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## Journal Malaria In Pregnancy

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Malaria during pregnancy is a major  
public health concern and an important  
contributor to maternal and infant

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morbidity and mortality in malaria-endemic countries.1Pregnant women are particularly...

Treatment of Malaria in Pregnancy |  
NEJM

Malaria during pregnancy is associated with abortion, congenital malaria, infant anemia, intrauterine growth restriction, low birth weight, preterm delivery, and stillbirth [ 7 ].

Impact of Malaria in Pregnancy on Risk of  
Malaria in Young ...

Executive Summary. Over the past 10 years, knowledge of the burden, economic costs, and consequences of malaria in pregnancy has improved, and the prevalence of malaria caused by *Plasmodium falciparum* has declined substantially in some geographical areas. Furthermore, studies outside of Africa

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have increased the evidence base of *Plasmodium vivax* in pregnancy.

Malaria in pregnancy - The Lancet

The number of journal articles related to malaria in pregnancy increased from 41 in the 1960s, to 708 in the 1990s, and 1,895 between 2000 and 2009, and the variety of themes has increased over time. English-language articles were sourced from 737 different journals.

The Malaria in Pregnancy Library: a bibliometric review

The adverse effects of malaria in pregnancy are caused by systemic infection (miscarriage, stillbirth, preterm birth, maternal and fetal mortality) and from paratitination (fetal growth restriction, fetal and maternal anemia, susceptibility of the infant malaria [4].

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## Malaria in Pregnancy

**Abstract.** Background: Malaria in pregnancy carries a proven huge health burden; however, the economic challenges have not been properly evaluated in Nigeria. Methodology: The study was a descriptive cross-sectional hospital-based approach. A structured questionnaire was used to collect microeconomic data from pregnant women, on the medical and nonmedical cost of malaria to them.

The economic burden of malaria in pregnancy: a cross ...

Malaria during pregnancy remains a major public health concern in tropical and subtropical countries. Moreover, malaria is increasingly associated with unwanted pregnancy outcomes such as an increased risk of abortion, stillbirth, premature delivery, and low-birthweight infants.

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The Prevalence of Malaria among Pregnant Women in Ethiopia ...  
Malaria in pregnancy caused by Plasmodium falciparum is associated with maternal and fetal anemia, stillbirth, preterm birth, and fetal growth restriction [ 2017 ], these latter two contributing to low birth weight (LBW).

Prevalence and Associated Risk Factors of Malaria in the ...

Malaria in pregnancy remains a major contributor to maternal and infant morbidity and mortality despite scale up in interventions. Its prevention is one of the major interventions in reducing maternal and infant... Authors: Maria Imaobong Ibegu, Khadeejah Liman Hamza, Chukwuma David Umeokonkwo, Tamuno-Wari Numbere, Adolphe Ndoreraho and Tukur Dahiru

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## Malaria Journal | Articles

Malaria Journal is aimed at the scientific community interested in malaria in its broadest sense. It is the only journal that publishes exclusively articles on malaria and, as such, it aims to bring together knowledge from the different specialties involved in this very broad discipline, from the bench to the bedside and to the field.

## Malaria Journal | Home page

Abstract Malaria in pregnancy is one of the major causes of maternal morbidity worldwide, and leads to poor birth outcomes. There is a complex interaction between pregnancy and parasite—all favour the parasite and disadvantage the pregnant woman. Women who are semi-immune lose much of that immunity.

REVIEW: Malaria in pregnancy - Whitty -



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2005 - BJOG: An ...

The severity of malaria in pregnancy is thought to be due to general impaired immunity plus a diminution of acquired immunity to malaria in endemic areas. Placental malaria occurs where *Plasmodium falciparum* -infected erythrocytes accumulate in the intervillous space of the placenta but may be rare or absent in the peripheral circulation.

Malaria in Pregnancy. Learn about  
Malaria in Pregnancy ...

Malaria during pregnancy is a major cause of maternal morbidity worldwide and leads to poor birth outcomes. Pregnant women are more prone to complications of malaria infection than nonpregnant women. Prevention involves chemoprophylaxis and mosquito avoidance. Treatment involves antimalarial drugs and supportive measures.

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Malaria in pregnancy: Prevention and treatment - UpToDate

Malaria infection during pregnancy is a significant public health problem with substantial risks for the pregnant woman, her fetus and the newborn child.. The symptoms and complications vary according to malaria transmission intensity in the given area and the individual's level of acquired immunity.

Abstract | Malaria in Pregnancy

Malaria during pregnancy poses substantial risk to the mother, her fetus, and the neonate; the infection contributes to as much as 15% of maternal anemia, 14% of low birth weight infants, 30% of preventable low birth weight, 70% of intrauterine growth retardation, 36% of premature deliveries, and 8% of infant mortality.

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Malaria during Pregnancy: Epidemiology, Current Prevention ...

Malaria in pregnancy increases the risk of maternal and fetal anaemia, stillbirth, spontaneous abortion, low birth weight and neonatal death. Infants born to mothers living in endemic areas are vulnerable to malaria from approximately 3 months of age, when immunity acquired from the mother starts to wane.

Protecting malaria high-risk groups

With regard to malaria, perceived susceptibility is related to two factors: (1) the perceived propensity to develop clinical malaria due to idiosyncratic features of the person (pregnant women, children, immune-compromised persons); and (2) the perceived level of exposure.

Malaria in Pregnancy: What Can the

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Social Sciences Contribute?

Pregnancy-associated malaria (PAM) or placental malaria is a presentation of the common illness that is particularly life-threatening to both mother and developing fetus. PAM is caused primarily by infection with *Plasmodium falciparum*, the most dangerous of the four species of malaria-causing parasites that infect humans.

Pregnancy-associated malaria - Wikipedia  
Pregnant women with clinical malaria experienced an increased risk of anemia, which may have a deleterious impact on infant health. These findings may be useful for guiding maternal health programs in vivax endemic settings, as well as for malaria elimination activities.

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"The purpose of this document is to provide comprehensible, global, evidence-based guidelines to help formulate policies and protocols for the treatment of malaria. Information is presented on the treatment of uncomplicated malaria, including disease in special groups (young children, pregnant women, people who are HIV positive, travellers from non-malaria endemic regions) and in complex emergency situations and severe malaria."--Publisher's description.

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The World Health Organization's Global

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Technical Strategy for Malaria 2016- 2030 has been developed with the aim to help countries to reduce the human suffering caused by the world's deadliest mosquito-borne disease. Adopted by the World Health Assembly in May 2015 it provides comprehensive technical guidance to countries and development partners for the next 15 years emphasizing the importance of scaling up malaria responses and moving towards elimination. It also highlights the urgent need to increase investments across all interventions - including preventive measures diagnostic testing treatment and disease surveillance- as well as in harnessing innovation and expanding research. By adopting this strategy WHO Member States have endorsed the bold vision of a world free of malaria and set the ambitious new target of reducing the global malaria burden by 90% by 2030. They also agreed to

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strengthen health systems address emerging multi-drug and insecticide resistance and intensify national cross-border and regional efforts to scale up malaria responses to protect everyone at risk.

Parasitic infections remain a significant cause of morbidity and mortality in the world today. Often endemic in developing countries many parasitic diseases are neglected in terms of research funding and much remains to be understood about parasites and the interactions they have with the immune system. This book examines current knowledge about immune responses to parasitic infections affecting humans, including interactions that occur during co-infections, and how immune responses may be manipulated to develop therapeutic interventions against parasitic infection. For easy reference, the



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most commonly studied parasites are examined in individual chapters written by investigators at the forefront of their field. An overview of the immune system, as well as introductions to protozoan and helminth parasites, is included to guide background reading. A historical perspective of the field of immunoparasitology acknowledges the contributions of investigators who have been instrumental in developing this field of research.

Malaria remains an important cause of illness and death in children and adults in countries in which it is endemic. Malaria control requires an integrated approach including prevention (primarily vector control) and prompt treatment with effective antimalarial agents. Malaria case

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management consisting of prompt diagnosis and effective treatment remains a vital component of malaria control and elimination strategies. Since the publication of the first edition of the Guidelines for the treatment of malaria in 2006 and the second edition in 2010 all countries in which *P. falciparum* malaria is endemic have progressively updated their treatment policy from use of ineffective monotherapy to the currently recommended artemisinin-based combination therapies (ACT). This has contributed substantially to current reductions in global morbidity and mortality from malaria. Unfortunately resistance to artemisinins has arisen recently in *P. falciparum* in South-East Asia which threatens these gains. This third edition of the WHO Guidelines for the treatment of malaria contains updated recommendations based on a firmer

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evidence base for most antimalarial drugs and in addition include recommendation on the use of drugs to prevent malaria in groups at high risk. The Guidelines provide a framework for designing specific detailed national treatment protocols taking into account local patterns of resistance to antimalarial drugs and health service capacity. It provides recommendations on treatment of uncomplicated and severe malaria in all age groups all endemic areas in special populations and several complex situations. In addition on the use of antimalarial drugs as preventive therapy in healthy people living in malaria-endemic areas who are high risk in order to reduce morbidity and mortality from malaria. The Guidelines are designed primarily for policy-makers in ministries of health who formulate country-specific treatment guidelines. Other groups that may find

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them useful include health professionals and public health and policy specialists that are partners in health or malaria control and the pharmaceutical industry. The treatment recommendations in the main document are brief; for those who wish to study the evidence base in more detail a series of annexes is provided with references to the appropriate sections of the main document.

Admittedly, the world and the nature of forced migration have changed a great deal over the last two decades. The relevance of data accumulated during that time period can now be called into question. The roundtable and the Program on Forced Migration at the Mailman School of Public Health of Columbia University have commissioned a series of epidemiological reviews on priority public health problems for forced migrants that

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will update the state of knowledge. Malaria Control During Mass Population Movements and Natural Disasters -- the first in the series, provides a basic overview of the state of knowledge of epidemiology of malaria and public health interventions and practices for controlling the disease in situations involving forced migration and conflict.

This year's report shows that after an unprecedented period of success in global malaria control, progress has stalled. Data from 2015-2017 highlight that no significant progress in reducing global malaria cases was made in this period. There were an estimated 219 million cases and 435,000 related deaths in 2017. The World Malaria Report 2018 draws on data from 90 countries and areas with ongoing malaria transmission. The information is supplemented by data from national

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household surveys and databases held by other organizations.

Master's Thesis from the year 2017 in the subject Medicine - Public Health, Northumbria University, language: English, abstract: Malaria in pregnancy poses a serious public health threat in Nigeria due to its antecedent adverse consequences on the mother and her foetus. It can be prevented through the correct and consistent use of insecticide treated mosquito nets. However, its use is deficient among pregnant women I Nigeria. Therefore, this study explores the various factors that influence the use of insecticide treated nets among pregnant women in Nigeria. The objective of this study is to systematically appraise primary studies on the utilization of insecticide treated nets among pregnant women in Nigeria and to formulate a concept map of

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these factors. This study utilized systematic review procedures although it has a narrower scope. Literature search was conducted across four electronic databases namely; MEDLINE, CINAHL, Web of Knowledge and BioMed. In addition, the references of articles were further examined to identify articles which may not have been captured in the initial search. A total hit count of 3305 was arrived at and seven high quality studies were selected for critical and systematic appraisal after all relevant studies were subjected to a predefined inclusion and exclusion criteria. This study found that several issues have been identified as factors that influence the utilization of insecticide treated nets among pregnant women in Nigeria. However, the main factors include; socioeconomic and demographic factors, level of knowledge about malaria and its consequences, level

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of misconceptions about malaria, access to antenatal care facilities and availability of the mosquito nets. However, the socioeconomic class of the pregnant woman is the strongest predictor of utilization as it directly or indirectly influences other factors.

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