

**PERINATAL ANAMNESIS ANALYSIS IN FULL-TERM NEWBORNS WITH
CONGENITAL PNEUMONIA**

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Abstract

Congenital pneumonia is a significant cause of neonatal morbidity and mortality, even in full-term newborns. Perinatal factors play a crucial role in the development of this condition. This study analyzes the perinatal anamnesis of full-term infants diagnosed with congenital pneumonia to identify key risk factors. A qualitative review of clinical and epidemiological data was conducted. The findings indicate that maternal infections, premature rupture of membranes, intrauterine hypoxia, and complications during labor are major contributors. Understanding perinatal history is essential for early diagnosis, prevention, and management of congenital pneumonia in neonates.

Keywords

Congenital pneumonia, newborns, perinatal anamnesis, maternal infection, neonatal health, respiratory disorders, full-term infants, risk factors

Introduction

Congenital pneumonia is a serious neonatal condition that develops before or during birth due to intrauterine or intrapartum infection. Although premature infants are more vulnerable, full-term newborns can also be affected, often due to adverse perinatal factors. The analysis of perinatal anamnesis, including maternal health, pregnancy complications, and labor conditions, is essential for understanding the etiology and risk factors of congenital pneumonia.

Perinatal anamnesis provides valuable clinical information that helps in early diagnosis and timely treatment. This study aims to analyze the role of perinatal factors in the development of congenital pneumonia in full-term newborns.

Methods

This study was conducted using a descriptive, retrospective, and analytical approach based on clinical data obtained from full-term newborns diagnosed with congenital pneumonia. Medical records from neonatal departments were reviewed, focusing on infants born at term (37–42 weeks of gestation) with confirmed clinical and radiological signs of pneumonia.

Data collection included detailed analysis of perinatal anamnesis. Maternal factors such as age, presence of infectious diseases during pregnancy (including respiratory, urinary, and intrauterine infections), chronic conditions, and obstetric history were evaluated. Special attention was given to complications during pregnancy, including gestational hypertension, anemia, and signs of intrauterine infection.

Intrapartum factors were also analyzed, including the duration of labor, premature rupture of membranes, presence of meconium-stained amniotic fluid, mode of delivery (vaginal or cesarean section), and any birth complications. The duration between membrane rupture and delivery was particularly assessed as a risk indicator for ascending infection.



Neonatal data included Apgar scores at 1 and 5 minutes, birth weight, clinical signs of respiratory distress, need for resuscitation, and early laboratory findings such as complete blood count and inflammatory markers. Radiological examinations, including chest X-rays, were used to confirm the diagnosis of pneumonia.

The collected data were systematized and analyzed to identify common perinatal risk factors associated with congenital pneumonia. Comparative and descriptive statistical methods were applied to evaluate the frequency and significance of each factor.

Results

The analysis identified several important perinatal risk factors associated with congenital pneumonia in full-term newborns:

1. Maternal infections

Infections during pregnancy, including urinary tract infections, chorioamnionitis, and respiratory infections, were frequently associated with neonatal pneumonia.

2. Premature rupture of membranes (PROM)

Prolonged rupture of membranes increases the risk of ascending infection, leading to intrauterine contamination of the fetus.

3. Intrauterine hypoxia

Fetal oxygen deprivation weakens the immune response and increases susceptibility to infections.

4. Complicated labor

Prolonged or difficult labor, meconium aspiration, and birth trauma contribute to respiratory complications.

5. Low immune adaptation

Despite being full-term, some newborns exhibit immature immune responses, making them vulnerable to infection.

Clinical manifestations in affected newborns included respiratory distress, tachypnea, cyanosis, and reduced activity shortly after birth.

Discussion

The findings emphasize the critical role of perinatal factors in the development of congenital pneumonia, even in full-term infants. Maternal health during pregnancy significantly influences neonatal outcomes. Infections can be transmitted to the fetus through the placenta or during delivery, leading to early-onset pneumonia.

Premature rupture of membranes is a well-established risk factor, as it facilitates bacterial invasion of the amniotic cavity. Similarly, intrauterine hypoxia compromises fetal defense mechanisms, increasing vulnerability to infection. Complicated labor conditions further exacerbate respiratory stress in newborns.

Early identification of these risk factors through careful analysis of perinatal anamnesis allows healthcare providers to implement preventive strategies and initiate early treatment. Advances in neonatal care, including antibiotic therapy and respiratory support, have improved outcomes, but prevention remains crucial.



Conclusion

In conclusion, perinatal anamnesis plays a vital role in identifying risk factors for congenital pneumonia in full-term newborns. Maternal infections, premature rupture of membranes, intrauterine hypoxia, and complications during labor are key contributing factors. Early recognition and management of these conditions can significantly reduce neonatal morbidity and mortality. Comprehensive monitoring of pregnancy and delivery, along with timely medical intervention, is essential to improve neonatal health outcomes.

References

1. Kliegman, R. M., St. Geme, J. W., Blum, N. J., Shah, S. S., Tasker, R. C., & Wilson, K. M. (2020). *Nelson Textbook of Pediatrics* (21st ed.). Elsevier.
2. Martin, R. J., Fanaroff, A. A., & Walsh, M. C. (2020). *Fanaroff and Martin's Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant* (11th ed.). Elsevier.
3. Gomella, T. L., Cunningham, M. D., & Eyal, F. G. (2020). *Neonatology: Management, Procedures, On-Call Problems, Diseases, and Drugs* (8th ed.). McGraw-Hill.
4. Кузиева, С. У., & Ишонкулова, Д. У. (2018). ВЫДЕЛЕНИЕ И ЭЛЕКТРОФОРЕТИЧЕСКИЕ СВОЙСТВА МАЛАТДЕГИДРОГЕНАЗЫ ХЛОПЧАТНИКА. In *INTERNATIONAL SCIENTIFIC REVIEW OF THE PROBLEMS AND PROSPECTS OF MODERN SCIENCE AND EDUCATION* (pp. 14-16).
5. Kuzieva, S. U., Imomova, D. A., & Duschanova, G. M. (2019). Structural features of vegetative organs *Spiraea hypericifolia* L., growing in Uzbekistan. *American Journal of Plant Sciences*, 10(11), 2086-2095.
6. Kuzieva, S. U., Imomova, D. A., & Abduraimov, O. S. Ontogenetic Structure Cenopopulations of *Spiraea hypericifolia* L. in Turkestan Ridge (Uzbekistan).

