INTRODUCTION & AIM OF WORK

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Many reports stressed the fact that monilia is more commonly harbored in the vagina of pregnant than in the non pregnant females. Although the reported incidence vary greatly yet, about 30% of gravidae have vaginal cultures positive for monilia, compared with 16% in non-gravid females (Mead,1974).

Vaginal moniliasis is more common in pregnancy because of high levels of oestrogen, resulting in abundance of glycogen in the vaginal mucosa which favour fungal growth (Mead,1974).

Moreover, glycosuria is common in pregnancy and the high vaginal acidity (pH 4.4 or lower) tends to destroy other bacteria (Jeffcoate,1981).

It has been shown that pregnanediol enhances the growth of Candida albicans in vitro. Following delivery, regression of the vaginal epithelium and disappearance of glycogen removes the factors that enhance fungal growth. These changes are reflected by rapid disappearance of Candida from the postpartum vagina (Mead,1974).

Charles (1980), stated that pregnancy is associated

with reduction in cell-mediated immunity, which may explain why Candida albicans is more commonly present in the vagina during pregnancy. He added that, the presence of a glycogen-rich vaginal epithelium due to increased oestrogen production or alteration in carbohydrate metabolism during pregnancy may also play a role in the transition of the organism from a saprophyte to a pathogen.

Kozinn et al.(1958), reported that, maternal vaginal Candida organism are transmitted to the infant, presumbly when he swallows some of the vaginal contents during his passage through the birth canal. He added that, the incidence of oral candidiasis (thrush) in new born babies is variously estimated to be between 0.14 and 19%.

Charles (1980), pointed out that colonization of the oral cavity of neonate results from transmission of maternal vaginal Candida organisms during parturition. It may also be transmitted through contaminated nipples but is almost always secondry to maternal vaginal infestation or infection. He added that, the most commonly encountered lesion is oral thrush, in which whitish exudate develops on the oral mucosa. In some instances, meconium infestation with the fungus results in perianal candidal dermatitis.