

## Preface

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A concise clinical reference that facilitates the diagnosis of intrauterine and perinatally acquired infections was the goal in creating the *Congenital and Perinatal Infections: A Concise Guide to Diagnosis*. Information about the natural history, management, and outcome of these infections is well detailed in many other sources and so has not been included. Rather, the focus of the book is diagnosis. The initial chapters provide general information about serological and nonserological assays that are used for the diagnosis of infections, and a chapter about the placenta includes details about histopathological findings that can be helpful with the diagnosis of congenital infections. The remainder of the book is devoted to the diagnosis of specific congenital and/or perinatal infections. As illustrated in the chapters about specific infections, the approach to diagnosis of a congenital or perinatally acquired infection in the neonate begins, when possible, with consideration and diagnosis of infection in the pregnant woman, knowledge of how the infection is transmitted, and the risk of that infection for the woman and her fetus or neonate. The possibility of congenital or perinatal infection in neonates is usually considered because of the diagnosis of, or concern about a specific infection in, a mother during pregnancy that can be transmitted to the neonate or because of clinical findings in the neonate at birth that suggest an infectious cause. Diagnosis is then made using both knowledge about the most appropriate assays for detection of that infection and the timing of these assays.

This book includes chapters about microorganisms that are both common and uncommon causes of congenital and perinatal infections. Some are considered infrequent causes of infection in the United States, but may be common in other areas of the world. With increasing global travel, even these less common infections must be considered at times, particularly in large urban areas. The book is not comprehensive in its coverage of microorganisms that have been reported to cause congenital and perinatal infections. It may, however, serve as a reminder to the clinician caring for pregnant women and their neonates of the increasing diversity of microorganisms that may be transmitted from a pregnant woman to her infant and result in congenital and perinatal infections.

It is hoped that the information provided in *Congenital and Perinatal Infections: A Concise Guide to Diagnosis* will be useful to all clinicians providing care to pregnant women and/or their infants for determining when women and their neonates are at risk for these infections and which assays are most appropriate to use for their diagnosis.

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