

IRON SUCROSE INTRAVENOUS THERAPY AND IT'S SIGNIFICANCE AMONG ANAEMIC PREGNANT WOMEN, A STUDY IN JALORE, RAJASTHAN

Introduction:

Anaemia is a condition in which the number of red blood cells (RBCs), and consequently their oxygen carrying capacity, is insufficient to meet the body's physiological needs. It impairs the body's ability for gas exchange by decreasing the number of RBCs transporting oxygen and carbon dioxide. WHO defines anaemia as a condition in which the haemoglobin (Hb) content of blood is lower than normal as a result of deficiency of one or more essential nutrients, regardless of the cause of such deficiencies. Most of the anaemia are due to inadequate supply of nutrients like iron, folic acid and vitamin B12, proteins, amino acids, vitamins A, C, and other vitamins of B-complex group i.e., niacin and pantothenic acid are also involved in the maintenance of haemoglobin level. The earlier Iron folic acid program was failed to eradicate the IDA. The reasons for failure of IFA program often cited are partial coverage of the population, inadequate dosing of the iron supplement, defective absorption due to intestinal infestations, poor compliance, short supplies at the beneficiary level, and lack of effective health education.

Iron sucrose has minimal side-effects, and because it is administered intravenously (IV), it overcomes the problems with oral iron supplementation, including problems of compliance.

Indications of Iron Sucrose therapy:

- Intolerance to oral iron
- Poor responders to oral iron
- Presence of concurrent diseases like CRF

Calculated dose is $(2.4 \times W \times D + 500\text{mg})$, for storage iron where W= weight in kg,

D = (target Hb in gm% - actual Hb in gm %)

Total iron is given in divided doses. 200mg iron sucrose in at least 250ml NS is given over a period of 2hrs on alternate days. Oral iron is to be stopped before 24hrs. Patient is to be supplemented with protein and multivitamins after parenteral therapy and oral iron should not be given.

Objectives:

- To find out how many people have completed their full course of treatment.
- To assess the significance of Iron Sucrose IV therapy for Anaemic pregnant women by finding out the incremental rate of hemoglobin after therapy.
- Recommendations to strengthen the programme.

Methodology:

Study Design: Descriptive study.

Study area: Community Health Centre, Ahore block, Jalore District of Rajasthan.

Study Population: 118 (Number of pregnant women who took treatment for Anaemia at least one dose)

Study Period: Study was carried for 2 months.

Sampling design: Non probability sampling-All the pregnant women who took Iron Sucrose therapy for anaemia at CHC Ahore.

Data collection: Secondary data was collected from maternity ward regarding Iron Sucrose therapy for anaemic pregnant women, first time hemoglobin estimation, number of people completed their full course treatment, hemoglobin estimation after completion of the treatment.

Data Analysis:

Percentages of different parameters of Iron Sucrose therapy were found using MS excel.

Graphical representation was done by using MS excel.

Figure 1 Percent Distribution of Anemic women according to severity

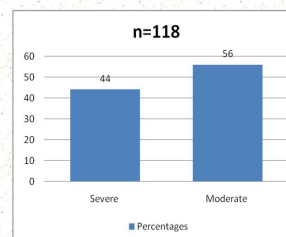


Figure 3 Status of process completion

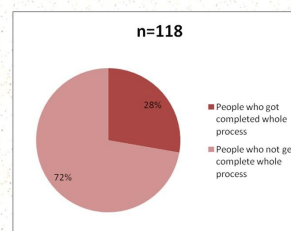


Figure 2 Percent Distribution of dropouts after different doses

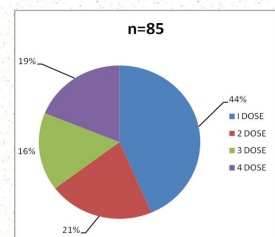
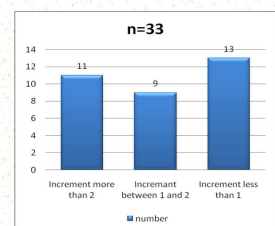


Figure 4 Status of increment in Hb



Limitations:

- No duly filled register - no contact numbers of pregnant women so follow up was an issue.
- No regular staff to monitoring the treatment and register.

Recommendations:

- Proper documentation- Complete details of anemic pregnant women to be taken.
- Appointing the regular staff to monitor the complete process.

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