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Table 1: Primary and secondary outcomes.

	Intervention group	Control group	P-value
	N = 88	N = 100	
Anemia			
2m follow-up	13	38	<0.01
Anemia			
2m post-partum	7	21	<0.01
Hgb level	+ 1.9±0.7	+ 0.4±1.1	0.03
Ferritin level	19±4.8	6±3.7	0.04

%RGGDIDFH GDWD VWDWLVWLFDOO\ VLJQL¿FDQW

Results

200 women, 100 for each group were included in the study. 12 were lost to follow-up and excluded in the primary analyses. erefore, 188 participants were available for the nal analysis. e two groups were similar in terms of maternal demographics: both had anemia at the similar gestational and with similar phenotype. Maternal age and smoking rate were also similar. Women who received the intervention had a signi cantly lower overall incidence of anemia a er 2 months, and at post-partum follow-up visit. Moreover, rise in Hgb level and serum ferritin were signi cantly higher in the intervention. Maternal tolerability was adequate in the intervention group [Table 1].

Discussion

Our retrospective cohort of singleton gestations with mild anemia in pregnancy showed that oral supplementation with iron sulphate (with liposomal vitamin C) as treatment for iron de ciency mild anemia was a safe and e cacy treatment to reduce the recurrence of anemia. One of the strengths of our study is the inclusion of a speci c population, i.e. singleton gestations with iron de ciency mild anemia. is is the subgroup of women at increased risk for anemia and postpartum hemorrhage. is may be the rst study in the literature evaluating the e cacy of oral supplementation with oral iron sulphate with liposomal vitamin C in pregnant women. No similar publications were found by a systematic review: searches were performed in MEDLINE, OVID, Scopus, Sciencedirect.com, ClinicalTrials.gov and EMBASE with the use of a combination of keywords related to “liposomal iron and “pregnancy from inception of each database to August 2022.

Conclusions

In summary, oral supplementation with iron sulphate (with liposomal vitamin C) as treatment for iron de ciency mild anemia is a safe and e cacy treatment to reduce the recurrence of anemia. Large well-designed placebo-controlled randomized trials are needed to con rm our ndings.

References

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