IPTp with SP works!

Scaling up MiP interventions can reduce asymptomatic malaria, contributing to malaria elimination.

IPTp-SP can protect against curable sexually transmitted and reproductive tract infections.

To prevent malaria in pregnancy, the World Health Organization recommends:4,5

- A minimum of eight contacts with the health system
- Prompt diagnosis and effective treatment of MiP
- Consistent use of ITNs before, during, and after pregnancy
- Provision of quality-assured SP initiated early in the 2nd trimester

Progress toward coverage of MiP interventions:8

- In 2018, 49% of pregnant women slept under an ITN.

ANC: antenatal care; IPTp-SP: intermittent preventive treatment with sulfadoxine-pyrimethamine; ITN: insecticide-treated net; LBW: low birthweight; MiP: malaria in pregnancy

2018

11 million pregnant women were exposed to malaria in sub-Saharan Africa; in 20 high burden countries, at least 30% of women were exposed.1

In 20 high-burden countries, more than 40% of pregnant women experienced maternal anemia.1

MiP resulted in nearly 900,000 LBW infants (2,500 gm), putting them at significantly higher risk than normal birthweight infants.

In 2014, 49% of pregnant women slept under an ITN.

29% 38% 31%

IPTp-SP reduces the incidence of:

- LBW infants
- Severe maternal anemia
- Neonatal mortality
ANC Contact Schedule and Illustrative Timing of IPTp-SP Administration

(To be adapted to country context, also considering disease burden and health needs, and applied flexibly at 4-week intervals from IPTp1)

Contact 1: Up to 12 weeks

Contact 2: 20 weeks

Additional contact (1a): 13 weeks (in countries recommending IPTp)

Contact 3: 26 weeks

Contact 4: 30 weeks

Contact 5: 34 weeks

Contact 6: 36 weeks

Contact 7: 38 weeks

Contact 8: 40 weeks

Provide ITN and counsel on ITN use

IPTp-SP dose 1

IPTp-SP dose 2

IPTp-SP dose 3

IPTp-SP dose 4

IPTp-SP dose 5

IPTp-SP dose 6 (if no dose was received at contact 6 in week 36)

No SP administration if last dose was received at contact 5 in week 34

Continue SP doses every 4 weeks until delivery

To achieve their targets for malaria, country health systems must prioritize malaria in pregnancy, including IPTp programming by:

- Prioritizing early and comprehensive ANC
- Alleviating malaria supply chain bottlenecks
- Strengthening health systems to support quality ANC
- Ensuring consistency of MiP policies across malaria and reproductive health programs
- Including key MiP indicators in routine information systems

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6 See also President's Malaria Initiative, CDC, MCHIP, MCSP. 2017. Treatment of uncomplicated malaria among women of reproductive age. https://www.pmiimpact.org/media/473614600273.1
