

and contamination. Blood was collected before delivery of the placenta to take advantage of uterine contractions to squeeze out the blood from the uterus. Two studies(1,4) have reported bacterial contamination in about 10-12% of the collected cord blood samples irrespective of the type of delivery. One of them(1) has reported no significant difference between the frequency of positive blood cultures in Cesarean section and vaginal deliveries. Ballin *et al.*{2) reported no contamination in 120 cord blood collections in vaginal deliveries.

A constant supply of fresh blood is usually not available in most hospitals in our country. Also, the blood available is not screened for hepatitis C, cytomegalovirus, malaria and other infectious disease. Cord blood transfusion, with its high hematocrit, is a simple and cheaper alternative to homologous transfusion, the potential for which is not appreciated. It may obviate the need for blood products in neonates. Cord blood cells can be stored in CPDA-1 media for several weeks(6) without any special storage techniques and no coagulation abnormalities in stored cord blood have been reported(2,5). The use of placental blood for autologous transfusion may be a useful alternative to homologous transfusion if adequate collection and storage techniques can be developed.

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Colored and Sweetened Death Trap?

Administration of iron and folic acid tablets to pregnant women to improve the outcome of pregnancy is an important activity of MCH services(1). In the recent

years we have observed an increase in the number of cases admitted for iron poisoning. Whereas we used to see a case of iron poisoning once in 2 or 3 years, for the last 3 years we have come across 12 cases. All the 12 toddlers had consumed an average of 15 tablets each, which were given to their mothers. These tablets were beautifully colored and sugar coated, attracting inquis-

itive toddlers. Three of the 12 cases died, four left against medical advice and the remaining five were referred to higher centres for various reasons like parental anxiety and non availability of desferoxamine. Desferoxamine the specific antidote is expensive and is not easily available in many peripheral centers, thus making management difficult.

Coloring and sweetening agents are added in children's medicine to improve the acceptability. But the hazards of these agents is well known(2). We feel that pregnant women for whom these tablets are meant, do not require

coloring or sweetening, otherwise they may act as colored and sweetened death traps for toddlers.

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