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Тел.: +998662333034, +998915497971
E-mail: **hepato_gastroenterology@mail.ru.**

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ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

Рябова Александра Игоревна,
ассистент кафедры детских
болезней с курсом госпитальной педиатрии
Рязанский государственный медицинский университет
Рязань, Россия
Дмитриев Андрей Владимирович,
д.м.н., профессор, заведующий кафедрой детских болезней с
курсом госпитальной педиатрии Рязанский государственный
медицинский университет
Рязань, Россия
Чумаченко Мария Сергеевна.
ординатор 2 года кафедры детских
болезней с курсом госпитальной педиатрии
Рязанский государственный медицинский университет
Рязань, Россия
Глуховец Илья Борисович
к.м.н., доцент кафедры гистологии, патологической анатомии,
медицинской генетики Рязанский государственный
медицинский университет
Рязань, Россия

СОСТОЯНИЕ ЗДОРОВЬЯ ДЕТЕЙ РОЖДЁННЫХ ОТ МАТЕРЕЙ С НОВОЙ КОРОНАВИРУСНОЙ ИНФЕКЦИЕЙ (COVID-19)

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АННОТАЦИЯ

Цель исследования: Проведен ретроспективный анализ 99 историй развития новорожденных, от матерей с острой инфекцией SARS-CoV-2 во время родов в условиях ковидных госпиталей города Рязани в период с января по декабрь 2021 года и 63 истории развития новорожденных, родившихся от матерей, перенесших SARS-CoV-2 во время беременности на сроке гестации 18 – 29 недель. Отмечено увеличение рождения недоношенных и маловесных детей, высокий уровень интранатальной гипоксии, потребовавшей проведение первичной реанимационной помощи новорожденным, необходимости госпитализации в отделение реанимации и интенсивной терапии. Представленные данные свидетельствуют о взаимосвязи острой инфекции SARS CoV-2 у женщины и ранней адаптации новорожденных.

Основные положения: Группой риска, среди заболевших новой коронавирусной инфекцией (COVID-19), являются беременные, роженицы и новорожденные. Инфицирование беременных в 3% случаев сопряжено с развитием тяжелых форм инфекции по сравнению с другими женщинами аналогичного возраста. На данный момент существуют противоречивые данные о возможности трансплацентарной передачи вируса от матери к плоду.

Заключение. Представленные данные свидетельствуют о взаимосвязи острой инфекции SARS CoV-2 у женщины и ранней адаптации новорожденного. Отмечено достоверное увеличение рождения недоношенных, в том числе, детей с экстремально низкой массой тела **в группе от матерей с острой инфекцией** SARS-CoV **2 в родах**, а также высокий уровень интранатальной гипоксии у детей обеих групп, что сопряжено с потребностью в первичной реанимационной помощи новорожденным и интенсивной терапии.

Ключевые слова: COVID-19, SARS-CoV-2, коронавирус, беременность, новорожденные, дети, дистресс плода, дыхательные нарушения

Ryabova Alexandra I.
Assistant of the Department of Children's Diseases
With a course in hospital pediatrics Ryazan State Medical University
Ryazan, Russia
Dmitriev Andrey Vladimirovich
MD, Professor, Chief of the Department of Children's Diseases With a
course in hospital pediatrics Ryazan State Medical University
Ryazan, Russia

Chumachenko Maria Sergeevna
2-year resident of the Department of Children's Diseases With a course in hospital pediatrics Ryazan State Medical University
Ryazan, Russia
Glukhovets Ilya Borisovich
MD, Associate Professor of the Department of Histology, Pathological Anatomy, Medical Genetics Ryazan State Medical University
Ryazan, Russia

HEALTH STATUS OF CHILDREN BORN TO MOTHERS WITH A NEW CORONAVIRUS INFECTION (COVID-19)

ANNOTATION

The purpose of the study: A retrospective analysis of 99 histories of the development of newborns from mothers with acute SARS-CoV-2 infection during childbirth in the conditions of COVID hospitals in the city of Ryazan in the period from January to December 2021 and 63 histories of the development of newborns born from mothers who underwent SARS-CoV-2 during pregnancy at gestation was carried out 18 – 29 weeks. There was an increase in the birth of premature and underweight children, a high level of intranatal hypoxia, which required primary resuscitation for newborns, the need for hospitalization in the intensive care unit and intensive care. The presented data indicate the relationship between acute SARS CoV-2 infection in a woman and early adaptation of newborns.

Main provisions: The risk group among those who have a new coronavirus infection (COVID-19) are pregnant women, women in labor and newborns. Infection of pregnant women in 3% of cases is associated with the development of severe forms of infection compared to other women of the same age. At the moment, there are conflicting data on the possibility of transplacental transmission of the virus from mother to fetus.

Conclusion. The presented data indicate the relationship between acute SARS CoV-2 infection in a woman and early adaptation of a newborn. There was a significant increase in the birth of premature infants, including children with extremely low body weight in the group from mothers with acute SARS-CoV 2 infection in childbirth, as well as a high level of intranatal hypoxia in children of both groups, which is associated with the need for primary resuscitation care for newborns and intensive care.

Keywords: COVID-19, SARS-CoV-2, coronavirus, pregnancy, newborns, children, fetal distress, respiratory disorder

According to WHO, there is no higher risk of infection with SARS-CoV-2 coronavirus among pregnant women, and in most cases the infection in these women is asymptomatic or mild. However, about 3% of pregnant women with COVID-19 need intensive therapy, including artificial lung ventilation, which significantly increases the risk of death [1-3]. The literature describes isolated cases of coronavirus infection in newborns, but convincing data for transplacental infection is insufficient. Thus, some authors reject the possibility of vertical transmission of the virus [4]. The ability of the placental barrier to reliably prevent vertical transmission of SARS-CoV-2 has not been definitively proven [5], which is confirmed by observations of pregnancies against the background of SARS-CoV-2 infection in late terms, ending in premature birth and even perinatal fetal death, fatal outcome in the mother [6,7]. The possibility of penetration of SARS-CoV-2 through the placenta and cases of probable intrauterine transmission of infection [8,9] are confirmed by the detection of immunoglobulin M (IgM) against SARS-CoV-2 in umbilical cord blood and/or in the blood of newborns, since IgMs are not transmitted transplacentally from mother to fetus [10]. Studies of amniotic fluid, polymerase chain reaction (PCR), smears from the pharynx and rectum of newborns from mothers with a positive smear for SARS-CoV-2 confirm the possibility of vertical transmission of SARS-CoV-2 even in asymptomatic women, however, the frequency of such transmission does not exceed 5% [11].

Impaired fetoplacental perfusion, thrombotic changes in the mother, vasculopathy, decreased barrier function of the placenta, inflammatory changes in it are probably the causes of perinatal complications in children from mothers who have had a coronavirus infection [12,13]. D. Baud et al. suggested that changes in the placenta caused by the virus lead to chronic and acute fetal hypoxia, premature delivery, which causes the severity of the condition of children at birth [14].

The purpose of the study: to assess the health status of children born to mothers who underwent COVID-19 during pregnancy and childbirth

Materials and methods. Retrospectively analyzed 99 developmental histories of newborns born to mothers with acute SARS-CoV-2 infection during childbirth in covid hospitals in Ryazan in the period from January to December 2021 and 63 developmental histories of newborns born to mothers who suffered SARS-CoV-2 during pregnancy at gestation 18 – 29 weeks. The control group (n = 9397) consisted of newborns born in the general population in 2019 from mothers who were not ill with SARS-CoV-2. The diagnosis of COVID-19 was based on the identification of the virus by PCR and computed tomography. According to the volume of lung tissue damage, four degrees of change are distinguished: CT1 – up to 25%, CT2 – 25-50%, CT3 – 50-75%, CT4 >75%. Statistical processing was carried out in the MS Excel program using the Student's criterion and the relative risk criterion (RR) at a significance level of $p<0.05$.

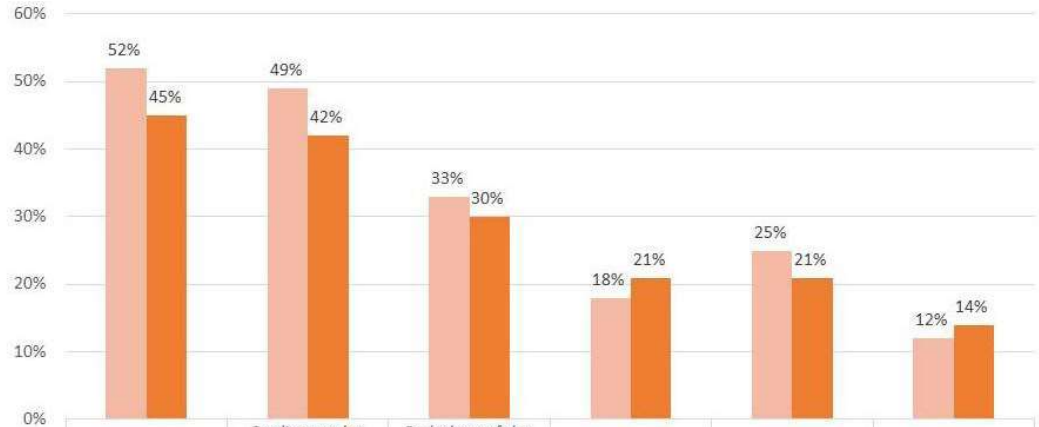
Results and their discussions.

The newborns were divided into two groups: 99 children from mothers with manifestations of acute COVID-19 in childbirth (group 1), and 63 children whose mothers had this infection during pregnancy (group 2). The average age of women in labor in the groups was 30.6±5.4 years. In both groups, SARS-CoV-2 was identified by PCR in 100% of mothers.

In both groups, repeated pregnancy prevailed – 73% and 75%, respectively ($p>0.05$). The use of assisted reproductive technologies for pregnancy was noted in 9% and 5% in the groups, respectively ($p>0.05$). In half of the cases, the delivery was by operative delivery: 53.8% and 51.1%, respectively ($p>0.05$) and was determined by the somatic status of the woman in labor.

Complicated gynecological history is represented by abortions in the anamnesis in 12% and 10% of cases in the groups, respectively ($p>0.05$; OR 1.27); miscarriages of 12% and 9% ($p<0.05$; OR 3.05); infertility of 9% and 15% ($p>0.05$; OR 0.72); pathology of the uterus and ovaries 9% and 17% ($p>0.05$; OR 0.52) in both groups, respectively.

Abnormalities associated with pregnancy were observed in women in both groups: anemia of pregnant women 53% and 43% ($p>0.05$; OR 0.53), acute urinary tract infection 41% and 33%, respectively ($p<0.05$; OR 0.30). In the first group, 100% of women had a combined pathology (disorders of fat metabolism, gestational diabetes mellitus, cardiovascular disorders). Somatic pathology in mothers is shown in Figure 1.



	Endocrine system	Cardiovascular system	Pathology of the organ of vision	Urinary system	Digestive system	Respiratory system
Group 1	52%	49%	33%	18%	25%	12%
Group 2	45%	42%	30%	21%	21%	14%
OR	0,44	0,64	0,45	0,95	0,32	0,95
95% CI	0.19 - 0,89	0,34 - 1,19	0,16 - 1,23	0,39 - 2,31	0,08 - 1,34	0,31 - 2,94
p 1 vs 2	<0,05	>0,05	>0,05	>0,05	>0,05	>0,05

Group 1: n = 99 newborns born to mothers with acute SARS-CoV-2 infection during labor
Group 2: n = 63 newborns born to mothers who had SARS-CoV-2 during pregnancy at gestational age 18-29 weeks

Fig. 1 Somatic pathology in mothers of groups 1 and 2

Catarrhal and general toxic symptoms prevailed in all women who underwent COVID-19. The incidence of pneumonia in women in labor in the first group was 30%, in the second group 16% (p>0.05; OR 2.12). According to computed tomography, the distribution by severity was: CT1 – 50% and 22%; CT2-10% and 67%; CT3-10% and 11%; CT4-30% and 0% in both groups. Radiological changes of the 4th degree on CT, which occurred in a third of cases in women of the first group, required a transfer to a ventilator, in the second group there were no such patients.

The majority of newborns in both groups weighed more than 2500 grams (72% and 92%, respectively; p<0.05). Children with a body weight of 1500-2499 grams were found with the same frequency (9% and 8%, p >0.05), newborns with a body weight of less than 1500 grams accounted for 19% in the first group, while they were absent in the second, including children with extremely low body weight 6%. In the second group, children weighing less than 1500 grams were absent. The population frequency in the control group was 0.3%. In the first group, the proportion of premature babies was 48%, exceeding 8 times this indicator in the second group and in the population (6% and 5%, respectively; p<0.05).

The proportion of children born at 35-37 weeks of gestation was 25 and 50% (p<0.05), at 32-34 weeks of gestation 31% and 50% (p<0.05) in both groups, respectively. In the first group, 19% of newborns were born at 29-31 weeks of gestation, 25% at 22-28 weeks of gestation, while in the second group there were no children born before 32 weeks of gestation.

In comparison with the control, both the first and second groups have a higher frequency of asphyxia, while it is highest in the first group (55% and 41%, respectively; p>0.05). In the first group, 30% of children and 5% of children of the second group needed respiratory therapy p<0.05. At the same time, 60% of them in the first group required prolonged artificial lung ventilation. In comparison with the first group, newborns of the second group did not require artificial lung ventilation.

All children of the first group needed hospitalization, including 36% in NICU. Among the patients of the second group, only 5% were hospitalized in a neonatal hospital. The duration of hospitalization in the NICU was 9.6±9.4 days. The total period of hospitalization in the neonatal hospital in the groups was 23.0±18.4 and 5.5±5.7 days, respectively. Antibiotic therapy was performed in 67% and 13% in the first and second groups. The structure of pathology in newborns was dominated by: perinatal CNS lesion, congenital pneumonia, respiratory distress syndrome, neonatal jaundice with critical bilirubin levels requiring therapy. The pathology of the neonatal period of the first, second and control groups is shown in Figure 2.

Diagnosis	% of cases in 1 group	% of cases in 2 group	% of cases in the control group	p 1 vs 2	p 1 vs k	p 2 vs k
Neonatal jaundice	36%	8%	6%	<0,05	<0,05	<0,05
Perinatal CNS damage	70%	13%	7%	<0,05	<0,05	<0,05
Congenital pneumonia	64%	10%	6%	<0,05	<0,05	<0,05
ARDS	18%	2%	0,2%	<0,05	<0,05	<0,05
Congenital vesiculosis	2%	2%	0,3%	>0,05	<0,05	<0,05
IUGR	2%	8%	5%	>0,05	>0,05	<0,05
Hemorrhagic disorders	2%	3%	0,8%	>0,05	>0,05	<0,05

Group 1: n = 99 newborns born to mothers with acute SARS-CoV-2 infection during labor
Group 2: n = 63 newborns born to mothers who had SARS-CoV-2 during pregnancy at gestational age 18-29 weeks
Control group: n = 9397 newborns born in the general population in 2019 from mothers who did not have SARS-CoV-2

Fig. 2. Pathology of the newborn period of the first, second and control groups

Conclusions. The presented data indicate the relationship between acute SARS CoV-2 infection in a woman and early adaptation of a newborn.

There was a significant increase in the birth of premature infants, including children with extremely low body weight in the group from mothers with acute SARS-CoV 2 infection in childbirth, as well as a high level of intranatal hypoxia in children of both groups, which is associated with the need for primary resuscitation care for newborns and intensive care.

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