

Strategies for Preventing Mother-to-Child Transmission and Managing Exacerbation of Hepatitis B Virus Infection during Pregnancy

Sydney Paltra^{*}

Department of Clinical Pharmacology and Aged Care, University of Sydney School of Medicine, Sydney, Australia

ABOUT THE STUDY

Hepatitis B Virus (HBV) infection is a major public health issue, with approximately 257 million people living with chronic HBV infection globally. One of the major routes of transmission of HBV is from mother-to-child during pregnancy or delivery. Without intervention, up to 90% of infants born to HBVinfected mothers may become chronic carriers of the virus. In addition, pregnancy can also exacerbate certain medical conditions, making it even more important for women to receive adequate care and support during this time.

Preventing Mother-to-Child Transmission (MTCT) of HBV is a critical public health challenge, and there are several strategies and approaches that can be used to prevent MTCT of the virus during pregnancy. Antenatal care is a crucial component of preventing MTCT of HBV, and includes regular check-ups, testing for infectious diseases, and counselling on HBV and other infections. Women living with HBV should receive antiviral therapy during pregnancy to reduce the risk of MTCT of the virus. Additionally, women with other medical conditions, such as diabetes, hypertension, and heart disease, should receive appropriate care and management to prevent exacerbation during pregnancy.

Safe delivery practices, including delivery in a healthcare facility and the use of gloves and other protective equipment by healthcare providers, are essential for preventing MTCT of HBV during pregnancy. In addition, elective cesarean delivery may be recommended for women with high levels of HBV DNA to reduce the risk of MTCT of the virus.

Infant prophylaxis, including immunoglobulin and antiviral therapy for the infant, is critical for preventing MTCT of HBV during pregnancy. This should be started as soon as possible after birth and continued for a specified period of time to ensure that the infant is protected. Support for breastfeeding is important for preventing MTCT of HBV during pregnancy. Women living with HBV should receive counselling on safe breastfeeding practices, including exclusive breastfeeding and early weaning, to reduce the risk of MTCT of the virus.

Addressing barriers to care, such as stigma and discrimination, poverty, and lack of knowledge about HBV and other infectious diseases, is critical for preventing MTCT of HBV and exacerbation of medical conditions during pregnancy. Interventions that address these barriers, such as communitybased education and awareness campaigns, can help to ensure that women receive the care they need during pregnancy.

Partner involvement is essential for preventing MTCT of HBV and exacerbation of medical conditions during pregnancy. Partners should be educated about the importance of regular testing for infectious diseases, and should receive counselling on safe sexual practices.

An integrated care approach that combines maternal, neonatal, and paediatric care is essential for preventing MTCT of HBV and exacerbation of medical conditions during pregnancy. This approach should include pre- and post-natal care, antiviral therapy for the mother, infant prophylaxis, and support for breastfeeding. By integrating these services, healthcare providers can ensure that women receive comprehensive care throughout their pregnancy and delivery, and that their infants receive the care they need to prevent MTCT of HBV.

CONCLUSION

In conclusion, preventing MTCT of HBV and exacerbation of medical conditions during pregnancy requires a multi-faceted approach that includes antenatal care, safe delivery practices, infant prophylaxis, support for breastfeeding, addressing barriers to care, partner involvement, and an integrated care approach. By implementing these strategies, it is possible to ensure that women receive the care they need during pregnancy and delivery, and that their infants are protected from HBV infection. It is important that healthcare providers, policymakers, and the community at large are aware of these strategies and work together

Correspondence to: Sydney Paltra, Department of Clinical Pharmacology and Aged Care, University of Sydney School of Medicine, Sydney, Australia, E-mail: sydneypaltra@edu.au

Received: 02-Feb-2023, Manuscript No. CMCH-23-20133; Editor assigned: 06-Feb-2023, PreQC No. CMCH-23-20133 (PQ); Reviewed: 20-Feb-2023, QC No CMCH-23-20133; Revised: 27-Feb-2023, Manuscript No. CMCH-23-20133 (R); Published: 06-Mar-2023. DOI: 10.35248/2090-7214.23.20.452.

Citation: Paltra S (2023) Strategies for Preventing Mother-to-Child Transmission and Managing Exacerbation of Hepatitis B Virus Infection during Pregnancy. 20:452.

Copyright: © 2023 Paltra S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Paltra S

ensure that all women have access to comprehensive care during pregnancy and delivery.