

Background

Malaria in pregnancy is an enormous public health challenge with at least 50 million pregnant women living in malaria-endemic areas most especially sub-Saharan Africa. One of the most effective methods of preventing malaria in pregnancy is "Intermittent Preventive Treatment in Pregnancy with Sulfadoxine -Pyrimethamine" (IPTp-SP). Malaria in pregnancy leads to complications which have a negative effect on the mother, fetus and the infant. The uptake of doses of IPTp-SP³⁺ has been found to increase birth weight and reduce the risk of adverse birth outcomes. However, reports suggest that the proportion of pregnant women who received IPTp-SP³⁺ in the Greater Accra Region in DHS (2014) was 35.3%. The purpose of this study is to assess the uptake of IPTp-SP and its effect on birth weight and to measure IPTp-SP indicators in the Maamobi General Hospital in Ghana.

Objectives

The general objective of this study was to assess the uptake of IPTp-SP and its influence on the birth weight of newborns in the Maamobi General Hospital in Ghana. Specifically, the study sought to measure indicators such as the coverage of IPTp-SP³⁺ among postpartum women during their most recent pregnancy.

Methods

The study was cross-sectional descriptive, hospital-based research carried out among 580 postpartum women attending postnatal or CWC in Maamobi General Hospital during the period of data collection. A structured questionnaire was employed to interview participants and a complementary qualitative component involving in-depth interview was conducted to explore the challenges related to the implementation of IPTp-SP in the hospital from healthcare workers' perspective. The quantitative data were analyzed with Microsoft Excel 2013 and STATA version 15, while the qualitative component involved a thematic analysis.

Results

The mean age of respondents was 24.9 years (SD=5.5). The average birth weight was 3.03kg (SD=0.52). The uptake of IPTp-SP³⁺ was 72.1% while the uptake of less than IPTp-SP³⁺ was 27.9%. The prevalence of LBW was 12.6%, while the proportion of the adequate and

inadequate stock of IPTp-SP was 41.7% and 38.9% respectively. Respondents who took IPTp-SP3+ had reduced odds of LBW (AOR=0.12; [95% CI, 0.06-0.26]).

Conclusion

The uptake of IPTp-SP3+ was 72.1% in Maamobi General Hospital which was higher than the reported 35.3% in the GHHS 2014. Additionally, higher doses of IPTp-SP had a reduced risk of LBW with a statistically significant association.