Summary, Conclusion and Recommendations

Urinary tract infections (UTIs) are the most common bacterial infections in pregnant women. Complications that lead to significant morbidity and mortality in both the fetus and the mother may be limited by early and proper management.

Urinary tract infection in pregnancy if untreated on time or inefficiently treated it may lead to severe maternal and fetal complications. Therefore, all pregnant women should be screened at least once by urine culture for asymptomatic bacteriuria throughout their antenatal controls, during early pregnancy, if possible.

Asymptomatic bacteriuria is defined as the presence of actively multiplying bacteria in the urinary tract excluding the distal urethra in a patient without any obvious urinary symptoms.

Screening by culture or dipstick and appropriate treatment of asymptomatic bacteriuria improve outcomes.

Reagent strip testing of urine specimens for infection has become widespread in many areas of clinical practice. Such strips were sensitive and specific when used to exclude urinary tract infection these reagent strips are effective and accurate when used to screen for bacteriuria in an effort to reduce the cost of urine analysis and culture**.**

Pregnant women should be treated if the results of urine culture are positive.

Although, urine culture is the definitive standard for the screening of asymptomatic bacteriuria, it is time consuming and expensive.
If the dipstick is positive the women should be treated with antibiotic without waiting for the midstream urine result.

Untreated asymptomatic bacteriuria, during pregnancy has been associated with an increased risk of pyelonephritis, premature delivery and fetal mortality.

Proper treatment of ASB is crucial to decrease the risk for development of pyelonephritis and prevent premature deliveries. Antibiotic treatment of asymptomatic bacteriuria is associated with a decrease in the incidence of pyelonephritis, preterm delivery, low birth weight or maternal complications.

There is a general acceptance that the use of nitrofurantoin in pregnancy is acceptable and resistance to nitrofurantoin is low**.**

The duration of antimicrobial therapy for asymptomatic bacteriuria should be 3-10 days.

Short term therapy with nitrofurantoin should be used for treatment of asymptomatic bacteriuria in pregnancy.

In conclusion, A 3 day treatment with nitrofurantoin for treatment of asymptomatic bacteriuria was as effective clinically and microbiologically as nitrofurantoin for 10 days.

Reagent strip testing of antenatal urine specimens is effective and accurate when used to screen for bacteriuria in an effort to reduce the cost of urine analysis and culture .hence negative results is accurate than positive results need to be confirmed.

These tests are less expensive than urine cultures. However, these rapid screening tests are inferior to urine culture since they require high concentrations of bacteria leading to poor sensitivity and positive predictive values.

In our study, a successful outcome was achieved with 3 –days or 10days treatment, and bacteriuria was eradicated in most of the patients (95%, and 90% respectively).

The prevalence of fetal outcome with the treatment of asymptomatic bacteriuria with nitrofurantoin by short dose and regimen is satisfactory.

Recommendations: A more extended study with a larger number of patients is recommended to be carried out.