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INTRAUTERINE INFECTION OF THE FETUS AT DIFFERENT STAGES OF PREGNANCY

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Intrauterine infection of the fetus is one of the most important problems in obstetrics, because, in the absence of adequate diagnosis and treatment, there is a complicated course of pregnancy, childbirth, the postpartum period. The spread of intrauterine infection of the fetus is facilitated by polyetiology, the lack of a relationship between the clinical manifestations of infection in the mother and the degree of fetal damage, the multifaceted effect of the infectious agent on the fetus, although there are a number of patterns. In the development of the infectious process in the fetus there are important types of pathogen, its virulence, ways of infection from mother to fetus, protective reserves of the mother and the ability of the fetus to respond immune, which complicates the diagnosis, treatment, prognosis.

The purpose of the work was to establish the relationship between the term of pregnancy and the presence of the pathogen that causes the pathological process. The course of 70 pregnancies was analyzed: the main group - 50 pregnant women with intrauterine infection of the fetus, the control group - 20 healthy pregnant women. Methods used - clinical, microbiological, bacteriological, serological, statistical, ultrasound of the fetus.

The main group of pregnant women is divided into two subgroups - the first at 18-24 weeks (25 pregnant women), the second subgroup at 28-34 weeks (25 pregnant women). In pregnant women of the control group lactobacilli and in 10% yeast-like fungi of the genus *Candida* were found in discharge from the vagina and cervical canal. Statistical analysis of changes in vaginal microcytosis in two subgroups of the main group was performed. There was a significant difference ($p < 0,05$) of gram-negative diplococci, morphologically similar to gonococcus (36%), *Streptococcus agalactiae* (20%) in the third trimester.

Ureaplasma urealyticum (32%), *Chlamidia trachomatis* (36%) show their aggression in the second trimester (first subgroup), as no microorganisms were detected in the second subgroup. *Trichomonas vaginalis* (28% in the first subgroup, 36% in the second subgroup) and *Mycoplasma hominis* (28% in the first subgroup, 20% in the second subgroup) are equally aggressive. *Herpes simplex* (Ig G) and *Cytomegalovirus* (CMV) (Ig G) were detected in 16% in acceptable quantities, so they cannot be considered the cause of complicated pregnancy in this period.

Thus, intrauterine infection is caused by both pathogenic and opportunistic microflora. In the second trimester of pregnancy there is a tendency of intrauterine infection with opportunistic pathogens, while in the third trimester - pathogenic microflora. The greatest danger is Gram-negative diplococci, morphologically similar to gonococcus (34%), *Trichomonas vaginalis* (32%), *Chlamidia trachomatis* (36%).

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RESULTS OF PREVENTION OF PLACENTAL DYSFUNCTION WITH LOW PLACENTATION

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Factors that negatively affect maternal and perinatal mortality include abnormal chorionic position, including low-lying placentation. With low placentation, the thin wall of the lower segment of the uterus does not provide the necessary conditions for sufficient vascularization of the placental place, gestational adjustment of the myometrial segments of the spiral arteries, resulting in decrease of the arterial blood supply to the placenta and fetus. This leads to limited gas exchange and metabolism in the fetoplacental complex, disturbance of placental maturation, reduced synthesis and imbalance of placental hormones. These changes reduce the compensatory-adaptive capabilities of the mother-placenta-fetus system, promote the development of primary placental dysfunction, and slow down the growth and development of the fetus, causing a complicated course

of pregnancy and childbirth. Although there are significant achievements in the prevention and treatment of placental dysfunction, this issue continues to be relevant and continues to be one of the most important in modern obstetrics.

Objective is to evaluate the effectiveness of the developed method to prevent pregnancy complications with low placentation from early gestation. 119 pregnant women with low placentation were examined. The diagnosis was made at 6-7 weeks of gestation on the basis of echographic examination. The main group consisted of 64 pregnant women with low chorionic location who underwent prevention against pregnancy complications in early gestation by the complex of medicines developed by us and a control group -55 women with low placentation who had not undergone complications prophylaxis during early gestational periods. The prophylactic complex included Luteina, ginkgo biloba extract, folio and biolectra. To assess the effectiveness of the therapy in the study groups, we analyzed the course of pregnancy in early and late gestation, as well as complications of pregnancy and delivery.

The frequency of pregnancy pathologies in the main group, where pregnancy complications from early gestation with low placentation were prevented, was significantly lower than in the control group. According to the study, the risk of abortion with bleeding and without bleeding in the first and second trimesters significantly decreased in the main group of pregnant women ($p < 0.05$). In the third trimester of gestation in the group where the prevention of pregnancy complications was significantly reduced, the incidence of preterm birth, premature detachment of the low-lying placenta, fetoplacental dysfunction, fetal developmental retardation syndrome and fetal distress during pregnancy ($p < 0.05$) were lower. The percentage of premature births and births by means of cesarean section in the main group were lower as well.

The place of attachment of the placenta in the uterine cavity is closely related to its function, the development of placental dysfunction, pregnancy and delivery. Studies have shown the effectiveness of our proposed comprehensive drug prevention of complications of pregnancy with low placentation, which in its turn has led to improved pregnancy and delivery and has become an effective means of preventing placental dysfunction.

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PECULIARITIES OF PREGNANCY IN THE PRESENCE OF OPPORTUNISTIC MICROFLORA

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Intrauterine infection of the fetus ranges from 6-70%, with fecal streptococcus, epidermal staphylococcus, mycoplasmosis, ureaplasmosis, bacterial vaginosis, gonorrhea, chlamydia, candidiasis, trichomoniasis can lead to infection of the fetus. Penetration through the placenta is possible for rickettsiae, toxoplasma, viruses, minor penetration in gonorrhea, chlamydia and trichomoniasis, but this is not an obstacle to placental abruption or the development of changes caused by the presence of inflammation (shortening of the cervix, premature birth). There are situations when it is not the presence of the infectious agent itself, but the consequences of the invasion of microorganisms - congenital malformations, placental dysfunction, fetal growth retardation, placental dysfunction, accompanied by a decrease in all indicators of fetal biophysical profile, increased frequency of preterm birth, implantation and placentation, the presence of blood secretions.

The aim of study: to identify the features of pregnancy in the presence of opportunistic pathogens. Analysis of the course of pregnancy at 18-24 weeks (70 cases): the main group - 50 pregnant women with the presence of opportunistic pathogens in the vaginal discharge and cervical canal, the control group - 20 pregnant women with vaginal normocinosis. Methods used - clinical, microbiological, bacteriological, serological, ultrasound of the fetus.

In pregnant women of the main group, a complicated course of pregnancy is observed in 42%. Clinical signs of inflammatory process in the vagina, increased number of leukocytes in smears were observed in 24 pregnant women (48%), in the rest - the number of leukocytes in