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**HERPES VIRUS INFECTION INFLUENCE ON INTRAUTERINE STATE OF THE FETUS**

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**Actuality:** Intrauterine herpes virus infections are among the most common infections. Numerous studies have shown that by the age of 18 years more than 90% of the world population gets infected with one or more of the currently known strains of herpes viruses. The presence of class Ig G maternal antibodies was shown to have little effect on the developing fetus. Infected mothers more frequently give birth to a healthy child while the greatest threat in terms of perinatal loss is presented by a primary infection during pregnancy. Numerous studies suggest the possibility of transplacental infection of fetus with herpes virus infections.

**The aim:** To analyze the effect of herpes virus infections on the state of the fetus and course of labor.

**Materials and methods**: The course of pregnancy and delivery was assessed in 20 women with herpes virus infection who underwent follow-up treatment at Kharkiv Maternity Hospital No.1. The study also involved determination of the functional state of fetoplacental complex and the course of labor. These pregnant women were found to have Ig M, A to herpes virus infections. Somatic, obstetric and gynecological status was assessed in all the patients by conventional methods of examination. The condition of the fetus and changes in the placenta were mainly identified by biometrics of the fetus, thickness and structure of the placenta, the quantity of amniotic fluid and cardiotocography. Blood flow in vessels of mother-placenta-fetus system was determined by Doppler study.

**Results:** The study showed that intrauterine growth retardation was diagnosed in 15% of pregnant women. Signs of intrauterine viral infection included oligohydramnios in 58% and placental hypoplasia in 46% of cases. Cardiotocography demonstrated episodes of deceleration, reduction in frequency and amplitude of oscillation, indicating chronic fetal hypoxia. Biophysical profile of fetus according to Vintzeleos et al. was estimated at 6-7 points in 16% and 5 points or below in 4% of pregnant women. Disruption of fetoplacental blood flow at compensatory stage was detected in 37.4% of pregnant women, in 10.7% at subcompensatory stage and in 3% at decompensatory stage. Decompensated disruption of fetoplacental blood flow was the indication for operative delivery. Cesarean section was performed in 7 (35%) of the examined pregnant women. Delivery in the remaining patients was characterized by premature discharge of amniotic fluid in 25%, meconium-tinged amniotic fluid in 10% and uterine inertia in 22%.

**Conclusions:** Thus, it can be concluded that herpes virus infections adversely affect the condition of the fetus and disrupt normal course of delivery.