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## ENDOMETRITIS AND METROENDOMETRITIS CAUSED BY CHLAMYDIA TRACHOMATIS

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**Objective:** To study a microbial spectrum at the development of endometritis and metroendometritis in early and late postpartum periods.

**Results:** At presence *C. Trachomatis* in genitalia of puerperas at the development of endometritis at a first week and in 2-4 weeks after labor more then beside halves puerperas (54,5% and 47,5% accordingly) chlamydia were found as single microorganisms. *M. hominis* at the development of endometritis at a first week after labor were found in 40,9% events, but at the development of endometritis in more late terms this numeral in 7 once less (5,8%). Accompanying bacterial microflora in genitalia of puerperas with postpartum festering-inflammatory diseases at presence *C. Trachomatis* is different depending on a zero hour of diseases. At the development of endometritis at a first week after labor a combination of *C. Trachomatis* and *M. Hominis* were met in 40,9% events, but in combination chlamydia with *E. Coli* in 4,5% events. At the development of endometritis in 2-4 weeks after labor *C. Trachomatis* in combination with *M. Hominis* were met in 5,8% events on different bacterial flora in 47,1% events with the prevalence *Str. "B"* and *Staph. Aurens*.

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## THE NEONATAL URGENT CARE SYSTEM IN ST- PETERSBURG

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The creation of modern neonatal urgent care (NUC) system of St-Petersburg was started in 1978, when she first neonatal intensive care unit was opened in Children's Hospital #1. Simultaneously, specialized ambulance sub-station #20 was organized, including resuscitative- consulting neonatal teams (RCNT).

Except that, in 1985 within the structure of this specialized ambulance #20 we opened the resuscitative-consulting center (NRCC) and by this way got the ability of neonatal, so called, dangerous conditions (DC) monitoring.

At early 90's the creation of modern hospital resources was started:

- the total bed's capacity of city NICU's increased from 12 to 66
- staff normatives in NICU were changed (1 nurse for such patient, one medical doctor for 3 patients.
- NICU's were supplied by appropriate medical equipment
- modern education of NICU personnel (MD's and Nurses) was made widely including modern neonatal technologies and strategies.

In combination of early evaluation of DC in maternity houses (NRCC) and previously organized neonatal transportation system we got the possibility to change significantly the situation in St. Petersburg.

The great majority (up to 90%) of the most sick neonates are transferred to hospitals during first day of life, and abilities of diagnosis and treatment in the hospital are significantly higher comparing with maternities. The system of NUC gives us the possibilities of putting the concrete situation with each extremely sick neonatal patient and the whole situation in the city under control. All this gives the opportunity to establish the rational management of whole system by City Committee of Health Care. As the result the survival rate increased significantly, at the same time the amount of disabled children, survived after neonatal critical conditions, decreased. The mortality rate in NICU's decreased by two times, early neonatal mortality rate by three times, neonatal mortality rate by 2,6 times, and infant mortality rate by 1,8 times. Neonatal mortality rate in Maternity Houses decreased down to 1% and was almost always connected with non-viable congenital heart malformations.

Further development of NUC is connected with development and using of prospective modern technologies such as synchronized IMV, high frequency oscillatory ventilation, nitric oxide therapy, using of surfactant, intravenous immunoglobulines, ECMO, antenatal evaluation of congenital heart malformation, decreasing the number of neonates of other non-viable malformation, development of neonatal neurosurgery.