

Perspective

The impact of urinary tract infection on pregnant women (UTIs)

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ABOUT THE STUDY

A Urinary Tract Infection (UTI) is an infection in any part of your urinary system — your kidneys, ureters, bladder and urethra. Most infections involve the lower urinary tract — the bladder and the urethra. UTIs are the most frequently identified type of bacterial infection in pregnant women. They can develop in many sections of the urinary system, such as the bladder (cystitis), urethra (urethritis), or kidneys (pyelonephritis). When a UTI develops and bacteria are found in the urinary system, you may not experience any signs of infection. This is referred to as asymptomatic bacteriuria. While UTIs can occur in anybody, they are far more prevalent in women than males, and they are also more likely to develop in the very young and the elderly.

UTI symptoms during pregnancy

Common symptoms of a UTI during pregnancy are the same as they are at any other time, and they include a burning sensation when passing urine, the need to urinate more frequently than normal urinating before reaching the toilet ('leaking' or incontinence). Sensation like your bladder is full even after urinating urine that is hazy, bloody, or stinky. Discomfort above the pelvic bone and fever. A slight prickly feeling when passing urine will be the first symptom of an infection. If the infection has progressed to the kidneys, you may also have fever, particularly high fever, back discomfort, and vomiting.

Causes of UTIs

Bacteria are not generally present in your urinary system. Bacteria that enter the GI tract and proliferate can cause a UTI. There are various variables that enhance the likelihood of contracting an infection: Infection in your stomach with common bacteria, generally from faeces (poo), can pollute

the urinary system. Being sexually active increases the risk of bacteria moving around the genital area and entering the urinary tract. If the pelvic floor muscles are weak, your bladder may not drain entirely, which can lead to infection. Women with diabetes are more likely to acquire a UTI because the sugar in their urine might stimulate germs to grow.

Risks of UTIs

Several changes occur in your body during pregnancy that increases your chance of having a UTI, including changes to the composition of your urine and immune system. As your baby develops, so does the strain on your bladder, which can limit the flow of your urine and lead to infection. UTIs can harm women whether or not they are pregnant. Pregnant women, on the other hand, are more prone to suffer recurring or serious illnesses. Up to one in every ten pregnant women will develop a urinary tract infection but show no symptoms.

Treatment for UTIs

When you have a UTI, and then should drink plenty of water to flush out the urinary system. Pregnancy-safe medicines are used to treat UTIs. Your doctor will prescribe the appropriate antibiotic based on the nature of the infection and the germs discovered in the urine sample. Antibiotics will be administered for 3 to 7 days, or as prescribed by the doctor. If the infection is causing patients discomfort, the doctor will most likely begin treatment before you receive the urine test results. The symptoms should subside in three days. In any case, take all of the medications on time. Even if the symptoms subside, don't give up. Many popular antibiotics, such as amoxicillin, erythromycin, and penicillin, are deemed safe for pregnant women to use. Others that might harm your baby's growth, such as ciprofloxacin (Cipro), sulfamethoxazole, tetracycline, or trimethoprim (Primsol, Proloprim, Trimplex), would not be prescribed by the doctor.

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