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Does cervical bacterial infection during pregnancy can be potential cause of preterm delivery

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Abstract

Introduction: The Etiology of preterm delivery is very complex. Last data indicate that ascending genital bacterial infection is important cause of preterm delivery.

Aim: Goal of this prospective study was to investigate does cervical bacterial infection can be early marker of preterm delivery.

Materials and Methods: Study included 61 pregnant women between 16 and 19 week of pregnancy (WG). Study group consisted of (N 21) women delivered pre term (in 34-36 WG) and control group (N 41) women delivered in term (37-42 WG). In all pregnant women we conducted bacteriological tests of cervical smear with specific tests.

Results: Bacterial cervical infection was statistically significant more present in study group 9/20 (45%) than in control group 3/41 (8%) (x^2 test $p<0.05$). Urea plasma was statistically significant more present in 7/20 (35%) women delivered preterm in correlation to the women delivered in term 1/41 (2.4%), (x2 test $p<0.05$). Mycoplasma was statistically significant more present in study group in 6/20 (30%) patients in correlation to the control group 1/41 (2, 4%), (X2 test $p<0.05$). Chlamydia Trachoma is was found statistically significant more present in 9/20 (45%) women delivered preterm in correlation to the women delivered in term 2/41(4,8%) (x^2 test $p<0.05$).

Conclusion: Results of research indicate that cervical bacterial infection, infection caused by Chlamydia Trachoma is, Mycoplasma and Urea plasma, are statistically significant more present in early second trimester in women delivered preterm in correlation to the women who delivered in term.

Keywords: preterm delivery, cervical bacterial infection, Chlamydia Trachoma, Mycoplasma and Urea plasma.