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RETROSPECTIVE ANALYSIS OF THE CAUSES OF EARLY NEONATAL INFECTION AND JUSTIFICATION OF WAYS OF PREVENTION

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The development of modern perinatology, interdisciplinary approach opens up new opportunities to address issues of prevention of perinatal complications and losses.

Goal. Identifying the causes of early neonatal infections in the maternity hospital and justification of prevention.

Materials and methods. We conducted a retrospective clinical and statistical analysis of 49 histories of pregnancy and childbirth, histories of newborns in the maternity hospital №3 Zaporozhye, who within 24-48 hours after birth were given a preliminary diagnosis: Intrauterine infection (UII), intrauterine pneumonia, in connection with the deterioration of the condition, were transferred by the pediatric resuscitation team to the Department of Resuscitation and Intensive Care of the City Children's Hospital №5 Zaporozhye, where an additional examination was conducted and the clinical diagnosis was clarified. Upon admission to the children's hospital, bacteriological monitoring was performed for 1,3,7 days in order to identify pathological microflora-pathogen of the infectious process and further effective treatment of the child.

As a result of statistical analysis of the results of bacteriological examination of urine, feces, lavage of the oropharynx, trachea, eyeballs in the children's hospital, it was found that among the selected pathological microflora and microbial associations 1st place (41%) is Streptococcus haemolyticus (Streptola). These data did not coincide with the results obtained in the maternity hospital №3. In 37 (75.5%) children after additional examination the clinical diagnosis of VUI was confirmed: intrauterine pneumonia. According to the data obtained by retrospective analysis of pregnancy and childbirth histories of 49 women in the maternity hospital – dominated by women aged 18-35 years – 85.7% (42), aged 36-40 years – 14.3% (7). First-born women accounted for 48.9%: first-born first-born – 36.7% (18); re-pregnant preterm infants – 12.2% (6). Re-pregnant women gave birth to 51.1% (25). Extragenital pathology occurred in 65.3% (32) cases, the presence of chronic pyelonephritis prevailed in 20.4% (10) cases. According to the literature, the initial reserve for group B streptococci is the intestinal microflora of the mother, therefore, the rectal carrier exceeds the vaginal. Gynecological history was burdened in 61.5% (30) of medical abortions and miscarriages, of which 38.5% were complicated by chronic inflammatory diseases of the genitals. The course of this pregnancy was complicated by: 30.6% (15) bacterial vaginosis, 18.4% (9) asymptomatic bacteriuria. Premature rupture of membranes occurred in 14.3% (7) (max. 118 h at 28 weeks, 30 h 25 min at 38-39 weeks). Ultrasound examination shows a high 63.2% (31) percentage of placental calcifications. As for the pathomorphology of the placenta – reliable clinical and morphological features of lesions caused by group B streptococci, to date, the literature does not describe what coincides with our data. The predominance of full-term fetuses was 75.5% (37). 44.9% (22 women) gave birth by caesarean section. Early discharge of amniotic fluid was observed in 37.4% of cases of childbirth. It is noteworthy that in 87.8% of births amniotic fluid was light. Mast stimulation by intravenous oxytocin due to weakness of labor was performed in 10.2% of cases. The weight of newborns was 2530.0 - 3900.0 in 33 (65%); up to 2500.0 – in 14 (28.6%); 4000.0 and more – 4.1% (2). According to the generally accepted Apgar score, 42 infants (85.7%) were born without asphyxia, and 2 hours after birth, 10 (20.41%) infants born without asphyxia in satisfactory condition showed deterioration due to 8 hours after delivery, deterioration was noted in 32 (65.3%) newborns born in satisfactory condition. Deterioration of the newborn, according to the conclusion in the history of the newborn, due to ischemic – hypoxic lesions of the CNS, respiratory disorders, neuroreflex excitability syndrome, which required mechanical ventilation. After transfer and additional examination in the Department of Anesthesiology and Intensive Care of Newborns of the City Children's Hospital №5 in 76% (37) cases the previous diagnosis was confirmed: VUI, intrauterine pneumonia.

Conclusions Intrauterine infection in newborns caused by group B streptococci is the leading cause of neonatal morbidity and requires screening of pregnant women and the development of effective prevention methods.