



## IRON—FOLATE PILLS FOR PREGNANT WOMEN

### Discussion Question:

What have you heard about iron-folate pills?

This woman visits the clinic for care during her pregnancy. She has returned for more care and a supply of iron-folate pills from a trained health worker. This helps to keep her strong against infections. Iron-folate helps her to have safer pregnancy, a safer delivery and a healthier baby. Pregnant women should also eat more foods that have iron. These include fresh meat, fish, and green vegetables such as potatoes green and beans.

### A pregnant woman should:

- Start taking iron-folate pills as soon as she realizes she is pregnant.
- Take one iron-folate pill every day during pregnancy and when breastfeeding. This will help her resist infection, and help her baby grow.
- Take her iron-folate pills between meals. This will make them work better.
- Eat more fruits such as mangoes, oranges, lemons, guava, pawpaw and tomatoes while you are taking iron-folate. These foods have lots of Vitamin C, which helps the body to better absorb the iron-folate.
- Avoid drinking tea or coffee. Iron-folate pills work better and it is also better for the unborn baby if you avoid drinking tea and coffee.

### NOTE:

Iron-folate pills may cause some side effects. They can cause stomach discomfort, nausea, vomiting, belching, dizziness, and diarrhea, constipation or black stools. These discomforts can be avoided by taking iron-folate pills at bedtime.

### Discussion Question:

What kinds of foods can you find in the markets that have lots of iron?  
How can you get iron-folate pills?

### KEY MESSAGE:

Iron-folate helps a pregnant woman to have a safer pregnancy, a safer delivery, and a healthier baby. She should start taking them as soon as she realizes she is pregnant.



## PREVENTION OF MALARIA

**Discussion Question:**

How do people get malaria?  
What do people in this community do to prevent getting malaria?

This mother and child are using a long lasting insecticide-treated bed net to help prevent malaria. All family members, especially pregnant women and small children should sleep under long lasting insecticide treated bed net every night.

Malaria is a serious illness that starts with fever. Everyone in the family can get malaria. It is especially dangerous for young children and pregnant women.

Mosquitoes carry malaria. When mosquito bites a person with malaria and then bites a healthy person, it can pass the malaria to the healthy person.

**To help prevent you and your family from getting malaria:**

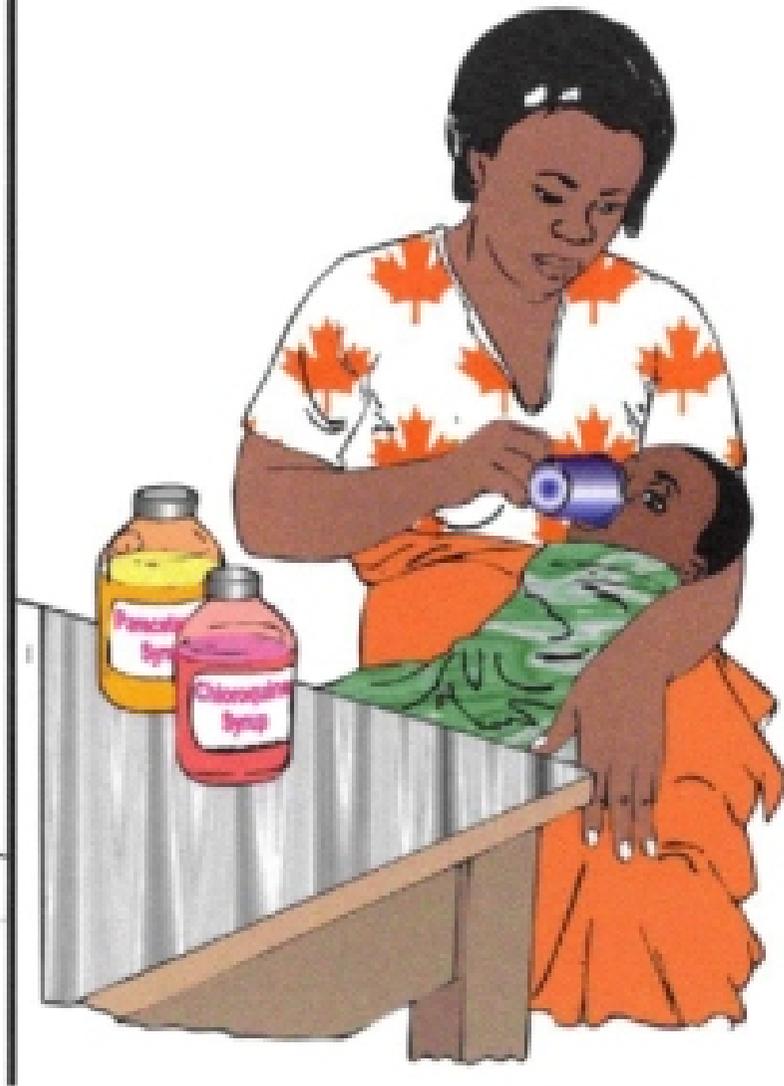
- Always sleep under long lasting insecticide treated nets.
- Put long lasting insecticide-treated mosquito net over open sleeping place or insecticide treated curtains on the windows and in front of door of your home.
- Buy insecticide treated bed net (Mosquitoes), in shop to protect your child or pregnant woman from malaria if you do not have already at home.
- Use insecticide treated mosquito nets and possible curtains always.

**Discussion Question:**

What can you do at your home to prevent your family from getting malaria?

**KEY MESSAGE:**

Always sleep under long lasting insecticide-treated bed net.



## TREATING MALARIA

### Discussion Question:

What do people in this community do when they get malaria?  
How can they tell that they have malaria?

This child has a fever. The mother is treating her child for malaria. She will give her child ACT for 3 days as recommended by the health worker.

Malaria starts with fever. Adults with malaria may also have headache or body pains or shivering or heavy sweating. Children with malaria may also have other signs but they may have only fever. Malaria can make a child have convulsions (jerking). It can easily kill a child. Any child with fever must be tested for malaria before treatment with ACT.

### Children need special attention:

Treat every child who has fever and tested positive of malaria with the full dose of ACT for three days. Children should take crushed tablets or syrup. The dose that you give depends upon age:

### Dosage for ACT per age: Artensunate + Amodiaquine fixed doses:

AGE RANGE	PRODUCT	DAY 1	DAY 2	DAY 3
2 months - 11 months	25mg Artensunate + 67.5 Amodiaquine (Blister of 3 tablets)	1 tablet a day	1 tablet a day	1 tablet a day
1 - 5 years	50mg Artensunate + 135 Amodiaquine (Blister of 3 tablets)	1 tablet a day	1 tablet a day	1 tablet a day

### Paracetamol 100mg tablet

AGE RANGE	DOSE
2 - 3 years	1 tablet
3 - 5 years	2 tablets

- **Give** paracetamol and sponge the child to reduce the fever
- **Take** your child to the clinic immediately if the fever does not go down in 2 days after starting treatment with ACT.
- **Go** to the health clinic immediately if your child has any of the following signs:
  - **Is** unusually sleepy or difficult to wake up
  - **Has** fits (convulsions or jerking), **Has** stiff neck, **Has** difficulty breathing
  - **Is** Vomiting everything
  - **If** fever does not get better 2 days after taking ACT.

### Discussion Questions:

What should you do if your child has malaria?

### KEY MESSAGE:

Treat every child who has fever and tested positive for malaria with the full dose of ACT for three days



**Discussion Question:**

What do women in this community do to prevent malaria in pregnancy?

Malaria in pregnancy is not good at all. It can cause serious problem for the big belly and her unborn child. This big belly has a baby growing inside her womb. The life of the unborn baby in her womb depends on her. For her to keep healthy during pregnancy and have a healthy baby, big belly must take malaria prevention tablets different times during her pregnancy to prevent malaria. She needs to visit the big belly clinic regularly for the health worker to make sure that she receives her SP on time. The doctor will tell her when to come back to the clinic. This will help prevent her and the unborn baby from getting malaria. Big belly must also sleep under treated mosquito net every night and everywhere. Also, if the big belly has fever, she must not waste time to go to the clinic for checkup. If it is malaria she will be treated.

**A pregnant woman should:**

- **VISIT** the clinic at least 4 times during her pregnancy for antenatal care. The first visit should be within the first three months.
- **START** taking the malaria prevention medicine as early as the beginning of her fourth month.
- **GO** back to the clinic every 4 weeks for the malaria prevention tablets. The clinic people will give the date to go back.
- **TAKE** the malaria prevention tablet in front of the Midwife.
- **TAKE** the malaria tablet whether she has eaten or not.

**NOTE:**

If the big belly did not take the malaria prevention tablets at fourth month and is just visiting the clinic for the first time, she can still take at 5th or 6th month and continue every 4 weeks up to delivery.

**Discussion Question:**

What should Big Belly do to prevent malaria?  
When should big belly take the malaria prevention tablets?

**KEY MESSAGE:**

Big Belly women make sure you go to the big belly clinic to get malaria prevention tablet called IPT after three months of pregnancy and go back for it every 4 weeks until you deliver



## MIP REMINDER CARD FOR TRAINED SERVICE PROVIDER

### PREVENTION

- The first IPTp-SP dose should be administered as early as possible during the second trimester of gestation.
- Each IPTp-SP dose should be given at least one month apart.
- The last dose of IPTp-SP can be administered up to the time of delivery, without safety concerns.
- IPTp-SP should ideally be administered as Directly Observed Therapy (DOT).
- SP can be given either on an empty stomach or with food.
- Folic Acid at a daily dose equal or above 5mg should not be given together with SP as this counteracts the efficacy of SP as an anti-malarial. Therefore, WHO recommends daily iron and folic acid supplementation in pregnant women as a dose of 30 to 60mg of elemental iron and 0.4 mg of Folic Acid, to reduce the rates of infant low birth weight, maternal anemia and iron deficiency at term.
- SP should not be administered to women receiving Co-trimoxazole prophylaxis.

### TREATMENT FOR UNCOMPLICATED MALARIA

#### All Trimesters

Oral Quinine is recommended as the first line treatment for uncomplicated malaria throughout all trimesters of a pregnancy.

- Patients weighing 40kg and above should be treated with 600mg of Quinine every 12 hours for 7 days (28 tablets).
- For patients weighing less than 40kg, treatment should be based on body weight (30mg/kg/24 hrs) for 7 days.

#### Second and Third Trimesters

Fixed dose Artemisinin-Based Combination Therapy (ACT) can also be used during pregnancy for treating uncomplicated malaria in the second and third trimesters. The ACT used in Liberia is the combination of Artesunate and Amodiaquine.

### **Severe or Complicated Malaria**

Pregnant women with severe or complicated malaria should receive the highest possible level of inpatient medical attention and care, because of the associated high risk of maternal and perinatal mortality.

### **All Trimesters**

Quinine is the drug of choice for the treatment of severe malaria in pregnancy.

Patients should be closely monitored when administering IV Quinine, because it may induce hypoglycemia, fatal hypotension, or a combination of both. Quinine is safe in pregnancy and is not associated with uterine stimulation or fetal distress.

### **Quinine Intra Venous**

Severe or complicated malaria in pregnant women should be treated with intravenous (IV) Quinine as per the regimen described below:

- Quinine concentration 600mg/2ml or 300mg/ml.
- Dose of Quinine is 30mg/kg/24 hours in two or three divided doses for 7 days.

Fever due to Malaria may increase pre-existing uterine contractions. Therefore, if there is pre-existing uterine contractions before term, reduce fever and administer Tocolytics (i.e. Salbutamol)

### **DO'S**

- Always test the big belly for Malaria if she has fever.
- Inform the big belly about the benefits of SP.
- Let the big belly swallow the SP in your presence of the service provider
- Always remind the big belly to come along with their big belly card.
- Encourage the big belly to drink enough water after SP.
- Properly record the big belly information in the card and ledger.

### **DON'T**

- Do not give SP to the big belly when she is malaria positive.
- Do not give SP along with 5mg to big belly women.
- Do not give SP to HIV/AIDS patient on co-trimoxazole.



## REMINDER CARD FOR gCHV/TTM

### Do's

1. Remind and encourage the big belly to always go for scheduled visit at the clinic.
2. Always visit the big belly and check her card.
3. Tell the big belly the benefits of the malaria prevention medicine (SP).
4. Encourage the big belly to drink more water after taking the malaria prevention medicine (SP).
5. Always remind the big belly to go along with her card at the clinic always.
6. Encourage big belly to always sleep under the mosquito net every night.
7. Encourage big belly to go to the clinic care immediately for fever at the clinic

MOH/SW/ Health Promotion Division

