

Methods: A randomised survey was carried out at Cork University Maternity Hospital (CUMH) antenatal clinic. Health literacy was measured using the Rapid Estimate of Adult Literacy in Medicine (REALM) and the general section of the Beliefs about Medicines Questionnaire (BMQ) was used to assess medication views.

Results: The total sample size was 404. 84.65% (n=342) had adequate health literacy and the remaining 15.35% (n=62) showed marginal health literacy. Degree and postgraduate students were significantly more health literate than other groups as were the 31-35 and 36-40 groups ($p < 0.05$). Professionals, managerial/technical and health professionals had significantly higher REALM scores.

BMQ scores showed that the >40 group and the 31-35 group were significantly more positive about certain statements. Post leaving cert, degree and postgraduate groups had significantly more positive views about medicines than secondary, junior and leaving cert groups. Healthcare professionals were significantly more positive about medicines than other groups.

In five of the BMQ statements a significant link was found between marginal health literacy and negative views about medicines.

Conclusions: There is a significant association between the demographic factors of age, educational attainment and employment category on both health literacy and medication beliefs. Marginal health literacy is significantly associated with a more negative perception of medicines and medical professionals.

THE ROLE OF INFECTION IN PRETERM PREMATURE RUPTURE OF MEMBRANES

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Introduction: Preterm premature rupture of membranes (PPROM) is rupture of membranes prior to 37 weeks' gestation before the onset of labor. 85 % of neonatal morbidity and mortality is a result of prematurity. PPRM is associated with 30-40% of preterm deliveries and is the leading identifiable cause of preterm delivery. When PPRM occurs remote from term, significant risks of morbidity and mortality are present for both the fetus and the mother.

Objective: The aim of the study was to evaluate the role of infection in preterm premature rupture of membranes.

Materials and methods: The clinical study was based on retrospective analysis of 417 medical records of patients who delivered preterm in the second Obstetric Department of the Research Institute of Mother and Child's Health Care during one year (1.01-31.12.2010). Historical data, complications of pregnancy, birth and postpartum period and newborn status were analyzed in all patients included in the study. PPRM diagnosis was established based on clinical examination, laboratory and instrumental data.

Results and discussions: Preterm premature rupture of membranes (PPROM) occurred in 42 % pregnancies with the gestational age < 36 weeks and 6 days. The incidence correlates with the literature data 30-56 %. In our study vaginal infection (mainly nonspecific) was detected in 19, 86% of cases (according to clinical examination, bacterioscopic and bacteriological examination). According to the studied medical records, choriodecidual infection was diagnosed in 8.58% of cases. Pathomorphological examination of placenta and annexes revealed leukocyte parietal chorioamnionitis, phlebitis, and umbilical funiculitis. 65% of pregnant women had a latency period > 24 hours. Some authors insist on the fact

that prolongation of the latency period increases the risk of infectious diseases, others believe that antibiotics reduce the risk of infection to the minimum. According to the studied medical records the major part of patients with prolonged latency period received antibiotics as recommended by standardized clinical protocol. The literature data show that the main danger of prolonged latency period represents intrauterine infection of the fetus. 31, 2% of premature newborns had the risk to develop an intrauterine infection, 21.8% of them developed unilateral or bilateral congenital pneumonia, 35.5% were subject to antibacterial therapy. Congenital pneumonia, neonatal sepsis and respiratory distress of the newborn are the major causes of perinatal morbidity and mortality.

Conclusions:

1. PPRM occurred in 42 % of pregnancies with the gestational age < 36 weeks and 6 days which correlates with the literature data. This means that every second the preterm birth is due to the preterm rupture of membranes.

2. Infection represents the leading cause of PPRM (vaginal infection was detected in 19, 86 % of cases, choriodecidual infection in 8.58% of cases).

Key words: preterm premature rupture of membranes, latency period, vaginal and choriodecidual infection.

SURGICAL TREATMENT OF VAGINAL PROLAPSE

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Introduction: Vaginal prolapse is characterized by a portion of the vaginal canal protruding from the opening of the vagina. The type of treatment depends on the cause and severity of the prolapse.

Materials and methods: The study was based on 117 cases. Medical history, gynecological examination, bladder function test and pelvic floor strength, ultrasound, cystourethroscopy were performed.

Results: Some types of vaginal prolapse were appreciated: cystocele in 28 cases (23,9%), rectocele in 12 cases (10,3%), uterine prolapse (75 cases – 64,1%) and vaginal vault prolapse after hysterectomy in 2 cases (1,7%). Factors that caused vaginal prolapse were: multiple births (80,4%), menopause (17,9%), hysterectomy (1,7%), advanced age in 47,9%. The following symptoms associated with vaginal prolapse were established: pressure in the vagina or pelvis (98 cases – 83,8%), pain that increases during long periods of standing (112 cases – 95,7%), enlarged vaginal opening (87 cases – 74,4%), difficulty of emptying bladder (48 cases – 41,0%), urinary stress incontinence (38 cases – 32,5%), constipation (17 cases – 14,5%), dyspareunia (72 cases – 61,5%). The symptoms affected sexual function in 79 cases (67,5%). Surgery was usually performed under spinal epidural anesthesia. Women`s hospitalization required approximately 3-5 days. Patients were discharged from the hospital in a satisfactory condition. Long-term results were good. Many patients followed an estrogen replacement therapy, which helped strengthen and maintain muscles in the vagina.

Conclusion: Surgery is the treatment of option for most sexually active women who develop a vaginal prolapse, due to the fact that the procedure is usually effective.

Key words: Vaginal prolapse, uterine prolapse, pelvic floor, surgical treatment.