

Dr. Theron's Research Work Aimed at Improvements for Pregnancies in HIV-Infected Women

Dr. Threon offers via his work, followed by some of the key findings he reached with his cherished research work on links between HIV infections and pregnancies to improve the birthing experience for women







Rockhampton, Queensland Dec 22, 2021 (<u>Issuewire.com</u>) - As an empathetic medical physician, <u>Dr. Theron Moodley</u> leverages years of experience in Obstetrics and Gynecology. Improving patients' quality and promoting health via changes in medical education, research, and patient care is at the core of his vision across the community and organizations.

If you aspire to be garner success in the field, then learning from the depth of Theron Moodley's knowledge and experience will be a great way to start your journey.

This article will discuss the value <u>Dr. Threon Moodley</u> offers via his work, followed by some of the key findings he reached with his cherished research work on links between HIV infections and pregnancies to improve the birthing experience for women.

How Dr. Theron Moodley adds value to his Research Studies?

Known for innovative, influential, and authentic leadership style and tactical thinking, Theron Moodley helps move challenging and large-scale initiatives forward. With Skills in consensus, relationship, and strategic partnerships building, he takes pride in his research to eliminate pediatric HIV infections.

Throughout his academic research, Theron Moodley has made valuable contributions by offering firm conceptual frameworks dealing with the studies.

Apart from data entry supervision, data analysis, and interpreting and presenting the findings via statistical guidance, <u>Dr. Theron Moodley</u> also writes the first drafts for the manuscripts. Moreover, he contributes to writing the final manuscript draft, offers expert advice on data interpretation, and reads and approves the final manuscript versions.

Let's take one study undertaken by Theron Moodley and go over the valuable conclusions he drew.

Theron Moodley's Study aimed at improving pregnancies for HIV infected Women

Currently, Dr. Theron Moodley's serving as a faculty member at the University of KwaZulu Natal, Department of Obstetrics and Gynecology, School of Clinical Medicine, College of Health Sciences, located in Durban, South Africa.

In an effective collaborative effort with his esteemed peers, Theron Moodley conducted a study on the impact of antiretroviral coverage on overall pregnancy outcomes.

The study found HIV-infected women as having a higher risk for stillbirth, SGA, PTD, and LBW babies compared to HIV uninfected women. But, there was an association between decreased odds for an adverse birth outcome and ART exposure as triple ARV regimen or ZDV prophylaxis. As such, Dr. Theron Moodley concluded that, for poor birth outcomes, women not seeking any antenatal care or Untreated HIV infected women should be considered the most at risk.

While taking his profession with special care, Theron Moodley also admits to some limitations in this study.



Potential Selection Bias

Owing to a potential selection bias, the births of fewer than 500 g were not part of birth register records. Despite it being an adverse obstetric result, the data on these births was not included in the analysis process.

Defining the preterm delivery with gestational age was utterly dependent on a single value recorded in the maternity register. Usually extrapolated at birth from antenatal assessments, Gestational age may not always be accurate.

Ballard Scoring

In an antenatal ultrasound assessment's absence, Ballard scoring, which is more reliable, was not regularly used.

Lack of Information in Maternity Registers

One significant limitation was maternity registers lacking essential information such as whether women initiated ART before pregnancy or during pregnancy or ART duration before delivery. Moreover, the information related to the socio-economic statuses of the subjects was also unavailable.

Improvement Limitations in Obstetric Care

The inability to make adjustments for any other improvements in obstetric care was a further limitation. Having the said ability may have effectively contributed to better birth outcomes. But, there was no evidence of a change in management, additional nursing staff, staff training, or a change in the obstetric management protocols.

Media Contact

Dr. Theron Moodley

drtheronmoodley0@gmail.com

Source : Dr. Theron Moodley

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