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A Brief Note on Pre-clinical and Clinical Risk factors Due to Congenital Malformations

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DESCRIPTION

People are exposed to a variety of risk factors for birth abnormalities, such as universal marriage, inadequate antenatal care coverage, high fertility, low mothers nutritional requirements, a large number of unwanted pregnancies, and a high prevalence of consanguineous marriages. Countries with a high proportion of infants born with birth problems should concentrate their efforts on birth defect prevention initiatives. Iodization, double fortification of salt, wheat fortified with vitamins and supplements, folic acid supplements, gestation care, carrier monitoring, and prenatal screening are just a few of the population-based interventions that have been proved to reduce birth abnormalities. Despite having been used for a long period, methods such as the iodization of salt have had relatively minimal influence on its intake (only 50% were using iodized salt). Because of its well-established infrastructure and people in the field of maternity and child health care, community genetic services for the prevention of birth abnormalities can readily grow and be integrated with primary health care. Given the vast diversity in infant mortality rates (IMR) across the country, a respectful strategy to implement community genetic services in states that have previously met the national IMR goal is required.

States that have not met their national objective for IMR, but on the other hand, should prioritise the management of other causes of infant mortality. Hundreds of thousands more are born with major birth defects that occur after conception, such as maternal exposure to teratogens including alcohol, rubella, syphilis, and iodine shortage, which can harm a growing baby.

The discovery of environmental teratogens opens the door to preventative measures. Among the most beneficial instances of a birth defect prevention intervention is parental folic acid consumption during the prior to conception stage. However, it is estimated that two-thirds of pregnancies resulting in birth abnormalities have an unknown aetiology, and there is no obvious way to prevent these pregnancies. Because many of these variables may be avoided, legislation and policies can be used to implement a variety of preventative measures.

Rubella vaccination; folic acid creatine supplements; fortification of dietary staples with vital nutrients (iodine and folic acid); management and prevention of hepatitis and insulin resistance in mothers; control of toxic chemicals; prompt decisions of a family risk of hereditary condition; and carrier screening with genetic screening, among others, are some of the effective interventions. The study was carried out to determine the pervasiveness and pattern of congenital anomalies (the intensity and dissemination of congenital anomalies), to identify high-risk populations or clusters (aggregation of cases), and to track trends in the prevalence of various types of birth defects in various categories of newborns and pregnant mothers admitted to our hospital with a birth defect child.

Knowing about the qualities of newborns and abnormalities is critical from a preventative strategy standpoint. Hopefully, the findings of this study will aid health officials in developing a preventive approach to reduce the occurrence of congenital abnormalities in the studied area. The appropriate collection, analysis, and interpretation of patient health-related- related data for clinical purposes, as well as the often of public health information for estimation and health care response to reduce morbidity and mortality, may be aided by studies like this assessing the risk factors for birth defects.

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CONFLICT OF INTEREST

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