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Título	Autores	Financiamiento	Publicado en Revista	DOI	Tipo artículo	Cuartil	RESUMEN
Prenatal diagnosis and perinatal outcomes in newborns with esophageal atresia (Diagnóstico prenatal y resultados perinatales en recién nacidos con atresia esofágica) Open Access	Huertas-Tacchino, E., Sanca-Valeriano, S., Arango-Ochante, P.M., [...], Campos, R.E.V., Zelada, I.A.	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	https://doi.org/10.31403/rpgn.v70i.2594	Artículo original	Q4	<p>Introducción. La atresia esofágica es una rara malformación congénita del sistema digestivo. Es esencial diagnosticarla tempranamente para planificar tratamientos médicos y quirúrgicos adecuados. Objetivo. Evaluar el diagnóstico de atresia esofágica usando ecografía prenatal y describir los resultados perinatales asociados con esta patología. Métodos. Estudio descriptivo y retrospectivo que incluyó recién nacidos con atresia esofágica confirmada atendidos en el Instituto Nacional Materno Perinatal (INMP) entre 2019 y 2021. Se recolectaron datos de diagnósticos médicos y ecográficos, así como las variables maternas y neonatales. Los procedimientos fueron aprobados por el comité de ética de la institución y la información se mantuvo confidencial mediante códigos alfanuméricos. Resultados. Hubo 46,301 nacimientos en el INMP. Se identificaron 18 casos de atresia esofágica confirmada (3.9 por 10,000 nacimientos). Se encontró que el 66.7% de los casos con atresia esofágica presentó alguna otra malformación asociada, siendo la cardíaca la más frecuente. La restricción del crecimiento intrauterino (66.6%) y el polihidramnios (55.5%) fueron los hallazgos más frecuentes en las ecografías prenatales. La mortalidad fue del 50%, pero de solo 20% al excluir los fetos con malformaciones. Conclusiones. En neonatos con atresia esofágica confirmada, la restricción de crecimiento intrauterino fue el hallazgo ecográfico más frecuente. El polihidramnios y el estómago pequeño o ausente se observaron en alrededor del 50% de los casos, por lo que su ausencia no excluye la posibilidad de esta patología. La incidencia de malformaciones asociadas fue similar a la hallada en otras publicaciones, pero la mortalidad infantil fue elevada aún después de la exclusión de los fetos malformados.</p>
A systematic review of early intrauterine intervention at 12 + 0 to 16 + 6 weeks in twin reversed arterial perfusion sequence	Ventura, W., Saggiara, R., Quintana, W., Llancaí, P., Nova, R.H.	Autofinanciado	European Journal of Obstetrics and Gynecology and Reproductive Biology 295, pp. 92-97	https://doi.org/10.1016/j.ejogrb.2024.02.001	Revisión sistemática	Q2	<p>There is some evidence that in twin reversed arterial perfusion sequence, intervention at early gestational age could prevent a spontaneous death of the pump twin, achieving a better global survival. Objective: To review the perinatal outcomes of early intervention in pregnancies complicated by twin reversed arterial perfusion (TRAP) sequence. Study design: A comprehensive search from inception to December 2022 was conducted on databases including MEDLINE, EMBASE, Cochrane Library and LILACS. All studies that reported intervention in twin or triplet pregnancy complicated with TRAP sequence at 12 + 0 to 16 + 6 weeks of gestation were eligible. A descriptive and bivariate analysis was performed. Results: Out of the 222 full-text articles, 44 studies reporting 108 cases of early intervention in TRAP sequence were included. A successful procedure was achieved in 105 (95.5%) interventions: 89 (94.7%) among twin pregnancies and 16(100%) among triplet pregnancies. An overall livebirth rate was achieved in 75 patients (70.8%): intrafetal laser group 55 (73.3%), radiofrequency 10 (76.9%) and endoscopic laser 3 (75.0%). The median gestational age at delivery was 38 + 0 (37 + 4 – 39 + 6) weeks. The median treatment–delivery interval was 23 + 2 (20, 21 + 0–25 + 6) weeks. The most frequent adverse outcomes reported were preterm labor in 7 (13.7%) patients. There were no severe adverse maternal outcomes. Conclusion: Early intervention with intrafetal laser and radiofrequency in TRAP sequence achieves a livebirth rate of the pump twin of about 75%.</p>
Prenatal diagnosis of tuberous sclerosis in association with rhabdomyomas: case report and discussion of the importance of molecular diagnosis (Diagnóstico prenatal de esclerosis tuberosa en asociación con rabdomiomas: comunicación de caso y discusión de la importancia del diagnóstico molecular) Open Access	Vallenas Campos, R.E., Eustaquio Briceño, L.A., Tacchino, E.H., [...], Urquiga, W.C., Torres Sotomayor, K.C.	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	https://doi.org/10.31403/rpgn.v70i.2610	Reporte de caso	Q4	<p>El complejo esclerosis tuberosa (CET) se caracteriza por desarrollar hamartomas en diversos tejidos. Se presenta el caso de una paciente de 39 años con feto con múltiples rabdomiomas en quien se realizó diagnóstico prenatal molecular de CET. Con el diagnóstico confirmado se amplió la evaluación en el posnatal, encontrándose máculas hipopigmentadas en piel y múltiples tuberos corticales y subependimarias. En la evaluación familiar, el padre presentó lesiones cutáneas y está en estudio para confirmar CET. A los 6 meses de vida, la lactante permanece asintomática. El diagnóstico de CET prenatal tiene un impacto en el pronóstico del paciente y su familia. Mejora el pronóstico neurológico posnatal, permite extender la búsqueda de la enfermedad a padres y hermanos, aporta herramientas para consejería más precisa del embarazo y planificación familiar.</p>

Experience in the management of cornual ectopic pregnancy [Experiencia en el manejo del embarazo ectópico cornual] Open Access	Flores, Alan Francis Miranda	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	https://doi.org/10.31403/rpgo.v70i2601	Serie de casos	Q4	El embarazo ectópico cornual representa del 2 al 4% de los embarazos ectópicos y es potencialmente mortal debido al riesgo de rotura uterina y consecuente hemorragia masiva, con una tasa de mortalidad de hasta 2,5%. No existe consenso sobre el manejo más adecuado de esta patología. Objetivo. Describir la experiencia en el manejo del embarazo ectópico cornual en el Instituto Nacional Materno Perinatal de Lima, Perú. Metodología. Estudio descriptivo y retrospectivo de pacientes con diagnóstico de embarazo ectópico cornual durante el año 2021. Los datos se obtuvieron de los registros en las historias clínicas. El análisis estadístico se procesó en el programa SPSS 19. Resultados. De 9 casos de embarazo ectópico cornual registrados, 7 cumplieron los criterios de inclusión. La edad promedio fue de 31 años y la edad gestacional promedio 7,3 semanas de amenorrea. El 71,4% de los casos no tenía factores de riesgo. La mayoría presentó sangrado vaginal asociado a dolor pélvico (71,4%). El valor promedio inicial de la HCG-β fue 8.262,3 mIU/mL. El tamaño promedio de la tumoración fue 36,7 mm y 28,6% de los casos se complicó con rotura uterina. El 57,1% recibió tratamiento quirúrgico consistente en resección cornual, cornuostomía o inyección local de metotrexato. Conclusiones. La cirugía es el tratamiento más utilizado en el embarazo ectópico cornual. En lo últimos años, la laparoscopia es una opción quirúrgica importante con ciertas ventajas sobre la laparotomía.
Sociodemographic and clinical characteristics associated with maternal and congenital syphilis - A prospective study in Peru Open Access	Carcamo, C.P., Velasquez, C., Rocha, S.C., (...), Lopez-Torres, L., Parveen, N.	Autofinanciado	International Journal of Infectious Diseases 143,107041	https://doi.org/10.1016/j.ijid.2024.107041	Artículo original	Q1	Objectives: The objective of this study was to explore the factors and outcomes associated with gestational syphilis in Peru. Methods: Women from the miscarriage, vaginal delivery, and C-section wards from a large maternity hospital in Lima with or without syphilis diagnosis were enrolled and their pregnancy outcomes compared. Maternal syphilis status using maternal blood and child serostatus using cord blood were determined by rapid plasma reagin (RPR) and rapid syphilis tests. The newborns' clinical records were used to determine congenital syphilis. Results: A total of 340 women were enrolled, 197 were positive and 143 were negative for RPR/rapid syphilis tests. Antibody titers in sera from cord and maternal blood were comparable with RPR titers and were highly correlated (rho = 0.82, P<0.001). Young age (P = 0.009) and lower birth weight (P = 0.029) were associated with gestational syphilis. Of the women with gestational syphilis, 76% had received proper treatment. Mothers of all newborns with congenital syphilis also received appropriate treatment. Treatment of their sexual partners was not documented. Conclusions: Syphilis during pregnancy remains a major cause of the fetal loss and devastating effects of congenital syphilis in newborns.
Characterization of hair cortisol concentration pre-conception and during pregnancy	Diana I. Juvino-Quintero, Richard G. Künzel, Gloria Larraube-Torrevalva, Laramie Duncan, Clemens Kirschbaum, Sixto E. Sanchez, Blau Gelaye	Autofinanciado	Psychoneuroendocrinology. 2024 Jun 5;167:107089.	10.1016/j.psyneuen.2024.107089	Artículo original	Q1	Background: The hypothalamic-pituitary-adrenal (HPA) axis is a system involved in stress and pregnancy regulation, and hair cortisol concentration (HCC) is a promising biomarker of its activity. Assessing factors that influence HCC in the prenatal period is critical to understand whether and how HPA axis (dys-)regulation influences maternal health and child development, particularly in high-risk populations from low- and middle-income countries (LMICs).Aims: This study aimed at characterizing pre-conception and pregnancy HCC with respect to multiple sociodemographic, pregnancy-related, and hair-related factors.Methods: In a sample of N = 2581 pregnant women in Peru, participants from two cohort studies provided a 6 cm scalp hair sample at three prenatal timepoints. Each hair sample was cut into two segments of 3 cm that represent cortisol secretion at four times: pre-conception, first-, second- and third trimester of pregnancy. Hair cortisol was extracted using liquid chromatography tandem mass spectrometry (LC-MS/MS). Spearman correlations, paired t-tests, and ANOVA were used to assess differences in log-transformed values of HCC (logHCC) across maternal sociodemographic, pregnancy-related, and hair-related factors. Multivariable linear regressions were used to examine independent associations of HCCs with selected correlates. Results: Mean logHCC values showed an increase across the four prenatal periods. Preconception BMI was consistently associated with HCC in all three trimesters, while difficulty accessing basic foods, education, hair dyeing, and infant sex showed time-specific associations with HCCs. In sensitivity analyses, we detected no substantial segment effects in the associations of HCCs with maternal characteristics. Conclusion: This study is the largest to characterize HCC in pregnant women from a LMIC. Our findings provide a foundation for the use of HCC as a biomarker of prenatal HPA axis activity for future studies. This foundation may contribute to finding valid biomarkers of stress-response systems to promote maternal and child health. Keywords: Characterization; Hair cortisol concentration; LMIC; Pre-conception; Pregnancy.
Fourteen-item perceived stress scale assessment using item response theory among pregnant women	Pintro, K., Sanchez, S.E., Rondon, M.B., Gelaye, B.	Autofinanciado	Scandinavian Journal of Psychology 65(3), pp. 443-451	10.1111/sjop.12993	Artículo original	Q1	The current study aimed to assess the psychometric properties of the Spanish language version of the 14-item Perceived Stress Scale (PSS-5) in a population of pregnant women who speak Spanish in Peru using item response theory (IRT). Our study consisted of 5,435 pregnant women who participated in the Pregnancy Outcomes Maternal and Infant Study (ProMIS) cohort in Peru. Exploratory and confirmatory factor analyses were conducted to determine dimensionality of the scale in this population, and item response theory was conducted to determine the applicability of the PSS. The PSS consisted of a 2-factor questionnaire measuring perceived stress and coping capacity accounting for 77% of variability. The IRT analysis showed differences in item difficulty and discrimination. Item difficulty represents the level of the latent construct where 50% of respondents endorse a particular response, and item discrimination determines the rate of change of the probability of endorsing an item for differing ability levels. For the first factor, perceived stress, item 12 was the least difficult and item 2 was the most difficult. For the second factor, coping capacity, item 9 was the least difficult and item 6 was the most difficult. The Spanish version of the 14-item PSS can be a useful assessment tool for perceived stress, but more IRT should be done to delve further into the psychometric properties of the questionnaire to inform clinicians and policy makers more appropriately.

Factores materno-perinatales asociados con ingreso a cuidados intensivos en neonatos de madres seropositivas a SARS-CoV-2	<p>Marcos Augusto Espinola Sánchez, Carmen Dávila Alaga, Elina Mendoza Ibañez, Rosmary Hinojosa Pérez, Diego Marín Marín, Pedro Arango Ochante, Elsa Torres Marcos, Ylisa Espinoza Vivas, Jonathan de la Cruz Dávila, Rafael Paucar Zegarra</p> <p>Autofinanciado</p>	<p>Revista Cubana de Medicina General Integral/Volume 40, Issue 12024 Article number e2784</p>	<p>Artículo original</p> <p>Q4</p>	<p>Introducción: En recién nacidos de madres con infección por COVID-19 existe riesgo de presentar mayor morbilidad, pues tienen respuesta inmune menor comparado con adultos.Objetivo: Evaluar factores materno-perinatales asociados al ingreso en cuidados intensivos neonatales de madres seropositivas a SARS-CoV-2.Métodos: Estudio realizado en el Instituto Nacional Materno Perinatal, Lima-Perú, 2020, con diseño observacional analítico de casos y controles. La muestra estuvo formada por neonatos cuyas madres tuvieron serología positiva a SARS-CoV-2 preparado. Se compararon características materno-neonatales entre recién nacidos que ingresaron a UCN (casos) y no ingresaron a UCN (controles). Se realizaron análisis descriptivos, bivariados con significancia de 0,05 y regresión logística múltiple para estimar OR ajustados con IC 95 %.Resultados: De los neonatos estudiados, 120 ingresaron a UCN COVID-19 (casos); 480 conformaron el grupo control (no ingresaron a UCN). Los factores materno-neonatales asociados al ingreso a UCN fueron: morbilidad materna con OR = 3,313 (IC 95 % 2,135-5,142), sintomatología materna relacionada a COVID-19 con OR = 3,045, (IC 95 % 0,747-12,216) y prueba positiva del bebé con OR = 2,403 (IC 95 % 0,608-9,497).Conclusiones: El ingreso a cuidados intensivos en neonatos hijos de madres con COVID-19 se asocia a la enfermedad obstétrica materna independientemente de la sintomatología por COVID-19.</p>
Usefulness of low-cost simulation models to learning surgical techniques for placenta accreta spectrum: An observational educational study	<p>Albaro José Nieto-Calvache, José Miguel Polanco-Jaramazuma, Karín A. Fox, Juan Pablo Benavides, Daniela Sarría-Ortiz, Laura Muñoz-Córdoba, Valentina Galindo-Velasco, Juliana Mayra, Paulo Meade, Eduardo Romero, Desiré Mostajo, Jorge Delgado, Antonio de la Cruz, Alexis Valladares, Amados Sánchez, Julio Fernández, Néstor Pavón, Alejandro Solo-Nieto, Juan Manuel Burgon, Adriana Messa-Bryon, Ahmed M. Hussein</p> <p>Internacional</p>	<p>https://revmj.sld.cu/index.php/mji https://doi.org/10.1002/jipo.15788</p>	<p>Artículo original</p> <p>Q1</p>	<p>Objective: To evaluate the utility of low-cost simulation models to teach surgical techniques for placenta accreta spectrum (PAS), included in a multimodal education workshop for PAS. Methods: This was an observational, survey-based study. Participants were surveyed before and after the use of low-fidelity mannequins to simulate two surgical techniques for PAS (one-step conservative surveyy [OSCS] and modified subtotal hysterectomy [MSTH]), within a multimodal educational workshop. The workshops included pre-course preparation, didactics, simulated practice of the techniques using low-cost models, and viewing live surgery. Results: So OSCS/MSTH training workshops occurred across six countries and a total of 270 participants were surveyed. The responses of 127 certified obstetricians and gynecologists (OB-GYNs) were analyzed. Participants expressed favorable impressions of all components of the simulated session. Perceived anatomical simulator fidelity, scenario realism, educational component effectiveness, and self-assessed performance improvement received ratings of 4-5 (positive end of the Likert scale) from over 90% of respondents. When asked about simulation's role in technique comprehension, comfort level in technique performance, and likelihood of recommending this workshop to others, more than 75% of participants rated these aspects with a score of 4-5 (positively) on the five-point scale. Conclusion: Low-cost simulation, within a multimodal education strategy, is a well-accepted intervention for teaching surgical techniques for PAS.</p>
Extreme maternal morbidity in the Peruvian Instituto Nacional Materno Perinatal, experience and results	<p>Rios, Enrique Guevara</p> <p>Autofinanciado</p>	<p>Revista Peruana de Ginecología y Obstetricia</p>	<p>Artículo original</p> <p>Q4</p>	<p>Introduction: Extreme maternal morbidity (EMM) is an indicator for estimating the quality of obstetric care in pregnant or postpartum women with severe morbidities who survive because of the care received in obstetric services. Objective: To determine the causes, dysfunctions and morbidity and mortality indicators of cases of extreme maternal morbidity attended at the Instituto Nacional Materno Perinatal between 2017 and 2023 and the results of their care. Methodology: We reviewed the medical records of pregnant women with EMM criteria, determining causes, dysfunctions, care and evolution, evaluating the results with morbidity and mortality indicators. Results: In the 1,931 medical records of women with MME, the predominant etiology was preclampsia with 911 cases (47.2%) followed by postpartum hemorrhage with 359 cases (18.6%). The most frequent dysfunctions between 2017 and 2020 were hepatic, respiratory and coagulation dysfunctions and, from 2021 onwards, coagulation and cardiac dysfunctions. The MME ratio ranged from 12.7 to 26.1 x 1,000 live births. Since 2017, the case fatality indicator is 1.8 maternal deaths (MM) x 100 MME cases, and the MME/MM ratio has remained higher than 15 MME cases x 1 MME case. The criterion/case ratio in 2023 was 2.2, reflecting the severity of the cases. Conclusion: The good quality of care of the INMP service in MME cases points to this indicator as a strategy to reduce maternal mortality in the country. © 2024 Peruvian Society of Obstetrics and Gynecology. All rights reserved.</p>
Compressive sutures are associated with less hemoglobin depletion in postpartum hemorrhage due to uterine atony	<p>Llancari, Pedro c, d, e Send mail to: Llancari P.; Salazar-Sánchez, Claudia a, c, e; Gil-Armas, Cesar b, c; Torres-Contreras, Hayder d, e; Guevara-Rios, Enrique c, d, e; Novoa, Rommy H. d, e</p> <p>Autofinanciado</p>	<p>Revista Peruana de Ginecología y Obstetricia</p>	<p>Artículo original</p> <p>Q4</p>	<p>Objectives: To determine the association between the use of compressive sutures and the decrease in hemoglobin at 24 hours in post cesarean section patients diagnosed with postpartum hemorrhage (PPH) due to uterine atony. Materials and methods: Retrospective cohort analytical study in 625 postoperative patients diagnosed with postpartum hemorrhage due to uterine atony in a national maternal perinatal institute between July and December 2020. The association was evaluated by t student and multiple linear regression determining the crude and adjusted association using confounding variables. Results: A total of 157 medical records were included in the analysis. The mean age was 29.1 ± 6.6 years, median body mass index 30.5 kg/m2 and median prenatal care was 2. No adverse events were reported for the use of compressive sutures. The use of compressive sutures was associated with a lower 24-h hemoglobin decrease of 0.37 mg/dL (95% CI -0.73; -0.01, p=0.045) on average, controlled for confounding variables. Conclusions: Compressive suturing is an effective first-line surgical procedure in the surgical management of PPH. No adverse events were found in the study population. The use of compressive sutures had on average a lower decrease in hemoglobin at 24 hours compared to the non-use of compressive sutures. © 2024 Peruvian Society of Obstetrics and Gynecology. All rights reserved.</p>
Update on diagnostic tests for human immunodeficiency virus infection in pregnant women [Actualización sobre las pruebas diagnósticas de la infección por el virus de la inmunodeficiencia humana en gestantes] Open Access	<p>Álvarez-Carrasco, R.</p> <p>Autofinanciado</p>	<p>Revista Peruana de Ginecología y Obstetricia 70(1)</p>	<p>Revisión literaria</p> <p>Q4</p>	<p>El diagnóstico preciso y la adecuada interpretación de las pruebas para diagnosticar infección por el virus de la inmunodeficiencia humana (VIH) son muy importantes durante la gestación. Para ello es fundamental conocer las características de tales ensayos de manera de tomar decisiones oportunas y correctas. El presente artículo tiene como propósito divulgar el entendimiento y la correlación de los resultados de las pruebas usadas actualmente y su organización en el algoritmo diagnóstico nacional.</p>

Screening for congenital heart disease prior to fetal surgery [Cribado de cardiopatías congénitas previo a la cirugía fetal] Open Access	Guevara, E.G., Guerra, L.V., Acosta, J.M.	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	simposio	Q4	<p>Congenital cardiopathies are the most frequent malformations and represent a high neonatal morbidity and mortality rate, especially in those neonates without timely prenatal diagnosis. They appear as the first cause of infant death associated with congenital malformations. Advances in technology and the standardization of ultrasound diagnostic protocols have allowed increasingly accurate identification of congenital heart diseases. However, this has not been sufficient and there continues to be a high rate of neonates with congenital heart disease undiagnosed in prenatal surveillance. On the other hand, with the advent of fetal surgery, it is necessary to identify the presence of any major congenital heart disease that could cloud the prognosis associated with the underlying fetal pathology that made intrauterine intervention necessary. Considering the above, both parents and medical professionals need to be made aware of the importance of screening for congenital heart disease, especially in those fetuses that are going to undergo prenatal surgery. There is currently a high rate of errors in congenital heart disease screening, which causes anxiety in parents. This may be due to inadequate imaging technique, lack of standardization in the study protocol based on clinical practice guidelines, or lack of adequate training to perform this type of study. This article focuses on the most common errors in screening for congenital heart disease during second trimester morphological ultrasound, based on clinical practice guidelines for fetal echocardiography. © 2024 Peruvian Society of Obstetrics and Gynecology. All rights reserved.</p>
Importance of fetal surgery in the solution of fetal problems during pregnancy [Importancia de la cirugía fetal en la solución de problemas fetales durante la gestación] Open Access	Guevara, E.G.	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	Editorial	Q4	<p>La medicina avanza a pasos agigantados y esto gracias al desarrollo de la tecnología en el diagnóstico y tratamiento de diversas enfermedades. Sin lugar a duda en el ramo de la obstetricia, después de la perinatología, ha surgido hace unas décadas la medicina fetal.</p>
Strategies for the prevention of institutional violence against women in obstetric care	Guevara, E.G.	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	Editorial	Q5	<p>Institutional violence against women in obstetric care is a human rights violation that began to become visible in studies of the quality of care during pregnancy, childbirth and the postpartum period. This violence against women occurs in every country of the world and has serious consequences for women's health. Strategies to prevent this problem include a state policy for the respect of human rights and therefore the reproductive rights of pregnant women during pregnancy; comprehensive sexual health education for schoolchildren; the training of health science students in universities, with a focus on gender and respect for human rights; the inclusion of sexual health and reproductive health courses in the curriculum of postgraduate studies in gynecology and obstetrics; the training of health personnel in obstetric services in the respectful treatment of pregnant women; conducting research on the subject to improve obstetric care; and that the Peruvian Society of Obstetrics and Gynecology continue to promote respect and good treatment of pregnant women as an important strategy for improving women's health in Peru. © 2024 Peruvian Society of Obstetrics and Gynecology. All rights reserved.</p>
TORCH infections in pregnancy: Clinical laboratory and the need for a national standard	Álvarez-Carrasco, Ricardo	Autofinanciado	Revista Peruana de Ginecología y Obstetricia 70(1)	Editorial	Q6	<p>Certain microorganisms grouped under the acronym TORCH - toxoplasma, other agents, rubella, cytomegalovirus and herpes simplex - very dissimilar in their taxonomy, morphology and pathogenesis, have the common characteristic of causing infections in pregnant women who can transmit them vertically, being potentially serious for the fetus and newborn. Therefore, it is essential to timely define the diagnosis through laboratory tests. However, in Peru, there is a lack of a national standard to determine the incidence and prevalence of these pathologies, to measure their magnitude and to take appropriate public health measures. The aim of this article is to disseminate the appropriate interpretation of commonly used tests and justify the design of a standard. © 2024 Peruvian Society of Obstetrics and Gynecology. All rights reserved.</p>