



Monkeypox in the Pregnant Woman and Obstetric Problem

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Dear Editor, first and foremost, the possibility of a monkeypox outbreak must be understood. The primary question is whether or if there will be a pandemic [1]. Every time a new problem arises, the situation must be reevaluated. There are many unknowns in the current monkeypox outbreak [2]. What caused the disease to spread so swiftly outside of Africa, to several countries, is still unknown. Despite the fact that the disease is largely zoonotic, human-to-human transmission has been documented [2]. Despite the possibility that neither a high body temperature nor a cutaneous eruption may not exist, a fever and a skin rash are frequently present in monkeypox patients [2, 3]. Anyone, including pregnant women, can be harmed by the virus.

There have only been a few reports of monkeypox in pregnant women. According to clinical data from Congo, infection during the first trimester can result in miscarriages [4]. There is no evidence of an increased risk of pregnancy complications among infected mothers. There are, however, several reports on the effect on the fetus. Abortion and fetal death are both possibilities. Fetal problems affect roughly 2% of pregnant women [4]. As a result, it is vital to protect the pregnant woman against infection.

Smallpox immunization, based on current prophylaxis, may be able to produce cross immunity against monkeypox. However, using the smallpox vaccine among pregnant women might be a risk. Small pox vaccination in pregnancy may cause fetal vaccinia and preterm birth, should it be given to all pregnant women as a prophylaxis against monkeypox. If a woman receives smallpox vaccine at postpartum period she should wait at least one month before breastfeeding any newborn until the vaccination scab has detached from the vaccination site [5].

Finally, an infectious outbreak is currently possible. Obstetricians must be prepared to manage a pregnant patient. Any asymptomatic instance is possible, which complicates clinical diagnosis and therapy. Furthermore, greater research into the consequences of monkeypox on pregnant women is needed.

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Declarations

Conflict of interest None.

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