LITERATURE

1. United Nations Population Fund. Family Planning: «What is Family Planning?» UNFPA Updated 16 August 2021. URL: https://www.unfpa.org/family-planning#readmore-expand.

2. United Nations, Department of Economic and Social Affairs, Population Division. Family Planning and the 2030 Agenda for Sustainable Development. New York: United Nations. URL: https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf.

3. Family Health Bureau: Statistics., 30th Annual Report for the year 2020. URL: https://fhb.health.gov.lk/index.php/en/statistics.

4. National Family Planning Programme Review, Sri Lanka 2016: Life tables for Sri Lanka 2011-2013 by district and sex. Department of Census and Statistics Sri Lanka 2016. URL: https://drive.google.com/file/d/1MFs4rcStpt6Rj53BDI8gM8-lHhm0kDG5/view.

5. National Strategic Plan on Adolescent Health. (2013–2017). Family Health Bureau Ministry of Health., National Family Planning Programme Review, Sri Lanka, 2016.

6. National Youth Health Survey 2012/2013 Sri Lanka.Family Health Bureau, UNICEF and UNFPA., National Family Planning Programme Review: Sri Lanka 2016.

7. FHB data 2015., Registrar General' Department. 2010. National Family Planning Programme Review: Sri Lanka 2016.

8. Sri Lanka Demographic and Health Survey.2006–2007. Department of Census and Statistics and Ministry of Healthcare and Nutrition. 2009.

9. *DeGraff, D. S.* Unmet Need for Family Planning in Sri Lanka: Low Enough or Still an Issue? / D. S. DeGraff, K. A. Siddhisena // Int Perspect Sex Reprod Health. 2015. Dec. Vol. 41(4). P. 200–209. doi: 10.1363/4120015. PMID: 26871728.

10. NASCP. URL: http://www.aidscontrol.gov.lk/web/ (Accessed 18.11.2016).

11. Human Development Index 2014. UNDP Accessed 15 August 2015 http://hdr.undp.org/en/content/human-development-index-hdi-table.

12. MDG Country Report 2014. United Nations Sri Lanka, 2015.

13. Annual Health Bulletin Ministry of Health 2014, National Family Planning Programme Review: Sri Lanka 2016.

14. *Goonesekere, S.* Emerging concerns and case studies on child marriage in Sri Lanka / S. Goonesekere, H. Amarasuriya // UNICEF. 2013.

УДК 618.3:[616.98:578.834.1]

CLINICAL SYMPTOMS OF COVID PNEUMONIA DURING PREGNANCY

Sanal Rajani Aadya, Fernando Hirunya

Scientific supervisor: PhD, Associated Professor *E. A. Einysh*

Educational Establishment
«Gomel State Medical University»
Gomel, Republic of Belarus

Introduction

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) responsible for coronavirus disease (COVID-19), along with other coronaviruses, can cause a spectrum of disease manifestations ranging from the common cold to pneumonia to severe acute respiratory syndrome (SARS). This disease has important implications for gravid patients. Pregnancy is a unique condition with many changes in the immune system, which may lead to increased susceptibility to severe infections involving the activation of the immune system. This is highly likely to be the case in COVID-19 pneumonia as the immune system and cytokine storm play a major role in the pathophysiology [1]. Pregnant women are at greater risk for developing pneumonia presenting with fever, cough, and dyspnea when infected with COVID-19. Pregnant patients are more likely to experience severe complications such as multisystem inflammatory syndrome involving myocarditis when also suffering from COVID-19.

Aim

The purpose of this article is to compare the clinical symptoms of COVID-19 pneumonia in pregnancy among patients in both India and Belarus.

Material and methods of the research

The data were collected from the Gynecology department of PRS Hospital, India. Study was conducted from May 1st, 2020, to April 30th, 2021, at Postgraduate Institute and YCM Hospital Pimpri Pune (Maharashtra), a dedicated COVID hospital

during COVID pandemic [2]. In this clinical study 63 pregnant patients (1 group) with COVID-19 pneumonia were enrolled. For comparison, the clinical course of pneumonia for 53 pregnant patients in the Gomel city hospital 3 (group 2) was studied. Study was conducted from January 1st, 2020, to October 30th, 2021. Absolute frequencies and their share were used to describe qualitative features. The features were compared using the x^2 method. Differences were considered significant at $p \leq 0.05$.

The results of the research and their discussion

Group 1 and 2 patients were mostly in their third trimester of pregnancy. Group 1 patients had moderate to severe pneumonia, and patients in group 2 had only moderate illness. In patients of 1 group breathlessness and myalgia were in all cases — 63 (100 %) vs. 28 (52,8 %), $p < 0,0001$ and 5 (9,4 %), $p < 0,0001$, cough in 40 cases (63,5 %) vs. 39 (73,6 %), $p = 0,24$; fever in 63 (100 %) cases vs. 38 (71,7 %), $p < 0,0001$. Only 6 patients in group 1 (9,5 %) vs. 5 (9,4 %) had loss of taste and smell. Saturation below 94 % was in 10 cases (15,9 %) and in 12 cases (22,6 %), $p = 0,35$. Chest X-ray showed bilateral lung affection in all cases in both groups. Majority of COVID-19 infection in pregnancy will be asymptomatic. Most symptomatic women experience only mild or moderate cold / flu-like symptoms. The PRIORITY (Pregnancy Coronavirus Outcomes Registry) study, an ongoing prospective cohort study of pregnant women from the United States, found the most prevalent first symptoms in infected women were cough (20 %), sore throat (16 %), myalgia (12 %) and fever (12 %). In this group of 594 symptomatic women, one-quarter had persistent symptoms 8 or more weeks after onset [3]. Our data show a higher frequency as only patients with clinical symptoms of pneumonia were included in the study.

Conclusion

The study showed that in both India and Belarus, COVID-19 pneumonia in pregnant women has similar clinical symptoms. Indian pregnant patients had higher rates of breathlessness, myalgia and fever, because this group included patients not only with moderate pneumonia but with severe forms of the disease. Pregnancy especially in third trimester may be a high-risk factor for poor maternal outcome in COVID-19 infection. The presence of any clinical symptoms of COVID-19 pneumonia increase the morbidity and mortality compared to asymptomatic infection.

LITERATURE

1. Mortality in pregnancy and the postpartum period in women with severe acute respiratory distress syndrome related to COVID-19 in Brazil, 2020 / C. A. Schele [et al.] // Int J Gynaecol Obstet. 2021. Vol. 155. P. 475–482.

2. Prevalence of Maternal Mortality and Clinical Course of Maternal Deaths in COVID-19 Pneumonia-A Cross-Sectional Study / M. Asalkar [et al.] //J Obstet Gynaecol India. 2021. Vol. 6. P. 1–10.

3. Public Health England. COVID-19: investigation and initial clinical management of possible cases 2020. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initialinvestigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-casesof-wuhan-novel-coronavirus-wn-cov-infection. Accessed 2021 Feb 12.