

## **PHYTO.VIG.GEST: "VIGILANCE ON USE OF DRUGS, HERBAL PRODUCTS AND FOOD SUPPLEMENTS DURING PREGNANCY: FOCUS ON FOSFOMYCIN".**

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Urinary tract infection (UTI) is defined as a common bacterial infection that can lead to significant morbidity such as stricture, fistula, abscess formation, bacteraemia, sepsis, pyelonephritis and kidney dysfunction with a mortality rates reported of 1% in men and 3% in women because of development of pyelonephritis. UTIs are more common in women and the 33% of them, requires antimicrobials treatment for at least 1 episode by the age of 24 years. UTIs are the most common infections observed during pregnancy and up to 30% of mothers with not treated asymptomatic bacteriuria may develop acute pyelonephritis which consequently can be associated to adverse maternal and fetal outcomes. All bacteriuria in pregnancy should be treated with antimicrobial treatments being safe for both the mother and the fetus. Approximately one every four women receives prescription of antibiotic treatment during pregnancy, nearly 80% of all the prescription medications during gestation. Use of fosfomycin to treat cystitis in pregnancy generally considered safe and effective. Even though use on antibiotics for urinary tract infections is considered generally safe for the fetus and mothers, this opinion is not based on specific studies monitoring the relationship of between urinary infections, consumption of antibiotics and pregnancy outcomes. On this basis we decided to analyze data from the database of our multicenter study PHYTOVIGGEST, reporting data from 5340 pregnancies, focusing on use of fosfomycin. Principal outcomes of pregnancy in women treated with fosfomycin were taken in consideration. Women who have been treated with urinary antibiotics during the pregnancy were 183. With respect to the total number of pregnancies of our sample, these women represented the percentage of 3.43 % (183/5340). Analysis of different outcomes of pregnancy such as gestational age, neonatal weight and neonatal Apgar index did not show any significant difference. At the same time analysis of data of pregnancy complicancies (such as, urgent cesarean delivery, use of general anesthesia, need to induce labour) did not show any difference in women taking fosfomycin during pregnancy and those not taking it. Our data, based on a large number of pregnancies, confirm the safety use of fosfomycin use in pregnancy