IPTp with SP works!

IPTp-SP reduces the incidence of:

- LBW infants: 29%
- Severe maternal anemia: 38%
- Neonatal mortality: 31%

IPTp-SP can protect against curable sexually transmitted and reproductive tract infections.

Scaling up MiP interventions can reduce asymptomatic malaria, contributing to malaria elimination.

To prevent malaria in pregnancy, the World Health Organization recommends:

- A minimum of eight contacts with the health system
- Prompt diagnosis and effective treatment of MiP
- Consistent use of ITNs before, during, and after pregnancy
- Provision of quality-assured SP initiated early in the 2nd trimester

Progress toward coverage of MiP interventions:

- IPTp1: 57% in 2020, 55% in 2014, 46% in 2018
- IPTp2: 46% in 2020, 39% in 2014, 32% in 2018
- IPTp3: 49% in 2020, 31% in 2014, 10% in 2018

In 2020, 49% of pregnant women slept under an ITN.
ANC Contact Schedule and Illustrative Timing of IPTp-SP Administration

(To be adapted to country context, also considering disease burden and health needs, and applied flexibly at 4-week intervals from IPTp1)

<table>
<thead>
<tr>
<th>Contact 1:</th>
<th>Contact 2:</th>
<th>Contact 3:</th>
<th>Contact 4:</th>
<th>Contact 5:</th>
<th>Contact 6:</th>
<th>Contact 7:</th>
<th>Contact 8:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 12 weeks</td>
<td>20 weeks</td>
<td>26 weeks</td>
<td>30 weeks</td>
<td>34 weeks</td>
<td>36 weeks</td>
<td>38 weeks</td>
<td>40 weeks</td>
</tr>
</tbody>
</table>

Provide ITN and counsel on ITN use

IPTp-SP dose 1: 4 weeks

Additional contact (1a): 13 weeks (in countries recommending IPTp)

IPTp-SP dose 2: 8 weeks

IPTp-SP dose 3: 12 weeks

IPTp-SP dose 4: 16 weeks

IPTp-SP dose 5: 20 weeks

No SP administration if last dose was received at contact 5 in week 34

IPTp-SP dose 6 (if no dose was received at contact 6 in week 36): 24 weeks

Continue SP doses every 4 weeks until delivery

To achieve their targets for malaria, country health systems must prioritize malaria in pregnancy, including IPTp programming by:

- Prioritizing early and comprehensive ANC
- Alleviating malaria supply chain bottlenecks
- Strengthening health systems to support quality ANC
- Ensuring consistency of MiP policies across malaria and reproductive health programs
- Including key MiP indicators in routine information systems


See also President’s Malaria Initiative, CDC, MCHIP, MCSP. 2017. Treatment of uncomplicated malaria among women of reproductive age. https://www.mcsprogram.org/resources/treatment-uncomplicated-malaria-among-women-reproductive-age-2