

Subclinical malaria among pregnant migrants from Sub Saharan Africa living in Sweden: A prospective screening study

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Background: Malaria during pregnancy carries significant maternal and neonatal risks, yet migrants from high-endemic countries are rarely screened in non-endemic settings. This study assessed prevalence of subclinical Plasmodium infections in pregnant women with Sub-Saharan African (SSA) origin, and related maternal and perinatal outcomes.

Methods: Pregnant and post-partum women from SSA were recruited between Nov 2019- Jan 2026 at three sites in Sweden, mainly during antenatal visits. Data on migration and travel history were collected through a questionnaire. Blood samples were analysed for Plasmodium species using real-time PCR. Medical history, maternal and perinatal data were collected from obstetrical records.

Results: A total of 142 pregnant and 37 postpartum women were screened for malaria. Malaria was detected in six pregnant women—five *P. falciparum* and one *P. malariae*—corresponding to a prevalence of 4.2% (6/142). Among women with a shorter duration of stay (<2 years) the prevalence was 11.3% (6/53). All malaria positive women had previously resided in countries with high or moderate transmission. Parasitaemia was detectable by microscopy in three cases (0.1–0.7%). Anaemia at or before screening was present in 5/6 (83%) malaria positive compared with 45% (78/173) malaria negative women. Obstetric records were available for 5/6 PCR positive, with no adverse maternal or perinatal outcomes observed.

Conclusion: Screening for malaria should be considered in pregnant women from high and moderate transmission areas during their first two years in a non-endemic country. Larger studies are needed to determine the impact of subclinical Plasmodium infections on pregnancy and neonatal outcomes in non-endemic settings.