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Review Article

Sobering Look to Pregnancy and Medical Diseases

Ahmed N[1]*, Kadry A[2], Shams M[3], Wageh A[3], Mohamed A[3], Rashad Z[4] and Rashad N[5]

[1]Internal Medicine Department Hepatology and Gastroenterology unit, Faculty of Medicine, Mansoura University, Egypt

[2]Cardiothoracic Surgery Department, Faculty of Medicine, Mansoura University, Egypt

[3]Obstetrics and Gynecology Department, Faculty of Medicine, Mansoura University, Egypt

[4]Freelance Dentist, Egypt

[5]Dental intern, Egypt

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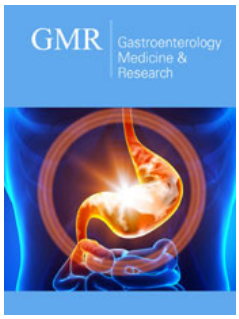

***Corresponding authors:** Ahmed N, Internal Medicine Department Hepatology and Gastroenterology unit, Faculty of Medicine, Mansoura University, Egypt

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Abstract

There is probably no subject that has fascinated mankind more during the course of history than that of pregnancy and childbirth, the only subject that rivals it is that of death itself. So, the new generations should be aware of the Sobering look to pregnancy and medical diseases.

Keywords: Pregnancy; Medical; Diseases; Risk and complications

Introduction

There is probably no subject that has fascinated mankind more during the course of history than that of pregnancy and childbirth, the only subject that rivals it is that of death itself. These two experiences, having been the provinces of the medical profession and of hospitals for the past 50 years, are now becoming increasing concerns for alternative health care systems. It is perhaps no coincidence that with the appearance of alternative birthing centers, there's appearance of hospices in which dying is more focused as a human experience and a family concern rather than as a professionalized medical event [1].

Viewpoints

Medical history is a part of obstetric history and includes: systemic disorders as hematologic, autoimmune, hepatic, cardiac, and renal diseases, diabetes mellitus, and hypertension. Any bleeding disorders or use of medication that affects coagulation, nonsteroidal anti-inflammatory drugs, antidepressant or antipsychotics [2]. Pregnancy is a physiological state characterized by dynamic vascular and metabolic changes that are required for adequate uteroplacental circulation, fetal growth and development. It's a physiologic stress test, maternal changes may unmask underlying silent, cardiovascular and metabolic abnormalities. A failed stress test manifesting either as hypertensive disorders in pregnancy, gestational diabetes mellitus, or both has implications for maternal cardiovascular and metabolic health, anatomical and physiological adaptations during pregnancy may affect the diagnosis and treatment of diseases as surgical illness, may be influenced by treatments reluctance because of fetus concern [3]. Chickenpox infection in pregnancy can be dangerous, most adults in the UK are immune to infection. But if never had chickenpox, A blood test will find out if immune. CMV infections are common in young children. It can be dangerous during pregnancy as it can cause problems for unborn babies, such as hearing loss, visual impairment or blindness, learning difficulties and epilepsy. It's not always possible to prevent

a CMV infection, but you can reduce the risk by: washing hands with soap and hot water, not kissing children on the face, it's better to kiss them on the head or give them a hug, not sharing food or cutlery with young children, and not drinking from the same glass as them.

Group B streptococcus infection rarely causes harm or symptoms. It causes no problem in most pregnancies but can infect the baby, usually just before or during labour, causing serious illness, infected mother should be offered antibiotics during labour to reduce baby infection that is more likely if: premature labour, labour does not start 24 hours after waters break, fever or carry group B strep. Cat faeces may causes toxoplasmosis, it can harm baby and to reduce the risk of infection: avoid emptying cat litter trays in pregnancy or use disposable rubber gloves, trays should be cleaned, avoid close contact with sick cats, wash hands and gloves after gardening and contact with cat faces. Lambs can carry toxoplasma, avoid lambing or milking ewes and contact with newborn lambs. If pigs are source of hepatitis E infection is uncertain. This is dangerous in pregnant. Prevent infections by: avoiding close contact with pigs, cooking pork and pork products, washing hands after touching animals and before preparing, serving and eating food. Hepatitis B infection during pregnancy, can pass to baby at birth. Blood test for hepatitis B is part of antenatal care. Babies who are at risk should be given the hepatitis B vaccine at birth and then again at 4 weeks and 12 months, in addition to their routine vaccinations. People who received a blood transfusion in the UK prior to September 1991, or blood products prior to 1986, may be at risk of Hepatitis C and can also be transmitted by receiving medical or dental treatment in countries where hepatitis C is common and infection control may be poor, or by having sex with an infected partner, Hepatitis C, may pass on to baby, although the risk is much lower than with hepatitis B or HIV. This cannot be prevented. Genital herpes infection can be dangerous for a newborn baby, a caesarean section may be recommended to reduce the risk of passing herpes on to baby. HIV positive mother, in good health and without symptoms of the infection are unlikely to be adversely affected by pregnancy. However, HIV can be passed to baby during pregnancy, birth, breastfeeding. Treatment in pregnancy greatly reduces the risk of passing on HIV to the baby from 1 in 4 to fewer than 1 in 300, baby will be tested for HIV at birth and at regular intervals for up to 2 years. They'll be given medicine for 2 to 4 weeks after they're born to reduce the chance of them getting HIV, the safest way to feed baby with formula milk. This is because HIV can be passed to a baby through breastmilk. It can be possible to breastfeed if taking antiretroviral medicine and HIV viral load is undetectable.

Slapped cheek syndrome is common in children. It typically causes a rash on the face, it is highly infectious and can be harmful to the baby but in most cases, the baby is not affected. Rubella is uncommon in the UK. But in the first 4 months of pregnancy, it can cause birth defects and miscarriage. The MMR vaccine cannot be given during pregnancy. Many sexually transmitted infections (STIs) can affect baby's health both during pregnancy and after the birth. The Zika virus can cause birth defects if catched while pregnant, it can cause the baby to have an abnormally small head (microcephaly) [4].

Hemorrhage and preeclampsia are the leading causes of maternal deaths globally, other health conditions, including both infectious and chronic diseases like HIV/AIDS, malaria, anemias, and diabetes, underpin nearly a quarter (23%) of pregnancy and childbirth-related mortality. These conditions, which often go undetected or untreated until major complications occur, exacerbate risk and complicate pregnancies [5]. Applying key principles of prescribing is important when prescribing for a woman of childbearing age or for a man trying to father a child. The principles help address the challenges and risks associated with prescribing during pregnancy. The principles are: Prescribe only when beneficial Consider non-pharmacological options as an alternative, Use the minimal effective treatment, avoid known teratogens, avoid newly licensed medicines wherever possible, avoid polypharmacy, avoid using medicines in the first trimester where possible [6].

Gestational diabetes mellitus is a known risk factor for gestational hypertension which further progress toward conditions like proteinuria, dyslipidemia, thrombocytopenia, pulmonary edema leading to Preeclampsia. Glucose intolerance during the later weeks of pregnancy is associated with gestational hypertension and hyperlipidemia as a risk factor for Preeclampsia [7]. A multidisciplinary team comprised of an obstetrician, a nutrition professional, and a maternal-fetal medicine specialist can help provide treatment plans to promote the best outcomes and reduce the risk of complications [8]. When a general anesthetic is used, the chances of aborting a fetus in utero are incredibly high. As such, a doctor will only agree to surgery if it is an emergency procedure needed to save the life of the mother, such as an appendectomy. Most doctors will never consent to an operation that could be more safely completed, for both mother and child, at another time. Because it is not a medical necessity, plastic surgery while pregnant is verboten [9]. Cardiac surgery during pregnancy was associated with low maternal mortality but significant fetal mortality. A single-institution series supports consideration of cesarean delivery before cardiopulmonary bypass procedures if the fetus is of a viable gestational age to minimize mortality [10].

Conclusion and Recommendations

Ancient Egyptians had methods to determine pregnancy [11]. Maternal mortality and morbidity resulting from treatable medical conditions have not decreased in recent years, despite a marked decrease in overall maternal mortality [12]. So, the new generations should be aware of the Sobering look to pregnancy and medical diseases.

Acknowledgment

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