

Healthy beginnings for a safer pregnancy

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The increasing prevalence of lifestyle diseases and autoimmune disorders among younger women presents a significant challenge to contemporary antenatal care. In response, healthcare institutions worldwide are adapting their models to prioritise early risk assessment and provide continuous, holistic support for expectant mothers. This evolving landscape of maternal healthcare aims to mitigate complications and optimise outcomes for both mothers and their babies. One such institution demonstrating this adaptive approach is Fernandez Hospital in Secunderabad, Telangana, India. This hospital has proactively restructured its antenatal care model to address the increasing prevalence of conditions like diabetes, hypertension and autoimmune disorders such as Systemic Lupus Erythematosus (SLE) in young women. Its comprehensive approach spans from preconception through the postpartum period. "Our Healthy Beginnings Clinic plays a pivotal role in supporting women who are planning a pregnancy, offering extensive counseling on potential health risks, optimal timing for conception and crucial guidance on nutrition and weight management, all designed to prepare them for a safe pregnancy," shares Dr Tarakeswari Surapaneni, Chief Medical Director, Fernandez Hospital.

Once a woman is pregnant, especially if she has pre-existing conditions or develops complications, she is seamlessly transitioned into the High-Risk Pregnancy Clinic. Here, care plans are not merely prescribed but are "co-created with a multidisciplinary team of specialists, including rheumatologists, nutritionists, physiotherapists and maternal and fetal medicine specialists, working alongside obstetric physicians to ensure continuity and safety throughout."

Recognising the crucial role of mental well-being during high-risk pregnancies, they have implemented a robust mental health screening program. The management of pregnancies complicated by conditions like SLE or severe hypertension demands a delicate balance between maternal health and fetal development. "When women with SLE or severe hypertension seek care at Fernandez, we ideally see them before conception to ensure the disease is in remission, adjust medications, and prepare them thoroughly for pregnancy," she further explains. A unique aspect of their care model is the monthly RheumatObs Clinic. "This clinic sees rheumatologists and obstetricians jointly create care plans. We monitor for disease flares at each visit and track fetal health through regular scans and growth assessments. A dedicated maternal-fetal team carefully times the delivery to optimise outcomes for both mother and baby," she elaborates.

High-risk pregnancies can often lead to emotionally charged situations where medical decisions may conflict with patient or family expectations. "When a pregnant woman present with a serious medical condition that is worsened by the pregnancy, our first step is to counsel her and her family—often the husband, mother, or mother-in-law—who

accompanies her. We explain the risks and outline all possible options with transparency and sensitivity." In instances where continuing the pregnancy poses a significant risk, such as organ failure, severe bleeding, fetal demise, or the potential loss of the mother, she shares, "the medical team may need to deliver the baby prematurely. This decision depends on the severity of the condition and is never taken lightly." Fernandez Hospital maintains a clear threshold for fetal viability at "26 weeks and 650 grams." If a pregnancy crosses this mark, she explains, "we do everything possible to support the baby in our NICU, often for up to two months. If the baby is not viable, our multidisciplinary team of obstetricians, anaesthetists, physicians and neonatologists carefully evaluates the case and guides the course of action. Throughout these challenging situations, we ensure that the family is fully informed and emotionally supported. We only consider termination when the mother's life is in immediate danger, and even then, the decision is made with utmost care and ethical oversight."

For women living with chronic conditions or those with a history of complicated pregnancies, planning a new pregnancy requires meticulous attention. Preconception counselling, she shares, is a crucial first step.

Preconception counselling is a proactive step toward a safe and healthy pregnancy. These specialised clinics empower women by helping them:

- Understand their specific health condition and its potential impact on pregnancy.
- Strategically time their pregnancy for when their health is most stable.
- Assess potential risks to both mother and baby, enabling proactive planning.
- Review and adjust medications to ensure their safety throughout pregnancy.
- Implement healthy lifestyle changes encompassing diet, physical activity, and habits.
- Explore various reproductive choices through personalised family planning discussions.
- Access multidisciplinary support from specialists across obstetrics, internal medicine, endocrinology

and other relevant fields.

Following conception, early trimester screening becomes paramount. Through these screenings, the hospital can:

- Detect complications at their earliest stages, when interventions are most effective.
- Maintain close monitoring of both the mother and the developing baby throughout the journey.
- Rapidly adjust care plans if needed, ensuring the safety of both mother and child.

Pregnancies complicated by high blood pressure, including preeclampsia and eclampsia, present significant risks. However, advancements in screening and adherence to international guidelines from organizations like FOGSI, FIGO, FMF and ACOG have made early detection and timely intervention cornerstones of safe maternity care at Fernandez Hospital.

For women identified as high-risk or already diagnosed with hypertension during pregnancy, she implements stringent ongoing monitoring and safety protocols:

- Frequent prenatal visits with close blood pressure monitoring.
- Fetal growth assessments via ultrasound to monitor for intrauterine growth restriction (IUGR).
- Laboratory tests to track kidney and liver function, as well as platelet counts.
- Timely delivery planning, carefully considering risks and benefits. In severe cases of preeclampsia or eclampsia, ACOG guidelines, which Fernandez Hospital follows, support delivery as early as 34 weeks, or even earlier if the mother or fetus are at immediate risk.

The increasing incidence of diabetes in pregnancy, particularly gestational diabetes mellitus (GDM), is a growing concern. While GDM typically develops in the second or third trimester and often resolves after delivery, its implications are far-reaching, including an increased risk of type 2 diabetes later in life for both mother and child, and a higher chance of delivery complications. "The good news is that with timely diagnosis, evidence-based interventions, and consistent support, GDM can be effectively managed—



often without the need for medications." She explains that they follow a multi-pronged approach:

Nutritional guidance is key: The cornerstone of GDM management is a well-balanced diet. Mothers should not 'eat for two', but rather 'eat smart for two'.

Stay active, safely: Unless contraindicated, physical activity plays a crucial role in improving insulin sensitivity. Daily brisk walks for 30 minutes or supervised prenatal yoga are encouraged to help manage sugar levels, improve mood, and promote better sleep.

Monitoring and support: Regular 4-point blood sugar checks—that is, testing your blood glucose levels four times a day: before breakfast, before lunch, before dinner, and before bed, through self-monitoring with a glucometer—are essential. This close monitoring allows for timely adjustments to diet or treatment.

When medication is needed: Despite best efforts, some women may require medical therapy. Insulin remains the safest option during pregnancy, as it does not cross the placenta. Oral medications may be considered in selected cases after risk-benefit discussions.

Postpartum planning: Care doesn't end with childbirth. Women who've had GDM must undergo follow-up testing 6–12 weeks postpartum and adopt long-term lifestyle changes to prevent future diabetes.

When diabetes and chronic hypertension coexist during pregnancy, the risks to both mother and baby are compounded. "These conditions do not act in isolation. Chronic hypertension elevates the risk of preeclampsia, placental insufficiency, and preterm birth, while diabetes (Type 1, Type 2, or gestational) increases concerns for fetal overgrowth, congenital anomalies and stillbirth. Together, they necessitate vigilant, multidisciplinary care."

Tailored, team-based approach: Management ideally begins with preconception counseling. For women already pregnant, early risk stratification and referral to a high-risk obstetric team including physicians, endocrinologists, dietitians and fetal medicine experts is critical.

Key Monitoring Parameters: In women with both conditions, Fernandez Hospital closely monitors several key indicators:

- **Blood pressure control** (typically below 140/90 mmHg)
- **Glycemic monitoring**
- **Fetal Growth and Placental Function**
- **Kidney Function and Proteinuria**
- **Weight Gain and Nutrition**
- **Fetal Surveillance**

Delivery Planning: "We usually aim for delivery between 37 and 39 weeks, unless earlier intervention is needed. The timing and mode of delivery depend on maternal stability, fetal status, and any complications like worsening hypertension or poor sugar control. These pregnancies are indeed challenging, but with timely intervention, expert guidance, and empathetic care, most women go on to deliver healthy babies. Our ultimate goal is to empower these mothers through knowledge, build a circle of support around them, and ensure that no woman is left to navigate a high-risk pregnancy alone."