РАЗДЕЛ II

CLINICAL PERFORMANCE OF WOMEN IN THE FIRST TRIMESTER OF PREGNANCY WITH BACTERIAL VAGINOSIS

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Актуальность. Bacterial vaginosis (BV), a disturbance of vaginal microflora, is a common cause of vaginal symptoms and is associated with an increased risk of acquisition of sexually transmitted infections, HIV, and with adverse pregnancy outcomes [1, 2]. We determined prevalence and associations with bacterial vaginosis among a representative sample of women of reproductive age in the Grodno Belarus.

Цель. To analyze clinical data of women in the first trimester of pregnancy with bacterial vaginosis.

Методы исследования. 60 pregnant women between the ages of 18 and 45 who were registered in the women's clinics in Hrodna were examined. The average age of those surveyed was 29.6±3.8 years. The average gestation period in both groups is 11.2±2.3 weeks.

Результаты и их обсуждение. In a study of women in both groups, a pattern was tracked that among pregnant women in the main group, the diagnosis of bacterial vaginosis (BV) was in most women with severe vitamin D deficiency (11.53±2.66 ng/ml) ($p<0.01$). In the examination of women who had a vitamin D deficiency (20-29 ng/ml), no one in history had BV. In vitamin D deficiency (10-19 ng/ml) RBV was diagnosed in 70.1% of pregnant women. The number of cases of RBV among pregnant women from the main group with vitamin D deficiency was 38.9%, in pregnant women with a pronounced vitamin D deficiency (less than 10 ng/ml) – 51.1%. In women with a concentration of 25 (OH)D serums of more than 20 ng/ml of BV was observed in only 8.9% ($p<0.01$). Approximately 41% of all women had BV, 15% had intermediate flora and 44% had normal flora. More than half of those surveyed had a concentration of 25 (OH) D in serum of 37.5 ng/ml (52%) and 41% of women concentration from 37.5 to ≤ 80 ng/ml. Women with BV had a lower unadjusted average of 25 (OH) D concentrations compared to women with normal vaginal microflora, 95% CI: 29.5 (27.1; 32.0) vs. 40.1 (37.0, 43.5) ng/ml; $p<0.01$. Women with intermediate flora did not statistically differ .34.9 (30.3; 40.1) ng/ml. The prevalence of BV decreased as vitamin D levels improved. Approximately 57% of women with 25 (OH) D<20 ng/ml concentrations had RBV compared to 23% of women with 25 (OH) D serum concentrations ≥80 ng/ml

Выводы. Thus, we have established a causal link between the quality of food, lifestyle and health of pregnant women.

ЛИТЕРАТУРА

1. The vaginal inflammatory milieu and the risk of early premature preterm rupture of membranes / H.N.Simhan [et. all] // Am. J. Obstet. Gynecol. 2005."No192.R.213-8.

2. Fredricks DN, Fiedler TN, Marrazzo JM. Molecular identification of bacteria associated with bacterial vaginosis. N Engl J Med 2005; 353:1899–1911.

INTERCONNECTION OF POPULATION HEALTH IN ZIMBABVE WITH ACTIVITY OF CHURCH ASSOCIATED HOSPITALS

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Актуальность. Zimbabwe is a landlocked country in Southern Africa with a total population of 15.1 million. According to Zimbabwe Association of Church Related Hospitals (ZACH) church associated hospitals and clinics in Zimbabwe contribute 68% health care delivery in rural Zimbabwe and 35% nationally. There are 62 church associated hospitals in Zimbabwe. Kenneth and team mentioned that ,"It is interesting to note that seemingly harmless religious practices like prayer and respect for religious figureheads can result in fatal maternal outcomes''[1].

Цель. To analyze the interconnection between activity of church associated hospitals and the health of Zimbabwe's population.

Методы исследования. Questionnaire survey (in-depth online interview).

Результаты и их обсуждение. From the results of this research church associated hospitals offer health services such as antenatal care (100% of hospitals), family planning (19.35%), treatment of non- communicable and communicable diseases (100%), child immunization (100%), surgical services (83.87%), HIV and Aids (100%) and many more.

These hospitals also have medical organization problems of activity such as lack of ambulances (29%), patients' overload (6.45%), lack of specializing doctors (67.74%).

Выводы. Truly church associated hospitals are impacting the public health of Zimbabwe in various ways. With their financial stability these hospitals have managed to carter for the health needs of Zimbabweans even in times of doctors strikes and economic problems. Also, religion still continues to affect maternal and child death rate because it interferes with issues such as child immunization and antenatal care. With awareness campaigns being done the situation can improve in the future.

ЛИТЕРАТУРА

1. Praying until Death: Apostolicism, Delays and Maternal Mortality in Zimbabwe / D. M. D.Kenneth.// PLoS One. 2016 .Vol. 11.№. 8. P. 1–19.