

# Techniques for Perinatal Specialists to Handle High-risk Pregnancies

Karalis Vill\*

Department of Pharmacy, School of Health Sciences, National and Kapodistrian University of Athens, 15784 Athens, Greece

## Introduction

High-risk pregnancies present unique challenges for both expectant mothers and healthcare providers. These pregnancies, characterized by an increased risk of complications for the mother, fetus, or both, require specialized care and management to ensure the best possible outcomes. Perinatal specialists, including obstetricians, maternal-fetal medicine (MFM) specialists, and other healthcare professionals, play a crucial role in managing these complex cases. This article explores various techniques and strategies that perinatal specialists can employ to handle high-risk pregnancies effectively. By leveraging a combination of advanced medical interventions, personalized care, and multidisciplinary collaboration, specialists can mitigate risks and optimize the health and well-being of both mother and baby [1,2].

## Description

Preterm birth, defined as delivery before 37 weeks of gestation, is a significant concern in high-risk pregnancies. Perinatal specialists must be prepared to manage preterm labor and its associated risks. Medications that suppress preterm labor, tocolytics can delay delivery long enough for other interventions, such as steroid administration, to take effect. While they do not stop labor indefinitely, they can buy critical time to enhance fetal maturity. Administered to women at risk of preterm delivery, magnesium sulfate can reduce the risk of cerebral palsy in preterm infants. It is typically given when delivery is expected before 32 weeks of gestation. As mentioned earlier, corticosteroids are administered to accelerate fetal lung development in cases of impending preterm birth. This intervention is most effective when given between 24 and 34 weeks of gestation. For preterm births, coordination with a NICU is essential. Perinatal specialists work closely with neonatologists to ensure that the necessary care is available immediately after birth. This may involve transferring the mother to a hospital with a high-level NICU before delivery. High-risk pregnancies can be emotionally taxing for expectant parents, leading to increased levels of stress, anxiety, and depression. Providing emotional and psychological support is a critical aspect of care for perinatal specialists. Referral to mental health professionals, such as psychologists or counselors, can provide parents with coping strategies and emotional support during the pregnancy. This is especially important for those dealing with chronic stress or a history of mental health issues. Connecting parents with support groups for those experiencing high-risk pregnancies can offer a sense of community and reduce feelings of isolation. Sharing experiences with others in similar situations can be comforting and empowering [3-5].

\*Address for Correspondence: Karalis Vill, Department of Pharmacy, School of Health Sciences, National and Kapodistrian University of Athens, 15784 Athens, Greece; E-mail: villk@gmail.com

Copyright: © 2024 Vill K. 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.

Received: 02 May, 2024, Manuscript No. JPNM-24-145385; Editor assigned: 04 May, 2024, Pre QC No. P-145385; Reviewed: 18 May, 2024, QC No. Q-145385; Revised: 23 May, 2024, Manuscript No. R-145385; Published: 30 May, 2024, DOI: 10.37421/2472-100X.2024.9.286

## Conclusion

In high-risk pregnancies, early intervention is often key to preventing complications. Perinatal specialists must be vigilant in detecting signs of potential problems and initiating treatment promptly. Depending on the mother's condition, medications may be prescribed to manage chronic conditions or to address pregnancy-related complications. The choice and dosage of medications are carefully considered to minimize risks to the fetus. In cases of threatened preterm labor, corticosteroids may be administered to accelerate fetal lung maturity. This intervention significantly reduces the risk of respiratory distress syndrome in premature infants. For women with cervical insufficiency, a cerclage (a surgical procedure that places a stitch in the cervix) may be performed to prevent preterm birth. This procedure is typically done in the second trimester. In cases of fetal anemia, often due to Rh incompatibility, intrauterine transfusions may be necessary to deliver red blood cells to the fetus and prevent hydrops fetalis, a severe form of fetal anemia.

## Acknowledgement

None.

## Conflict of Interest

None.

## References

- Munoz, Jessian L., Logan M. Blankenship, Patrick S. Ramsey and Georgia A. McCann. "Importance of the gynecologic oncologist in management of cesarean hysterectomy for Placenta Accreta Spectrum (PAS)." *Gynecol Oncol* 166 (2022): 460-464.
- Silver, Robert M., Karin A. Fox, John R. Barton and Alfred Z. Abuhamad, et al. "Center of excellence for placenta accreta." *Am J Obstet Gynecol* 212 (2015): 561-568.
- Harlev, A., A. Levy, Y. Zaulan and A. Koifman, et al. "Idiopathic bleeding during the second half of pregnancy as a risk factor for adverse perinatal outcome." *J Matern Fetal Neonatal Med* 21 (2008): 331-335.
- Salsano, Stefania, Silvia Pérez-Deben, Alicia Quinonero and Roberto González-Martín, et al. "Phytoestrogen exposure alters endometrial stromal cells and interferes with decidualization signaling." *Fertil Steril* 112 (2019): 947-958.
- Castillo, Jayme, Katherine Zhu, Lauren Gray and Sydney Sachse, et al. "YouTube as a source of patient information regarding placenta accreta spectrum." *Am J Perinatol* 40 (2023): 1054-1060.

**How to cite this article:** Vill, Karalis. "Techniques for Perinatal Specialists to Handle High-risk Pregnancies." *J Pediatr Neurol Med* 9 (2024): 286.