IPTp-SP reduces the incidence of:

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

In 20 high-burden countries, more than 40% of pregnant women experienced maternal anemia. In 20 high-burden countries, at least 30% of women were exposed to malaria in sub-Saharan Africa.

MiP resulted in nearly 900,000 LBW infants (<2,500 gm), putting them at significantly higher risk than normal birthweight infants.

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:

In 2010, 42% of pregnant women slept under an ITN. By 2014, 55% did, and by 2018, 60% did. In 2018, 61% of pregnant women slept under an ITN.

ANC: antenatal care; IPTp-SP: intermittent preventive treatment with sulfadoxine-pyrimethamine; ITN: insecticide-treated net; LBW: low birthweight; MiP: malaria in pregnancy.
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</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to 12 weeks</td>
</tr>
<tr>
<td>2</td>
<td>20 weeks</td>
</tr>
<tr>
<td>3</td>
<td>30 weeks</td>
</tr>
<tr>
<td>4</td>
<td>36 weeks</td>
</tr>
<tr>
<td>5</td>
<td>34 weeks</td>
</tr>
<tr>
<td>6</td>
<td>38 weeks</td>
</tr>
<tr>
<td>7</td>
<td>40 weeks</td>
</tr>
<tr>
<td>8</td>
<td>44 weeks</td>
</tr>
</tbody>
</table>

- Provide ITN and counsel on ITN use
- IPTp-SP dose 1
- IPTp-SP dose 2
- IPTp-SP dose 3
- IPTp-SP dose 4
- IPTp-SP dose 5 (if no dose was received at contact 5 in week 34)
- IPTp-SP dose 6 (if no dose was received at contact 6 in week 36)

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

---