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

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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%), (x^2 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%), (x^2 test p<0.05). *Chlamydia trachomatis* 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 trachomatis*, *Mycoplasma* and *Ureaplasma*, are statistically significant; more present in early second trimester in women delivered preterm in correlation to the women who delivered in term.

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