

## **Infections Affects On Lower Genital Tract Diseases And Outcomes Of Pregnancy And Misscarriage**

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### **ABSTRACT**

One of the main directions in solving the problem of safe motherhood is associated with a decrease in reproductive losses, which are considered as the end result of the influence of social, medical and biological factors on the health of a pregnant woman, the state of the fetus and newborn ().

### **Introduction**

The main task of obstetrics at present is to reduce maternal and perinatal morbidity and mortality, in connection with which it is necessary to develop rational programs for the management of patients with various obstetric and perinatal pathologies. One of the main directions in solving the problem of safe motherhood is associated with a decrease in reproductive losses, which are considered as the end result of the influence of social, medical and biological factors on the health of a pregnant woman, the state of the fetus and newborn [1,5,13,14].

In recent years, the incidence of inflammatory diseases of the lower part of the urogenital tract has increased, the causative agents of which are found in various associations. According to WHO, more than 300 million new cases are registered in the world every year, including 170 million of trichomoniasis, 89 million of chlamydia [2,3,9,12].

In our Republic, Uzbekistan also occupies one of the leading places in the structure of obstetric and perinatal morbidity. A significant increase in infections is due to socio - economic changes in the republic, their impact on the social behavior of the population. The increase in the number of genital infections affects the reproductive health of women. Intrauterine infection is one of the most important medical and social problems of modern obstetrics and perinatology. According to many authors, intrauterine infection develops in 30-50% of children born alive, and in the structure of perinatal losses it accounts for 11-40% [4,6,8,11].

One of the main directions in solving the problem of safe motherhood is to reduce reproductive losses, which are considered as a result of the unfavorable influence of medical, social and biological factors on the health of a pregnant woman, fetus and newborn [7,9,10].

An especially useful place is occupied by the increase in the frequency of inflammatory diseases of the lower genitals. Most of the pathogens detected are found in associations with which they associate not carrying at any stage of pregnancy, systemic functional disorders of the placenta, intrauterine infection of the fetus, septic complications during childbirth and the postpartum period. This provision was the basis for our study.

**Purpose of the study.** To study the role of infection of the lower parts of the urogenital tract on the course and outcome of the gestational process.

**Materials and methods of the study.** We examined 50 patients with full-term pregnancies who were admitted for delivery and had clinical manifestations of genital infection (I, main group) and 40 pregnant women with vaginal infection who were admitted for delivery (II, control group).

The age of the surveyed ranged from 18-43 years. All pregnant women underwent a general clinical, ultrasound examination, as well as a comprehensive microbiological examination of vaginal discharge, including microscopy of a smear stained according to Gram, and a culture study using conventional methods of isolation and identification of microorganisms. Detection of activation of viral infections—TORCH was carried out by polymerase chain reaction. Sexually transmitted infections (STIs) were excluded in all pregnant women.

**Results of the study.** The gynecological history was aggravated by chronic adnexitis in 20% of women in the first group and in 10% of the second group; nonspecific vaginitis in 70% and 45%, respectively; erosion of the cervix - in 24% and 15% of pregnant women. The frequency of artificial termination of pregnancy and spontaneous miscarriages in group I patients was 2.7 times higher than in the control group. Anemia in the main group was detected in 48% of pregnant women, and in the control group - 32% of women.

According to the results of microbiological examination, 32% of pregnant women in the main group were diagnosed with bacterial, 22% - vaginal candidiasis, in 12% of cases there was a combination of bacterial vaginosis and vaginal candidiasis, 18% had nonspecific vaginitis. In all pregnant women of the II group, the state of the vaginal microecology was regarded as "normocenosis". In group I, 6% of patients had cytomegalovirus DNA in the scrapings of the cervical canal, and 10% had genital herpes. Ureoplasma was isolated in 28% of patients in group I and 10% in group II.

The course of this pregnancy in every second woman of the main group was complicated by the threat of termination, in 20% of patients - by premature birth, in 14% - by placental insufficiency, in 12% - by polyhydramnios, in 10% of pregnant women with fetal distress, in 6% with fetal development retardation syndrome. These indicators significantly exceeded those in pregnant women in the control group.

Thus, the threat of termination of pregnancy in the control group was noted in 30% of women, premature birth in 12%, placental insufficiency in 6%, polyhydramnios in 8%, fetal distress in 5%, fetal growth retardation syndrome in 2% of pregnant women.

As for complications in childbirth, in group I of the examined, premature rupture of amniotic fluid was observed in 24% of pregnant women, in group II - in 12.5%. Unsatisfactory progress of labor in the main group was found in 14% of women in labor and did not occur in the control group. Emergency operative delivery by cesarean section during labor was performed in 16% of women in labor in the main group and in 7.5% in the control group. Bleeding in the early postpartum period was noted in group I - in 8% of puerperas, in group II - in 2.5%. Injuries of the soft birth canal were detected in 48% and 12.5% of cases, respectively.

In the postpartum period, the postpartum women of group I were diagnosed with endometritis (8%), subinvolution of the uterus (10%), wound infection with the development of infiltrates in the area of

sutures on the perineum or their partial divergence (4%). In the control group, there were no cases of endometritis and wound infection. Uterine subinvolution was diagnosed in 2.6% of puerperas. The manifestations of intrauterine infection in the form of rhinitis, conjunctivitis, intrauterine pneumonia, omphalitis were detected in 36% of newborns in group I and in 15% of newborns in group II.

Thus, it becomes clear that the problem of genital infection in pregnant women is much more complicated. Than the discomfort associated with the primary episode of the disease, as the risk of serious complications for the mother, fetus and newborn increases significantly. Timely diagnosis during pregnancy, followed by adequate complex therapy, rational management of childbirth, the postpartum period can significantly reduce perinatal morbidity and mortality.

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