

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

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

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

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 have any questions, don't hesitate to ask your in-charge or district health team.	None
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