According to WHO, 56% of pregnant women in developing countries are anemic. Anemia may contribute to up to 20% of maternal deaths. 1 in 5 women die of childbirth and its complications due to pre-existing anemia. Pakistan has a maternal mortality rate of 260/100000 births, which is amongst the highest in the world. The most important underlying cause is malnutrition. A study was undertaken at Lady Willingdon Hospital, (235 bedded maternity hospital, affiliated with King Edward Medical University Lahore). This was an observational study carried out on women delivering in our hospital over a one year period from January 2016 to January 2017. Total of 15,550 women were included in the study. Multiple nutritional deficiencies were observed in these women including iron deficiency anemia and deficiency of micro-nutrients such as folic acid, B12, iodine, calcium, vitamin D and A. Their nutritional status was co-related with pregnancy outcome. Duration of gestation at delivery, mode of delivery, complication during delivery and puerperium and neonatal outcome were recorded. Higher incidence of pre-term birth, operative delivery, ante-partum haemorrhage and puerperal sepsis was observed in these women. Neonates showed poor Apgar score and longer stay in nursery. It is important to recognize the fact that current nutritional status of Pakistan’s population requires coordinated, multisectoral, and consolidated efforts to scale up nutrition in order to achieve the goals identified within the Government of Pakistan’s vision 2025. This will require appropriate supplementation, fortification and health education of vulnerable groups specially pregnant women.

Aisha Malik
King Edward Medical University/Lady Willingdon Hospital, Lahore, Pakistan

According to WHO, 56% of pregnant women in developing countries are anemic. Anemia may contribute to up to 20% of maternal deaths. 1 in 5 women die of childbirth and its complications due to pre-existing anemia. Pakistan has a maternal mortality rate of 260/100000 births, which is amongst the highest in the world. The most important underlying cause is malnutrition. A study was undertaken at Lady Willingdon Hospital, (235 bedded maternity hospital, affiliated with King Edward Medical University Lahore). This was an observational study carried out on women delivering in our hospital over a one year period from January 2016 to January 2017. Total of 15,550 women were included in the study. Multiple nutritional deficiencies were observed in these women including iron deficiency anemia and deficiency of micro-nutrients such as folic acid, B12, iodine, calcium, vitamin D and A. Their nutritional status was co-related with pregnancy outcome. Duration of gestation at delivery, mode of delivery, complication during delivery and puerperium and neonatal outcome were recorded. Higher incidence of pre-term birth, operative delivery, ante-partum haemorrhage and puerperal sepsis was observed in these women. Neonates showed poor Apgar score and longer stay in nursery. It is important to recognize the fact that current nutritional status of Pakistan’s population requires coordinated, multisectoral, and consolidated efforts to scale up nutrition in order to achieve the goals identified within the Government of Pakistan’s vision 2025. This will require appropriate supplementation, fortification and health education of vulnerable groups specially pregnant women.

Aisha Malik
King Edward Medical University/Lady Willingdon Hospital, Lahore, Pakistan

According to WHO, 56% of pregnant women in developing countries are anemic. Anemia may contribute to up to 20% of maternal deaths. 1 in 5 women die of childbirth and its complications due to pre-existing anemia. Pakistan has a maternal mortality rate of 260/100000 births, which is amongst the highest in the world. The most important underlying cause is malnutrition. A study was undertaken at Lady Willingdon Hospital, (235 bedded maternity hospital, affiliated with King Edward Medical University Lahore). This was an observational study carried out on women delivering in our hospital over a one year period from January 2016 to January 2017. Total of 15,550 women were included in the study. Multiple nutritional deficiencies were observed in these women including iron deficiency anemia and deficiency of micro-nutrients such as folic acid, B12, iodine, calcium, vitamin D and A. Their nutritional status was co-related with pregnancy outcome. Duration of gestation at delivery, mode of delivery, complication during delivery and puerperium and neonatal outcome were recorded. Higher incidence of pre-term birth, operative delivery, ante-partum haemorrhage and puerperal sepsis was observed in these women. Neonates showed poor Apgar score and longer stay in nursery. It is important to recognize the fact that current nutritional status of Pakistan’s population requires coordinated, multisectoral, and consolidated efforts to scale up nutrition in order to achieve the goals identified within the Government of Pakistan’s vision 2025. This will require appropriate supplementation, fortification and health education of vulnerable groups specially pregnant women.

Aisha Malik
King Edward Medical University/Lady Willingdon Hospital, Lahore, Pakistan

According to WHO, 56% of pregnant women in developing countries are anemic. Anemia may contribute to up to 20% of maternal deaths. 1 in 5 women die of childbirth and its complications due to pre-existing anemia. Pakistan has a maternal mortality rate of 260/100000 births, which is amongst the highest in the world. The most important underlying cause is malnutrition. A study was undertaken at Lady Willingdon Hospital, (235 bedded maternity hospital, affiliated with King Edward Medical University Lahore). This was an observational study carried out on women delivering in our hospital over a one year period from January 2016 to January 2017. Total of 15,550 women were included in the study. Multiple nutritional deficiencies were observed in these women including iron deficiency anemia and deficiency of micro-nutrients such as folic acid, B12, iodine, calcium, vitamin D and A. Their nutritional status was co-related with pregnancy outcome. Duration of gestation at delivery, mode of delivery, complication during delivery and puerperium and neonatal outcome were recorded. Higher incidence of pre-term birth, operative delivery, ante-partum haemorrhage and puerperal sepsis was observed in these women. Neonates showed poor Apgar score and longer stay in nursery. It is important to recognize the fact that current nutritional status of Pakistan’s population requires coordinated, multisectoral, and consolidated efforts to scale up nutrition in order to achieve the goals identified within the Government of Pakistan’s vision 2025. This will require appropriate supplementation, fortification and health education of vulnerable groups specially pregnant women.

Aisha Malik
King Edward Medical University/Lady Willingdon Hospital, Lahore, Pakistan

According to WHO, 56% of pregnant women in developing countries are anemic. Anemia may contribute to up to 20% of maternal deaths. 1 in 5 women die of childbirth and its complications due to pre-existing anemia. Pakistan has a maternal mortality rate of 260/100000 births, which is amongst the highest in the world. The most important underlying cause is malnutrition. A study was undertaken at Lady Willingdon Hospital, (235 bedded maternity hospital, affiliated with King Edward Medical University Lahore). This was an observational study carried out on women delivering in our hospital over a one year period from January 2016 to January 2017. Total of 15,550 women were included in the study. Multiple nutritional deficiencies were observed in these women including iron deficiency anemia and deficiency of micro-nutrients such as folic acid, B12, iodine, calcium, vitamin D and A. Their nutritional status was co-related with pregnancy outcome. Duration of gestation at delivery, mode of delivery, complication during delivery and puerperium and neonatal outcome were recorded. Higher incidence of pre-term birth, operative delivery, ante-partum haemorrhage and puerperal sepsis was observed in these women. Neonates showed poor Apgar score and longer stay in nursery. It is important to recognize the fact that current nutritional status of Pakistan’s population requires coordinated, multisectoral, and consolidated efforts to scale up nutrition in order to achieve the goals identified within the Government of Pakistan’s vision 2025. This will require appropriate supplementation, fortification and health education of vulnerable groups specially pregnant women.

Aisha Malik
King Edward Medical University/Lady Willingdon Hospital, Lahore, Pakistan

According to WHO, 56% of pregnant women in developing countries are anemic. Anemia may contribute to up to 20% of maternal deaths. 1 in 5 women die of childbirth and its complications due to pre-existing anemia. Pakistan has a maternal mortality rate of 260/100000 births, which is amongst the highest in the world. The most important underlying cause is malnutrition. A study was undertaken at Lady Willingdon Hospital, (235 bedded maternity hospital, affiliated with King Edward Medical University Lahore). This was an observational study carried out on women delivering in our hospital over a one year period from January 2016 to January 2017. Total of 15,550 women were included in the study. Multiple nutritional deficiencies were observed in these women including iron deficiency anemia and deficiency of micro-nutrients such as folic acid, B12, iodine, calcium, vitamin D and A. Their nutritional status was co-related with pregnancy outcome. Duration of gestation at delivery, mode of delivery, complication during delivery and puerperium and neonatal outcome were recorded. Higher incidence of pre-term birth, operative delivery, ante-partum haemorrhage and puerperal sepsis was observed in these women. Neonates showed poor Apgar score and longer stay in nursery. It is important to recognize the fact that current nutritional status of Pakistan’s population requires coordinated, multisectoral, and consolidated efforts to scale up nutrition in order to achieve the goals identified within the Government of Pakistan’s vision 2025. This will require appropriate supplementation, fortification and health education of vulnerable groups specially pregnant women.

Aisha Malik
King Edward Medical University/Lady Willingdon Hospital, Lahore, Pakistan