Maternal Hemoglobin Levels during Pregnancy and their relation with Birth Weight of Neonates

Authors
Dr Sandhyarani Maharana¹, Dr Debasish Das²
¹Prof. and Head of the Department, Department of Physiology, Govt. Medical College, Balasore, Odisha
²Asst. Prof. Govt. Medical College Baleswer, India

Abstract
Background: Maternal anaemia is common medical disorder in developing countries. Anaemia in pregnancy results in complications such as low birth weight, preterm birth, increased fetal mortality and morbidity. Also, it has reported to increase the risk of adverse perinatal outcome. The aim of this study was to evaluate the relation between haemoglobin levels in third trimester in pregnant women and the birth weight of baby.
Methods: This is a observational study conducted in the department of obstetrics and gynaecology, govt. medical college balasore. Data of 100 pregnant women and newborn which is taken from records are included in the study. All pregnant women with term gestation, singleton pregnancy, with live fetus willing to participate in the study were included.
Results: Of 100 women, 65 had anaemia. The prevalence of anaemia was 65% of which 76% had mild anaemia, 24% had moderate anaemia. Mean Hb levels were 10.9gm/dl among non-anaemic mothers and mean birth weight was 2.91 Kg whereas mean hemoglobin level 9.1gm/dl and 2 in anaemic mothers and mean birth weight of baby was 2.38kg.
Conclusions: Anaemia in pregnancy is one of the causes of poor perinatal outcome. Hence proper antenatal care and counseling can reduce occurrence of anaemia in pregnancy.

Introduction
In developing countries majority of pregnant women suffered from anemia.¹ In one of the studies conducted on a large population, it was estimated that 87% of the Indian pregnant women are anemic.² It is a well established fact that there is a physiological drop in hemoglobin (Hb) in the mid trimester.² This physiological drop is attributed to increase of plasma volume and hence decrease of blood viscosity³ lead to better circulation in placenta.⁴ In developing country many pathological causes and nutritional deficiency are reason for anemia. Causes include iron deficiency, malaria, helminthic infection.⁵ Anemia during pregnancy has been inconsistently associated with an increased risk of preterm delivery and low birth weight (LBW).⁶ LBW, which includes preterm birth and intra uterine growth restriction⁷ results in higher risks of mortality and morbidity. WHO defines anaemia as haemoglobin concentration of ≤11 g/dl. Centre for Disease Control (CDC) defines anaemia as haemoglobin ≤11 mg/dl in first and third trimester and <10 gm/dl in second trimester. However, in developing countries like India, the lower limit is accepted as <10 g/dl, because of prevailing socio economic deprivation.¹⁰¹¹ WHO reports the
incidence of 35-75% in developing countries and 18% in developed countries. Prevalence of anaemia is 43% in women in developing countries and 12% in developed countries. In India, it is 88%. (Bharati)

Our objectives were to assess the association between anemia and LBW.

**Method**

**Study Design**

This was an observational study. No specific intervention for the sake of study was done. Hb concentration of mother and the birth weight of baby was obtained from the hospital record during delivery. Record of 100 pregnant women were obtained randomly from the depart. of obstetrics and gynecology at govt. medical college, baleswers. After obtaining informed consent from all the participants they were included in the study. According to the level of hemoglobin. patients were divided into 4 groups; Group 1; Hb > 10.0 gm/100ml (Non anemic group), Group 2; Hb= 8.1-10 gm/100ml (mild anemia) Group 3; Hb=. 5-8 gm/100ml (moderate anemia) Group 4; Hb <5 gm/100ml (severe anemia).

**Exclusion Criteria**

Pregnant women with one of the following at booking were excluded:

1. Diabetes mellitus.
2. Hypertension (including pregnancy-induced hypertension).
3. Toxoplasmosis, Rubella, Cytomegalovirus, Herpes infection.
4. Diagnosed renal or cardiac illness.
5. Smoker or alcoholic.
6. Hemoglobinopathies (e.g. thalassemia).
7. Multiple gestation.

**Statistics**

All data analysis was done using SPSS V 16 statistically software package. The data are presented mean ± SD, and statistical analysis is carried out using pearson correlation coefficient

**Ethical Committee Approval**

The medical college ethical committee had approved this study.

**Result**

**Table 1: Mother’s demographic profile**

| Mean age group of pregnant mother | 22.18 yr |
| Mean hemoglobin concentration of non anemic mother | 10.9 gm/dl |
| Mean hemoglobin level in anemic mother | 9.10 gm/dl |
| Mean gestation | 38.3 wks |

**Table 2: Maternal hemoglobin and fetal birth weight**

| Maternal Hb level | No. of subject | Mean birth weight |
|-------------------|----------------|------------------|
| ≥10 g%            | 35             | 2.91kg           |
| 8.1 to 10 g%      | 48             | 2.38kg           |
| 5 to 8 g%         | 15             |                  |
| ≤5 g%             | 0              |                  |

**Table 3: correlation between mater Hb concentration and fetal birth weight**

| Maternal hemoglobin concentration ≥10 gm/dl and fetal birth weight | Correlation coefficient | p-value |
|---------------------------------------------------------------------|-------------------------|---------|
|                                                                     | 0.0601                  | 0.61    |
| Maternal hemoglobin concentration <10 gm/dl and fetal birth weight | 0.3483                  | 0.002   |

**Discussion**

Anaemia in pregnancy is an important public health concern worldwide. WHO reports the incidence of 35% to 75% in developing countries and 18% in developed countries. Prevalence of anaemia is 43% in women in developing countries and 12% in developed countries. In India, it is 88%. (10,11,12,13)

Prevalence of anaemia in our study is 65%, of which 73% had mild anaemia, 26% had moderate type. The prevalence of anaemia was more in our study compared to study by Shukat et al. (14) where 47% women were anaemic and Tuladhar et al. (15) reported incidence of 41.1% among them 71.4% had mild anaemia, 24.4% had moderate anaemia and 4.2% had severe anaemia. Rana et al. (16) reported prevalence of anaemia of 46.2%, out of which 99.5% had mild anaemia, 0.5% moderate anaemia and no case of severe anaemia. The high prevalence of anemia in our study could be due to no adequate diet and iron supplementation.
In this study, mean haemoglobin level was 10.9 gm/dl among non-anaemic mothers and mean birth weight was 2.91 kg in this group. Whereas, mean haemoglobin level in anaemic mothers was 9.10 gm/dl and mean birth weight was 2.18 kg in this group (Table 1, 2). Similar findings were reported by Rana et al. (10) (mean Hb con was 11.5%, weight - 2.9 kg in non-anaemic and 9.2%, 2.6 kg in anaemic mothers respectively) and Nahum et al. (17) (with mean Hb con of 11.6 g% and mean birth weight of 3.5 kg in non-anaemic group).

When data tested by Pearson correlation between hemoglobin concentration and fetal birth weight non-anemic group showed a significant positive correlation Table 3.

**Conclusion**

This study showed that low prenatal hemoglobin status is associated with low birth weight in neonates. Anaemia in pregnancy is one of the causes of poor perinatal outcome. Maternal Anaemia is associated with the high risk of low birth weight, overall increases perinatal mortality and morbidity. Hence proper antenatal care and counselling can reduce the occurrence of anaemia in pregnancy.

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