

DON'T PASS IT ON

Gynaecologists list health concerns a mother can transfer to her child, and the lifestyle and diet choices that can help prevent this



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Everyone hopes their baby will be healthy at birth and many but you can also take special efforts to ensure this. "A few years ago, women would come to us when they found out they were pregnant. But now, most visit us before they start planning a baby," says gynaecologist Dr Shiraz Vazifdar. "I recommend lifestyle changes, so that when they conceive, their sugar and thyroid levels, and weight, are ideal. That way, the chances of delivering a healthy baby increase." However, a lot of mothers, inadvertently, pass on disorders to their unborn child. Here are a few disorders one should be careful about:

High sugar: Developing gestational diabetes is pretty common, and usually settles post-delivery. Most women with gestational diabetes have healthy babies. But there are other consequences of high sugar levels in pregnancy. "When sugar is not controlled by the mother, especially during the early stages of pregnancy, the baby may develop malformations," says Dr Vandana Bansal, gynaecologist and foetal-maternal medicine specialist, and director of the department of foetal medicine at Surya Hospital. "High sugar may cause spinal and cardiac defects in the foetus. High sugar in the first trimester may also increase the chances of miscarriage and stillbirth, especially if the sugar levels remain uncontrolled in the latter part of the pregnancy." Every woman who wants to get pregnant should have a pre-conception check-up with a

gynaecologist to see if she is healthy. "We have had patients who are completely asymptomatic and don't know they are diabetic. They only come to know of it when they are already pregnant during their initial blood assessment. In such cases, the damage to the baby has already been done as all organ formation occurs during the first three months," adds Dr Bansal.

Thyroid problems: The thyroid is a gland that produces a hormone responsible for regulating your metabolism and controlling many of the body's organs. According to an article in *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* in 2018, the prevalence of thyroid dysfunction in Maharashtra is 13.9 per cent. "A woman suffering from hypothyroidism is likely to not conceive at all, and if she does, there is a chance of miscarriage, foetal hypothyroidism and goitre, foetal growth restriction and development of high blood pressure in pregnancy. On the other hand, if the mother has hyperthyroidism, then the thyroid antibodies can go to the baby as well," says Dr Bansal.

Thalassemia: Thalassemia is a deformity in the haemoglobin chain. It happens when mutated genes affect the body's ability to make healthy haemoglobin. Beta thalassemia is more prevalent in India. Many who suffer from it have no symptoms and won't

know they carry the mutated gene unless they get a blood test. "If a woman has beta thalassemia, her haemoglobin doesn't go beyond 9-10 gm/dL. These women need folic acid throughout their pregnancy," says Dr Suruchi Desai, obstetrician and gynaecologist at Nanavati Super Speciality Hospital. "Thalassemia is a genetically passed-on disorder. If the mother has a thalassemia gene and the father doesn't, there is a 25 per cent chance that the unborn will carry the maternal gene and hence have thalassemia. But if both mother and father are thalassemia minor — carrying the regressive gene — and it is undiagnosed, there is a 50 per cent chance the child can have thalassemia major. Such children may have a short life and require repeated blood transfusions; they will have brittle bones and will need medication to wash out the iron deposited in their liver. I always advise all patients that instead of matching the horoscope with a potential partner, ask the person to do a blood test to find out if he or she is a thalassemia carrier," adds Dr Desai.

Infections: Viral infections such as dengue and rubella also pass from mother to child. "The dengue virus can pass through the placenta and the child can be born with dengue," says Dr Desai. "If a pregnant woman gets dengue, the gynaecologist decides when to deliver the baby, because dengue reduces the platelet count and the mother can start bleeding from anywhere. We have

to replenish the platelets to a level where we can deliver the baby as soon as possible, depending on the foetus' maturity," she adds. In October itself, Nanavati Hospital saw five cases of pregnant women contracting dengue. "Rubella, meanwhile, is a virus like German measles. In such cases, the child can have congenital cataracts and hearing deficiency. In certain cases, the virus can affect the foetal brain and result in mental developmental issues. The best way to keep rubella at bay is to get vaccinated as a child. That way, when you grow up, you have all the immunity you need to deliver a healthy baby."

Blood group anomalies: Incompatibility in blood groups — especially if the mother is negative and the father positive — can result in problems from the second pregnancy onwards. Rh incompatibility usually does not affect the first pregnancy, as, the Rh protein of the foetus does not enter the maternal blood circulation during pregnancy. However, at the time of delivery, some amount of mixing of blood occurs between the maternal and foetal circulation and this Rh protein gains entry into the maternal blood circulation. "This sensitises the maternal immune system, which treats the Rh protein as foreign and forms antibodies against it. So in the next pregnancy, if the foetus is Rh positive, these antibodies enter the foetal circulation and destroy the Rh positive red blood cells of the foetus, making it anaemic. This may cause death of the foetus in utero. If the baby survives, it will have severe jaundice at birth that may affect the neonatal brain and cause serious mental development issues," says Dr Bansal.

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