



**VANAVIL MEDICAL CENTRE, established in 2013**  
**NABH Accredited Hospital (Entry Level)**  
**An ISO 9001: 2015 Certified Hospital**



Dear Reader,

Warm regards from Vanavil Medical Centre, we are feeling proud and happy to wish all the mothers a Happy Mother's Day. This edition of "Vanavil Vannam - 4" is now a quarterly newsletter of 2023. Vanavil feels proud and overwhelmed that this is not only our quarterly newsletter also the mother's day edition.

Dr. R. Umamaheswari  
Managing Director  
Vanavil Medical Centre

Our Dr.R.Umamaheswari dedicated her profession to womens health care & wellness. Her motive and aim is to give the best treatment and continuous health care for all suffering women in the society. Her service for women in fertility care is enormous and also her success graph in fertility and women health care goes high time to time. Here we have come to discuss few topics related to mother's health. Vanavil conducts medical camps periodically to improve womens health and diagnose disease related to Obstetrics & Gynecology. We give continuous care and treatment to rule out their medical issues and lead a healthy and happy life.



## HAPPY MOTHER'S DAY



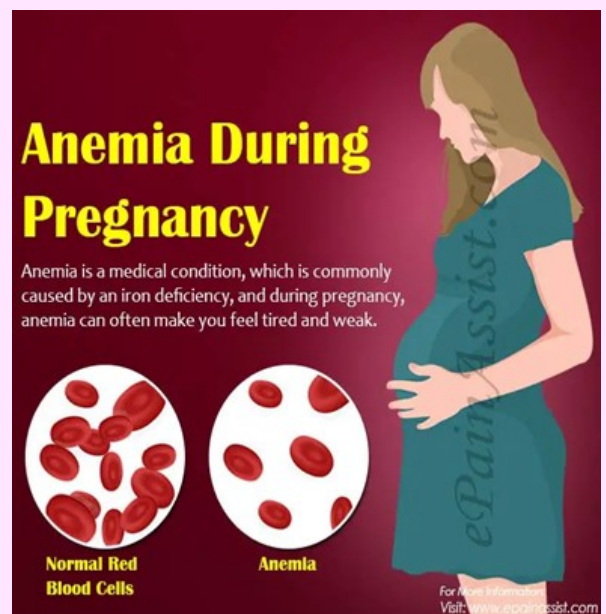
A mother is a walking miracle. Life doesn't come with a manual it comes with a mother. A mother understands what a child even does not say. Here is no role in life that is more essential than that of motherhood. "Mother's love is peace. A day to cherish and celebrate our mother is Mother's Day. It falls on Sunday, May 14, this year. It may surprise you to know that celebrations honouring mothers are ancient traditions, not a Hallmark invention.

In the United States, Mother's Day is celebrated annually on the second Sunday in May; therefore the date changes each year. A day to honour mothers has existed for as long as, well, there have been mothers. Festivals honouring mothers in ancient times were often tied to gods and goddesses and maternal symbols of fertility, birth, creativity, and cycles of growth. The mother is the protector and nourisher of children and, by extension, of all humanity. Healthy mothers only can give birth to healthy babies. Hence in this edition we are fully concentrating to give useful medical advices & tips to be followed by mothers to cherish and enjoy their motherhood. Only happy and healthy mother can give birth to healthy baby. A major & common health issue that most of the mothers facing during their pregnancy is Anemia. Here we are giving a brief view on anemia and how a pregnant women can overcome this issue.

### ANEMIA

Anemia is a condition in which you lack enough healthy red blood cells to carry adequate oxygen to your body's tissues.

When your body needs more iron than it has available, you can become anemic. Mild anemia is normal during pregnancy due to an increase in blood volume. More severe anemia, however, can put your baby at higher risk for anemia later in infancy. Center of Disease Control (CDC) defines anemia as pregnancy hemoglobin less than 11 g/dl



(Hematocrit; {Hct} < 33%) in the first and third trimester and less than 10.5 g/dl (Hct < 32%) in the second trimester while World Health Organisation (WHO) defines anemia in pregnancy as Hb values less than 11gm/dl .



### **Types of Anemia During Pregnancy**

Several types of anemia can develop during pregnancy. These include:

- Iron-deficiency anemia
- Folate-deficiency anemia
- Vitamin B12 deficiency

**Iron-deficiency anemia.** This type of anemia occurs when the body doesn't have enough iron to produce adequate amounts of hemoglobin. That's a protein in red blood cells. It carries oxygen from the lungs to the rest of the body.

In iron-deficiency anemia, the blood cannot carry enough oxygen to tissues throughout the body.

Iron deficiency is the most common cause of anemia in pregnancy.

**Folate-deficiency anemia.** Folate is the vitamin found naturally in certain foods like green leafy vegetables A type of B vitamin, the body needs folate to produce new cells, including healthy red blood cells.

During pregnancy, women need extra folate. But sometimes they don't get enough from their diet. When that happens, the body can't make enough normal red blood cells to transport oxygen to tissues throughout the body. Man made supplements of folate are called folic acid.Folate deficiency can directly contribute to certain types of birth defects, such as neural tube abnormalities (spina bifida) and low birth weight.

**Vitamin B12 deficiency.** The body needs vitamin B12 to form healthy red blood cells. When a pregnant woman doesn't get enough vitamin B12 from their diet, their body can't produce enough healthy red blood cells.

Women who don't eat meat, poultry, dairy products, and eggs have a greater risk of developing vitamin B12 deficiency, which may contribute to birth defects, such as neural tube abnormalities, and could lead to preterm labor. Blood loss during and after delivery can also cause anemia.

### **Symptoms of Anemia During Pregnancy**

The most common symptoms of anemia during pregnancy are:

- Pale skin, lips, and nails
- Feeling tired or weak
- Dizziness
- Shortness of breath
- Rapid heartbeat
- Trouble in concentrating



In the early stages of anemia, you may not have obvious symptoms. And many of the symptoms are ones that you might have while pregnant even if you're not anemic. So be sure to get routine blood tests to check for anemia at your prenatal appointments.

WHO has classified severity of Anemia as follows:-

Mild Anemia (Hb levels 9 to 10.9g/dL),

Moderate Anemia (Hb levels 7 to 8.9g/dL), and

Severe Anemia (Hb levels less than 7g/dL).

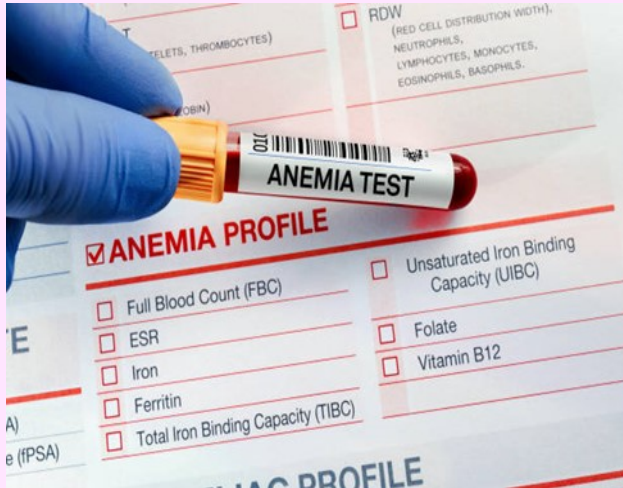
### **Risks of Anemia in Pregnancy**

Severe or untreated iron-deficiency anemia during pregnancy can increase your risk of having:

- A preterm or low-birth-weight baby
- A blood transfusion (if you lose a significant amount of blood during delivery)

- Postpartum depression
- A baby with anemia
- A child with developmental delays

### Diagnosis for Anemia



There are various ways to diagnose anemia, but the most common method involves a blood test called a complete blood count (CBC). This test measures a number of components, including :hematocrit levels, which involves comparing the volume of RBCs with the total volume of bloodhemoglobin levels

### WHO GUIDELINES TO TREAT ANEMIA DURING PREGNANCY

Accordingly, recommended dose of elemental iron for treating IDA in pregnancy is between 100 and 200 mg/day in the British guidelines and 120 mg/d in the WHO guidelines [35, 54]. Increasing dose beyond this dose leads to increased gastrointestinal side effects without improving the efficacy.



### PARENTAL IRON THERAPY:-

#### Intramuscular (IM) Iron

The Ministry of Health and Family Welfare guidelines for treatment of IDA in pregnancy continue to recommend IM iron following a test dose as a cost-effective treatment for moderate anemia in pregnancy. However the intramuscular route has essentially been replaced by intravenous route because of the inconvenience of painful injection, dark discoloration of the skin, and the risk of myalgias, arthritis, hypersensitivity, lymphadenopathy at most centers.

Moreover, there is increased risk of development of sarcoma at the site of injection in treated animals. Low molecular weight iron dextran is the only preparation which can be recommended for intra muscular use in primary care settings with a Z technique if resuscitation facilities are available.

### Intravenous iron

Intravenous (IV) iron combines the advantages of complete bioavailability with fewer GI side effects and faster recovery of Hb than oral iron. However the increased risk of oxidant damage, increased cost and small but finite risk of hypersensitivity reaction limit the widespread use of IV iron. The odds ratio/overall risk (OR) of reported total absolute rates of adverse life-threatening



events with parenteral iron is 38 per million doses, predominantly with high molecular weight iron dextran. Thus, while the use of high-molecular iron dextran is no longer justified, numerous other iron preparations have been proven to be safe in pregnancy. One of the previous disadvantage of IV iron was the requirement of multiple infusions. This has been circumvented by the newer preparations like iron-isomaltoside and iron carboxymaltose which allow larger infusion doses of elemental iron to be administered over a short period of time. Supplement 3 summarizes the various IV iron preparations available in Indian market, with their infusion time and dose.

## Preventing Anemia



To prevent anemia during pregnancy, make sure you get enough iron. Eat well-balanced meals and add more foods that are high in iron to your diet. Aim for at least three servings a day of iron-rich foods, such as:

Lean red meat, poultry, and fish

Leafy, dark green vegetables (such as spinach, broccoli, and kale)

- Iron-enriched cereals and grains
- Nuts and seeds
- Eggs

Foods that are high in **vitamin C** can help your body absorb more iron. These include:

- citrus fruits and juices
- strawberries
- kiwis
- tomatoes
- bell peppers

Try eating those foods at the same time that you eat iron-rich foods. For example, you could drink a glass of orange juice and eat an iron-fortified cereal for breakfast.

Also, choose foods that are high in folate to help prevent folate deficiency. These include:

- Leafy green vegetables
- Citrus fruits and juices
- Dried beans
- Breads and cereals fortified with folic acid .



### OUR MEMORABLE EVENTS

#### BABY SHOWER FUNCTION FOR OUR VANAVIL STAFF

Our Dr.R.Umamaheswari has conducted baby shower for our staff Vaidehi on behalf of the Management.





### MEDICAL CAMP HELD IN OUR HOSPITAL ON BEHALF OF WOMEN’S DAY

Our Vanavil is conducting Medical camp every year on Women’s day right from the first year we started the hospital

Women’s day function inaguarated by Mrs.Vijaya Rajagopal

Lightening of Kuthuvilakku by Dr.R.Umamaheswari



### Various investigations and dietician counselling held in our Medical camp on Women’s day this year 2023



**OUR VANAVIL TEAM:-**

Dr. UMAMAHESWARI M.B.B.S., DGO., DNB (OG)., FICOG., MNAMS., Chief Obstetrician and Gynecologist

Dr. RANI ,MBBS., DGO Con. Obstetrician and Gynecologist

Dr. P. SANGAMESWARAN ,MS MCH Urologist and Andrologist

Dr. E. ELAVARASU ,MBBS DMRD

Radiologist

Dr.Ashok M.D., (Pead)

Dr. U.V. Gokul M.S., (Ortho)

**WE ARE SPECIALISED IN:-**

High Risk Pregnancy care

Adolescent Gynecology

Fertility Care

Laparoscopic & Hysteroscopic surgeries

Hysterectomy (Open / Lap)

Ovarian Cystectomy (Open / Lap)

Menopause and it's management

**OUR FACILITIES:-**

\* Antenatal Screening

\* Ultra Sonography

\* PCOD Counseling

\* Phototherapy

\* 24 Hrs Pharmacy

\* Diagnostic Lab Services

\* ECG & ECHO

**EDITORIAL TEAM :-**

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Mrs.Uma.D