Take Action to Protect Pregnant Women from Malaria

At the Abuja Summit in 2001, 31 African heads of state resolved to provide effective malaria interventions to 60% of women by 2005.

**Programmatic Approaches**

The high utilization of antenatal clinics and reproductive health services by African women provides an opportunity to strengthen malaria prevention and treatment services in the clinic setting. In areas with low clinic coverage, community-based programs are a good entry point and a place to promote antenatal care.

**Cost-Effectiveness**

IPT and ITNs are highly cost-effective interventions, approximately equal to measles vaccination.

**In conclusion**

In highly malaria-ridden western Kenya, women in their first four pregnancies who were protected by insecticide-treated bednets delivered 20% fewer low birth weight babies, compared with women who were not protected.  

<table>
<thead>
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<td>Commodities:</td>
<td>Ensure availability and affordability of effective antimalarial drugs and insecticide-treated bednets. Work to reduce taxes and tariffs on necessary commodities: netting, insecticides, drugs, bednets, etc.</td>
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<tr>
<td>Education:</td>
<td>Support efforts to raise awareness of malaria in pregnancy among different target populations, including maternal and reproductive health providers, HIV/AIDS counselors and program managers, community workers and peer counselors, and women and men in the community. Support efforts to raise awareness on the value of receiving antenatal care.</td>
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<td>Partnerships:</td>
<td>Build partnerships between maternal and newborn health services and malaria control programs, such as Making Pregnancy Safer and Roll Back Malaria.</td>
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</table>

**Websites and other resources**

- **Making Pregnancy Safer (MPR)/Reproductive Health and Research (RHR)** website: [www.who.int/reproductive-health](http://www.who.int/reproductive-health)
- **Malaria Consortium, www.malariaconsortium.org**
- **World Health Organization, [www.who.int/health-topics/malaria.htm](http://www.who.int/health-topics/malaria.htm)**

- **Essential Health Sector Actions to Improve Maternal Nutrition in Africa**
  - Huffman SL, et al. LINKAGES project, Academy for Educational Development, 2001. This manual describes six actions, including actions against malaria, that health programs should implement to improve women’s nutritional status. [www.linkagesproject.org](http://www.linkagesproject.org)

- **Malaria in Pregnancy Resources**

  - *Midwives and Doctors*. 2001. This manual describes six actions, including actions against malaria, that health programs should implement to improve women’s nutritional status. [www.linkagesproject.org](http://www.linkagesproject.org)

- **Severe Falciparum Malaria** in *Essential Care Practice Guide for Pregnancy, Childbirth and Newborn Care*.  

- **Managing Complications in Pregnancy and Child Birth: A Guide for Health Professionals**

- **Midwives and Doctors*. 2001. This press kit gives journalists or policy makers unfamiliar with the research on malaria and pregnancy background information, action areas, and contact information. [http://sara.aed.org](http://sara.aed.org)

- **African success stories in treating malaria during pregnancy, and sources for further information.** [http://sara.aed.org](http://sara.aed.org)

- **Essential Care Practice Guide for Pregnancy, Childbirth and Newborn Care**

- **News to Save Lives: Approaches to Malaria and Pregnancy**

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Intermittent Preventive Treatment (IPT) All pregnant women in areas of stable \(P.\) falciparum malaria transmission, even without symptoms, should receive at least 2 doses of IPT after quickening (first noted fetal movement). To assure that women receive the appropriate doses, delivery of IPT may best be linked to routinely scheduled antenatal care visits. IPT can significantly reduce the negative consequences of malaria during pregnancy and is a safe, effective, deliverable, and cost-effective treatment. Currently, the drug of choice is sulfadoxine pyrimethamine (SP), but new drugs are being developed and tested and may also prove effective in the future.

Insecticide-Treated Bednets (ITNs) Sleeping under a treated bednet protects pregnant women and their babies from malaria. Ideally, all women of child-bearing age should sleep under treated bednets, protecting the child from the time of conception.

Malaria in Africa is estimated to cause:
- 15% of maternal anemia; and
- 35% of preventable low birthweight

Malaria during pregnancy is a risk to both mother and baby
- For women:
  - In particular, primigravid and HIV+ women are at greater risk for malaria and therefore anemia, severe malaria, and death.
  - For infants: Placental infection leads to low birthweight, a major factor in infant illness and death.

Anemia Malaria is a significant contributing factor to anemia. If severe, anemia puts women at an increased risk of death. Maternal anemia increases the risk of premature delivery and a low birthweight baby.

Low Birthweight and Premature Delivery Malaria infection of the placenta is a major contributor to low birthweight and premature delivery. Even if an infected mother does not have a fever, the baby may still be at risk.

Increased Risk of Severe Malaria Pregnancy reduces a woman’s immunity to malaria, making her much more susceptible to severe malaria than other adults. Treatment of acute malaria is more complicated in pregnancy.

The Risks of Malaria in Pregnancy

Programmatic Approaches for Malaria Control in Pregnancy

An integrated three-pronged approach is recommended to reduce the burden of malaria infection among all pregnant women and their babies.

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Wherever malaria exists, pregnant women are at risk

Low birthweight and premature delivery are major contributors to low birthweight and premature delivery. Whether maternal malaria immunity is high or low, a serious risk of maternal or infant death exists. When acquired maternal immunity is high, infection is often asymptomatic.

In Malawi, where IPT with SP has been the policy since 1993, a recent survey found that 75% of pregnant women had received at least one dose of the drug during pregnancy (30% received at least two doses). Women receiving SP during pregnancy had significantly lower rates of placental infection (reduced from 32% to 23%) and low birthweight babies (a reduction from 23% to 10%). SP during pregnancy also reduced the rates of maternal anemia.


Programmatic Approaches for Malaria Control in Pregnancy

Wherever malaria exists, pregnant women are at risk

In Africa, at least 24 million pregnancies are threatened by malaria each year. Less than 5% of pregnant women receive effective interventions. More than 60% of pregnant women in malaria-affected areas visit antenatal clinics, which provides a good opportunity to manage malaria during pregnancy.
**Intermittent Preventive Treatment (IPT)**

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  - Pregnancy reduces a woman’s immunity to malaria, making her more susceptible to severe malaria than other adults. Treatment of acute malaria is more complicated in pregnancy.

- **Infant Risk and Possible Death**
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- **Case Management of Malaria Illness**
  - Pregnant women with symptomatic malaria are at higher risk for maternal and infant deaths. Treatment of malaria during pregnancy aims to cure the infection. All women should be screened for anemia and managed accordingly.

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