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PARADEE CHOMPOOKAEW: PREGNANCY OUTCOME OF THALASSEMIA. THESIS ADVISOR: SURAPOL SUWANAGOOL M.D., F.A.C.P., JAYANTON PATUMANOND M.D., D.Sc., CHAMAIPORN TAWICHASRI, M.Sc., SOYSAANG SETHAVANICH, M.D. 133P. ISBN 974-665-002-5

A retrospective follow-up study was conducted to evaluate the pregnancy outcome of Thalassemia. The study subjects were pregnant women who were screened for Thalassemia at antenatal care clinic of the Mother and Child Hospital, Chiang Mai, between 1st December 1997 and 15th June 1999. The sample comprised of 13 cases of Thalassemia disease, 132 cases of Thalassemia trait, and 319 pregnant women without such conditions. The information were collected from antenatal care and delivery records. The hematocrit of women with Thalassemia trait and Thalassemia disease was 1.69% (95% CI = 1.03 to 2.35) and 3.45% (95 CI = 1.52 to 5.39) lower than that of women without the conditions. There were no differences in variable factors among women of all the three groups at the time of delivery. Puerperal infection in Thalassemia trait and Thalassemia disease was 2.98 (95%CI = 1.47 to 6.06) and 5.42 times (95%CI = 1.55 to 18.88) more likely. In women with Thalassemia disease, the chances of having a low birthweight infant was 9.26 times (95%CI = 2.92 to 29.35) more likely, the infant length was 1.85 cm (95%CI = 0.37 to 3.33) and the head circumference was 1.26 cm (95%CI = 0.39 to 2.12) shorter. Among infants who were born to women with Thalassemia trait, the chances of having fever within 7 days after birth was 1.65 times (95%CI = 1.09 to 2.50) more likely. Their hematocrit was 3.15% (95%CI = 1.69 to 4.62) less.

The results of the study indicated that surveillance of anemia and iron supplements should be more emphasized in antenatal care clinic to decrease anemia and infection among mothers and infants. Apart from the existing Thalassemia prevention and control campaign, women with Thalassemia trait should also receive more attention from health personnel.