

four weeks and then, if the underlying disorder persists, as in PA, 1 mg every month for the remainder of the patient's life.

- Treatment of vitamin B-12 deficiency includes 0.1 mg/d for 1 week, followed by 6 weeks of continued therapy to reach a total administration of 2 mg
- Folate deficiency is much less common than iron deficiency; however, taking 0.4 mg/d to reduce the risk of neural tube defects is recommended to all women contemplating pregnancy.
- Patients with a history of neural tube defect should take 4 mg/d.

C. Sickle Cell Anemia

- Women with sickle cell anemia are subject to serious complications in pregnancy.
- The anemia becomes more severe, and crises may occur more frequently.
- Complications include infections, bone pain, pulmonary infarction, congestive heart failure, and preeclampsia.
- There is an increased rate of spontaneous abortion and higher maternal and perinatal mortality rates
- Frequent indicated transfusions of packed cells or leukocyte-poor washed red cells lower the level of hemoglobin S and elevate the level of hemoglobin A; this minimizes the severity of anemia and the risk of sickle cell crises.
- Women with sickle cell trait alone usually have an uncomplicated gestation except for an increased risk of urinary tract infection.

Effects of anemia on pregnancy

- A slightly increased risk of preterm birth with midtrimester anemia.
- Anemia may be associated with fetal growth restriction, this may lead to adult cardiovascular disease has provided evidence that maternal anemia influences placental vascularization by altering angiogenesis during early pregnancy.
- According to the World Health Organization, anemia has been implicated as contributory in up to 40 percent of maternal deaths in third-world countries
- Increased risk of postpartum infections