

IRON AND FOLIC ACID SUPPLEMENTATION USAGE IN THE PREGNANT WOMEN: A CROSS-SECTIONAL STUDY FOR RATIONAL DRUG USE

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Introduction:

Rational use of medicines is necessary in order to protect the human health and to provide sustainable healthcare services in a qualified way. In a practical way, rational drug use especially in special groups like pregnant and lactating women, elderly patients, newborns and children become more important. Iron and folic acid deficiency are the most common health problems that may be seen in pregnancy and need to be treated. Pharmacokinetics and pharmacodynamics of drugs may be changed due to the physiological changes in pregnancy. Iron and folic acid requirement enhances due to the increased consumption during pregnancy. Weakness and fatigue may be occurred due to the insufficient oxygenation of the tissues in the mother because of the iron and the folic acid deficiency in pregnancy. Developmental failure, abortion and neural tube defects may be also occurred in the infants. The aim of this study was to determine iron and folic acid prescription rate in pregnant women and the attitudes of pregnant women in case of adverse reactions in the meaning of principles of rational drug use.

Objectives:

We conducted a survey to the pregnant women and defined them by age into groups as 20-24, 25-29, 30-34 and 35-39 (20 patients each) in our hospital. Our survey also reflected demographic information, including age, education, number of pregnancies and gestational week. In addition, the survey also includes the questions about the prescription rate of iron and folic acid and whether these are used in accordance with the doctor's recommendation, and the questions about the attitudes and behaviors of pregnant women in the occurrence of adverse effects.

Results:

In this study prevalence of compliance with iron folic acid was reported 38.3% (95%CI: 33.1, 42.5). Women who know the importance of iron folic acid had 6 times higher odds of compliance with iron folic acid than counterpart (AOR = 6.1, 95% CI: 3.53, 10.24). Pregnant women who develop complication during the previous pregnancy had 0.34 times lower odds of compliance with counterpart (AOR = 0.34, 95% CI: 0.16-0.76), experiencing iron folic acid related side effects during the previous pregnancy had 8.5 time higher odds to decrease compliance with than those did not experience iron folic acid related side effects (AOR = 8.5, 95% CI: 4.65.-15.35).

Conclusions:

As in all over the world, iron and folic acid levels are measured for individuals who applied to the hospital due to pregnancy; replacement therapy is given to those who have a deficiency. In our study, we determined that the rate of initiation of iron and folic acid treatment increased as pregnancy age and number of pregnancies increased. As a result of increase in ages and the number of pregnancies, naturally, iron and folic acid depots are emptied. For healthy pregnancy externally supplementation is necessary. We found that using of iron and folic acid supplementation in pregnant women was according to prescription of their physician. In the event of an adverse effect or where an unexpected effect occurs due to the drug, we have determined that all of our subjects will decide to respond by contacting their physicians. In conclusion, we found that the use of iron and folic acid by pregnant women was in accordance with the principles of rational drug use.