

Monkeypox, abortion, and vertical transmission: A consideration in obstetrics

Dear Editor,

Here are the authors' comments on the current global monkeypox outbreak. The possibility of a global breakout should be grasped first and foremost. The main question is whether or if a pandemic will occur. The situation must be reevaluated every time a new problem occurs. The present monkeypox outbreak is riddled with unknowns.^[1,2] It is still unclear what led the disease to spread so quickly outside of Africa, reaching more than 15 countries. Despite the fact that the disease is primarily zoonotic, there has been evidence of human-to-human transmission.^[2] The fact that the disease is both a sexually transmitted virus and an airborne disease has made diagnosing the illness much more challenging. The virus can harm anyone, even pregnant women. The patient frequently has a fever and a skin rash, but neither a temperature nor a cutaneous exanthem are required.^[2,3] Only a few cases of monkeypox in pregnant women have been reported. Infection in the first trimester can cause miscarriages, according to clinical data from Congo.^[4] Additionally, the negative effects on the fetus have been documented. Stillbirth and fetal death are both possibilities.^[4] The probability of vertical transmission is a significant topic to study. There is still no evidence of vertical transmission in earlier incidences in Africa. This could be due to the virus's molecular size, as it is a big virus that should not be able to pass through the placenta pore. As discussed in prior developing viral disease,^[5] this is the essential pathophysiological premise. There is a risk of illness outbreak right now. Obstetricians must be prepared to deal with a pregnant patient. Any asymptomatic instance is possible, and clinical identification and care will be difficult.

The avoidance of contact and safe sexual intercourse is a fundamental rule for disease prevention.^[6] Although particular vaccines are currently available, they are not generally recommended.^[7] Currently, WHO-approved vaccines are replicating (ACAM2000), low replicating (LC16m8), and nonreplicating (MVA-BN). Despite the availability of vaccines, studies have shown that smallpox vaccination is around 85% effective in blocking the infection.^[8] There is still a lack of data on the efficacy and safety of existing vaccines, and there is no report on a trial involving pregnant women.^[7] As a result, it is

still not advised to use the vaccination for illness prevention in pregnant women. Furthermore, there are ethical difficulties in conducting trials to assess the efficiency of new therapies against monkeypox in pregnant women.

Furthermore, now is the time to conduct more research into the monkeypox's obstetric impact. Furthermore, study should focus on therapeutic and preventive approaches for pregnant women against monkeypox. The development of a novel anti-monkeypox medicine and vaccination with a specific use for pregnant subjects is a very fascinating topic for ongoing research and development.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Received: 31-10-2022

Revised: 19-05-2023

Accepted: 04-07-2023

Published: 21-11-2023

Access this article online	
Quick Response Code: 	Website: http://journals.lww.com/JFMPC
	DOI: 10.4103/jfmpe.jfmpe_2123_22

How to cite this article: Mungmunpantipantip R, Wiwanitkit V. Monkeypox, abortion and vertical transmission: A consideration in obstetrics. *J Family Med Prim Care* 2023;12:2998-9.

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