

## Passionate about the welfare of Pregnant Women

**Dr. Fatuma Namusoke**

**Email Contact:** namusokefk@yahoo.co.uk

**Doctorate Studies:** Makerere University 2006-2014

**Doctorate Research Area:** Medicine

**Title of Doctorate research:** ‘Sulfadoxine/ Pyrimethamine Intermittent Presumptive Treatment Relationship with newborn, Maternal Plasmodium Falciparum Infection and immunity’

Dr. Fatuma Namusoke’s passion for the welfare of pregnant women and newborn babies drove her to conduct her research on Malaria – a common killer disease in Uganda. She particularly looked at the effect of Fansidar on unborn babies. Fansidar is a drug highly recommended by the Ministry of Health in the prevention of malaria in pregnant women.

“I looked at the current interventions to prevent malaria in pregnant women. I addressed how this intervention could be affecting the ability of the baby to fight malaria.

When you are young you get constant attacks of Malaria. As you grow, your body becomes immune,” she explains. “Babies born to mothers living in malaria-prone areas are less susceptible to malaria attacks, especially those babies aged 0- 6 months,” she adds.

Dr. Namusoke’s research reveals that during pregnancy, the mother passes on her antibodies to the unborn baby and this makes the baby less susceptible. But when the baby is born, he/she will still be prone to malaria attacks, so the assumed prevention is not true. “We recommend that Fansidar continues to be given for it does not interfere with antibodies or with the baby’s immunity. We sampled about 400 pregnant mothers in Mulago to reach these conclusions,” she explains.





Dr. Namusoke now wants to share her findings with the Ministry of Health to add to the available information on malaria campaigns. She is optimistic that her research is going to inform how data is interpreted and hopefully contain malaria in pregnant women.

### Doctorate Research Area

Malaria in pregnancy is a big problem in Uganda and it leads to adverse effects in the mother and baby including still births, intrauterine fetal growth retardation and low birth weight. The

WHO recommends using Fansidar as intermittent presumptive treatment in prevention of malaria in pregnancy. Babies born to mothers in malaria endemic areas are protected from malaria in the first six months of life by antibodies transferred from mother to baby in the intrauterine life. Recently there have been an increasing numbers of babies below six months with malaria and reason for this is not clear. Since immunity to malaria is partial and is got through repeated exposure to malaria parasites. Dr. Namusoke looked at the effect of using Fansidar (IPTp) on the ability of the newborn to prevent malaria.

The data on use of Fansidar during pregnancy is collected using self-reported data where women who have been pregnant up to five years prior to the survey are asked whether they used Fansidar for prevention of pregnancy malaria during their last pregnancy. Yet studies have shown that self-reported data may be prone to bias. Dr. Namusoke in addition looked at the validity of self-reported data of use of Fansidar for prevention of malaria in pregnancy.

### Supervision

She is currently supervising

- 1 student in Masters of medicine in Obstetrics and Gynaecology
- 5 of her Master of medicine in Obstetrics and Gynaecology students have graduated

### Membership to Professional Organisations

- Association of Gynecology and Obstetrics of Uganda
- Uganda Medical Doctors
- Uganda Women Doctors