SUMMARY AND CONCLUSION
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The presence of actively multiplying bacteria somewhere within the urinary tract excluding the distal urethra at a time when the patient is having no urinary symptoms is called asymptomatic bacteriuria (Hankins & Whalley, 1985). Viable bacterial counts of $10^5$ or more in one ml of urine, which is called significant bacteriuria, is due to bacteria multiplying within the urinary tract whereas counts of less than $10^4$ per ml of urine is usually due to contamination.

Screening for asymptomatic bacteriuria in antenatal patient is mandatory because of it's subsequent development of acute pyelonephritis in about one third of cases. Also asymptomatic bacteriuria has been found to be associated in the aetiology of prematurity, intra-uterine growth retardation, unexplained foetal loss and increased perinatal mortality and morbidity. Asymptomatic bacteriuria has also been reported to be associated with hydramnios, amniotic fluid bacterial infections abruptio placentae, and post-partum endometritis.

For the routine screening of antenatal patients for bacteriuria alongwith standard pour-plate method, a number of procedures has been devised which are cheap,
simple, rapid and convenient. These include dip-slide method, filter paper culture - tetrazolium test combined with nitrite indicator, Microstix (Reagent strips), agar cup method, Griess test, Phenzopyridine test and subnormal glucose test. For the treatment of asymptomatic bacteriuria, single dose therapy is equally effective as compared to traditional dosage with it's added advantage of lower cost, fewer side effects, less potential hazard to the foetus and assured patient compliance.

A prospective study was conducted on 380 antenatal patients beyond 16 weeks of gestation attending the antenatal clinic and admitted in the antenatal ward of M.L.B. Medical College Hospital, Jhansi, from December 1994 to November 1995.

Alongwith detailed history, general examination, routine obstetric examination and routine investigations, the urine sample was collected aseptically in a sterile wide mouthed small bottle and was sent for culture by standard as well as by dip-slide method. The dip-slide was being prepared by coating 1 ml of Mac Conkey agar media on one inch square area of a sterile ordinary glass slide. Patients having significant bacteriuria were treated by appropriate antimicrobials as per sensitivity report.

The relationship of asymptomatic bacteriuria with different biomedical parameters were analysed. The results of dip-slide method was compared with that of the standard method.
From the study, the following conclusions were derived.

1. The overall prevalence of asymptomatic bacteriuria in antenatal patients is 8.42% in this locality.

2. The prevalence of asymptomatic bacteriuria is slightly higher in the age group 15-19 years (9.09%) and lower in the age group 20-29 years (7.43%). The prevalence increases significantly after the age of 30 years.

3. Primigravida constitute 27.89% of the antenatal patients and asymptomatic bacteriuria is less (4.71%) in this category. Then the prevalence gradually increases with increasing parity but significant increase occur with parity three and above.

4. The prevalence of asymptomatic bacteriuria is higher in rural community (9.30%) than in urban community (6.55%).

5. The prevalence of asymptomatic bacteriuria is significantly high in patients with poor socio-economic status (11.11%) than in patients with middle (4.16%) and upper (5.55%) socio-economic status.

6. Bad obstetric history is found in a significant proportion of antenatal patients. Markedly increased prevalence of asymptomatic bacteriuria is found in patients with history of spontaneous abortion (15.62%).
stillbirths (11.11%) and neonatal deaths (10.52%) in comparison to the control group (5.20%).

7. Anaemia is very common in pregnant women in this locality and found in 43.68% of cases. The prevalence of asymptomatic bacteriuria is higher in anaemic antenatal patients (9.03%) in comparison to the control group (5.20%).

8. Patients with pre-eclamptic toxaemia have an increased prevalence (10.71%) of asymptomatic bacteriuria than the control group (5.20%).

9. Premature pain is very frequently encountered in antenatal patients in this locality (21.57%). Patients with premature pain have a significantly increased (19.51%) prevalence of asymptomatic bacteriuria than the control group (5.20%).

10. Febrile patients have a slightly increased prevalence (9.67%) of asymptomatic bacteriuria than the control group.

11. The prevalence of asymptomatic bacteriuria is slightly higher (8.33%) in hypertensive pregnant women.

12. The prevalence of asymptomatic bacteriuria is significantly high in pregnant diabetic mothers (16.66%) in comparison to the control group (5.20%).
13. E. coli is the commonest (65.62%) organism encountered in asymptomatic bacteriuria in pregnant women, followed by Proteus (9.37%), Staphylococcus (9.37%), Pseudomonas (6.25%), Streptococcus faecalis (6.25%) and Klebsiella (3.12%).

14. In comparison to standard method, the dip-slide is an equally effective method with sensitivity (90.62%), specificity (99.71%), positive predictive value (96.66%) and negative predictive value (99.14%). Thus the dip-slide method is a simple, cheap, effective and reliable method for screening the antenatal patients for bacteriuria.