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

AWARENESS
Be Aware of the risk and the symptoms.

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

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

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).

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.
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.

**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.

**Symptoms**

- Fever
- Weakness
- Muscle pains
- Chills
- Headaches
- Vomiting
- Diarrhoea
- Anaemia

*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.

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**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.

*Headaches* *Fever* *Vomiting* *Diarrhoea* *Anaemia* *Muscle pains* *Chills*