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Conventional slow intravenous iron sucrose administration versus rapid bolus in iron deficiency anaemia in pregnancy in a rural setup

Conventional slow intravenous iron sucrose administration versus rapid bolus in iron deficiency anaemia in pregnancy in a rural setup

Aastha R.K. Bajaj

Datta Meghe Institute Of Medical Sciences, Sawangi, Wardha, Maharashtra.

The prevalence of iron deficiency anaemia in pregnancy in India is up to 50-60%. It has major ill effects on the health of the mother and the fetus. Anaemia correction in rural areas has always been a task for healthcare personnel in India. Some definite difficulties in carrying out the conventional regimens of anaemia correction like poor compliance owing to hospital stays lead to deficient treatment and maternal as well as fetal health compromise. A randomized control trial was conducted in a tertiary level institute on 100 pregnant women at 20-24 weeks gestation with iron deficiency anaemia who received 400 mg intravenous iron sucrose either by the conventional slow infusion; or by rapid bolus-push over 2-5 minutes. The iron was administered in two equal doses of 200 mg each, 7 days apart. Conventional slow intravenous iron sucrose administration showed an average increase of 1.9 g% in Hb concentration, whereas rapid bolus-push technique showed an increase of 2.1 g%, patient compliance being higher with bolus-push. Both, the conventional slow and the rapid bolus push have similar efficacy in correction of iron deficiency anaemia in pregnancy. But the bolus push technique represents a cost effective approach in low resource settings.

Corresponding Author:

Dr. Vivek Deshpande

Professor, Dept of ObGy,

DMIMS, Sawangi, Wardha.

E-mail – vivekvddeshpande@gmail.com

Primary authors: Dr BAJAJ, Aastha (Third year PG resident); Dr DESHPANDE, Vivek (Professor)

Presenter: Dr BAJAJ, Aastha (Third year PG resident)