

## Text messages and text messages log

Date sent	Text message	System errors
29/06/15	Over the next few weeks, you will receive messages about the	None
	dangers of malaria in pregnancy and the importance of providing	
	IPTp to women attending ANC.	
29/06/15	You will receive about 20 messages in total. The first message will	None
	be sent on Tuesday, 30 June, from this number: 6767. Please share	
	with colleagues.	
30/06/15	When a pregnant woman has malaria, it is dangerous for the mother	None
	and her unborn child. In the most severe case, both mother and	
	baby can die.	
1/07/15	Pregnant women are more susceptible to malaria because their	None
	immunity is low. Malaria in pregnancy will cause severe anaemia in	
	many pregnant women.	
2/07/15	Malaria in pregnancy is a leading cause of spontaneous abortion. If	None
	the baby survives, it may often be weak and more likely to get sick.	
3/07/15	The malaria parasite will often hide in a pregnant woman's placenta	None
	and may not be detectable in her bloodstream.	
6/07/15	Even pregnant women who look and feel well may have malaria.	None
	This is why all women should receive medication to protect them	
	from the disease.	

## Assessing and addressing barriers to IPTp uptake in Uganda Pilot intervention phase



07/07/15	Pregnant women should receive a drug called SP monthly beginning	None
	in the second trimester to prevent adverse consequences of	
	malaria. This is called IPTp.	
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08/07/15	The first dose of SP should be given as early as possible during the	None
	second trimester. SP is safe until the time of delivery.	
09/07/15	More doses of IPTp increase women's protection from malaria. IPTp	None
	should be given repeatedly as long as there are 4 weeks between	
	doses.	
10/07/15	You should give IPTp whenever a woman attends ANC after the first	None
	trimester until delivery, as long as there are at least 4 weeks	
	between doses.	
13/07/15	IPTp should always be taken at the health facility under the	None
	supervision of a health worker (DOT).	
14/07/15	SP is safe to take on an empty stomach and women should be	None
	encouraged to take IPTp at the facility regardless of whether or not	
	they have eaten.	
15/07/15	SP works less well these days as malaria treatment, but is still very	None
	effective at reducing the number of malaria parasites in the	
	placenta.	
16/07/15	Sometimes, women may experience mild side effects like nausea or	None
	dizziness after taking SP, but they should still be encouraged to take	
	the medication.	



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17/07/15	Only those who experienced severe side effects such as a rash or	None
	difficulties breathing after taking IPTp should not receive SP. Such	
	instances are rare.	
20/07/15	Pregnant women who are taking co-trimoxazole or other sulpha-	None
	containing drugs should not be given IPTp. Many HIV positive	
	women take co-trimoxazole.	
21/07/15	Most women trust health workers. When providing IPTp, tell	None
	women why IPTp is important and that it is safe. Encourage them to	
	take the medication as DOT.	
22/07/15	Remind women attending ANC that for added protection from	None
	malaria in pregnancy, they should also sleep under an insecticide	
	treated mosquito net.	
23/07/15	Also remind pregnant women attending ANC to visit a health centre	None
	immediately if they have any signs of malaria to test and receive	
	treatment.	
24/07/15	Remember: give IPTp whenever a woman attends ANC after the first	None
	trimester until delivery, as long as there are at least 4 weeks	
	between doses.	
27/07/15	There is no danger in taking SP on an empty stomach. Mild side	None
	effects are possible, but are outweighed by the benefit of a	
	healthier pregnancy.	
28/07/15	Remember to record every dose of SP you provide in the ANC	None
	register and on the ANC card and the mother's ANC card.	
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## Assessing and addressing barriers to IPTp uptake in Uganda Pilot intervention phase



29/07/15	This is the last message about malaria in pregnancy and IPTp. If you	None
	have any questions, don't hesitate to ask your in-charge or district	
	health team.	