

Barriers to interventions to prevent malaria in pregnancy similar across sub-Saharan Africa

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The main barriers to the access, delivery, and use of interventions that help to prevent malaria in pregnant women are relatively consistent across sub-Saharan African countries and may provide a helpful checklist to identify the factors influencing uptake of these important interventions, according to a study published in this week's *PLOS Medicine*.

The analysis by Jenny Hill and colleagues from the Liverpool School of Tropical Medicine in the UK, the London School of Hygiene & Tropical Medicine, and PATH in Seattle, USA, also found that there were more barriers to the uptake of intermittent preventative treatment in pregnancy (IPTp) with the drug SP (sulfadoxine-pyrimethamine) than the use of insecticide-treated bed nets (ITNs, which protect [pregnant women](#) from the bites of infected mosquitoes).

These findings are important as malaria in pregnancy is responsible for the deaths of about 200,000 newborn babies and 10,000 women every year and can also cause miscarriage and preterm delivery yet these simple, inexpensive interventions can prevent malaria.

In their detailed review of 99 appropriate studies of all types, the authors found that key barriers to the provision and uptake of IPTp and ITNs included unclear policy and guidance, general health system issues such as drug shortages, healthcare facility issues such as unavailability of

water (so women could take IPTp tablets at the clinic), confusion among health providers about the timing of IPTp doses, and pregnant women delaying antenatal care.

The barriers identified in this study may be helpful as a checklist for use by country [malaria](#) programmes and policy-makers to identify factors that influence the uptake of these interventions in their specific location or context.

The authors say: "This analysis provides a comprehensive basis for identifying key bottlenecks in the delivery and uptake of IPTp and ITNs among pregnant women, and for understanding which scale-up interventions have been effective, in order to prioritise which interventions are most likely to have the greatest impact in the short or medium term."

The authors add: "The review also highlights the need for multi-country studies that evaluate targeted or multifaceted interventions aimed to improve the delivery and uptake of IPTp and ITNs."

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