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**EFFECTS OF MALARIA DURING PREGNANCY AND ITS PREVENTION**

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**Introduction.** Malaria is a global health crisis with most of cases occurring in some African countries. Ghana, west Africa is one of those nations. Plasmodium falciparum is the main causative agent. Malaria affects all sex and ages as well as pregnant. Among pregnant women, malaria accounts for 28.1% of OPD attendance, 13.7% of admissions and 9.0% of maternal deaths.

**Materials and methods.** 80 primegravidae women, a fully equipped hospital. The subjects were grouped into A,B,C and D. All groups were made up of 20 women each. A was women in their 1st trimester, B were in their 2nd trimester, C were in their 3rd trimester and finally group D were also in their 1st trimester but only 16 weeks into their pregnancy. All the group except group D were patients of malaria. Subjects form group A were put on Quinine 600mg oraly 8hourly for 7 days. Group B and C was administered Anthemeter lumifanterien 80/480 mg 12 hourly for 3 days. Subjects from group D were given Sulphadioxine Pyrimethamine 500/25 mg every month until 36th week.

**Results.** 90% of the subjects from group A B and C showed signs of maternal anaemia but disappeared after treatment. All subjects from group A complied with the medication and had no complications. 3 subjects from group B who did not complete their medications developed spontaneous abortions. Also 1 subject from group B had a preterm baby. In group C there were 4 still births, 1 preterm and 1 feotal anaemia amongs subjects who did no complete their medication. Group D on the other hand did not record any anomalies, all subjects in this group did not have complicated pregnancy.

**Conclusion.** Malaria in pregnancy can have complications like, I anaemia, feotal anaemia, low birth weight, premature birth and still birth. Sulphadioxine Pyrimethamine is a drug of choice for preventing malaria in pregnancy.