INTRODUCTION
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Pregnancy is a normal physiological state in the reproductive life of a woman. Pregnant women 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.

Infection to the pregnant women is one of the major complication as it is responsible for as high maternal & foetal morbidity as well as mortality

main infection causes are :-

1 Viral infection :-
   Cytomeglo, Herpes, Hepatitis B,
   Human - immuno difeciency virus, Papilloma virus,
   Rubella, varicella, zoster.

2. Bacterial :-
   Syphilis, Gonorrhoa, Tuberculosis,
   Chancroid, Listeria, Streptococcus gp B

3. Photozoal :-
   Toxoplasma gondii, Malaria

4. Parasitic :-
   Trichomoniasis, Ascarasis

5. Fungal :-
   Candida albicans
These infection result in the following diseases

1. Congenital Malformation of Foetus
2. Recurrent abortions
3. Still birth
4. Premature Birth
5. Low birth wt baby
6. Intrauterine growth retardation
7. Mental & Physical Retardation

Rubella or 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 (1942) an Australian ophthalmologist.

Maternal rubella induces congenital malformation of different kinds commonest being a triad of cataract; deafness & cardiac defects. Rubella infections are more severe in the first trimester of pregnancy. (Centre for disease control Rubella & Congenital Rubella. 1984 -1986).

Cytomegalovirus is a DNA virus mainly affects central nervous system; Cytomegalovirus serve as a cofactor in HIV disease progression. Mononuclear eukaryotes in primary CMV infection have a diminished proliferative response to mitogenes.

Herpes simplex type II is responsible for the congenital malformation in the foetus when acquired during pregnancy.
Recent data suggested that primary infection acquired in IInd - IIIrd trimester is greatest risk to the foetus and newborn.

Toxoplasmosis is a common central nervous infection in a patient with advanced HIV infection. Classical triad of congenital infection include hydrocephalus, choreoretinitis, intracranial calcification infants develops significant permanent mental retardation and other neurological irregularities in later life.

Mitchell et al reported congenital transmission rate for women who are infected with HIV and T Gondii that was remarkable higher when compared to non HIV infected Toxoplasma, seropositive pregnant patients. Out of the all Viral infection HIV (Human Immuno Deficiency Virus) continues its devastating path through all continents. Pregnancy is believed to be associated with impaired cell mediated immunity could be delayed by pregnancy and investigation and treatment might be less aggressive because of pregnancy.

Johnwany, 1992. The world health organisation estimated that there were about 13 million HIV infected persons in the world with all most two third residing on Subsaharan Africa more than one million HIV infected person live in north America, more than 10,000 in western Europe.

The first group of seropositive individual in India detected in April 1986 were ten prostitutes in Tamilnadu.
First seropositive pregnant mother was detected in September 1986 (ICMR) first seropositive infant was detected in Oct. 1987.

Seropositive rate among pregnant women attending and antenatal clinics ranges from 1-5/1000.

In India so far nearly 25 lakh sample have been screened which has yield 1829 (1995 may) seropositive individuals giving a rate of 7.29/thousand.

Out of the TORCH gp of intrauterine infection, Rubella has a vaccine, Herpes & Toxoplasma are curable, Cytomegalovirus is neither preventable not curable.