The influence of asymptomatic and symptomatic bacteriuria in preterm delivery
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Objective
To evaluate the associations between asymptomatic and symptomatic urinary tract infection in pregnancy and spontaneous preterm delivery.

Methods
In our study were included pregnant women in the second and third trimester of pregnancy that have performed the urine analyses in the Laboratory of University Hospital of Obstetrics and Gynecology “Koço Gliozheni” from first of March 2013 until 31st of December 2013. These women were followed until delivery. Women that have not delivered in our hospital were excluded from the study. For every patient we had from the Astraia Program the gestational age at delivery, the membranes status at admission (ruptured or intact) and the birthweight at delivery.

Results
From the study group 8. 8% were diagnosed to have a urinary tract infection: 7. 2% with asymptomatic bacteriuria and 1. 6% with symptomatic bacteriuria (acute cystitis or pyelonephritis). From the urine cultures the main etiologic pathogen has resulted Escherichia Coli in 74% of cases. From our results the group with asymptomatic and symptomatic bacteriuria had higher rates of preterm delivery (11. 6% vs. 8. 7%), preterm rupture of membranes (4. 7% vs. 3. 1%) and lower mean birthweight at delivery comparing to the group without urinary tract infection.

Conclusion
Escherichia Coli is the most common etiologic agent in asymptomatic urinary infection and quantitative culture is the gold standard for diagnosis. Asymptomatic and symptomatic bacteriuria has been shown to increase the risk for preterm delivery and preterm rupture of membranes. Screening and treatment for asymptomatic bacteriuria has become a standard in obstetrics and the guidelines of prenatal care should include routine screening for asymptomatic bacteriuria.