

To the Editors:

Authors response: Anaemia and iron deficiency in pregnant women attending an antenatal clinic in a Teaching Hospital in Southern Sri Lanka

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With reference to the comments of Premawardene et al. published in this issue on the article “Anaemia and iron deficiency in pregnant women attending an antenatal clinic in a Teaching Hospital in Southern Sri Lanka”, we wish to submit the following clarifications [1].

We are well aware that anaemia has a multifactorial aetiology (including thalassaemias) and we have not performed this study with an assumption that the aetiology for anaemia in the study population was exclusively iron deficiency. The objective of our study was to estimate the rate of anaemia in our study population and not “iron deficiency anaemia” (IDA). The comments in the introduction regarding iron deficiency anaemia and iron deficiency (ID) were to highlight the association between the two. In fact we have discussed in fair detail the difficulties in using serum ferritin (SF) levels even for estimating iron deficiency during pregnancy. We do not suggest that serum ferritin could be used as a screening test for anaemia in general. What we have suggested is a serum ferritin level which could be an appropriate level for the detection of iron deficiency because it was the level best “associated” with the occurrence of anaemia. Unfortunately, we have used the word “detect” anaemia with reference to the use of the Receiver Operating Characteristics Curve for identifying the optimum cut off point for serum ferritin which was “associated” with anaemia. The word “detected” should be replaced and be

read to have the meaning of “associated” in the method (one occasion) and the results (two occasions). We thank Premawardene et al. for pointing out this inadvertent error.

Identification of the causes of anaemia was not an objective of our study. Therefore, with the above mentioned correction, our results and conclusions are still valid. The rate of anaemia in our study population was 16.6%. We have concluded that “for the diagnosis of iron deficiency, a cut off level of SF < 30 µg/l appears to be appropriate for women presenting for antenatal care to the Academic Obstetric Unit of the THMG.” This is a contextual statement referring to only iron deficiency (not anaemia), and to the study population only.

Conflicts of interest

Authors declare that they have no conflicts of interest.

References

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