OPEN ACCESS Freely available online

ISSN: 2090-7214
Clinics in Mother and Child Health

Opinion Article

A Retrospective Study over Congenital Infection of SARS-Cov-2 in Live-Born Neonates

Sylvia Cremer*

Department of Health Care, St. Joseph Medical Center, Stockton, California, USA

ABOUT THE STUDY

The emergence of SARS-CoV-2, the virus responsible for COVID-19, has brought about significant concern for pregnant women, as well as newborn infants. Congenital infection, or the transmission of the virus from a mother to her fetus during pregnancy or delivery, has been reported in a small number of cases. However, the overall risk of congenital infection with SARS-CoV-2 is currently unknown and requires further research.

One of the main concerns with congenital SARS-CoV-2 infection is the potential for severe illness in the newborn. The majority of infants with congenital infection have been reported to have mild or no symptoms. However, some newborns have developed severe respiratory distress and required intensive care. Additionally, there have been reports of severe Multisystem Inflammatory Syndrome in infants (MIS-C) associated with SARS-CoV-2 infection. This is a rare but serious condition that can occur weeks after the initial infection and it has a high mortality rate.

Another concern with congenital SARS-CoV-2 infection is the potential for long-term effects on the developing fetus. While the virus does not appear to cross the placenta, there have been reports of placental inflammation and abnormal fetal growth in some cases of congenital infection. Additionally, there is a concern that the virus may cause damage to the developing brain and lead to developmental delays or other neurological problems. However, the long-term effects of congenital SARS-CoV-2 infection are currently unknown and require further research.

The risk of congenital SARS-CoV-2 infection can be reduced by implementing infection control measures in obstetric settings and by providing pregnant women with appropriate testing and treatment. Pregnant women who test positive for SARS-CoV-2 should be managed in consultation with an obstetrician and an infectious disease specialist, and should receive appropriate supportive care and antiviral therapy as needed. Additionally, elective deliveries, such as induction of labor or cesarean section, should be considered in certain situations to minimize the risk of mother-to-child transmission.

Despite the implementation of infection control measures and the availability of appropriate care, there are still many unknowns regarding congenital SARS-CoV-2 infection. The overall risk of congenital infection with SARS-CoV-2 is currently unknown, and further research is needed to better understand the potential consequences of congenital infection for both the mother and the newborn. Additionally, there is a need for further research to understand the long-term effects of congenital SARS-CoV-2 infection on the developing fetus and newborn.

CONCLUSION

In conclusion, congenital SARS-CoV-2 infection is a concern for pregnant women and newborn infants. While the majority of infants with congenital infection have mild or no symptoms, some newborns have developed severe respiratory distress and required intensive care. Additionally, there is a concern that the virus may cause damage to the developing brain and lead to developmental delays or other neurological problems. The risk of congenital SARS-CoV-2 infection can be reduced by implementing infection control measures in obstetric settings and by providing pregnant women with appropriate testing and treatment. However, further research is needed to better understand the overall risk of congenital infection, as well as the potential consequences of congenital infection for both the mother and the newborn.

Correspondence to: Sylvia Cremer, Department of Health Care, St. Joseph Medical Center, Stockton, California, USA, E-mail: sylviacremer@jmc.edu

Received: 02-Jan-2023, Manuscript No. CMCH-22-19879; **Editor assigned:** 04-Jan-2023, PreQC No. CMCH-22-19879 (PQ); **Reviewed:** 18-Jan-2023, QC No CMCH-22-19879; **Revised:** 25-Jan-2023, Manuscript No. CMCH-22-19879 (R); **Published:** 01-Feb-2023. DOI: 10.35248/2090-7214.23.20.445.

Citation: Cremer S (2023) A Retrospective Study over Congenital Infection of SARS-Cov-2 in Live-Born Neonates. Clinics Mother Child Health. 20:445.