
Journal Malaria In Pregnancy

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Malaria in pregnancy - The Lancet
Malaria during pregnancy poses substantial risk to the mother, her fetus, and the neonate; the infection contributes to as much as 15% of maternal anemia, 14% of low birth weight infants, 30% of preventable low birth weight, 70% of intrauterine growth retardation, 36% of premature deliveries, and 8% of infant mortality.
[Malaria Journal | Articles](#)

The economic burden of malaria in pregnancy: a cross ...

Malaria Journal is aimed at the scientific community interested in malaria in its broadest sense. It is the only journal that publishes exclusively articles on malaria and, as such, it aims to bring together

knowledge from the different specialties involved in this very broad discipline, from the bench to the bedside and to the field.
Prevalence and Associated Risk Factors of Malaria in the ...
Malaria during pregnancy is a major public health concern and an important contributor to maternal and infant morbidity and mortality in malaria-endemic countries.¹Pregnant women are particularly...
[Pregnancy-associated malaria - Wikipedia](#)
Pregnant women with clinical malaria experienced an increased risk of anemia, which may have a deleterious impact on infant health. These findings may be useful for guiding maternal health programs in vivax endemic settings, as well as for malaria elimination

activities.

Malaria in Pregnancy

The severity of malaria in pregnancy is thought to be due to general impaired immunity plus a diminution of acquired immunity to malaria in endemic areas.

Placental malaria occurs where Plasmodium falciparum -infected erythrocytes accumulate in the intervillous space of the placenta but may be rare or absent in the peripheral circulation.

REVIEW: Malaria in pregnancy - Whitty - 2005 - BJOG: An ...

With regard to malaria, perceived susceptibility is related to two factors: (1) the perceived propensity to develop clinical malaria due to idiosyncratic features of the person (pregnant women, children, immune-compromised

persons); and (2) the perceived level of exposure.

Malaria in pregnancy: Prevention and treatment - UpToDate

Malaria during pregnancy is a major cause of maternal morbidity worldwide and leads to poor birth outcomes. Pregnant women are more prone to complications of malaria infection than nonpregnant women.

Prevention involves chemoprophylaxis and mosquito avoidance. Treatment involves antimalarial drugs and supportive measures.

The Prevalence of Malaria among Pregnant Women in Ethiopia ...

Malaria during pregnancy is associated with abortion, congenital malaria, infant anemia, intrauterine growth restriction, low birth weight, preterm delivery, and stillbirth [7].

Malaria Journal | Home page

Malaria in pregnancy increases the risk of maternal and fetal anaemia, stillbirth, spontaneous abortion, low birth weight and neonatal death. Infants born to mothers living in endemic areas are vulnerable to malaria from approximately 3 months of age, when immunity acquired from the mother starts to wane.

Protecting malaria high-risk groups

The adverse effects of malaria in pregnancy are caused by systemic infection (miscarriage, stillbirth, preterm birth, maternal and fetal mortality) and from paratitination (fetal growth restriction, fetal and maternal anemia, susceptibility of the infant malaria [4].

Journal Malaria In Pregnancy

Malaria during pregnancy remains a major

public health concern in tropical and subtropical countries. Moreover, malaria is increasingly associated with unwanted pregnancy outcomes such as an increased risk of abortion, stillbirth, premature delivery, and low-birthweight infants.

Impact of Malaria in Pregnancy on Risk of Malaria in Young ...

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~~Malaria in Pregnancy. Learn about Malaria in Pregnancy ...~~
Malaria infection during pregnancy is a significant public health problem with substantial risks for the pregnant woman,

her fetus and the newborn child.. The symptoms and complications vary according to malaria transmission intensity in the given area and the individual ' s level of acquired immunity.

Malaria during Pregnancy: Epidemiology, Current Prevention ...

Executive Summary. Over the past 10 years, knowledge of the burden, economic costs, and consequences of malaria in pregnancy has improved, and the prevalence of malaria caused by *Plasmodium falciparum* has declined substantially in some geographical areas. Furthermore, studies outside of Africa have increased the evidence base of *Plasmodium vivax* in pregnancy.

The Malaria in Pregnancy Library: a

bibliometric review

Malaria in pregnancy caused by *Plasmodium falciparum* is associated with maternal and fetal anemia, stillbirth, preterm birth, and fetal growth restriction [2 – 7], these latter two contributing to low birth weight (LBW).

Malaria in Pregnancy: What Can the Social Sciences Contribute?

Abstract. Background: Malaria in pregnancy carries a proven huge health burden; however, the economic challenges have not been properly evaluated in Nigeria. Methodology: The study was a descriptive cross-sectional hospital-based approach. A structured questionnaire was used to collect microeconomic data from pregnant women, on the medical and nonmedical cost of malaria to them.

Abstract | Malaria in Pregnancy

The number of journal articles related to malaria in pregnancy increased from 41 in the 1960s, to 708 in the 1990s, and 1,895 between 2000 and 2009, and the variety of themes has increased over time. English-language articles were sourced from 737 different journals.

Treatment of Malaria in Pregnancy | NEJM

Pregnancy-associated malaria (PAM) or placental malaria is a presentation of the common illness that is particularly life-threatening to both mother and developing fetus. PAM is caused primarily by infection with *Plasmodium falciparum*, the most dangerous of the four species of malaria-causing parasites that infect humans.

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Malaria in pregnancy remains a major contributor to maternal and infant morbidity and mortality despite scale up in interventions.

Its prevention is one of the major interventions in reducing maternal and infant morbidity and mortality. Authors: Maria Imaobong Ibegu, Khadeejah Liman Hamza, Chukwuma David Umeokonkwo, Tamuno-Wari Numbere, Adolphe Ndoreraho and Tukur Dahiru