Maternal Anemia

BACKGROUND

Globally it is estimated that 41.8% of pregnant women are anemic, with approximately half of the anemia caused by iron deficiency. In non-pregnant women, the worldwide prevalence of anemia is estimated at 30.2%. WHO classifies prevalence rates above 40% to be of “high” public health significance, while 20-30% is of “moderate”. Women of reproductive age who are anemic and become pregnant are likely for their anemia to get worse due to the high demand of pregnancy. Maternal anemia is a major risk factor of delivering babies with low birth weight or small for gestational age (SGA), which brings about short and long term health and development consequences to the affected child.

SMALL FOR GESTATIONAL AGE (SGA) AND LOW BIRTH WEIGHT (LBW)

Low birth-weight (LBW): is defined as an infant with a birth weight (that is, mass at the time of birth) of less than 2500 g, regardless of gestational age at the time of birth. This is further classified into very low birth weight (VLBW) if the infant is below 1500 g at time of birth and extremely low birth weight (ELBW) for infants below 1000 g at time of birth. An estimated 20 million babies are born with LBW, and these infants have increased risk of mortality in the first year of life.

Small for gestational age (SGA): is defined as an infant who is smaller in size than normal newborn for the gestational age, most commonly defined as a weight below the 10th percentile for the gestational age. Gestational age is classified into three: preterm (born before 37 weeks of pregnancy), full term (37 to 41 weeks), or post term (after 42 weeks of pregnancy). Preterm babies who are SGA are at increased risk of mortality; there were 2.8 million such (preterm and SGA) children in 2010. Focusing on preterm newborns with SGA needs to be prioritized given their increased risk of mortality.

POLICY AND GUIDELINES

Daily supplementation of Iron and Folic Acid for pregnant women is recommended by the WHO. In a joint statement with UNICEF and WFP, WHO also recommends the use of MMNs for pregnant women during times of emergency.

WHAT IS NEW?

In the 2013 Lancet undernutrition series, a strong case was made for the use of Multiple Micronutrients (MMN) for pregnant mothers to reduce low birth weight and small for gestational babies. Moreover, given MMN’s additional benefit to reduce preterm birth, the authors strongly recommend replacing the use of IFA, the current standard care, with MMNs.

The series cites a Cochrane review of 23 trials in which pregnant women were administered MMN. The results found an 11-13% reduction in low birth weight and SGA, whereas effects on anemia were the same when compared to IFA. While there are various formulations of MMNs, the formulation that UNICEF promotes, which come in a tablet preparation, is acknowledged by the Lancet undernutrition series authors.

WHAT DOES THIS MEAN TO PSI?

PSI has been involved in promoting MMNs for pregnant women since 1999, a practice PSI Togo and Paraguay have maintained. However, over the recent past, PSI scaled back promoting MMN as an intervention to prevent and treat maternal micronutrient deficiency, specially anemia, for reasons that include:

- WHO and national governments recommendation focused on IFA, and
- Minimum attention to maternal nutrition, specifically anemia, and associated funding

While, PSI platforms in Nepal, India, Dominican Republic have since stopped distributing MMNs, Paraguay and Togo continue to do so. In Paraguay distribution of the multivitamin, branded as Vitaldia, began in November 2000 and as of July 2013, close to 27 million packs were distributed. Similarly, the multivitamin branded Vitalite, is being promoted by PSI Togo since Ferbaury 2002 and close to 15 million packs were distributed by July 2013.

GOING FORWARD

Given the strong recommendation presented in the Lancet Undernutrition series and UNICEF’s continued support for MMNs, we have revised our nutrition strategy by adding MMN as one intervention to prevent and treat maternal anemia; that is in addition to IFA. Platforms now can choose from the two product options. Ultimate decision for selecting MMNs will need to be made in consultation with national actors. Currently, PSI Somaliland and Mozambique are undertaking market assessment and developing business plan for MMNs building on already existing market.

FOR MORE INFORMATION

Please contact Abel Irena, PSI technical Advisor for further at airena@psi.org.

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5 http://www.who.int/nutrition/publications/WHO_WFP_UNICEFstatement.pdf