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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