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## Malaria in pregnancy: Maternal, perinatal adverse effects and management

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**H**ormonal e.g. cortisol and prolactin, Pregnant women are more attractive to the mosquitoes (vector, Immunological factor and Immune system is modulated (suppression of pro-inflammatory responses from T helper 1(Th1) cells to prevent fetal rejection increase the susceptibility of pregnant women to malaria infection. In areas with low transmission/little or no immunity malaria during pregnancy may be symptomatic or can develop severe malaria, anaemia or adverse birth outcomes Blood films and rapid diagnostics tests are the main diagnostic tools for malaria during pregnancy. Effective case management, insecticide treated bednets (ITNs), vector control, chemoprevention are the main pillars to control malaria. The treatment for uncomplicated malaria is artemisinin based combination therapy (ACT) according to WHO guidelines. Sulfadoxine and Pyrimethamine is the current drug of choice of malaria chemoprophylaxis during pregnancy, however new drugs are being tested.

### Biography

Ishag Adam a holder of MD in Obstetrics and Gynecology and PhD in Public Health, Division of Epidemiology and Biostatistics. Prof Ishag is a full Professor in 2009 at Faculty of medicine, University of Khartoum Sudan. Dr. Ishag has been author or co-author on over 300 articles and 6 chapters that have appeared in peer-reviewed journals, and is a reviewer for such journals as lancet, international Journal of Gynecology and Obstetrics, Malaria Journal and Journal of Obstetrics and Gynecology. He is on the editorial Board of BMC pregnancy and Child Birth. Prof Ishag and his collaborators succeeded to move Praziquantel during pregnancy from unsafe zoon (X) to be safely used during pregnancy as per WHO guidelines. He spent most of his career investigating malaria, anemia, pre-eclampsia and well known in the safety of artemisinins during pregnancy in RCOG guidelines.

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