

Evidence Update

Malaria Series

March 2006

Which drugs are effective for treating uncomplicated falciparum malaria during pregnancy?

Artesunate plus mefloquine is more effective than quinine in South-East Asia; generally there is insufficient reliable evidence on malaria treatment in pregnancy.

Inclusion criteria

Studies:

Randomized and quasi-randomized controlled trials.

Participants:

Pregnant women with uncomplicated falciparum malaria confirmed by blood slide.

Intervention:

Any comparison of drug regimens for treating falciparum malaria. For asymptomatic women, comparisons of drug treatment with placebo or no treatment were also eligible.

Outcomes:

Primary: treatment failure for mother, and low birthweight for baby.

Secondary: in the mother – fever and parasite clearance times, anaemia, and adverse events; in the baby – abortion, stillbirth or perinatal death, preterm delivery or gestational age, neonatal malaria, congenital anaemia or neonatal haemoglobin, and congenital anomaly.

Results

- Four randomized and two quasi-randomized controlled trials, with a total of 513 women in their second or third trimester, conducted in South-East Asia (4) and Africa (2).
- One trial compared artesunate plus mefloquine against quinine alone, and reported fewer treatment failures at day 63 with the combination (relative risk 0.09, 95% confidence interval 0.02 to 0.38; 106 participants).
- One trial tested artesunate against quinine + clindamycin; artesunate was associated with shorter mean parasite clearance time (weighted mean difference 0.60, 95% confidence interval 0.23 to 0.97; 129 participants).
- Three other small trials evaluated a variety of regimens, with no clear conclusions.

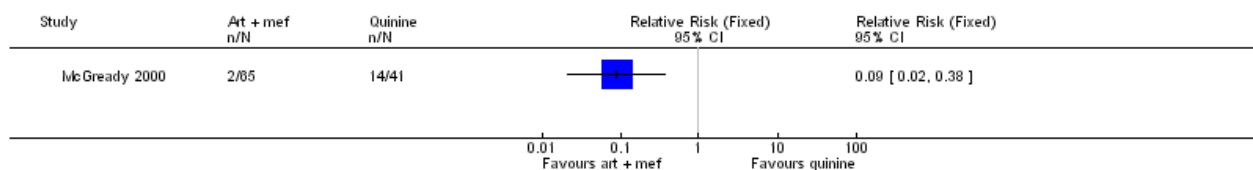


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Adapted from Orton L, Garner P. Drugs for treating uncomplicated falciparum malaria in pregnant women. *Cochrane Database of Systematic Reviews* 2005, Issue 3. Art. No.: CD004912. DOI: 10.1002/14651858. CD004912.pub2.

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Treatment failure at day 63: artesunate plus mefloquine versus quinine



Authors' conclusions

Implications for practice:

Combined artesunate plus mefloquine is a more effective treatment than quinine alone for uncomplicated malaria in South-East Asia. There is insufficient evidence to guide malaria treatment choices in other regions, or to guide the choice of drug treatment for malaria in the first trimester of pregnancy.

Implications for research:

Well-designed trials evaluating alternative treatment regimens for malaria in pregnancy are needed. Trials should assess all relevant effectiveness and safety outcomes for both the mother and baby.