CORRESPONDENCE

Dear Editor,

Re: Supplementary Iron and Folic Acid in Pregnancy

I wish to write on the above topic in your correspondence column since the giving of oral iron and folic tablets to pregnant patients does so much good and seems an essential part of ante-natal care. Also, reference will be made to a simple dosage scheme which provides more than adequate amounts of these 2 substances essential for increased requirements of the expectant mother and the developing foetus.

The giving of supplementary iron and folic acid during pregnancy is desirable as this provides for increased demands for these substances during pregnancy. It can be calculated that the pregnant woman requires to absorb about 3 mg. of elemental iron and 300 to 400 ugm. of folic acid[5] each day to sustain the increased utilisation of these substances in pregnancy and the puerperium. Oral iron will do no harm apart from correcting the iron deficiency state that occurs in most pregnant patients. Folic acid given in large doses may precipitate sub-acute combined degeneration of the cord in patients with Addisonian pernicious anaemia. This type of anaemia is extremely rare in Singapore and patients with the disease are usually sterile. Thus supplementary iron and folic acid is harmless and helps to maintain normal erythropoeisis in pregnancy and thus prevents anaemia. Iron deficiency and folic acid[2] deficiency anaemias occur with greater severity in those patients who start off pregnancy with deficient stores of these substances. For pregnant women in Singapore supplementary iron and folic acid is particularly indicated as many are of the lower socio-economic group multiparous and whose ante-natal care does not include routine reliable estimations of the haemoglobin levels.

The form of iron and folic acid to be given as supplement is ONE 200 mg. tablet of ferrous sulphate which contains 60 mg. of elemental iron and ONE 5 mg. tablet of folic acid. These provide 4 times the recommended dose of oral iron in pregnancy[3, 4] and more than 10 times that for folic acid.[5] Moreover, the tablet of ferrous sulphate and vitamin B complex supplied by the Government Medical Store contains in addition 3 mg. of thiamine, 1·5 mg. of riboflavine, and 10 mg. of nicotinamide and these provide for the increased amounts of these vitamins required for pregnancy except that for nicotinamide it is 5 mg. short.[4]

The prescription of just these 2 tablets a day, one of oral iron and the other of folic acid will encourage the patient to be faithful in taking the pills. Moreover, this will decrease the incidence of side-effects especially that of the gastrointestinal tract following ingestion of oral iron. The expenditure by the Ministry of Health on these pills will be minimised if only one each of iron and folic acid pills are given rather than one or two tablets prescribed t.d.s.

REFERENCES

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Yours sincerely,
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Dear Editor,

Re: Supplementary Iron and Folic Acid in Pregnancy

I am in agreement with the suggestions contained in Dr. Lawrence Chan's letter on Supplementary Iron and Folic Acid in Pregnancy. Our recent studies of 320 consecutive clinically normal mothers seen in early labour at the Normal Labour Wards of the Kandang Kerbau Maternity Hospital showed that 34·8 per cent of mothers were anaemic with haemoglobin levels of less than 11 g./100 ml. Of the mothers surveyed, 53·2 per cent were iron deficient with levels of less than 80 ug./100 ml. whilst 78·7 per cent were Folate deficient with levels of less than 6 ng./ml. Vitamin B_{12} deficiency was very uncommon.

These findings would support the suggestions to provide Iron and Folic Acid supplements for our local population.

Supplementation should start in the second trimester and if the patient should be found to be still anaemic then further investigations to elucidate a cause would be indicated.

Yours faithfully,
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