Malaria in pregnancy is responsible for 10,000 maternal deaths globally each year.

Malaria in pregnancy is a major public health issue, posing substantial risks for the woman, her unborn baby and newborn child.

The World Health Organization recommends a combination of three interventions for the prevention and treatment of malaria in pregnancy in endemic areas:

1. The use of long lasting insecticidal nets
2. The use of intermittent preventive treatment in pregnancy in all areas with moderate to high malaria transmission as part of antenatal care services
3. Prompt diagnosis and effective treatment of malaria infections in pregnant women

Malaria in pregnancy is responsible for:

- 20% of stillbirths
- 11% of all newborn deaths

In high malaria transmission settings, malaria causes maternal anaemia. Malaria parasites in the placenta and maternal anaemia can cause low birth weight, contributing to infant mortality.

In areas with low transmission, malaria causes an increased risk of severe malaria in pregnant women; it may also cause miscarriage, premature delivery, stillbirth and low birth weight.

Only 22% of pregnant women in sub-Saharan Africa get the recommended doses of preventive antimalarial medication.

An estimated 35 million pregnant women in sub-Saharan Africa could benefit from it.

Malaria in pregnancy is responsible for 10,000 maternal deaths globally each year.

Sources:
- Implementing Malaria in Pregnancy Programs in the Context of World Health Organization Recommendations on Antenatal Care for a Positive Pregnancy Experience
- WHO: Malaria in pregnant women
- WHO: World malaria report 2018