Technical Summary: Administration of Intermittent Preventive Treatment in Pregnancy with Sulfadoxine-Pyrimethamine in Early Second Trimester of Pregnancy

World Health Organization Guidance on Administration of IPTp-SP

Malaria in pregnancy (MIP) presents substantial risks to the mother, fetus, and newborn, including malaria, maternal and fetal anemia, low birthweight, and increased newborn mortality. Beginning in 2004, the World Health Organization (WHO) recommended a three-pronged approach for prevention and case management of MIP that includes use of insecticide-treated nets, intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine (IPTp-SP), and prompt and effective case management of malaria illness.[1] Coverage of these interventions, particularly IPTp-SP, has not met targets in most countries, which is now to achieve and sustain universal access for every person at risk.[2] Thus, in 2012, the WHO updated its recommendations on IPTp-SP and urged national health authorities to adopt and disseminate this information.[3]

The 2012 WHO recommendations on IPTp-SP are:
Starting as early as possible in the second trimester (13 weeks), IPTp-SP is recommended for all pregnant women at each scheduled antenatal care visit until the time of delivery, provided that the doses are given at least one month apart. SP should not be given during the first trimester of pregnancy, but the last dose of IPTp-SP can be administered up to the time of delivery without safety concerns.

In addition:

- IPTp-SP should ideally be administered as directly observed therapy of three tablets of SP (each tablet containing 500 mg/25 mg SP), giving the total required dosage of 1,500 mg/75mg SP.
- SP can be given either on an empty stomach or with food.
- SP should not be administered to women receiving cotrimoxazole prophylaxis due to a higher risk of adverse events.
- The WHO recommends daily oral supplementation of combined iron and folic acid supplements (i.e., 30–60 mg elemental iron and 400 µg [0.4 mg] folic acid), as early as possible in pregnancy to meet iron and folic acid requirements, and to prevent anemia in pregnancy. This dose may be used safely in conjunction with SP. Folic acid at a daily dose equal or above 5 mg should not be given together with SP, as this counteracts its efficacy as an antimalarial.

1 WHO. 2004. A Strategic Framework for Prevention and Control of Malaria during Pregnancy in the African Region. Brazzaville: WHO Regional Office for Africa. Available at http://www.who.int/malaria/publications/atoz/afr_mal_04_01/en/.
2 WHO. 2015. World Malaria Report 2015. Geneva: World Health Organization. Available at http://www.who.int/malaria/publications/world-malaria-report-2015/report/en/.
3 WHO. 2013. WHO Policy Brief for the Implementation of Intermittent Preventive Treatment of Malaria in Pregnancy Using Sulfadoxine-Pyrimethamine (IPTp-SP). Geneva: World Health Organization. Available at: http://www.who.int/malaria/publications/atoz/iptp-sp-updated-policy-brief-24jan2014.pdf?ua=1.