

terests of those at risk of unwanted exposure to HIV including the potential child only seronegative individuals should be allowed to participate.

7. Breastfeeding: In societies where safe, affordable alternative methods of infant feeding are available, it may be unethical for an HIV infected mother to breastfeed her child. Where the risks of alternative infant feeding are high, the balance of risk to the infant.

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PERINATAL INFECTION & HOW TO MANAGE IN DEVELOPING COUNTRY

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Perinatal infections especially neonatal bacterial sepsis is the commonest cause of neonatal mortality in India. The fetus may get infected in utero or during birth from the infected birth canal or may develop nosocomial infections any time after birth. Few other factors are responsible like spontaneous premature rupture of membrane if un care & unattended, unnoticed leaking of membranes at any stage of pregnancy, fetal birth in an unhygienic condition, prolonged labour with rupture membranes and compromised and premature birth of a fetus.

Common maternal infections in India:

U.T.I, helminthiasis, monilial and trichomonal vaginosis, Chlamydia infection, recurrent gastroenteritis and amoebiasis, malarial fever, recurrent throat and chest infection, hepatitis A, B, & E, maternal syphilis, TORCH infection and AIDS.

Intrauterine infections:

It may occur due to virus, protozoa, spirochaetes and occasionally by bacteria including mycobacterium tuberculosis. They are popularly known as TORCH infection. Fetal infection occurs either as a result of direct transplantation passage or due to ascending infection.

Factors predisposing neonatal infections:

Low birth weight fetus, contaminated in utero environment, infected birth canal, infection at birth or after birth, congenital anomalies, top feeding, sex of the child, amniocentesis, cordocentesis, amnio infusion, endotracheal intubation, assisted ventilation, umbilical catheterization and exchange transfusion.

Types of infection:

Superficial infections- pyoderma, conjunctivitis, umbilical sepsis and oral thrush.

Infective diarrhoea, septicemia, meningitis, pneumonia, pyelonephritis, sclerema, necrotizing enterocolitis, systemic candidiasis, tetanus neonatorum (rare), congenital tuberculosis(rare), DIC (rare).

How to manage in developing countries:

1. preventive aspect

2. curative aspects

preventive: adolescent health care, awareness regarding STD and menstrual hygiene, pre marital counseling, pre pregnancy counseling, provision of clean drinking water and net, clean surrounding, stop promiscuity, use of condom to be promoted, improve general health, avoid sex discrimination, good ante natal care, requisite investigations-routine & specific, high vaginal swab collection, pap smear of cervix, any fever and infection during pregnancy to be investigated and treated adequately, toxoplasmic in endemic and cat-friendly population, handle cat safely, meat should be eaten after thorough cooking, routine administration of chloroquine to all the mothers.

Curative:

Early recognition and evaluation of extent of disease, biochemical and radiological investigation, prompt administration of effective antimicrobial agent, optimal supportive management, immunotherapy, and human and emotional care.