IV. LEARNING ACTIVITIES
C. EXERCISE II:

TASK: Student will read the communication Teratogens: Maternal Diseases to identify the elements, find the relationship among those elements and establish the organizational principle in the reading to demonstrate understanding of the intellectual skill of Analysis.

TEXT: Teratogens: Maternal Diseases

Deviant prenatal development can also result from variations in the environment in which the embryo and fetus is nurture. A teratogen is a substance that may lead to birth defects in an embryo or fetus. During pregnancy, exposure to certain chemicals, infections, and drugs may increase the risk that a person will miscarry or that the embryo or fetus could have a developmental abnormality.

Rubella:

Congenital rubella syndrome (CRS) can occur in children whose mothers contract the rubella virus, sometimes called German measles, during pregnancy. Depending on the gestational period when the mother contracts rubella, an infant born with CRS may be unaffected by the virus or it may have severe developmental defects. The most severe effects of the virus on fetal development occur when the mother contracts rubella between conception and the first trimester. Defects from maternal rubella in the first trimester are included in the term congenital rubella syndrome, but physicians and researchers specifically refer to those defects as rubella embryopathy. Developmental defects are less severe if the mother contracts rubella in the second trimester, and
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they are generally negligible if the infection occurs in the third trimester. Prenatal rubella infection can cause birth defects which include deafness, compromised vision, abnormal heart development, and damage to the central nervous system which can lead to compromised cognition and learning disabilities.

HIV/AIDS

HIV-positive pregnant women may have the best chance of preventing transmission to their newborns by having an elective cesarean delivery and undergoing AZT therapy while pregnant. In a study of 1,917 HIV-positive mothers who did not receive AZT, 17.2 percent transmitted HIV-1 to their infants. Among those who received AZT and gave birth vaginally, 6.6 percent transmitted HIV-1 to their infants. Among those who received AZT and had an elective C-section, only 0.8 percent transmitted HIV-1 to the infants.

HIV/AIDS Across culture

Research has indicated that health communication in HIV/AIDS in Africa cannot be effective without due emphasis on cultural norms and values (Aahirhenbuwa & Webster 2004). Accordingly therefore, Somma and Bodiang (2003:10) argue that “throughout the years of prevention efforts, it has become increasingly clear that conventional public health awareness campaigns are largely unsuccessful at eliciting behavior
IV. Learning Activities
C. Exercise II:

change where sexuality is concerned. In part this is because behavior patterns are not influenced by
individual decisions but also deeply embedded within the cultural norms that are inherited”.

It is important to note that culture does not exist independently of individuals. On one hand, it is by means
of their own culture that social factors interpret and shape their lives and environment and, on the other
hand, culture is a dynamic construct which can also be subject to change.

Cytomegalovirus

Cytomegalovirus (CMV) is a common, but little known, virus. In adults, CMV typically causes few, or very
minor, symptoms, but can cause serious birth defects in infants born to women infected during pregnancy.

CMV is present in many body fluids, including urine, saliva, tears, mucus, breast milk, and blood. It can
spread through direct, prolonged contact with these body fluids, especially from babies and young children.

About 40,000 pregnant women become infected every year in the United States. Pregnant women can pass
the CMV infection to their unborn babies. Many babies born with CMV infections have no symptoms and
live normal, healthy lives.

Chlamydia and Gonorrhea.

These STIs are most common in women younger than 25. Most infected women have no signs or
symptoms. You’re tested for these STIs with a Pap test (when your provider collects cells from your cervix).
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Genital herpes.

You can get genital herpes from unprotected sex or through direct contact with an infected person’s herpes sore or fluid from a herpes sore. Having genital herpes during pregnancy can cause serious health problems for your baby, including brain infection (also called herpes encephalitis); eye diseases; infection of the liver, lungs, kidneys, skin and mouth; and even death. You’re most likely to pass herpes to your baby if you have genital herpes sores and blisters (called an outbreak) for the first time late in pregnancy. You get tested for genital herpes with a blood test.

Hepatitis B (also called hep B).

You can get hep B from unprotected sex or through direct contact with infected body fluids, like blood, saliva, semen and vaginal fluid. It spreads easily through breaks in the skin or in soft body tissues in the nose, mouth and eyes. If untreated, hep B can damage your liver. Many infected women have no signs or symptoms, but some may have jaundice. This is when your liver isn’t working properly so your eyes and skin look yellow. The Centers for Disease Control and Prevention (also called CDC) recommends that all pregnant women get a blood test for hep B and that any adult, including pregnant women, at risk for hep B gets vaccinated. You can get vaccinated even if you’re not at risk for hep B. If you’re pregnant and you test positive for hep B, you get another test that can help your provider know if your baby’s at risk for infection. Babies with hep B can have life-long health problems, including liver problems. CDC recommends that all
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   C. EXERCISE II:

   babies get vaccinated for hep B at birth and later as part of their regular vaccination schedule, and that all
   babies born to women with hep B get vaccinated and treated for hep B at birth.

   HPV.

   HPV is the most common STI in the United States. In most cases, HPV goes away on its own. But if
   it doesn’t, it can cause genital warts (small bumps in the genital area) and cancer of the cervix (also called
   cervical cancer). The Centers for Disease Control and Prevention (also called CDC) recommends women up
   to age 26 get the HPV vaccination to protect them from HPV. If you’re pregnant and have an HPV infection
   with genital warts, you may get more warts during pregnancy. They may grow large enough to block the
   vagina. If this happens, you may need to have a cesarean birth (also called c-section). A c-section is surgery
   in which your baby is born through a cut your doctor makes in your belly and uterus (womb). It’s rare for
   HPV to pass from mother to baby during pregnancy. If it does happen, it can cause warts to grow on the
   baby’s voice box (also called larynx). You get tested for HPV with a Pap test.

   Syphilis.

   You can get syphilis from unprotected sex or through direct contact with (touching or kissing) an infected
   person’s syphilis sore. If not treated, syphilis can damage your eyes, heart, brain and spinal cord. If you
   have syphilis, early and regular treatment during pregnancy can help protect your baby from infection.

   When a baby is born with syphilis, it’s called congenital syphilis. Congenital syphilis is completely
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preventable, but many babies born to moms with untreated syphilis die from the infection. The best way to protect a baby from congenital syphilis is to prevent infection before and during pregnancy.


STUDENT RESPONSE: (Use Separate Pages)