



PREGNANCY, CHILDBIRTH AND NEONATAL CONDITIONS IN COVID-19 UNDERGONE WOMEN IN SECOND TRIMESTER OF GESTATION

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ABSTRACT

COVID-2019 coronavirus-associated disease is an infectious disease caused by a new, previously unknown coronavirus. Most COVID-19 patients present with mild to moderate symptoms and recover without specific treatment.

БЕРЕМЕННОСТЬ, РОДЫ И СОСТОЯНИЕ НОВОРОЖДЕННЫХ У ЖЕНЩИН ПЕРЕНЕСШИХ COVID-19 В II ТРИМЕСТРЕ БЕРЕМЕННОСТИ

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ABSTRACT

Болезнь, вызванная коронавирусной инфекцией COVID-2019, – это инфекционное заболевание, вызванное новым, ранее неизвестным коронавирусом. У большинства заболевших COVID-19 наблюдаются легкие или умеренные симптомы, выздоровление происходит без специфического лечения.

Abstract: The virus causing COVID-19 disease is transmitted primarily through droplets released from the respiratory tract of an infected person when coughing, sneezing, or breathing. Because of their mass, these droplets do not remain in the air for long and quickly settle on the floor and other surfaces. The virus can be contracted by airborne droplets, by being in close proximity to a person with COVID-19, or by hand-to-hand transfer of the virus from a contaminated surface to the mucous membranes of the eyes, nose, or mouth. In this review, the complications that occur in women who have had covid 19 in the 2nd trimester of pregnancy and the specific specifics of childbirth are studied.

Introduction: Coronavirus infection is a global public health emergency. The first 329 cases of coronavirus infection were identified in Wuhan, Hubei Province, China, and reported to WHO on December 31, 2019. By January 30, 2020, coronavirus disease was declared a Public Health Emergency of International Concern (PHEIC). It did not take long for COVID-19 to take root in Uzbekistan, as the first case was confirmed on March 15. Uzbekistan has 234



cases of coronavirus infection in pregnant women. The mortality rate among them is 2.9%, the Health Ministry said. The deaths were observed in those pregnant women who had comorbidities. These are obesity of II and III degree, cardiovascular insufficiency, respiratory system diseases, kidney diseases. But in practice, as well as according to studies of the World Health Organization, in pregnant women with coronavirus alone, no deaths were observed. Pregnant women have a higher risk of severe COVID-19. The journal Science has published several materials about COVID-19 during pregnancy. According to data from several studies, pregnancy increases the risks of being admitted to intensive care units and on ventilators. This may be due to the particular state of the immune system of expectant mothers, as well as increased stress on the cardiovascular and respiratory systems. Fetal infections later in pregnancy appear to be rare. Nevertheless, the possibility remains that the baby will become infected from the mother after birth. Experts hope that the mother's illness does not affect the early development of the fetus. However, another danger is evident: pregnant women infected with SARS-CoV-2 appear to be more likely to develop the severe form of COVID-19. The most extensive and accurate U.S. data were released by the Centers for Disease Control and Prevention (CDC) in late June. Among the 91412 infected women of reproductive age for whom information was available on the presence and absence of 330 pregnancies, there were 8207 pregnant women. The fact that they were hospitalized at a much higher rate - nearly one in three - can be explained by the anxiety of doctors and relatives. However, 1.5% of pregnant women and 0.9% of non-pregnant women were referred to intensive care units (ICUs). Thus, pregnancy increases the risk by 50%. One in 66 infected pregnant women in the ICU is a lot. Pregnant women were also 70% more likely to need ventilator support. Fortunately, the odds of death (0.2%) did not increase. The risks of a severe course were higher in the 35-44 age group compared to the 15-24 age group. The article published in *Acta Obstetrica et Gynecologica Scandinavica* used data from Sweden for 4 weeks in March and April. During this time, only 13 coronavirus-infected pregnant women and 40 nonpregnant women in Sweden were referred to the ICU; 7 pregnant women and 29 nonpregnant women required ventilator support. But in terms of proportion of the frequency of infection, pregnant women or those who had recently given birth were almost six times more likely to be admitted to the ICU. There were more frightening results: in a British study, of 427 pregnant women hospitalized with confirmed SARS-CoV-2 infection in March-April, 41 (10%) were sent to the OICU, and five women died. However, most of these women were in fairly late stages of pregnancy (second or third trimester). The authors of the Swedish study note that in influenza, pregnancy increases the risk is not so significantly. In general, it is known that complications with respiratory viral infections during pregnancy are particularly dangerous. During the 2009 H1N1 flu epidemic, pregnant women accounted for 5% of deaths in the US, even though they represented about 1% of the population. There is similar data for severe acute respiratory syndrome (SARS). The *International Journal of Obstetrics & Gynaecology* in July published the results of a follow-up of 675 women who gave birth at three hospitals in 331 New York City hospitals between late March and April. Seventy were infected, and after delivery, nine of them (about 13%) had at least one of three complications: fever, low blood oxygen levels, and re-hospitalization. By comparison, among the 605 uninfected women, 4.5% did. Somewhat remarkably, 79% of pregnant women who tested positive for COVID-19 on



admission to the hospital had no symptoms. It is possible that a significant number of pregnant women are asymptomatic with SARS-CoV-2 infection. Spanish researchers found this out using antibody tests. Of 874 women who were pregnant or had recently given birth, 125 (14%) of 874 women were positive for IgG, IgM, or IgA to SARS-CoV-2; this was far more than the PCR positives (0.78%). Seventy-five (60%) of the 125 seropositive women reported no symptoms; 31 women (25%) reported at least three symptoms or anosmia, and eight had respiratory problems. The authors believe that these data are encouraging: if such a large proportion of infections in pregnant women did not require medical attention, then things may not be so bad.

On the other hand, they note that the proportion of women with symptoms and the incidence of hospitalizations increases at later terms. There is no comparison with non-pregnant women in this paper. There's another unpleasant feature of SARS-CoV-2: infection in the mother can affect fetal growth. The same New York study found clots in blood vessels on the fetal side of the placenta in nearly half (14 of 29 samples) of covid-infected mothers. In the placentas of uninfected moms, only 12 of 106 (11%) had such clots. Similar results were obtained in other studies. Thus, pregnancy and childbirth do not exacerbate the course of COVID-19, but the presence of COVID-19 may conversely exacerbate the course of pregnancy: 332 causing respiratory distress syndrome and leading to preterm labor and miscarriage. At present, there is no evidence of intrauterine transmission of COVID-19 from mother to fetus via the placenta, nor of mother-to-child transmission via the mother's breast milk.

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