

MATERNAL-FETAL INFECTION OF PREMATURE NEWBORN

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Introduction

Maternal-fetal infection (MFI) occupies top places in morbidity and mortality in premature babies.

Keywords: Premature baby, maternal-fetal infection

Purpose

We determined the clinical-anamnestic peculiarities of MFI depending on its manifestation.

Material and methods

A case-control study was conducted applying the clinical-anamnestic method, on a group of 133 children from mothers at risk of infection, of which 47 (35,33%) children with MFI (including 28 (59,57%) with localized infections (pneumonia) and 19 (40,42%) with sepsis) and 86 (64,66%) children without MFI (Figure 1). 59 children had a birth weight (BW) <1500g and 74 children a BW ≥1500g (Figure 2). For frequency analysis, the statistics χ^2 was calculated.

Figure 1. Allocation of children in study groups

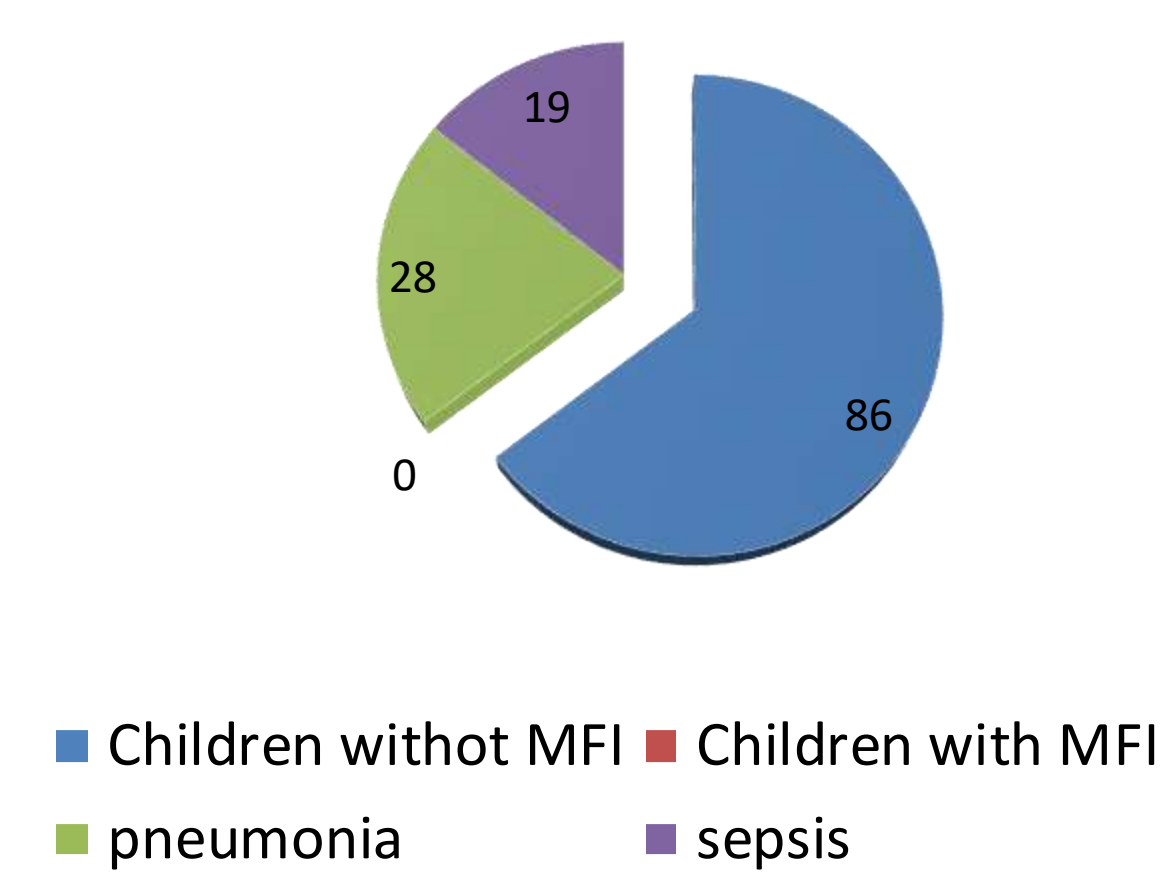
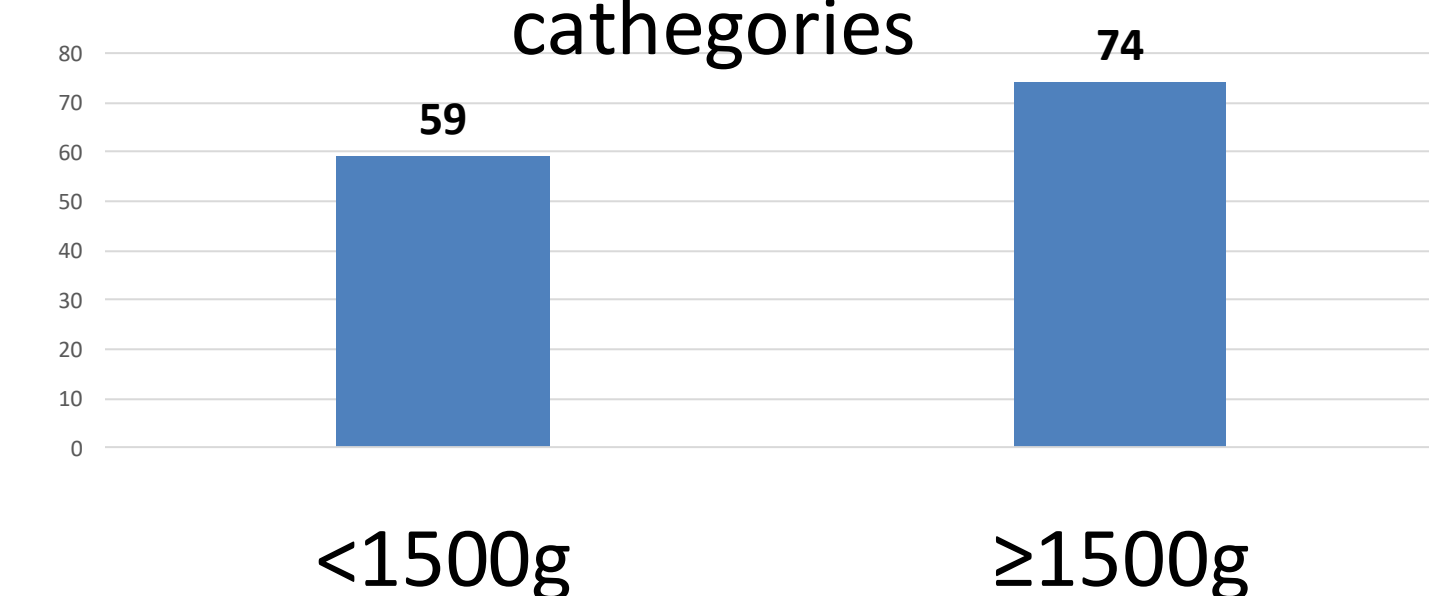
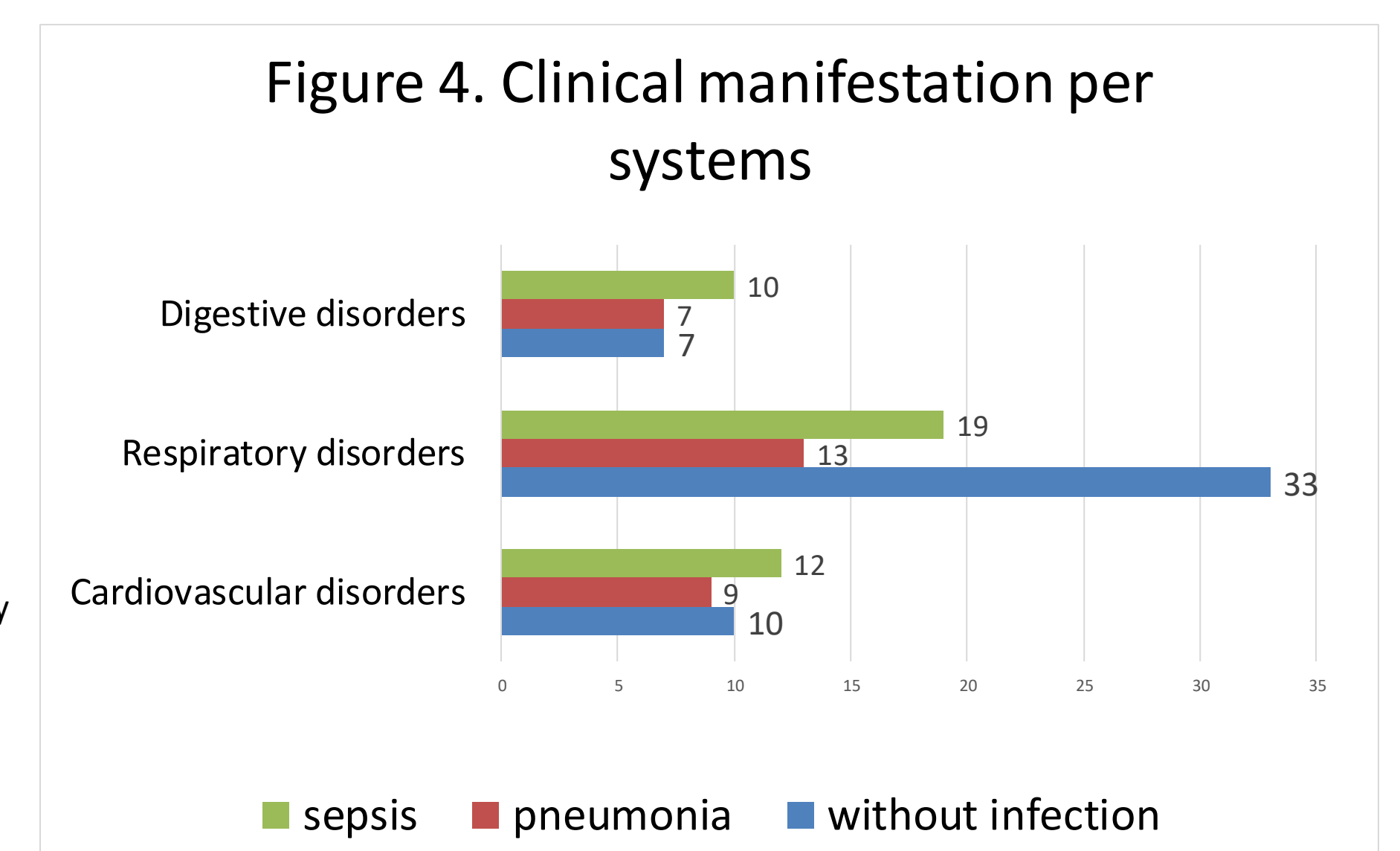
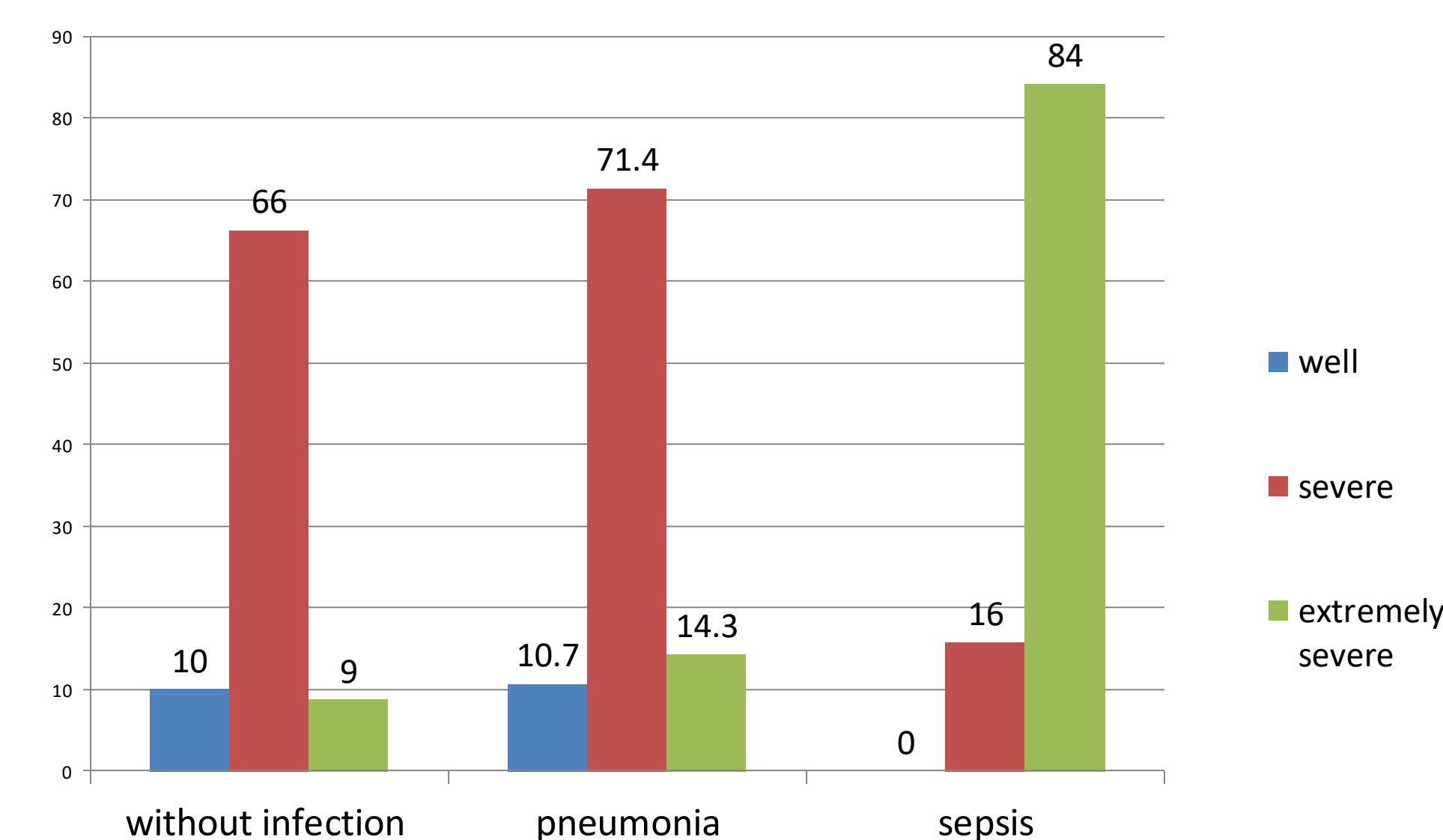


Figure 2. Birthweight categories



Results

16 (84,21%) children with sepsis, compared to 5 (17,86%) children with pneumonia and 19 (22,09%) children without MFI were born in extremely severe condition ($p < 0,001$) (Figure 3). Cardiovascular disorders had 12 (63,16%) children with sepsis and 9 (32,14%) children with pneumonia, compared to 10 (11,63%) children without MFI ($p < 0,001$) (Figure 4). Digestive disorders were found in 10 (52,63%) children with sepsis, compared to 7 (8,14%) children without MFI ($p < 0,001$) (Figure 4). Respiratory disorders (dyspnea) prevailed in 7 (53,85%) children with pneumonia, compared to 6 (18,75%) children without MFI. Respiratory distress syndrome (RDS) occurred in 7 (98,47%) children with sepsis, compared to 6 (46,15%) children with pneumonia ($p < 0,01$).



Conclusions

Neonatal sepsis is associated with extremely severe condition and is manifested mainly by cardiovascular and digestive disorders, as well as RDS.