



LACTATIONAL AMENORRHEA AS A METHOD OF POSTPARTUM CONTRACEPTION

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Abstract

The questions of the duration of lactational amenorrhea in 40 lactating women after physiological childbirth are considered.

Keywords: lactation; postpartum amenorrhea; physiological childbirth

ЛАКТАЦИОННАЯ АМЕНОРЕЯ КАК МЕТОД ПОСЛЕРОДОВОЙ КОНТРАЦЕПЦИИ

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Резюме

Рассмотрены вопросы длительности лактационной аменореи у 40 кормящих женщин после физиологических родов.

Ключевые слова: лактация; послеродовая аменорея; физиологические роды

Introduction

One of the issues that has been little studied is the question of when the menstrual cycle should normally resume, and what is associated with either early or late onset of menstruation after childbirth. Early introduction of complementary foods and early weaning of the child from the breast also affect the earlier restoration of the menstrual cycle. If a woman does not breastfeed at all, in this case, menstruation can come a month after childbirth. For postpartum contraception, purely progestin preparations (mini-pills) are recommended, which in breastfeeding women (with mixed feeding) can be used 6 weeks after childbirth. Perhaps the introduction of an intrauterine contraceptive (mirena). It is best to introduce an intrauterine contraceptive in the first 10 minutes after the birth of the placenta or in the first 48 hours after childbirth (in the maternity hospital). The contraceptive can also be introduced after 4 weeks after childbirth (at the first visit to the gynecologist).





A barrier method of contraception and spermicides are also recommended to the puerperal. This method can be used at any time after childbirth and does not affect the quality and quantity of milk. As a method of postpartum contraception in women who have given birth again, voluntary surgical sterilization is used.

The choice of contraceptive method after childbirth depends on breastfeeding and its regimen.

The lactational amenorrhea method is a fairly reliable and cost-effective, natural method of postpartum contraception. Exclusive breastfeeding (no nightly interval) provides very good protection against pregnancy. Within 6 months after childbirth, subject to the presence of amenorrhea and exclusive breastfeeding (without a night interval), the woman remains infertile. Women who breastfeed irregularly may ovulate and become pregnant.

The mechanism of action of lactational amenorrhea is based on the blockade of ovulation, since breastfeeding provides sufficient levels of prolactin for this.

A retrospective analysis of 70 lactating women was carried out according to a specially compiled questionnaire in the obstetric complex Bukhara region Karakul district in women with obesity and dyslipidemia, this condition affects uterine involution [14-16]. It was noted that lipid metabolism disorders were significantly higher among patients with HA [15].

This method is successful if breastfeeding is carried out at least every 3-4 hours during the day and at least once at night. At the same time, amenorrhea persists for 6 months after childbirth.

An analysis of the available literature showed that the frequency, timing of recovery of menstrual function and fertility after childbirth in lactating women have been little studied, this served as the rationale for this study [17].

The purpose of the work was to study the timing of lactational amenorrhea and the onset of pregnancy in lactating women who had a normal birth.

Material and Methods

A retrospective analysis was carried out using a specially compiled questionnaire. 40 lactating women who underwent physiological childbirth.

Women were predominantly aged 20 to 35 years - 87.5%. Iron deficiency anemia was diagnosed in 62.5%, mostly mild (37.5%) and moderate (25%). Childbirth proceeded through the natural birth canal. Of the interventions, there was a manual examination of the uterine cavity for a defect in the placenta in 10%, suturing of cervical ruptures in 5%. Women breast-fed children up to 6 months 15%, for 8-12 months - 30%, up to





1.5 years - 27.5% and up to 2-2.5 years - 27.5%, of which they began to give complementary foods with 2-3 months - 17.5%, from 4-5 months - 10% and from 6 months - 7.5%. The first menstruation after childbirth came after 40 days in 30% of nursing mothers, after 2 months - in 7.5%, after 3 months - in 17.5%, after 5 months - in 5%, after 6 months - in 12.5%, 7-8 months - in 22.5% and after 12 months or more - in 2.5%.

IUD contraceptives were used by 50% of women. The arrival of menstruation did not depend on the presence or absence of the IUD.

Thus, the restoration of menstrual function occurs early in the first 1.5-3 months after childbirth in 55% of nursing mothers, which must be taken into account for the regulation of the intergenetic interval, the timing of contraception and the prevention of unwanted pregnancy. In the postpartum period, the woman's endocrine system, under the influence of the pituitary gland ("the conductor of the endocrine system"), begins to actively produce the hormone prolactin, the "milk hormone". Prolactin stimulates the production of milk in a woman who has given birth and at the same time suppresses the cyclic production of hormones in the ovary. This function of prolactin leads to the fact that ovulation does not occur and menstruation does not occur. Most non-breastfeeding women have their period 6-8 weeks after childbirth. Lactating women generally do not have periods for several months or during the entire time of breastfeeding, although in some of them menstrual function resumes soon after the end of the postpartum period, that is, 6-8 weeks after childbirth. Since the restoration of menstruation is primarily a hormonal process, its rate is associated with the rate of recovery of the hormonal background of the female body after childbirth, which in turn depends primarily on how breastfeeding goes. It has been established that if a child is completely natural, that is, breastfed and receives only breast milk on demand, at any time of the day or night, then menstruation often occurs only by the end of the baby's first year of life, that is, by the end of the lactation period. If complementary foods are introduced, then menstruation can occur before the end of lactation. If the feeding of the child is mixed from the very beginning, then menstruation is usually restored by the 3-4th month after childbirth. If a woman does not breastfeed at all, then the ability to ovulate, and hence the menstrual cycle, is restored even earlier, approximately 10-12 weeks after birth.

It is believed that the restoration of the menstrual cycle does not depend on the method of delivery: both after childbirth through the birth canal and after cesarean section, the restoration of the menstrual cycle can occur later or earlier, and depends mainly on the method of feeding.





The restoration of menstrual function is influenced by many factors, such as:

- Course of pregnancy and complications of childbirth,
- The woman's age, proper and nutritious nutrition,
- Observance of the sleep and rest regimen,
- The presence of chronic diseases,
- Neuro-psycho state and many other factors.

After the arrival of the first real menstruation after childbirth, we can talk about the beginning of the restoration of the menstrual cycle

After childbirth, menstruation may become regular immediately, but may be established within 4-6 months.

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