INTRODUCTION
Pregnancy is a normal physiological state in the reproductive life of women. A pregnant mother where her present obstetric outcome is likely to be affected adversely by the nature of previous obstetric disaster is termed “bad obstetric history”.

Pregnant woman and her foetus is susceptible to many infectious diseases, some of these may be quite serious and life threatening for the mother and other may have a profound impact on neonatal outcome by a virtue of a high likelihood of foetal infection.

Congenital infections are an important cause of foetal and neonatal mortality and morbidity. They may occur at any time during gestation, and their severity will vary depending on the virulence of the agent, the susceptibility and gestational age of foetus. The main infective agents includes -

1. **Viral infections** :-

2. **Bacterial** :-
   Syphilis, Gonorrhoea, Tuberculosis, Chancroid, Listerea, Streptococcus gp B.

3. **Protozoal** :-
   Toxoplasma gondii, Malaria.
4. **Fungal** :-

Candida albicans, Cryptococcus.

**These infections may result in the following complications** –

1. Congenital malformation of the foetus.
2. Recurrent pregnancy wastage in the form of abortions, still birth, premature birth.
3. Low birth weight babies & intrauterine growth retardation.
4. There may be mental & physical retardation of growth in later life.

The gestational age of the conceptus at the time of infection affects the pregnancy as well as leads to morbidity of intrauterine foetus and neonatal disease in an off-spring.

**Rubella causes**, German measles a disease usually of minor importance in the absence of pregnancy, and is directly responsible for estimable pregnancy wastage and more importantly for severe congenital malformations. The relation between maternal rubella & grave congenital malformation was first recognized by Gregg (1941) an Australian ophthalmologist.

**Cytomegalovirus** is a DNA virus mainly affecting central nervous system. It is the most common congenital infection and the most important infectious cause of mental retardation and congenital deafness in the U.S. It serves as a cofactor in HIV disease progression. **Herpes simplex type I & II** can affect the genital areas, and both can lead to neonatal infections of equal
severity. Three fourth of neonatal Herpes infections are of type 2 and one fourth of type I. Recent data suggested that primary infection acquired in IInd – IIIrd trimester is greatest risk to the foetus and newborn and mother's genital tract at the time of delivery is an important source of infection.

Among the congenital infections, "Toxoplasmosis" is an important one. Toxoplasmosis is a cosmopolitan disease caused by an obligate intra cellular protozoan "Toxoplasma gondii". In case of intrauterine infection with toxoplasma, risk of transmission of infection to the foetus increase from 15% to 60%. It is maximum in IIIrd trimester but the severity of manifestation is greatest in 1st trimester. However, the consequences of infection in 1st trimester are more serious and include a threat to the foetus with possible spontaneous abortion, prematurity, still birth, congenital anomalies or overt clinical disease with chorioretinitis, hydrocephaly or growth retardation. In contrast, more than 90% of fetal infections acquired in IIIrd trimester are asymptomatic at birth. Such infants may go on to develop chorioretinitis, blindness, epilepsy or psychomotor and mental retardation months or years later (Alford et al 1974). The prevalence rates of seropositivity being 3% in United States to less than 10% in Norway & 20 – 40% in Canada.

The reported incidence in quite high in Paris where 75% of women child bearing age have the antibodies. High prevalence was also reported from Brussels. In Denmark 27.4% of pregnant women are toxoplasma antibody positive.
The presence of toxoplasma antibodies in pregnant women in India is reported to vary from 3.3 to 18.9%. Thus, the disease occurs in subclinical or clinical form on a large scale in our population which needs to be screened.

In India, the variation of toxoplasma seroprevalence was reported from different localities. In north India, the prevalence of toxoplasmosis was 18.9%.

In Chandigarh, it was reported 8.1%. The prevalence among the women population in Kumaon region was highest (77%). The possible factors involved in the high seroprevalence could be the wild animals which are often in the close vicinity of residential areas & contaminate the environment.

As there are so many hydrocephalus, mental retardation & mental handicaps where the underlying cause is not clear, toxoplasmosis may be one of the aetiological factors for these conditions.

Of the TORCH group of infections, Rubella has a vaccine, herpes and toxoplasma are preventable. There is no vaccine available for CMV and there is no established antiviral agents.