# **Pregnancy Considerations in Asian-Americans**

#### Lucy Chie MD MPH Obstetrics and Gynecology



Beth Israel Deaconess Medical Center



### **Common Prenatal Care Issues**

Perinatal Mental Health Conditions	1 in 5
Gestational Diabetes	10-20%
Hepatitis B	AAPI account for 50% US cases
COVID 19	Over 200,000 US cases

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Bauman et al. MMWR<br/>2020.Roberts et al, NHANES<br/>Hepatology 2015.Shah et al, JAMA 2021.CDC Tracker, accessed<br/>April 2022.

## **Perinatal Mental Health Conditions**

- Most common complication of pregnancy
- Only 1 in 4 get treatment
- A leading cause of preventable maternal deaths
- Associated with less engagement in medical care, poor nutrition, preterm delivery, low birth weight, breastfeeding challenges, poorer infant bonding and interactions
- Asian Americans face many barriers to diagnosis and treatment





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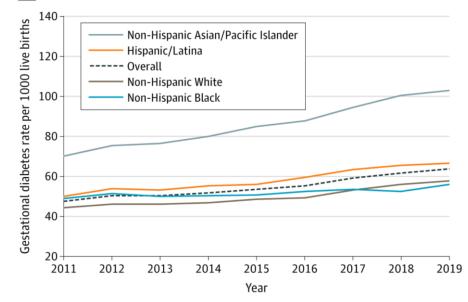


Byatt et al 2015 OBGYN Trost et al 2021 CDC MMRC

## **Gestational Diabetes Rising in US**

- Associated with increased risk of
  - Macrosomia
  - Cesarean
  - Hypertensive Disorders
  - Future Type 2 Diabetes
- Possible modifiable risk factors
  - Nutrition & Exercise
  - Environmental factors

A Overall and by race and ethnicity



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Shah et al, JAMA 2021

# Hepatitis B

- Screen for hepatitis B
- Screen for immunity
- Hepatitis B vaccination safe during pregnancy
- Universal hepatitis B vaccination for infants
- For those born to patients with hepatitis B, HBIG and hepatitis B vaccine for infant immediately after birth reduces vertical transmission
- Breastfeeding is safe •

#### **Screening and Referral Algorithm for Hepatitis B** Virus (HBV) Infection Among Pregnant Women HBsAq (hepatitis B surface HBV and Breastfeeding All HBsAg (+) mothers including those on TD should be educated or antigen) the value and safety of · Notify and educate woman about her HBsAg status Order HBV DNA and refer to a primary care provider with experience managing hepatitis B or a specialist (infectious disease, hepatology and gastroenterology) during th cracked nipples pregnancy · Report HBsAg(+) pregnant woman to Perinatal Hepatitis B Prevention Program and provide infant post-exposure prophylaxis<sup>§</sup> Assess if at · Identify all household and sexual contacts for screening and ah risk\* for acquiring prevention HBV infection

 Confirm that pregnant woman attended her Treat<sup>1</sup> at 28-32 weeks until birth appointment with primary care provider/ specialist \*High risk for HBV infection includes: household or sexual contacts of HBsAg-positive persons: injection drug use; more than one sex partner during the past six months: evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or op TDF at time of birth and monitor for AL end-stage renal disease; and international travel to regions with HBsAg prevalence of ≥2% Schillie S. Vellozzi C. Reingold A. et al., Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, MMWR Recomm Rep 2018; 67(No.RR-1):1-34. Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more Originally adapted with permission from the Hepatitis B Foundation, from Apuzzio et. al. 2012. information).

<200.000 IU/mL

der HBV DNA at 26-

Vaccinate during

Repeat HBsAg

admitted for



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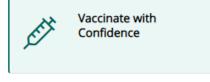


No furthe

needed

#### **COVID-19 in pregnancy**

- COVID-19 vaccines are safe and recommended during pregnancy.
- Getting vaccinated is best way to protect pregnant patient and baby.
- Pregnant people are at higher risk of serious illness and complications from COVID-19 during pregnancy.
  - Vaccinated get less COVID-19 infection
  - · Vaccinated have less severe course of COVID-19 if infected
  - Infants up to 6 months of age have less COVID-19 hospitalization
- COVID-19 is associated with increased risks to pregnancy:
  - preterm birth
  - hypertensive disease
  - stillbirth
- For Asian-Americans, this is pandemic of virus and racism.





Lina Finley

Beth Israel Deaconess Medical Center



OL South co commutity health 在人服發行 Stock et al. Nat Med. 2022 Zambrano et al. Nov 2020. CDC MMWR Halasa et al Feb 2022 CDC MMWR.