

During the COVID-19 pandemic, do not forget other infectious diseases of pregnancy

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Infectious diseases still continue to constitute a problem during pregnancy. This has been recently brought to the general public and specialist attention by the issue of COVID-19 in pregnancy. While, in the last two years, the general focus has revolved around COVID-19, it is important to remember that other infectious diseases continue to be relevant for the pregnant women. In this special issue of the Romanian Journal of Infectious Diseases we have put together a series of review articles that summarize the current state of knowledge on the most common infectious diseases encountered in pregnancy. The aim of this special issue is to bring awareness to doctors that are involved in the care of women that desire a pregnancy or that are already pregnant about the risks of specific infections. We discuss the value of screening for infectious diseases in pregnancy, treatment methods and foetal monitoring. Because the obstetricians care for two patients – the mother and the foetus, when discussing infections in pregnancy it is always important to keep in mind the potential harmful consequences for the foetus. It is for this reason that in any case with a suspected or diagnosed maternal infection, a maternal foetal medicine specialist should be involved in the team following the patient. Foetal ultrasound is a useful tool in assessing the foetal structures, health, and well-being. Invasive procedures performed during pregnancy, like amniocentesis or cordocentesis allow early diagnosis of foetal infections when there is a suspicion of maternal to foetal transmission. After a diagnosis is made treatment of the mother can be tailored in such fashion that can cross the pla-

centa and treat the foetus. In this special issue, we discuss specific aspects related to maternal-fetal infections in Rubella, toxoplasmosis, and cytomegalovirus infections. We also discuss about *Treponema pallidum* infection in pregnancy, HIV, hepatitis B and C. Infection with the hepatitis B virus is relatively common in pregnant women in Romania. The risk of maternofetal transmission of hepatitis B virus during pregnancy depends on maternal viremia levels. Recent guidelines support prophylactic treatment with tenofovir during pregnancy to reduce this risk. Also, for those women that require invasive testing during pregnancy for foetal abnormalities or suspected genetic disorders and are carriers of the hepatitis B or C virus or HIV it is important to involve in counselling an infectionist. Intrauterine invasive procedures do carry a small risk of maternal-to-foetal transmission of these viruses and prophylactic drugs may be required to cover the procedure. Parvovirus B19 infection during pregnancy is usually a forgotten infection. The mother is mostly asymptomatic, but if the foetal infection occurs in the first half of pregnancy, it can be catastrophic. The virus contributes to foetal bone marrow suppression and leads to transient but potentially fatal anaemia in the foetus. Early diagnosis and treatment by intrauterine foetal transfusions is life saving. Group B streptococcus and *Listeria* infections of the neonate during labour can lead to neonatal septicaemia. In this special issue we discuss current state on the screening and prophylaxis of group B streptococcus during pregnancy. We also review the literature related to Zika virus infections in preg-

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nancy; though these infections have not been a subject for maternity units in Romania, it is important to keep them in mind at least for the example of a mechanism of disease in maternal to foetal transmission of infections.

Infections in pregnancy can be prevented by adequate vaccination. Live-attenuated vaccines are not permitted during pregnancy therefore we emphasise the importance of proper pre-pregnancy counselling. Family physicians represent the first line of interaction with women that are contemplating a pregnancy and it is important that they look for the vaccine status of these women and recom-

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mend proper vaccination where there is the case. Some vaccines can be undertaken in pregnancy and women should be informed about them. It is the case of the flu vaccine, COVID-19 or pertussis. Antibodies produced by these vaccines can cross the placenta and protect the neonate in its first months of life.

The future will probably bring new vaccines into light – the much-awaited anti cytomegalovirus vaccine for instance. Until then, adequate planning, screening, early diagnosis, and maternal and foetal treatments can prevent adverse outcomes for two patients – the mother and her baby.