



IMPOSSIBLE PERIPARTUM TRANSPLANTATION OF PERINEAL BIOME: Would Futuristic Baptism By Amnion Per Vaginum Via Under Buttocks Drape Collection During Cesarean Section Help?

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My opinion

I should have never read the work by Sonnenburg and Sonnenburg [1-2]. Now I am a changed person forever seeing biomes everywhere, searching for them if I cannot see them somewhere and proposing solutions for such somewhere if I may. One such futuristically proposed solution envisages deliberately baptizing neonates delivered via cesarean sections with their surgically delivering maternal amniotic fluids gushing out per vaginum which would have spontaneously baptized those neonates with perineal biomes of their mothers had they spontaneously delivered per vaginum instead. For this envisaged futuristic baptism by amnion, maternal amniotic fluids gushing out per vaginum will need to be collected via under buttocks drapes [3-4] so that the collections in those calibrated/graduate drapes may be envisaged for futuristic baptism of surgically delivered neonates via submersion/immersion/affusion/aspersion [5]. Maternal safety and neonatal safety may decide whether this futuristic baptism may be possible during delivery of neonate intraoperatively unless it may be safely possible, if ever possible, only after intraoperatively resuscitating the delivered neonate but before maternal amniotic fluid collections within calibrated/graduate drapes become unsafe to use considering that pathological biomes of mothers therein may soon run amok when maternal amniotic fluid collections are outside their bodies where they cannot be overridden by maternal non-pathological biomes which kept them under check when they were inside maternal bodies and within balanced ecosystems therein. With this futuristic envisaged baptism, neonatal transplantation of maternal fluids and maternal biomes during or immediately after cesarean sections may be almost similar as happening during water birthing [6]. However, as compared to actively baptizing spontaneously with peripartum transplantation of maternal biomes among neonates delivered per vaginum with soon-to-be-mothers actively contracting and all their amniotic fluids exiting per vaginum, the iatrogenic

baptism with passive peripartum transplantation of maternal biomes reaching neonates delivered via cesarean sections will depend on whether their soon-to-be-mothers already contracting with rupture of membranes before their cesarean sections or just receiving uterine incisions with intact membranes therein during their electively planned cesarean sections. Either way it will boil down to how much maternal amniotic fluids actually gush down per vaginum carrying along perineal biomes from mothers into calibrated/graduate drapes during cesarean sections and whether recommended vaginal preparation with antiseptic agents have been universally utilized during cesarean sections. Overall, it will come down to whether spontaneous or deliberate baptism of neonates by amnion with perineal biomes of mothers therein will ever be possible again abundantly when rather than deliveries per vaginum, deliveries via cesarean sections sometimes ironically for preventing vertical biome transmission [7-9] are becoming the norm with cesarean sections getting recommendations to go overboard in overdosing with vaginal antiseptics and intravenous antibiotics [10-13]. In a nutshell, baptism or not, we may be achieving immediate successes in obstetric healthcare but may be creating long term failures for pediatric healthcare and thereafter overburdening parental healthcare after having failed in potentially protecting pediatric populations with peripartum transplantation of perineal biomes as have been happening naturally over the millenniums until now [14].

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