High-risk pregnancy care in 2024: Balancing precision medicine and patient-centered approaches.

Joan Hartmann*

Department of Obstetrics and Gynecology, University of Cairo, Egypt

Introduction

High-risk pregnancy care in 2024 is characterized by a balance between precision medicine and patient-centered approaches, ensuring that both individualized care and overall patient well-being are prioritized [1]. With the help of technological advancements, healthcare providers can now offer more personalized treatments while also enhancing the safety and outcomes for mothers and babies [2].

Precision medicine plays a key role in identifying and managing high-risk pregnancies. By leveraging genetic testing, biomarkers, and advanced imaging, healthcare providers can better predict risks and tailor treatments accordingly [3]. For example, genetic screening can identify women who are more likely to develop conditions like preeclampsia or gestational diabetes, allowing for early interventions that could prevent complications [4]. Additionally, advanced ultrasound technologies, including 3D and 4D imaging, enable early detection of fetal anomalies, providing healthcare teams with the necessary information to make informed decisions regarding the course of treatment [5].

Alongside precision medicine, patient-centered care remains a cornerstone of high-risk pregnancy management. This approach emphasizes communication, emotional support, and shared decision-making between healthcare providers and patients [6]. In high-risk cases, where multiple specialists may be involved, maintaining open communication and ensuring that the patient's preferences and values are considered is crucial [7]. Telemedicine has also become an invaluable tool, allowing patients to access consultations remotely, which can be particularly beneficial for those living in underserved or rural areas [8].

Furthermore, the integration of AI and machine learning is increasingly being used to predict and manage high-risk pregnancies [9]. These technologies analyze large datasets of maternal and fetal health information, enabling healthcare providers to offer more proactive care, predict complications, and even customize treatment plans based on real-time data [10].

Conclusion

High-risk pregnancy care in 2024 is a dynamic fusion of precision medicine and patient-centered approaches. These advances ensure that expectant mothers receive the best possible care tailored to their specific needs, enhancing the likelihood of positive outcomes for both the mother and child.

References

- 1. Aminabee S. The future of healthcare and patient-centric care: Digital innovations, trends, and predictions. Front Public Health. 2024:240-262.
- 2. Maternity ST, Clark E. Prenatal Care: Goals, Structure. PNCPC. 2023:101.
- 3. Stanova SK, Lokshin VN, Zhaisakova DE, et al. Longterm impact of Personalized Treatment of Chronic Tonsillopharyngitis in Pregnant women and after childbirth on Maternal and Child Health. RJPT. 2024;17(9):4519-27.
- 4. Richardson BT, Cepin A, Grilo S, et al. Patient and Community Centered Approaches to Sepsis among Birthing People. Semin Perinatol. 2024:151974.
- 5. Maurya R, Thirupataiah B, Misro L, et al. Complementary and Alternative Therapies for Issues Related to Women's Health. WH-CGCHI. 2024:22-43.
- 6. Wilson RD. Antenatal Reproductive Screening for Pregnant People including Preconception: Provides the Best Reproductive Opportunity for Informed Consent, Quality, and Safety. Best Pract Res Clin Obstet Gynaecol. 2024:102520.
- 7. Towle S. Plotting the Past and Future of Hormonal Contraception: A Narrative Public Health Ethics Approach to Centering Patients' Voices in the Pharmacogenomic Era of Birth Control. IJFAB. 2024;17(2):1-27.
- Shobarani R, Pratheepa S, Bharathi MJ, et al. Innovative Technological Solutions for Enhancing Maternal and Fetal Mental Health: A Comprehensive Review. MMCDT. 2024:269-92.
- 9. Tamer YT, Karam A, Roderick T, et al. Know thy patient: a novel approach and method for patient segmentation and clustering using machine learning to develop holistic, patient-centered programs and treatment plans. NEJM Catal Innov Care Deliv. 2022;3(4).
- 10. Bertotti AM, Miner SA. How Ignoring the Fundamental Causes of Maternal Morbidity/Mortality Impedes Progress Toward a Reproductive Justice Model of Contraceptive Counseling. SRHR. 2024:1-20.

Citation: Hartmann J. High-risk pregnancy care in 2024: Balancing precision medicine and patient-centered approaches. J Preg Neonatal Med. 2024;8(6):238

^{*}Correspondence to: Joan Hartmann, Department of Obstetrics and Gynecology, University of Cairo, Egypt. E-mail: jhartmann@cu.eg.co

Received: 28-Nov-2024, Manuscript No. AAPNM-24-155169; *Editor assigned:* 29-Nov-2024, PreQC No. AAPNM-24-155169(PQ); *Reviewed:* 13-Dec-2024, QC No. AAPNM-24-155169; *Revised:* 18-Dec-2024, Manuscript No. AAPNM-24-155169(R); *Published:* 25-Dec-2024, DOI: 10.35841/aapnm-8.6.238