

MANAGING ENDOCERVICITIS IN PREGNANCY: IMPACT ON MOTHER AND FETUS, DIAGNOSTIC AND TREATMENT APPROACHES

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Abstract

Endocervicitis, inflammation of the endocervical mucosa, poses potential risks during pregnancy for both the mother and the developing fetus. This review examines the impact of endocervicitis on pregnancy outcomes, including the increased risk of preterm birth, premature rupture of membranes (PROM), and vertical transmission of infections. We discuss various diagnostic approaches for identifying the causative agents of endocervicitis in pregnant women, such as nucleic acid amplification tests (NAATs) and microscopic examination. Furthermore, we provide an overview of current treatment strategies, focusing on the appropriate use of antibiotics while considering the safety and potential side effects for both the mother and fetus. The aim of this review is to offer evidence-based guidance for clinicians managing endocervicitis in pregnant women, with the ultimate goal of optimizing maternal and fetal health and reducing adverse pregnancy outcomes.

Keywords: Endocervicitis, Pregnancy, Preterm Birth, Premature Rupture of Membranes, PROM, Vertical Transmission, Infection, Diagnosis, Treatment, Antibiotics, Maternal Health, Fetal Health

Introduction

Pregnancy is a period of significant physiological changes, rendering women more susceptible to infections. Endocervicitis, or inflammation of the endocervical mucosa, is a common condition affecting women of reproductive age, and its presence during pregnancy warrants careful attention. Endocervicitis can be caused by a variety of infectious agents, including sexually transmitted infections (STIs) such as *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis*, as well as bacterial vaginosis (BV)-associated organisms.

The presence of endocervicitis during pregnancy is associated with a range of adverse pregnancy outcomes, including an increased risk of preterm labor and delivery, premature rupture of membranes (PROM), postpartum endometritis, and vertical transmission of infections to the neonate. Understanding the potential impact of endocervicitis on both maternal and fetal health is crucial for implementing effective diagnostic and management strategies.

This review aims to provide a comprehensive overview of the current understanding of endocervicitis in pregnancy. We will examine the impact of endocervicitis on pregnancy outcomes, discuss the various diagnostic approaches used to identify the causative agents, and evaluate the available treatment options, considering both the efficacy and safety of these interventions. The goal is to provide clinicians with an evidence-based framework for managing endocervicitis in pregnant women, ultimately contributing to improved maternal and fetal health outcomes.

Materials and Methods

This review is based on a comprehensive search of the published literature regarding endocervicitis in pregnancy. Electronic databases including PubMed, Scopus, and the Cochrane Library were searched using the following keywords and combinations thereof: "endocervicitis," "pregnancy," "cervicitis," "preterm birth," "PROM," "vertical transmission," "infection," "diagnosis," "treatment," "antibiotics," "maternal health," and "fetal health."

The search was limited to articles published in English between January 2010 and October 2024. Articles were included if they focused on the epidemiology, etiology, diagnosis, management, or outcomes of endocervicitis in pregnant women. The following types of studies were considered: randomized controlled trials, cohort studies, case-control studies, systematic reviews, meta-analyses, clinical guidelines, and expert opinions.

Two independent reviewers screened the titles and abstracts of all identified articles to determine their eligibility for inclusion. Full-text articles were retrieved for studies meeting the inclusion criteria. Data extraction was performed independently by the two reviewers using a standardized data extraction form. Discrepancies were resolved through discussion and consensus. The quality of the included studies was assessed using appropriate tools, such as the Cochrane Risk of Bias tool for randomized controlled trials and the Newcastle-Ottawa Scale for observational studies. The findings from the included studies were synthesized to provide an evidence-based overview of the management of endocervicitis in pregnancy.

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