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Letter to Editor

Role of Anthelminthics in Prevention of Anaemia in Pregnancy

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Dear Editor,

We read with great enthusiasm the new SOGON Clinical Practice Guideline on Management and the Prevention of Anaema in Pregnancy.[1] This comprehensive document would be an invaluable tool in the armamentarium of obstetricians in managing this condition of public health importance in Nigeria.

The guideline rightly recognized hookworm infestations as one of the causes of anaemia in pregnancy and advised that stool microscopy for ova of hookworm should be a component of its investigation. However, there was no recommendation made on the use of antihelminthic in prevention of anaemia in pregnancy.

Soil-transmitted helminth infections, such as hookworm and/or T. trichiura infection, have been associated with anemia in pregnancy especially in low- and middle-income countries like Nigeria.[2] In areas with high prevalence and intensity of helminthic infection, routine administration of single dose second or third trimester antihelminthic has been shown to improve pregnancy outcomes.[3] Thus, the World Health Organization (WHO)recommends prophylactic use of a single dose of either 400mg of albendazole or 500mg of mebendazole for pregnant women after the first trimester in areas of the world with a high baseline prevalence of helminth infection (20%) and anemia (40%) in pregnant women.[4]

Studies on prevalence of helminth infection in Nigeria have been variable, with prevalence above 20% in some regions.[5] As reflected in the guideline, prevalence of anaemia in pregnancy ranges between 37.6% and 76.5%.[1] The routine use of second trimester antihelminthic may be valuable in certain context in Nigeria; we therefore recommend that contextual recommendation on universal use of antihelminthic in areas with high prevalence of helminthic infection should be considered in subsequent review of this guideline

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