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## DYSBACTERIOSIS IN PREGNANT WOMEN WITH COVID - 19

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**Relevance:** *The COVID-19 pandemic, which was announced by WHO in March 2020, has made major adjustments to the life of modern society. Pregnancy during a period of increased danger, if there is a possibility in the risk group. In this case, the likelihood of a more severe course of infection with the advent of the population is increased due to the occurrence of diseases of the immune system and concomitant diseases. The placenta is an endocrine organ that produces a number of protein and steroid hormones in the blood, such as human chorionic gonadotropin, placental lactogenic hormone, progesterone, and estrogens. Metabolic changes during pregnancy increase the production of placental hormones in the second half of pregnancy. The gut microbiota plays an important role in maintaining the basic functions in the human body: metabolic, protective and trophic. It is a controlling factor in the processes of digestion.*

**Key words:** *intestinal microbiocenosis, microbiota, pregnancy and health (BZ), intestinal diseases (BK)*

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**Introduction.** The formation of the intestinal microbiota at the early stages depends on such factors as complicated pregnancy, prematurity, operative delivery, late breastfeeding or artificial feeding from birth, and antibiotic therapy. However, the results of recent studies indicate that the impact of the microbial factor on the child begins long before his birth. The modern scientific hypothesis that a number of abnormalities during pregnancy and preterm birth can be caused by sluggish microbial inflammation in the uterine cavity has also been formed in connection with the study of microbiocenoses of the placenta and amniotic waters.

Coronavirus infection (COVID-19) is an acute infectious disease caused by a new strain of the SARS CoV-2 coronavirus with an aerosol-droplet and household contact mechanism of transmission. Pathogenetically, COVID-19 is characterized by a local and systemic immune-

inflammatory process, endotheliopathy, hypoxia, which leads to the development of micro- and macrothrombosis; proceeds from asymptomatic to clinically pronounced forms with intoxication, fever, damage to the vascular endothelium, lungs, heart, kidneys, gastrointestinal tract, central and peripheral nervous systems (1).

COVID-19 during pregnancy can occur in different ways. The symptoms of coronavirus during pregnancy are in many ways similar to the clinical manifestations in "normal" patients. Women note a decrease in the sense of smell or its complete loss, an increase in body temperature, the appearance of a cough, body aches and severe weakness.

However, pregnant women have one important feature. COVID-19 may suddenly worsen during pregnancy, even if the disease was relatively stable and mild before (2).

The study of how the coronavirus will affect pregnancy is still ongoing. The infection is new, so much remains to be explored. And this process in pregnant women is associated with certain difficulties, so new data appear in doses. For today there is the following information.

Chinese scientists have found that the consequences of COVID-19 during pregnancy may be to increase the risk of preterm birth.

- Other researchers have found an association between positive COVID-19 during pregnancy and a greater likelihood of fetal growth retardation and distress syndrome (oxygen deficiency for an inutero baby).

Observations are ongoing to help analyze how COVID affects the fetus during pregnancy. There are now reports that this virus can lead to low platelets and liver dysfunction in newborns. However, this information needs further verification and is not unambiguous (3,4).

The consequences of coronavirus in early and late pregnancy are sometimes unpredictable. In some women, the infection is mild or completely asymptomatic, while others may develop severe complications from the maternal organism or serious obstetric pathologies. In the presence of risk factors, the likelihood of an aggressive course of COVID during pregnancy increases.

The effect of COVID on the fetus during pregnancy is not definitively known. To date, there is no data that would confirm the fact of intrauterine infection (penetration of the virus to the fetus) or intrauterine infection (development of symptoms in the fetus). However, there is no reverse data that would reliably exclude the possibility of vertical transmission of the virus. COVID during prenatal pregnancy can be dangerous because an infected mother can infect her baby immediately after birth (5,6).

**Purpose of the work:** The purpose of our work is to study the disease of the large intestine in pregnant women with COVID-19 and its effect on the embryo.

**Research materials and methods:** We studied 30 pregnant women diagnosed with COVID, aged 18 to 35 years (mean age  $28.1 \pm 0.6$  years) in pregnancy from 6 to 18 weeks, with complaints of intestinal pain with COVID-19.

The main group consisted of 18 women with the threat of abortion. The control group included 12 women with a normal pregnancy. Women of the main and control groups were examined in accordance with the requirements of the order of the Ministry of Health of Uzbekistan. Microbiological analysis of feces was carried out by bacteriological method in real

time. In order to assess the possible systemic impact of intestinal dysbacteriosis on the body of a pregnant woman, the level of endotoxemia was studied.

In 23.3% of patients of the main group, intestinal dysbacteriosis of the I degree was diagnosed, in 60% - of the II degree, in 16.6% - of the III degree. In patients of the control group, dysbiotic changes corresponded mainly to grade I (75%) of dysbacteriosis, grade II was detected in 25% of patients, grade III was not recorded. When studying the qualitative and quantitative composition of the intestinal microflora in patients of the main group, a significant decrease in the number of representatives of the normal intestinal flora (*Lactobacillus* spp., *Bifidobacterium* spp., *Bacteroides* spp.) was found compared to the control group, and a significantly high concentration of opportunistic microorganisms was noted: *Fusobacteriaceae*, *Enterobacter* sp., *Clostridium cocc.*, *Clostridium dif.* and their multicomponent association. Microbiological disorders in the control group were mainly due to a decrease in the intensity of colonization of the colon by lactobacilli and bifidobacteria.

Average level of endotoxin in the 1st trimester. COVID-19 and early pregnancy can proceed like a common cold. If the woman's immunity is sufficiently tense, then there will be no negative consequences for the fetus. If the immune system fails, the risks of an adverse effect of a viral infection on the developing chorion, that is, on the future placenta, which is responsible for feeding the fetus before the due date, increase. Severe consequences of COVID-19a in early pregnancy may include spontaneous and missed miscarriage, fetoplacental insufficiency, which can subsequently lead to fetal growth retardation and oxygen deficiency in utero.

Coronavirus in the 2nd trimester. Pregnancy at 14-28 weeks. The favorable scenario is a common variant of a cold without obvious consequences. An unfavorable scenario is the development of complications in the mother (pneumonia, "long COVID", etc.), complications from the fetoplacental complex (placental insufficiency, fetal growth retardation, intrauterine hypoxia, shortening of the cervix)

**Coronavirus in the 3rd trimester.** According to epidemiological studies around the world, pregnant women who have recovered from COVID-19 for a period of 28 weeks or more have a 2-3 times higher rate of preterm birth. Coronavirus in late pregnancy either increases the contractile activity of the body of the uterus, or contributes to the opening of the cervix, which ultimately ends in premature birth.

**Results.** Thus, we have identified the following survey method - 50.9% of pregnant women had mild symptoms, 15.7% - moderate and 13.6% - severe. Pneumonia was diagnosed in 67.1% of pregnant women. With COVID-19, the structure of pregnancy complications was dominated by iron deficiency anemia — 40.2%, preeclampsia — 35.2%, the threat of preterm birth — 30.3%. Premature birth occurred in 31.8% of cases. Microbiological disorders in the main group consisted in a decrease in the number of representatives of the intestinal normal flora with a significantly high concentration of opportunistic microorganisms. In patients of the control group, a decrease in the intensity of colonization of the large intestine by lactobacilli and bifidobacteria was predominantly revealed.

**Conclusion:** It was found that the majority of pregnant women had a mild form of COVID-19. Pregnant women with COVID-19 have a higher incidence of dysbacteriosis,

preterm birth and caesarean section compared to pregnant women with normal colon microflora + COVID-19. Intrauterine vertical transmission of infection has not been identified.

Recent epidemiological data on the course of COVID-19 infection during pregnancy indicate that there is no increased risk to the mother and fetus. The course of the disease after infection with the virus in pregnant women does not differ from that in women of similar age groups. According to the WHO definition of preterm birth before 37 weeks gestation and an estimated preterm birth rate of 10% (WHO, 2018), rates of preterm birth in pregnant women affected by COVID-19 appear to be consistent with those in the general population. In this regard, the management of pregnant patients should be individualized based on obstetric indications and maternal/fetal health.

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