**Semi-immune women living in a malaria area of their home country are advised to take three doses of an anti-malarial medication during their pregnancy as advocated by the WHO.**

**DISCLAIMER:**
This pocket guide has been developed for educational purposes only. It is not a substitute for professional medical advice. Should you have questions or concerns about any topic described here, please consult your medical professional.



# MALARIA PREVENTION

**International SOS strongly advises that NON-IMMUNE pregnant women should NOT TRAVEL TO AREAS WITH MALARIA. If you do travel to malaria areas, the ABCDE approach to prevention must be strictly adhered to.**

## 'ABCDE' Malaria Precautions for Non-Immune Women

**A — AWARENESS**
Be **Aware** of the risk and the symptoms.

**B — BITE PREVENTION**
Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

**C — CHEMOPROPHYLAXIS**
If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection.

**D — DIAGNOSIS**
Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

**E — EMERGENCY**
Carry an **Emergency** Stand-by Treatment Kit (EST kit) if available and recommended (the kit that contains malaria treatment).

## BE VIGILANT

Avoid mosquito breeding areas

Avoid being outside from dusk to dawn

Sleep under a bed net, preferably an insecticide treated bed net

After dark, use mosquito repellents

After dark, wear long sleeves and long pants with closed shoes

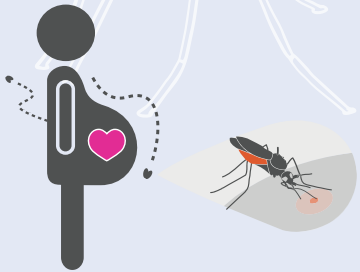
**Disclaimer:** This section of the booklet applies to women who are non-immune pregnant women who may travel to or live in a malaria area.

# MALARIA IN PREGNANCY

INTERNATIONAL SOS

WORLDWIDE REACH. HUMAN TOUCH.

When a pregnant woman is infected by the malaria mosquito, the **PARASITES MULTIPLY** in the placenta thereby **POSING RISK TO BOTH THE MOTHER AND THE DEVELOPING FOETUS.** The **SCENT THAT PREGNANT WOMEN EMIT** also makes them far more attractive to malaria mosquitoes



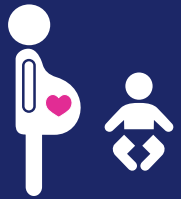
IT IS ESTIMATED THAT ABOUT

**10 000**

WOMEN AND

**200 000**

INFANTS die each year as a result of malaria plus associated severe maternal anaemia, prematurity and low birth weight.

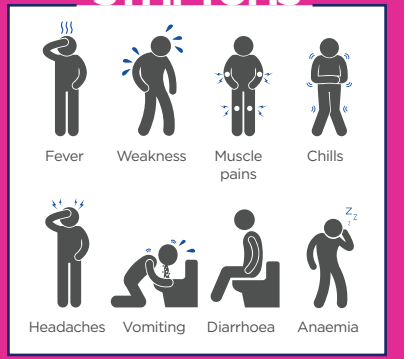


Pregnant woman and newborn infants or foetus are

**THREE TIMES**

more at risk of serious complications or death from malaria

## SYMPTOMS




- **Women who must travel, should consult their doctor well in advance of their trip (at least 6 to 8 weeks before travel).**
- **The doctor will advise the best anti-malarial medication for the individual person and their itinerary.**
- **Strict mosquito-bite prevention measures should always be carried out.**

## FAQs

**CAN MOSQUITO REPELLENTS BE USED BY PREGNANT WOMEN?**
If you are pregnant, seek advice from your doctor as to which ones are safe to use AND ARE EFFECTIVE against malaria mosquitoes (many are not effective).

**AT WHAT STAGE OF PREGNANCY DOES MALARIA POSE THE GREATEST RISK TO THE MOTHER AND FOETUS?**
Malaria carries a greater health risk throughout pregnancy to the mother and foetus compared to non-pregnant women, but the risk is especially high in the 2nd and 3rd trimesters.

**CAN MALARIA CAUSE MISCARRIAGE?**
Yes.

**CAN MALARIA BE TRANSMITTED FROM MOTHER TO FOETUS?**
Transmission occurs from mother to foetus in about 1 to 8% of cases.

**CAN MALARIA DURING PREGNANCY BE SUCCESSFULLY TREATED?**
The answer is yes, it can if diagnosed early. However, the treatment is more complex and carries greater risks to mother and foetus.