



Malaria in Pregnancy

Separating Myths From Facts

An interactive guide to engage healthcare providers

PMI

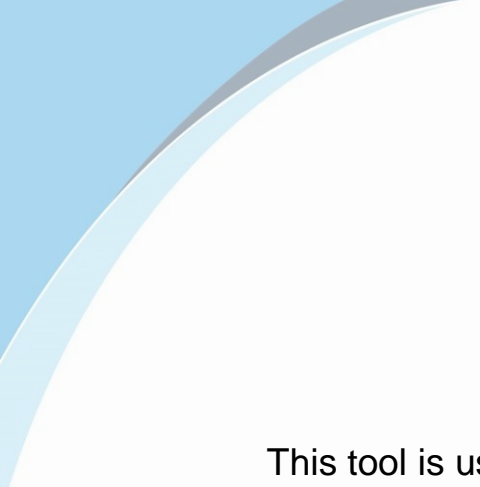
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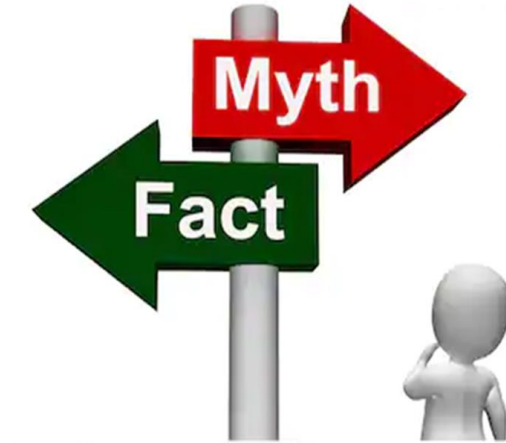
This tool is used as a visual aid to accompany the provider dialogue framework that is implemented as part of the cluster meetings and facility mentorship discussions. It can be displayed as a slide deck or printed where access to electricity is an issue. In addition to displaying each slide showing myths and facts, facilitators should refer to the provider dialogue framework for additional supporting information to share with providers during these discussions.



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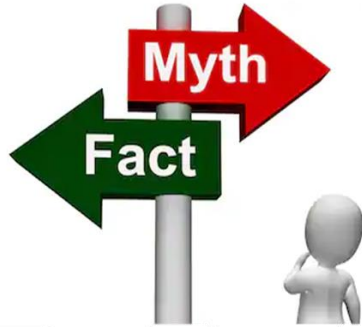
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Malaria in Pregnancy



Separating Myths from Facts

#1



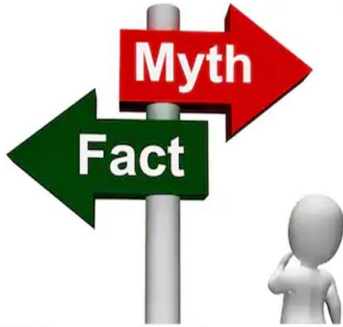
A pregnant woman may have malaria parasites but not have symptoms of malaria

Fact!

**Malaria parasites can hide in the placenta
without showing any malaria symptoms**

- Malaria parasites can hide in the placenta.
- Malaria parasites in the placenta is the main cause of the harmful effects of malaria in pregnancy
- If the woman does not receive IPTp, the parasites in her blood will attack the placenta and cause problems for the baby.
- SP clears the existing parasites from the placenta and prevents new infections

#2



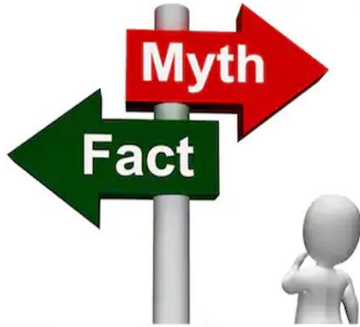
Malaria is one of the leading causes of death in pregnant women

Fact!

**Malaria accounts for 11% of maternal deaths in
Nigeria**

- Pregnancy reduces a woman's immunity to malaria.
- Pregnant women, especially those in their first or second pregnancies, are at higher risk of getting malaria.
- Malaria can cause severe anaemia and maternal deaths
- About 10% of all maternal deaths is caused by malaria in pregnancy

#3



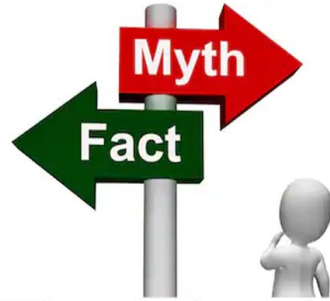
**If ACT is not available, SP
can be used for treatment of
malaria in pregnancy**

Myth!

SP is NOT the recommended drug for treatment of malaria in pregnancy

- SP should be given only for IPTp.
- SP is not recommended for treatment of malaria in Nigeria
- Treatment of **CONFIRMED** malaria during pregnancy is:
 - ACT for all trimesters

#4



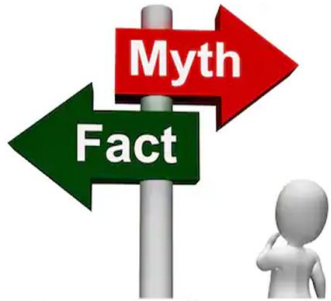
A pregnant woman who consistently sleeps inside a treated bed net does not need IPTp with SP.

Myth!

Early ANC registration, proper use of IPTp and correct use of ITNs work together to prevent malaria in pregnancy

- Malaria in pregnancy should be prevented by IPTp AND use of ITNs
- The woman may be exposed to malaria during the period when she is not inside the bed net.
- The woman may have the parasites before she got pregnant
- SP provides a continuous and long-lasting protection for the woman and her unborn child.

#5



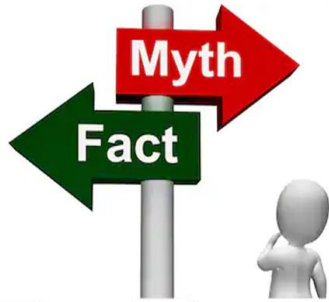
If a woman has not eaten before coming to the clinic, the provider should prescribe the SP and give her instructions to take it as soon as she has eaten.

Myth!

SP is safe for pregnant women to take with food OR on an empty stomach

- SP should be given by DOT.
- The provider should require that the woman takes the medication in her presence
- The pregnant woman can take SP with or without food
- There is no clinical basis for requiring women to come to ANC without eating

#6



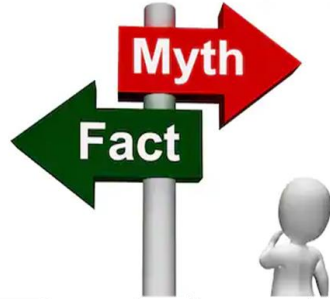
If a provider cannot offer IPTp to a woman during ANC visit, the provider should prescribe SP and advise her to take it as soon as she can

Myth!

**It is very important to administer SP by DOT in
the health facility**

- Giving SP by DOT promotes interpersonal care and respectful maternity care.
- You must respectfully insist on observing the woman taking the medicine
- When you are sure that a pregnant woman has been taking SP by DOT, you will be able to focus on other conditions other than malaria, if the unborn baby is not growing as it should.
- DOT can improve antenatal attendance as the client knows that she can only receive the drug at the clinic.

#7



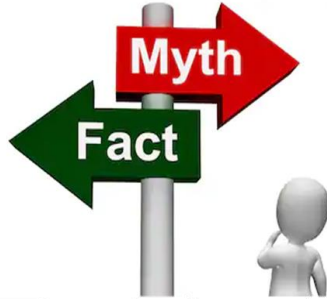
A pregnant woman can receive IPTp-SP until the time of delivery

Fact!

IPTp can be started as early as 13 weeks, and continued monthly until delivery

- The goal of IPTp is **AT LEAST** 3 times during each pregnancy.
- If the woman starts ANC in the first trimester and attends monthly, you could give IPTp as much as 6 times.
- The more doses of IPTp the woman receives, the better it is for the baby. There is a lower risk of preterm delivery and low birth weight.

#8



Counselling is a key component of family planning and nutrition services but not for IPTp.

Myth!

IPTp counselling is equally as important as FP and nutrition counselling during ANC

- Pregnant women need to know that pregnancy makes them more vulnerable to the effects of malaria.
- IPTp protects a woman continuously while a net only protects her if she is inside it.
- Some pregnant women may not know these benefits of IPTp unless you counsel them
- Pregnant women will be more likely to make an informed decision to take IPTp when they have received counselling

Get in touch

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