

New treatment could tackle preventable causes of death for newborns in sub-Saharan Africa

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Clinical trials are urgently needed to test a new treatment that could jointly tackle leading causes of death for babies in sub-Saharan Africa, according to researchers from the London School of Hygiene & Tropical Medicine.

A study published in the *Journal of the American Medical Association* today suggests that a considerable number of [pregnant women](#) accessing antenatal care in the region have [malaria](#) and sexually transmitted/reproductive tract infections (STIs/RTIs).

An estimated 25 million pregnancies are at risk of malaria each year in [sub-Saharan Africa](#). The study shows that nearly 4 of every 10 women at health facilities have a malaria infection. An even higher number of women, if added together, are infected with the STIs/RTIs syphilis, gonorrhoea, chlamydia, trichomononiasis and bacterial vaginosis.

There are 880,000 stillbirths and 1.2 million newborn deaths each year in sub-Saharan Africa, many of which are linked to maternal infection. For unborn [babies](#), malaria and STIs/RTIs increase the risk of miscarriage, stillbirth, and preterm delivery; they also contribute to low birth-weight, the leading cause of neonatal mortality.

Researchers from the London School of Hygiene & Tropical Medicine are now conducting [clinical trials](#) of combined anti-malarial and

antibiotic treatment that could prevent and treat malaria and STIs/RTIs at the same time.

Lead author Matthew Chico, an epidemiologist and Research Fellow at the London School of Hygiene & Tropical Medicine, said: "We reviewed evidence over a twenty year period to calculate prevalence estimates of STIs/RTIs and malaria. This makes it clear that a combined treatment could save a great many lives.

"We are now conducting trials of azithromycin-based combination treatment to give all pregnant women preventative medication that will clear placental malaria infection, protect against re-infection in between antenatal visits, and cure syphilis, gonorrhoea, chlamydia and, to a lesser extent, trichomononiasis, the most common STI in the world. If given in early pregnancy, combined treatment may also reduce bacterial vaginosis, which affects half of all pregnant women in the region."

The researchers also hope that combined treatment could overcome the problem of wide-spread anti-malarial drug resistance with the current treatment given to pregnant women.

"The current WHO recommended treatment to prevent malaria in pregnancy is failing due to drug resistance," Matthew Chico said. "By switching to azithromycin-based combination [treatment](#) to reduce the dual burden of malaria and STIs/RTIs in pregnancy, we could have a transformative effect on maternal, fetal and neonatal health."

Provided by London School of Hygiene & Tropical Medicine

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