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PREVALENCE OF ANTENATAL ANAEMIA AND ITS PREDICTORS IN AN AUSTRALIAN POPULATION.

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Antenatally, women with anaemia may experience fatigue, dyspnoea and dizziness. Severe anaemia in pregnancy is associated with small for gestational age and preterm births. Postpartum, anaemia is associated with fatigue, irritability and depression. The world health organization defines anaemia in pregnancy as Hb < 110 g/L. Iron deficiency accounts for the majority of anaemia in pregnancy. Physiological iron requirement in pregnancy is three times higher than non-pregnant state. Other less common causes include folic acid and vitamin B12 deficiency, thalassaemia and sickle cell. A retrospective study of all pregnancies delivered at Maitland Hospital, Australia in 2015 and 2016 was performed. Antenatal patients are routinely offered screening for anaemia at booking, second and third trimester. 2984 pregnancies were evaluated. The prevalence of antenatal anaemia was 28.2% in our study population. Iron deficient anaemia was identified in 24.3% of our antenatal population. The percentage of antenatal patients who had iron deficient anaemia for underweight, normal weight, overweight and obese was 24.6%, 21.3%, 18.3% and 16.4%. Odds ratio for iron deficient anaemia of overweight and obese compared to normal weight is 0.76, 95% CI (0.63-0.92) p = 0.005. The percentage of antenatal patients who had iron deficient anaemia < 20, 20-29 and ≥ 30 years old was 32.8%, 19.1% and 16.2%. OR 0.48 95% CI (0.35-0.66) p < 0.001 for age 20-29 and OR 0.40 95% CI (0.28-0.55) p < 0.001 for age ≥ 30 compared to < 20 years of age. There is an increasing rate of iron deficient anaemia with lower age group as well as lower BMI. Due to the high rates of iron deficient anaemia, we recommend routine antenatal screening for anaemia and iron deficiency. We recommend that iron deficiency be corrected through diet modification, oral iron supplements and IV iron transfusion.

Biography

Siang Chye Chuah is an obstetrician gynaecologist at Maitland Hospital and is a lecturer with the University of Newcastle. He has completed his masters in reproductive medicine, public health and health management at the University of New South Wales.

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