

EFFECTS OF ACUTE RESPIRATORY VIRAL INFECTION ON PREGNANT WOMEN

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PURPOSE

Analysis of obstetric and perinatal outcomes of pregnant women with acute respiratory infections during pregnancy.

MATERIALS AND METHODS

During pregnancy, 60 pregnant women suffering from acute respiratory infection, suffering from moderate severity of bronchial asthma underwent medical examination and gave birth.

Retrospectively, they were divided into two groups of 30 patients each: group 1 included patients with acute respiratory infection before the 16th week of pregnancy, and group 2 included pregnant women who were ill at 16-30 weeks of pregnancy. The comparison group (group 3) consisted of 20 pregnant women with bronchial asthma without acute inflammatory diseases during pregnancy. General clinical examination, extended study of hemostasis system, status of fetoplacental complex hormones and interferon, acid-base status of capillary blood, saturation, Doppler parameters in ultrasound and dynamics were studied.

Pregnancy increases the risk of occurrence of ARVI and more severe course of the disease and development of complications. This is due to changes in the immune system that often occur during pregnancy. In particular, mothers-to-be experience a mild temporary immune deficiency in the postpartum period, which passes by itself. It is necessary to weaken the immune system during pregnancy, because... a woman is carrying a baby that is 50% genetically different from her. These changes in the functioning of the immune system can reduce a woman's defense against viral infections.

The biggest risk for pregnant women is infection caused by the influenza virus. In this case, there may be changes in the hormonal balance and the architecture of the placenta. Inflammatory and sclerotic changes occur in it, which leads to a violation of its function and a decrease in nutrition of the fetus. Motor activity of the fetus decreases during acute respiratory viral infection. Influenza infection can cause intrauterine growth retardation and, rarely, fetal death.

In addition, the integrity of the amniotic membrane is compromised and premature birth, premature birth or low birth weight are possible.

Intrauterine infection of the fetus with the virus can lead to dysfunction of the respiratory system and long-term chronic inflammation after birth. Frequent complications include disturbances in the child's psychoneurological development, as well as malformations of the cardiovascular and nervous systems. The infection also affects the pregnant woman herself: the risk of developing toxicosis and bacterial infections (*Streptococcus*, *Haemophilus influenzae*, *Staphylococcus aureus*) increases.

The effect of ARVI also depends on the stage of pregnancy in which the disease developed. In the first trimester, the fetus is still not protected by the placenta, which increases the risk of infection and can result in delayed neurological development and behavioral abnormalities. Infection with ARVI in the 2-3 trimesters can also cause consequences: intrauterine growth retardation, intrauterine infection, disruption of the structure and function of the placenta, premature birth and low fetal weight.

Influenza affects the health of a pregnant mother, makes her susceptible to the development of other infections, disrupts the normal process of pregnancy and fetal development, and can cause miscarriage or premature birth.

In addition, a number of diseases lead to more severe infection and the development of complications. These include: obesity, diabetes mellitus, bronchial asthma, taking immunosuppressive drugs, arterial hypertension. Pregnant women suffering from these diseases should be especially careful about their health and consult a doctor immediately when the first symptoms of ARVI appear!

RESULTS

It was shown that exacerbation of bronchial asthma during pregnancy occurred significantly more often in the main groups: group 1 - 70%, group 2 - 53.3%, group 3 - 30%. It is associated with the frequency of obstetric and perinatal complications. In group 1, 43.3% of newborns had an Apgar score of less than 8 points at birth, which is 2.6 times more often than in group 2. Infectious genesis PI formation in early pregnancy compared to group 2.

During an objective examination, the condition of the uterine tone is assessed by palpation. Uterine fundal height and abdominal circumference are measured and compared to the pregnant woman's body weight and height, as well as the estimated gestational age. Such measurements are important and at the same time the simplest indicators for diagnosing intrauterine growth retardation, oligohydramnios and polyhydramnios.

During the external examination of the genitals and examination using a mirror, it is necessary to pay attention to the presence of signs of inflammation, the nature of discharge from the genitals, and to take material from the vaginal wall and cervical canal. taken from the urinary tract for microbiological and cytological examination [2].

During the ultrasound examination, the size of the fetus (the size of the head, torso and limbs) is determined and compared with the standard indicators typical of the expected gestational age. To determine whether the size of the fetus corresponds to the expected gestational age and to determine intrauterine growth retardation, the basis of ultrasound diagnostics is the comparison of fetometric indicators with normative data. An indispensable condition is the evaluation of the anatomical structures of the fetus to identify abnormalities in its development. Ultrasound examination also includes the placenta. In this case, the localization of the placenta, the thickness of the placenta, the distance of the placenta from the internal os, the degree of maturation of the placenta in accordance with the period of pregnancy, pathological inclusions in the structure of the placenta, the location of the placenta in relation to myomatous nodes or the scar in the uterus are determined. During the study, the volume of amniotic fluid, the structure of the umbilical cord and its location in the umbilical cord are evaluated [4].

CONCLUSION

The obtained results indicate a negative effect of acute respiratory infection on pregnancy in patients with respiratory diseases, regardless of the severity of acute respiratory infection. This requires clarifying the pathogenetic mechanisms of the development of these complications and optimizing the management of this contingent of patients.

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