

other findings in the literature that indicate that pernicious anaemia tends to be very rare in women of childbearing age<sup>21</sup> as well as, in the South African context, the findings of Kruger et al<sup>8</sup> who reported that the occurrence of vitamin B<sub>12</sub> deficiency was uncommon among pregnant women in the Cape Peninsula. It takes about five to six years for vitamin B<sub>12</sub> deficiency symptoms to appear after restriction of the intake of dietary sources of vitamin B<sub>12</sub>. Similarly, a lower prevalence of biochemical vitamin B<sub>12</sub> deficiency has been reported among women attending ANC at Baragwanath Hospital (5%)<sup>12</sup> and pregnant women in the Cape Peninsula (5%).<sup>8</sup>

Finally, teenagers are said to be at higher risk for maternal complications.<sup>22</sup> It has been reported, for instance, that 14% of adolescent pregnancies in the USA end in miscarriages.<sup>22</sup> In the current study, 44 (35%) of the teenagers had a history of previous pregnancies, with only 11 (25%) reporting that they had children. The remainder of the pregnancies (75%) ended in miscarriages or stillbirths or the children may have died in their infancy. This high rate of fetal/infant loss may be attributed to poor dietary intake associated with poor food choices, competition between the fetus and the mother for nutrients or inadequate prepregnancy nutrient stores in the body.<sup>22</sup>

In conclusion, the prevalence of anaemia, especially iron deficiency anaemia, was high as more than a third of pregnant teenagers were diagnosed with Hb < 11 g/dl. There was also a poor dietary intake of iron, folate and vitamin C, which necessitates intervention by health care providers in order to prevent complications that might arise as a result of these dietary inadequacies.

## References

- O'dea JA. Iron deficiency in adolescent girls. *Nutritdate* 2001;12:1–10.
- Steyn NP, Wicht CL, Rossouw JE, et al: Nutritional status of 11-year-old children in the Western Cape. *The SAJ Food Sci & Nutr* 1989;15–19.
- Sargent RG, Schulken ED. Black and white adolescent female's prepregnancy nutritional status. *Adolescence* 1994;29:854–857.
- Scholl TO, Hediger ML, Scholl JI, et al: Maternal growth during pregnancy and the competition for nutrients. *AJCN* 1994;60:183–8.
- Scholl TO, Hediger ML. Anaemia and iron deficiency anaemia: compilation of data on pregnancy outcome. *AJCN* 1994;59(suppl):492S–501S.
- National Research Programme for Nutritional Intervention. *Food quantities manual*. 2nd ed. Cape Town: MRC; 1991.
- Nutritional Information Centre of the University of Stellenbosch (NICUS). *The dietary reference intakes*. National Academy Press; 2003.
- Kruger M, Dhansay MA, Van Staden E, et al. Anaemia and iron deficiency in women in the third trimester of pregnancy receiving selective iron supplementation. *SAJ of Food Sci & Nutr* 1994;6:132–137.
- Medical Research Council. *Food finder 2*. Cape Town: MRC; 2001.
- Dannhauser A, Bam R, Joubert G, et al.: Iron status of pregnant women attending the antenatal clinic at Pelonomi hospital, Bloemfontein. *SAJCN* 2000;13:38–46.
- Thomson J. Anaemia in pregnant women in eastern Caprivi, Namibia. *SAMJ* 1997;87:1544–1547.
- Patel RC, Lamparelli RDV, Sacks AJ, et al: Nutritional anaemia in pregnant black women in Soweto. *SAJ Food Sci & Nutr* 1992;4:29–32.
- Hercberg S, Galan P. Nutritional anaemias. *Clin Haem* 1992;5:143–165.
- Swensen AR, Harnack LJ, Ross JA. Nutritional assessment of pregnant women enrolled in the special supplemental program for women, infants and children (WIC). *JADA* 2001;101:903–907.
- Steyn NP, Wicht CL, Rossouw JE, et al. The eating pattern of adolescents in the Western Cape. *SAJ Food Sci & Nutr* 1990;2:23–27.
- Milman N, Bergholt T, Keld-Erik BYG, et al: Iron status and iron balance during pregnancy a critical reappraisal of iron supplementation. *Acta Obstet Gynecol Scand* 1999;78:749–757.
- Patterson AJ, Brown WJ, Roberts DCK, et al: Dietary treatment of iron deficiency in women of childbearing age. *AJCN* 2001;74:650–6.
- Centers for Disease Control (CDC). Folate status in women of childbearing age. *Morbidity and mortality weekly report (MMWR)* 2000;49:962–965.
- Lee RD, Nieman DC. *Nutritional assessment*. Boston, Massachusetts: McGraw-Hill; 1996.
- Baynes RD, Meriwether WD, Bothwell, TH et al. Iron and folate status of pregnant black women in Gazankulu. *SAMJ* 1986;70:143–151.
- Abrams SR. *Handbook of medical problems during pregnancy*. California: Appleton and Lange; 1989.
- Story M, Alton I. Nutrition issues and adolescent pregnancy. *Nutrition Today* 1995;30:142–151.
- Bailey LB, Mahan CS, Dimperio D. Folic acid and iron status in low-income pregnant adolescents and mature women. *AJCN* 1990;33:1997–2001.

## Society News



### SASPEN NEWS

The SASPEN Biennial General Meeting (BGM) was purposefully convened during the recently held Nutrition Congress with the aim of electing the new SASPEN Council from those members who were duly nominated.

There may be a number of reasons why SASPEN members did not/could not attend the BGM. Consequently, a quorum, as required by the Society's Constitution, was not reached. Those members present unanimously agreed to proceed and elect all the duly nominated members to the Council and seek ratification by post or e-mail so that the elected Council can proceed with its work and plan ahead.

This communication serves to invite SASPEN members to ratify the new Council, which will be considered duly elected in the absence of any objections. Any SASPEN member who has any objections to the decision taken at the BGM is requested to submit the objection in writing to the SASPEN President at dlabadarios@hsr.ac.za. Confidentiality and anonymity will be strictly respected, should it be requested.

The elected Council plans to meet before the end of the year and further developments will be communicated in due course.

May I take this opportunity, on behalf of the SASPEN Council, to wish all our members the very best for the Festive Season.

Prof D Labadarios  
**SASPEN: President**

### The newly elected Council is as follows:

Portfolio	Name
President	Prof D Labadarios
President-Elect	Mrs Janicke Visser
Scientific Secretary	Dr Stephen van der Merwe
Treasurer	To be elected from members
Member	Mrs Nazeema Esau
Member	Ms Berna Harmse
Member	Mrs Dorothea McDonald
Member	Mrs Caida MacDougall
Member	Mrs Anette Prinsloo
Member	Ms Talent Tanase
Member	Ms Tristi van der Spuy
Past President	Dr Renée Blaauw