

MALARIA IN PREGNANCY

This is a protozoan infection caused by mosquitoes it is an endemic disease which is transmitted by the female anopheles mosquitoes carried by a parasite of malaria: falciparum and vivax account for the majority of malaria cases.

Symptomatic falciparum malaria in pregnancy may cause severe disease and death if not detected and treated early.

Visitors to an area where malaria is endemic do not have the acquired immune of the indigenous population. They are highly susceptible to malaria.

CAUSES OF MALARIA

The bites by plasmodium parasites which are 4 types;

- Plasmodium Vivax
- Plasmodium Ovale
- Plasmodium Malaria
- Plasmodium Falciparum

The most common plasmodium in this area is Falciparum

- Presence of uncovered water in containers e.g. Bottles, Pots, Drums
- Uncovered dirty gutters
- Bushes around the house

INCIDENCE

Common in many parts of the country, especially in the warm climate zone

MODE OF TRANSMISSION

- Through a bite by female anopheles
- Through transmission of infected blood

INCUBATION PERIOD

Manifestation starts after 10-14 days of the bite of the anopheles mosquito or after transmission by an infected.

RECOGNITION/SIGNS AND SYMPTOIMS

- General body weakness
- Loss of appetite
- Headache

- Fever
- Haemoconcentration due to severe vomiting
- Rigor
- Hyperpyrexia
- Joint pains
- Anaemia
- Jaundice: yellowish discoloration of mucus membrane e.g. tongue, gum, skin, nail bed, sclera
- Enlarged liver and spleen

PREVENTION

- Health education on personal and environmental hygiene
- Use of mosquito net
- Use of insecticides
- Proper refuse and sewage disposal
- Use of preventive drugs e.g. paludrine
- Covering of pots, drums and kegs of stored waters

EFFECTS OF MALARIA ON PREGNANCY

Acquired immunity is liable to break down under the stress of pregnancy. This breakdown is most marked in first pregnancy and therefore primigravida suffer more than multigravida from the problems which malaria creates.

Breakdown in immunity also become more obvious as the pregnancy advances especially in the 3rd trimester.

There are wide differences in the effect of malaria on pregnancy between women native to endemic areas and highly susceptible women with no acquired immunity.

There tend to be anemia of the parasite in the red blood cell, Haemolysis and jaundice if not treated. Abortion and premature contraction can occur because of pyrexia.

EFFECT ON LABOUR

Mild attack of malaria has little effect on labour. But a severe one in the 3rd trimester make labour very ill. The woman therefore may need the 2nd stage after labour shortened by forceps delivery or vacuum extractor.

EFFECT OF MALARIA ON THE FOETUS

1. **INTRA-UTERINE DEATH:** This may occur as a result of pyrexia and transplacenta infection in susceptible woman

2. **LOW BIRTH WEIGHT:** This is due to placenta parasitisation which interferes with placenta blood circulation and impairs the growth of the fetus
3. **NEONATAL DEATH:** Congenital malaria may cause death in the neonatal period of the baby of a susceptible woman but it is very rare in endemic area because the antibody which fights against malaria crosses the placenta and the infant becomes passively immunized.

TREATMENT

Nursing Treatment include;

- Health education on prevention
- Monitor vital sign
- Expose to fan
- Tepid sponge
- Give prescribed malaria drugs by the doctor
- Give nutritious diet

Medical Management includes;

- Laboratory investigation
- Review of the result

Prescribe drugs depending on stage of pregnancy.

COMPLICATIONS IN PREGNANCY

- Cerebral malaria
- Paralysis of the limb
- Mental retardation
- Anaemia
- Jaundice
- Block water fever

WHICH DRUGS CAN I TAKE IN PREGNANCY?

Apart from your routine antenatal drugs, we generally advise pregnant women to avoid all other drugs as much as possible. Any drug that you must take must be prescribed by your doctors.

Also avoid all forms of local concoction. They can be harmful to the baby. For more explanation, consult your doctor or healthcare provider. So use only prescribed routine antenatal drugs.

EFFECTS OF SOME COMMON DRUGS INGESTED BY MOTHER ON THE FETUS

- NARCOTIC ANALGESICS can result in neonatal death (1st month of life), difficulty in breathing (apnoea) e.g. Cocaine, Morphine, Heroine.
- SALICYLATES e.g. Aspirin can cause bleeding, death of fetus, low birth weight, increased incidence of still birth.
- DIAZEPAM/VALIUM effects are dose related viz birth of weak babies, poor sucking reflex, apnoea and hypothermia (low body temperature)
- AMINOPHILINE crosses the placenta and may cause increased heartbeat of the newborn, nervousness and vomiting in the newborn.
- STEROIDS e.g. prednisolone's main effect is intra-uterine foetal growth retardation, reduces the potency of the immune system
- SULPHONAMIDES e.g. Septrin can cause foetal growth retardation, jaundice in the newborn and anemia. Not to be used especially in 3rd trimester
- TETRACYCLINE can cause problems with the teeth and bone of the newborn.