

ANAEMIA OF PREGNANCY

by Mrs. G. HILLMAN, Matron, Civil Hospital, Mercara.

Anaemia is more prone to develop during pregnancy than any other time during life. This is due to the fact that at this time heavy drains are made upon the vitamin and haemoglobin reserve of the body.

There are two main divisions of anaemia during pregnancy viz., the Physiological and the Pathological.

Physiological. It has been shown that the blood during normal pregnancy becomes diluted by an increased amount of water, although the total amount of haemoglobin remains constant. This appears as anaemia in ordinary blood tests. It is, however, of only theoretical interest.

Pathological. (A) *Microcytic anaemia of pregnancy.* In this the blood cells are reduced in size. This is the most common type of anaemia found in India during pregnancy. It is due to such causes as malaria, hookworm, poor diet, etc. Very severe degrees of anaemia may be encountered. In Coorg it is very common to see pregnant women with a haemoglobin percentage down to 15 and under. Of course, without treatment such patients invariably enter into premature labour and die. They cannot stand the blood loss of a normal labour. In lesser degrees of anaemia the patient may be fortunate enough to survive a full time labour, although not a few succumb shortly after labour, leaving a motherless infant. It is worth noting that the babies of even severely anaemic mothers are *not* anaemic. The foetus is a parasite on its mother and takes from its mother's blood what substances it requires, no matter how short of those substances its mother may be.

(B) *Macrocytic anaemia of pregnancy.* In this the red blood cells are larger than normal, as in pernicious anaemia. This type is less common than the microcytic anaemia. It is in every way similar to pernicious anaemia except that the patient tends to recover after the termination of pregnancy and does not relapse as does untreated pernicious anaemia. The cause has been shown to be a shortage of the vitamin B complex.

Diagnosis. It is important that the midwife should recognise anaemia when it is present. She should always examine the inside of the lower eye-lid and note whether it is a normal pink or pallid. She should also examine the finger nails and thumb for pallor. Bluish pigmentation at the margins of the tongue indicates chronic malaria. If anaemia is present the midwife should strictly speaking call in the help of a medical man. But in rural districts this will not be possible and in such circumstances the midwife can often make a diagnosis herself and prescribe suitable treatment.

Treatment. Where anaemia is present the midwife should inquire as to whether the patient has suffered from frequent fever with shivering and she should palpate the abdomen for an enlarged

spleen. With a history of fever and an enlarged spleen, the midwife can confidently diagnose malaria. If, on the other hand, the patient lives in a district where hookworm is common, and besides being anaemic has marked puffiness of the face and also albuminurea she may diagnosis hookworm infection. During the course of pregnancy malaria and hookworm must be efficiently treated. There is no risk in giving quinine during pregnancy. The old belief that quinine will cause miscarriage or premature labour is really quite unfounded. Quinine only excites contractions of the uterus at full term. For hookworm five minims of oleum chenopodium followed by mag. sulph. may be safely given.

In many cases, especially in rural districts, it will not be possible for even a doctor to arrive at an exact diagnosis, and the anaemia should be treated on general lines, consisting of: (1) a mixture containing iron; (2) vitamin B, the cheapest form being brewers' yeast, which may be had from any brewery (for patients who can afford it marmite is more palatable); (3) liver, which may be taken in the form of ordinary cooked liver or as liver soup. In seriously anaemic cases the doctor may prescribe patent extracts of liver for injection such as "Campolon". Very anaemic patients who are seen for the first time in the last two months of pregnancy should be admitted to an up-to-date hospital, because the lives of many such patients can be only be saved by blood transfusion. In the Civil Hospital, Mercara, until a year ago two or three anaemic patients were lost every month. They would invariably collapse after a premature or even a full time delivery. Since a blood transfusion service was started a year ago, no such patient has been lost, excepting those, of course, who were admitted in extremis and who died before transfusions could be given.

Anaemia of pregnancy is fortunately far less common in most parts of India than it is in Coorg; nevertheless it is certain that many lives would be saved every year if midwives realised more fully the significance of anaemia to the pregnant woman.

"CAESARIAN" ON BABY

A remarkable surgical achievement in the form of a Caesarian operation upon a baby girl now aged six weeks old has been revealed.

The baby at the age of two weeks was taken to the Coventry and Warwickshire Hospital by her mother, who desired advice respecting the child's greatly enlarged abdomen.

An X-ray examination revealed the cause to be another child in a five months' stage of development.

A search of British medical records revealed only two similar cases, the most recent being in 1814.

After a staff conference, and with the parents' consent, the operation was successfully performed. The semi-developed baby, which weighed 2lb., was removed but was incapable of a separate existence. The first baby has now been discharged in good health and in a perfectly normal condition.