



# PRESS STATEMENT

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## MALARIA AND PREGNANCY: PLACENTAL ANALYSIS THE KEY

Pregnant women who suffer malaria often give birth to smaller babies as the child cannot grow properly in the uterus. Malaria is a major cause of sickness and death for pregnant women and their children in PNG and other countries where malaria is always present (endemic).

Elvin Lufele is working on a study of malaria prevention in pregnant women with IMR in Madang as part of his University of PNG Honours program.

“The poor birth outcomes are due to *Plasmodium falciparum* placental malaria. *P. falciparum* is one of four types of malaria present in PNG. The infected red blood cells collect in the placenta and can cause inflammation,” Mr Lufele said.

“The key to determining the best prevention for maternal malaria lies in the placenta. A thorough analysis of the placenta is the ‘gold standard’ to identify active, chronic, past or inflamed malarial infections during pregnancy,” he said.

The Intermittent Preventive Treatment in pregnancy (IPTp) study in Madang looked at more than 2,500 pregnant women. Women took either an intervention treatment (IPTp with azithromycin and fansidar) or a control treatment (one dose of fansidar and chloroquine as national policy plus two placebos) to see which worked best to prevent maternal malaria and improve their baby’s birth weight.

“Our IPTp study teams collect clinical data throughout pregnancy and placental samples at delivery. Using microscopes, we can identify type and duration of malaria infection in the placenta.

“The placenta tells us how many women in the study had placental malaria and which of the prevention measures are most effective, so PNG mothers and babies can lead healthy and productive lives,” Mr Lufele said.

**Symposium Paper:** Prevention of malaria in pregnancy with intermittent preventive treatment in Papua New Guinea.

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