**INTRODUCTION**

- Parasitic infections in pregnancy necessitate consideration of numerous factors including the potential safety, efficacy, and tolerability of antiparasitic drugs for the mother
- A substantial knowledge gap exists in pregnancy-associated schistosomiasis, with few definitive resources to guide clinical decision-making

**Aim:** To systematically map the available literature regarding the efficacy, safety, and tolerability of treatment of intestinal schistosomiasis in pregnancy.

**METHODS**

- Five electronic databases were searched and titles, abstracts, and full-texts of included studies and reviews were screened from database inception to June 2019, without language restriction
- Systematic reviews, randomized controlled trials, cohort studies, smaller observational studies, case-control studies, case series, and case reports assessing or reporting the efficacy, safety, or tolerability of praziquantel treatment during pregnancy were screened
- **Inclusion criteria:** Pregnant + Treated with praziquantel during pregnancy + Schistosoma Infection + Maternal Outcome(s) reported
- Two independent reviewers screened and extracted the data and assessed quality using the GRADE approach. Risk of bias for each study was determined
- Data were summarized using quantitative and qualitative measures for schistosomiasis as well as efficacy and safety of praziquantel

**RESULTS**

- **Praziquantel had a high cure rate of >80% for Schistosoma mansoni and Schistosoma japonicum infection in pregnant women.**
- **No adverse effects on endotoxin levels, or weight gain were observed.**
- **Treatment with praziquantel during pregnancy did not affect maternal anemia or Hb levels.**

**CONCLUSION**

**REFERENCES**


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