

WorldMEDSchool GLOBAL EDUCATION

Malaria in Pregnancy

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Burden of Malaria in Pregnancy (MIP)

45 million pregnancies in malaria-endemic areas

⇒ 23 million in high transmission areas of Africa

Malaria contributes to negative health impact:

Mothers

- ⇒ 3-15% of severe anemia
- ⇒ up to 10,000 malaria anemia-related deaths per year

- ⇒ 8-14% of all low birth weight
 - 30% of preventable low birth weight
- 8-36% of prematurity
- → 3-8% of infant mortality = 75,000-200,000 infant deaths/year

Presentation of MIP According to Endemicity

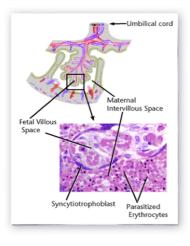
ENDEMIC EPIDEMIC → Low Transmission Areas High Transmission Areas → Severe maternal symptoms ■ Mothers asymptomatic Cerebral malaria ⇒ Severe maternal anemia Respiratory distress → Death ■ Low birth weight → Miscarriage ■ Neonatal/infant → Pre-term delivery mortality Low birth weight

→ Infant/neonatal mortality

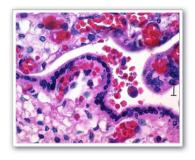


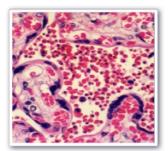
Malaria during Pregnancy High Transmission Areas Plasmodium falciparum malaria Asymptomatic infection (acquired immunity high) Parasite sequestration in the placenta Decreased nutrient transport Low birth weight Increased risk of infant mortality

Malarial parasites sequester in the placental intervillous space



Placental parasitemia can occur with >90% of all placental red blood cells infected



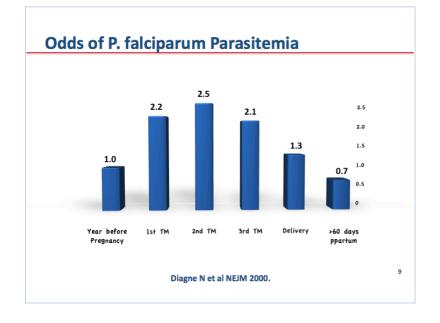


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Malaria in Pregnancy Low Transmission Areas Acquired immunity - low Clinical illness Recognition and case management Risk to mother Risk to fetus







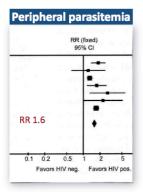


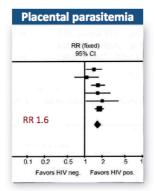
Placental Malaria Placental Parasite Density Placental Parasite Density Walifaravid Socundigravid Phinigravid Socundigravid Fried and Duffy J Mol Med. 1998 11

Placental parasitemia occurs in the absence of peripheral parasitemia 80 70 80 70 80 70 80 Regression 95% CI Peripheral Parasitaemia at Delivery (%)



HIV increases risk for peripheral and placental parasitemia





Ter Kuile F. Am J Trop Med Hyg 2004

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HIV and Malaria in Pregnancy

HIV-positive pregnant women have:

- Higher prevalence of malaria parasitemia
- → Higher parasite densities
- → Greater risk of placental infection
- → ↑ risk of anemia
- → ↑ risk of birth complications including LBW, preterm delivery, and IUGR

Placental malaria in HIV-infected pregnant women may increase **risk of HIV mother-to-child transmission**

Infants of HIV-infected pregnant women at greater risk of **serious** malaria morbidity or mortality

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Malaria in Pregnancy

Opportunities for Intervention

Program opportunity

→ In areas of Africa with greatest LBW > 60% women attend ANC

Drugs

- → Intermittent preventive treatment (IPTp)
- Case management

Insecticide Treated Nets (ITNs)

Treatment of anemia

- Iron/folate
- Nutritional counseling



ITN Donation Antenatal Clinic near Blantyre, Malawi



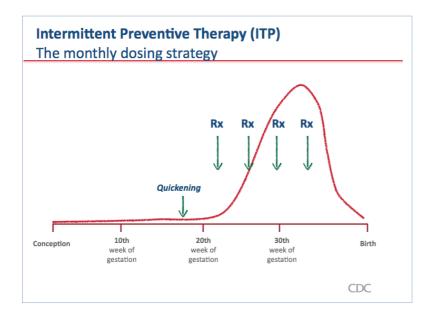
Insecticide Treated Nets (ITN)

- Decrease peripheral parasitemia, anemia, placental malaria, pre-term delivery, and increase in mean birth weight
- 25% decrease in infants who were premature or SGA among women sleeping under ITNs
- Supply of ITNs in sub-Saharan Africa increasing, but disparity exists between urban and rural populations
- · Need to increase access to ITNs for pregnant women

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Intermittent Preventive Therapy (ITP) The two dose strategy Dose 1 24-28 wks Dose 2 30-36 wks 10th 20th 30th Conception week of gestation week of week of gestation gestation Quickening CDC





Conclusions

- → SP for IPTp may confer less protection than previously observed due to rising SP resistance
- WHO now recommends monthly dosing beginning after quickening
- → Findings emphasize urgent need to evaluate alternative medications for IPT and potentially new strategies (IST)

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Thank you!

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