Efficacy, Safety and Compliance of Iv Iron-Sucrose, Oral Iron Folate and Oral Iron-Folate with Jaggery for Treatment of Ida in Pregnancy

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Introduction

Iron deficiency anaemia (IDA) affects nearly two thirds of the pregnant women in developing countries. It is associated with 20 percent of all maternal deaths and nine times higher risk of perinatal mortality. In India, the National Nutritional Anaemia Control Programme (NNACP) was initiated in 1970 to provide free iron-folic acid supplementation to all pregnant women. But NFHS-III, 2005-06 has reported a rise in prevalence of IDA. Our study compares the efficacy of oral Iron Folate with jaggery, with Oral iron Folate alone and IV iron sucrose complex (ISC) for treatment of IDA of pregnancy to find the most suitable therapy which can provide maximum benefit to the patient in minimum cost and with minimum side effects.

Material & Methods

Sixty pregnant women with IDA (Hb < 8 gm%) were randomly selected according to inclusion and exclusion criteria and assigned to three groups of 20 each. Group-A patients were given 200 mg iron-folic acid supplementation (60 mg elemental iron) orally TDS for four weeks, Group-B patients were given oral iron folate with dietary jaggery, Group-C patients were given the total calculated amount of ISC (Hb deficit (g/l) × body weight (kg) × 0.3 +500) in divided doses (200 mg elemental iron at one time) in 100 ml normal saline IV over 1 hour. All patients were monitored for adverse effects, clinical and laboratory response. A p-value less than 0.5 was considered significant as calculated by the paired t-test.

Results

Mean Hb level showed 22.54 % increase in group-A ($p = 0.0010$), 27.3 % increase in group-B ($p = 0.0030$) and 39.20 % increase in group-C ($p = 0.0051$). ISC group showed no major side effects while 15% of the oral iron-folate group had poor compliance due to GI discomfort, constipation and metallic taste.

Conclusion

We conclude that ISC is the most effective method to manage a case of IDA in pregnancy but is usually preferred in very severe cases of anaemia and when the pregnancy is advanced. For pregnant females attending OPD for routine antenatal checkup, the therapy of choice is oral iron-folate therapy accompanied with a dietary iron supplement in the form of Jaggery.