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Management of Common Intestinal Parasites in Pregnancy: A Systematic Review of Maternal Outcomes

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Abstract:

Parasitic infections in pregnancy necessitate consideration of numerous factors including the potential safety, efficacy, and tolerability of anti-parasitic drugs for the mother and potential maternal-to-child parasite transmission risk during pregnancy and delivery. For these considerations, a substantial knowledge gap exists, with no definitive published and authoritative resource to guide clinical decision-making. We aim to map the available literature regarding the efficacy, safety, and tolerability of treatment of intestinal parasites in pregnancy, and synthesize the available literature on specific parasitic infections and anti-parasitic agents. Five electronic databases were searched (Medline, EMBASE, CINAHL, Cochrane Library of Systematic Reviews, and CENTRAL) and titles, abstracts, and full-texts of included studies and reviews were screened from database inception to July 2018, without language restriction. Two independent reviewers with a tertiary arbitrator screened all 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 anti-parasitic drugs used in management of parasitic infections during pregnancy. Two independent reviewers extracted the data and assessed trial quality using the GRADE approach. Data were summarized using qualitative and quantitative measures for specific parasitic infections as well as efficacy and safety of anti-parasitic agents. Risk of bias for each study was determined. Preliminary data showed Mebendazole decreased the prevalence of soil-transmitted helminth infection in pregnant mothers. With increased international travel and migration of migrant and vulnerable populations, it can be expected that health practitioners will be faced with managing parasitic infections in pregnant patients. Currently, quality evidence supporting specific management strategies is limited. Synthesizing the current literature on anti-parasitic agents and treating parasitic infections in pregnancy can translate into multidisciplinary clinical recommendations for improved pregnancy care.