

## FACT SHEET

For Policy Champions, Key Decision and policy Makers in COMPASS Project States and LGAs

RH NO. 6

### MATERNAL HEALTH—MALARIA IN PREGNANCY

#### ROLL BACK MALARIA

Roll Back Malaria (RBM) is the overall national strategy adopted to combat malaria, which is highly endemic in Nigeria and poses a major human development challenge. The RBM strategy seeks to establish a social movement in which the local communities, public and private sectors, all tiers of government and non government agencies come together in a partnership and network to implement malaria control activities. Pregnant women and children under five are key target groups of RBM and included in the four key elements of its intervention strategy, namely malaria in pregnancy, drug of choice for intermittent preventive treatment, insecticide treated nets, and antenatal care.

Drugs and other interventions for the prevention and treatment of malaria, especially during pregnancy are widely available, within the public and private sectors. Most of the drugs are also easy to administer and are affordable and accessible.



#### HIGHLIGHTS

**Commitment to Action**

**Safeguarding Pregnancy  
from Malaria**

**Preventive Actions**

#### COMMITMENT TO ACTION

Malaria infection during pregnancy poses substantial risk to the mother, her foetus, and the neonate. The prevalence of parasitemia appears greatest in the second trimester and susceptibility to clinical malaria may persist into early postpartum period. Malaria significantly contributes to anaemia in pregnancy. Nigeria has adopted the use of intermittent preventive treatment (IPT) of malaria in pregnancy using SP as one of the intervention packages for making pregnancy safer. Other components of this package include use of ITNs, prompt and effective malaria case management, treatment of anaemia and nutrition counselling.... IPT OF MALARIA IN PREGNANCY shall be implemented through existing health structures from the community to the national level,

*National Guidelines and Strategies for Malaria  
Prevention and Control during Pregnancy.*

FMOH, Nigeria, 2005.

## SAFEGUARDING PREGNANCY FROM MALARIA

### Malaria in Pregnancy

In 2004, about one-quarter of women in pregnancy were found to have malaria parasites in their blood. Malaria infection during pregnancy poses substantial risk to the mother, her fetus and the neonate. Due to the high endemic and transmission rates of malaria in Nigeria, pregnant women have acquired immunity and are susceptible to infections which may result in adverse effects on both the mother and child, such as anemia in pregnancy, low birth weights, pre-term deliveries, still births and perinatal mortality.

Malaria is a preventable condition. It is also treatable and curable. Nigeria has adopted a package of interventions aimed at making pregnancy safe from malaria; the package includes:

- Access to effective anti malarial prevention and treatment

- Insecticide treated nets (ITN) should be available to persons at risk of malaria particularly pregnant women and children under age 5

- Anti-malarial prevention should be a part of comprehensive antenatal care, to include components to control maternal anemia

### Drug of Choice for Intermittent Preventive Treatment (IPT)

The FMOH has endorsed Sulfadoxine-Pyrimethamine (SP) as the drug of choice for the prevention of malaria in pregnancy in areas of stable transmission of the *plasmodium falsiparum* malaria. It is safe when taken during the second and third trimesters, effective in reducing maternal anemia and mortality, placental parasitemia, low birth weight and abortion. It is widely accepted by women in other African countries and simple to comply with (as a single dose treatment), especially as a routine part of ante-natal care, as described below.

### Insecticide Treated Nets (ITNs)

ITNs reduce human-vector contact by physically excluding mosquitoes, killing them if they land on the net or repelling them. Use of an ITN by pregnant women benefits the individual woman as well as her family. Studies have shown that women who were protected by ITNs every night in their first four pregnancies delivered approximately 25% fewer low birth rate or premature babies than did women who were not equally protected. ITNs should be provided to pregnant women as early in pregnancy as possible and their use should be continue throughout pregnancy and with all children under the age of five.

### Antenatal Care (ANC)

In 2001, on average, 69% of all Nigerian women in their current pregnancy were receiving care and mostly in formal health care centers (RBM Baseline, 2001). Because of this level of use of ANC, it is seen as an ideal mechanism for administering IPT. SP is to be administered by a health worker at least twice to all pregnant women after quickening and at intervals of 4 weeks, under direct observation.

Pregnant women should also be screened for anemia and those with moderate to severe anemia should be managed according to national reproductive health guidelines. This would involve compliance to the de-worming protocol (e.g., mebendazole 500mg in second or third trimester), daily intake of iron and folic acid (withholding folates when SP is administered), and nutrition counseling. Case management of pregnant women presenting with malaria illness should follow the National Anti-malarial Treatment Guidelines.

## PREVENTIVE ACTIONS

### At Local Government Levels

Provide and distribute behaviour change materials on IPT.

Provide adequate human and material resources to primary health care facilities.

Promote IPT and use of ITNs.

Procure and distribute drugs and supplies to facilities

Put in place a system to encourage ANC attendance.

Re-train and orient health-workers on IPT.

Provide technical support to health facilities on IPT implementation.

Establish appropriate feedback mechanisms between health facilities and RBM HQ to ensure compliance with guidelines and standard dosage.

Monitor and evaluate the program.

### At Community Levels

Mobilize/sensitize the communities on the value of ANC, the risk of malaria in pregnancy and the rationale for IPT.

Promote the use of ITNs, net-treatment and reduction of mosquito breeding sources.

Refer pregnant women to appropriate level of care.

Encourage community use of IPT and ITNs in place of other remedies.

Train community health workers to promote ITN and IPT especially during home visits.

Conduct local research to ensure full application of acceptable standards of care.

Put in place a system for implementation and sustainability.

### At the State levels

Undertake advocacy for the adoption of interventions to prevent malaria in pregnancy.

Provide adequate human and material resources to health facilities to provide IPT.

Train trainers on IPT and ITNs.

Train and orient health workers on IPT and ITNs.

Provide technical support to reduce mosquito breeding sources.

Provide technical support to health facilities on IPT and ITN implementation.

Provide support for accurate record keeping and relevant data management.

Establish appropriate feedback mechanisms between health facilities and RBM HQ to ensure compliance with guidelines and standard dosage.

Organize State level launching of guidelines on IPT and ITNs implementation involving all relevant stakeholders.

Monitor, supervise and evaluate IPT implementa-