

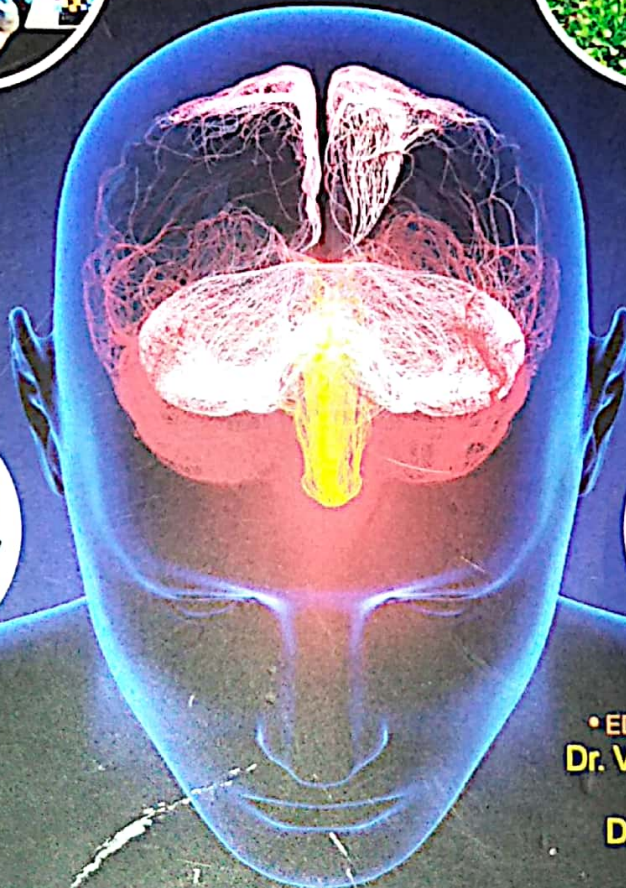
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• EDITOR-IN-CHIEF •
Dr. Vandana Bankar
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Dr. S. K. Sarje

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Nutritional profile of pregnant women of Perbhani district

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Introduction :

Pregnancy is an exciting condition involving numerous physical and mental changes in mother's body. The overall development of foetus is determined to great extent by the type of nourishment mother receives right from its conception (a few work Mulugeta et al 2009). Because maternal nutrition is a key factor in the outcome of pregnancy. There is an association between maternal nutritional status and pregnancy outcome (Banitamber & Santosh 2007, Jalja et al 2009) especially in the second and third trimester of pregnancy (WHO 1972) however the diet of rural and tribal women is grossly inadequate both quantitatively and qualitatively when compared to recommended allowances by ICMR (ICMR 1984, 1989). In concerning several factors maternal nutrition is mainly influence on birth weight of infant (Sheela Aiyer 2005).

Many studies have revealed that poorly nourished pregnant women are more likely to have complications such as anemia, toxemia, threatened labour, low birth weight and still birth. (Metcoff & Koppt parameter 1970, Murphy 1986, Singh, Madhu and others 2005). The prevalence of low birth weight is higher in rural areas (24%) than in urban areas (21%) (NFHS survey report 1998-99 and 2000) and the prevalence has remained almost over the last decade.

Iron deficiency anemia is the most common nutritional deficiency most of the studies have reported to be in the range of 33% to 89% (Agarwal 1987, ICMR 1992, Seshadri et al 1994, Sarin 1995). Most of the studies reported that maternal dietary intake

and HB level are important determinants of birth weight (NIN and ICMR 1991) incidence of low birth weight of child is high among undernourished and in anemic mother (Tyagi and Agarwal 1992) severe anemia during pregnancy significantly contributes to maternal death (WHO 1993, Barbin 2001).

According to various studies iron supplementation during pregnancy in the form of diet as well as drug must for anemic mothers to prevent the birth of anemic and low birth weight infants (Kotecher et al 2002, Toteja et al 2006, Chaudhary and Dhage 2000).

Methodology :-

Two hundred rural pregnant women belonging to lower income group from Perbhani district. The selected samples were in the 2nd trimester of pregnancy attending the antenatal clinic of Perbhani rural hospital. They were selected by purposive sample method. Enrolled samples were randomly allocated into three groups A, B, & C.

Group "A" consisting of 50 pregnant women received daily supplementation of macrofolin tablets (i.e. composition of iron + folic acid + Vitamin B12). Group "B" consisting of 50 pregnant women received folifer tablet (i.e. composition of iron + folic acid) but Group "C" consisting of hundred pregnant women neither received macrofolin and folifer supplementation and were treated as control group. For data collection the following methods are used.

1. Anthropometric measurement
2. Biochemical measurement
3. Clinical measurement

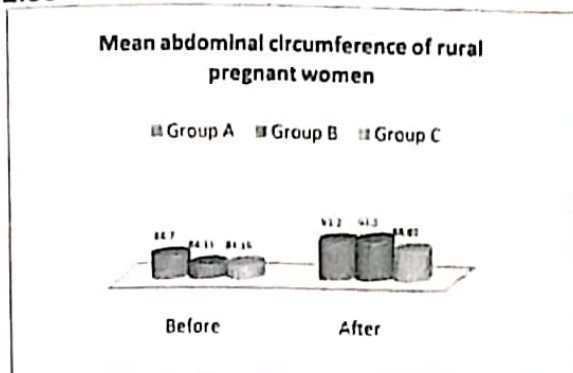
level is = 2.33

The statistical data indicated that before supplementation the midarm circumference of group 'A' was 23.91±0.86 cm group 'B' was 23.10±3.37 cm and group 'C' was 22.46±1.54 cm. After supplementation of group 'A' and 'B' the mean increase in midarm circumference was 25.09±0.67 cm and 24.66±3.68 cm respectively but in case of group 'C' it was only 23.25±1.32cm.

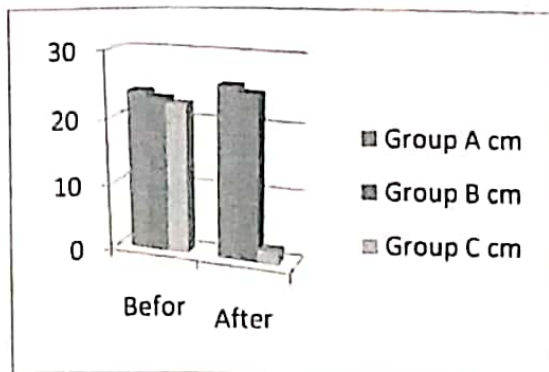
Table no.4 Mean abdominal circumference of rural pregnant women

Supplemental ion	Group A	Group B	Group C
Before	86.70 1.84	84.15 4.33	84.16 2.65
After	91.20 2.21	91.05 7.47	88.89 3.47

Under Ho t = 1.66 Table value of 't' at 5% is = 2.38



The above table shows that abdominal



circumference before supplementation in group A,B,and C was 86.70± 1.84 cm , 84.15±4.33cm and 84.14±2.26cm respectively.but after supplementation the abdominal circumference increased in group

A and B was 93.20±2.12cm and 91.05±7.47cm but in case of control group was 88.89±3.47cm only.

Table no.5 Mean chest circumference of rural pregnant women

Supplementat ion	Group A cm	Group Bcm	Group Ccm
Before	84.23 9.92	81.08 3.67	81.16 0.67
After	86.14 8.52	83.35 10.12	83.18 1.52

Under Ho t = 4.37 table value of 't' at 5% level is = 2.33

The mean chest circumference of rural pregnant women of group 'A' was 84.23 ± 9.92 cm , group 'B' 81.08 ± 3.67 cm , & group 'C' 82.16 ± 0.67.but after supplementation of pregnant women mean chest circumference increased in group 'A' & 'B' was 86.14 ± 8.52 cm , 83.35 ± 1.12cm respectively but in case of group 'C' was 83.18 ± 1.52 cm.

BIO-CHEMICAL MEASURMENTS:-

Table no.6 Prevalence of anemia in rural pregnant women

Group	Normal >11g m/dl	Mild <11g m/dl	Mod er<1 1gm/ dl	Severe >8gm/ dl	Total percen tage anemic women
Study groups (A+B) (n=100)	1	39	60	0	-
No. of pregnant women	1%	39%	6%	0%	99%
percentage	0	14	86	0	-
No. of control group women (n=100)	0	14%	86%	0	100%
percentage					

The present study revealed that the prevalence of anemia is significantly high in both groups i.e 99% in study and 100% in control group 39% pregnant women had mild from 60% had moderate form of anemia while 1% pregnant women had non anemic condition or normal.From contorl group 14% pregnant women had mild form anemia 86% of pregnant women had moderate form of anemia, whereas none of the pregnant women was non-anemic.

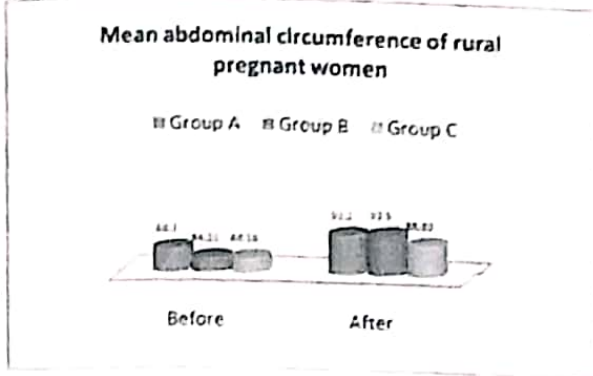
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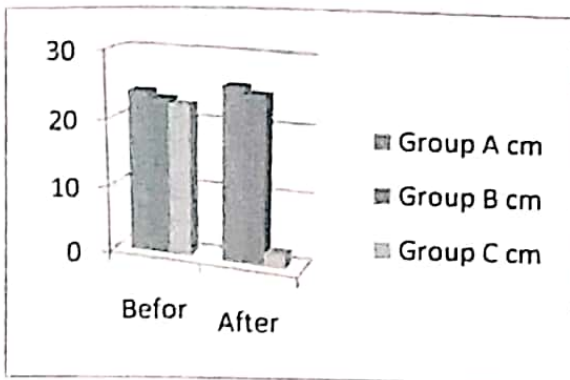
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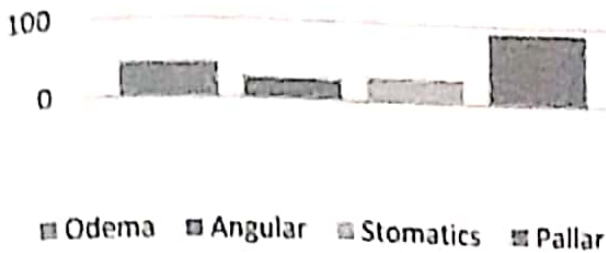
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percentage distribution of clinical features in the study & control group



statistical analysis of the data shows that the mean crown head of infants in experimental group (i.e A & B) were significantly higher than the infants in the control group at 5%

level. The infant weight of group -A was 3.327 kg. and group B was 3.11 kg while group -C was 2.30 kg. These values indicated that the mean birth weights of infants in group A & B was significantly higher than that of infants in control group at 5% level.

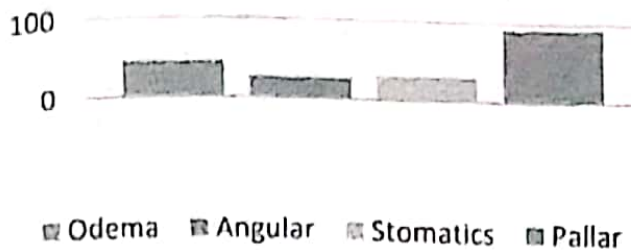
Conclusion:-

Supplementation in medicinal form of iron folic acid and vitamin B-12 tablets has the advantage of producing rapid improvement in iron status of the pregnant women as well as weight of new born. The iron supplementation programme are very effective method to recover the nutritional anemia in rural areas.

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