had some other health issue out of 130 women's

SUGGESTION: -

MCP card can be filled with proper information. the information given by women sometime did not match with the entries found on MCP card, in this condition the data provided by women was considered. It will be better if filled completely and correctly

Women's too, ANCK medicine from 1st line workers but did not consumed because of above mentioned reasons. It can be corrected via counselling and treatment if needed

Pattern of intake of IFA in relation of food and gap maintained in between IFA and Calcium tablets can be corrected by counselling and proper guide ANC regarding intake time by 1st line worker

HB status in all 3 trimesters should be noted on MCP or ANCCard

Registration no of ANCCard and hospital registration no can have some link or ANC card number can be mentioned on case study so that the correlation and back tracking will be feasible

LIMITATION OF THE STUDY: -

This study is conducted within 1 month, so the sample size is less and only convenience sampling was done. For data collection there was period of 15 days, average 15 deliveries per day takes place. Only those women who received ANC from J.P. Hospital are included in sample. Because the details are find out from case report of the women, personal interview, MCP card card and registers of ANC record in hospital. Sometimes during data collection, the information mismatch, in this situation women's answer was taken as data because on card sometime is found that women consumed tablets but during personnel interview they admitted that they did not consume because of specified reason. In this study we are limited to the answers of women and availability of data from one hospital only. The availability of gov supplies medicine can not be properly estimated because here is no, 1st line workers opinion data was collected. it is a cross sectional study, so it can give the recent situation analysis Previous situation can not be measured by this.

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