



## CHANGES IN THE ORGANISM OF THE PARTNER. RESTORATION OF MENSTRUAL FUNCTION IN THE POSTPARTUM PERIOD

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### ANNOTATION

The postpartum (puerperal) period is the period that begins after the birth of the placenta and lasts 6 to 8 weeks. In the postpartum period, the body of the puerperal almost completely returns to the state that it was before pregnancy. Studied IUD after childbirth, depending on the method of delivery in 150 puerperas.

**Keywords:** physiological childbirth; lactation; postpartum amenorrhea, restoration of the menstrual cycle.

### Introduction

During this time, important physiological processes take place in the body of the puerperal: almost all the changes that have arisen in connection with pregnancy and childbirth in the genitals, endocrine, nervous, cardiovascular and other systems pass. The exception is the mammary glands, whose function reaches its peak precisely in the postpartum period. It is important to note that during this period, the formation of a sense of motherhood and the corresponding restructuring of a woman's behavior take place. The most pronounced involutinal processes occur in the genital organs, especially in the uterus. The rate of involutinal processes is maximally expressed in the first 8-12 days. Only some of the changes associated with pregnancy and childbirth do not disappear (the slit-like form of the external os, the folding of the vagina, the size and shape of the mammary glands, etc.).

- The postpartum period is conditionally divided into:
- Immediate postpartum period lasting up to 24 hours after delivery. During these periods, complications most often occur associated with anesthesia in childbirth or directly with the birth itself;
- Late postpartum period, lasting 6 weeks and ending in the main complete involution of all organs and systems of the puerperal.

### Purpose:

Research: to study changes in the body in rollers. Restoration of menstrual function in the postpartum period.





## Material and Methods

Studied uterine fundus height after childbirth, depending on the method of delivery in 150 puerperas.

## Results and Discussion

Methods for examining the uterus in the postpartum period. Restoration of the menstrual cycle after childbirth. The height of the fundus of the uterus above the womb is measured with a centimeter tape, while the bladder must be emptied. Its value on the first day is 15-16 cm.

Decreasing daily by 2 cm, the fundus of the uterus is not determined by the 10th day of the normal postpartum period above the womb.

The uterus on palpation is usually painless, mobile, dense. Regular emptying of the bladder and intestines contributes to the active involution of the uterus. With painful contractions, painkillers and antispasmodics can be prescribed.

Studied uterine fundus height after childbirth, depending on the method of delivery in 150 puerperas. Measurement was taken daily from day 2 to day 5 for vaginal delivery and up to day 7 for CS.

It was established that the degree of uterine involution in the first and preterm vaginal births, the value of uterine fundus height was initially lower than in multiparous and in cases of delivery at term. The degree of uterine involution in primiparous increases gradually during the earliest day after delivery (from 0.95 to 1.6 cm per day), while in multiparous this increase begins after the 4th day. When the CS operation is performed and in cases of preterm birth, the indicators of the degree of uterine involution are reduced and not the same. In cases of premature vaginal delivery and macrosomia, the degree of uterine involution slows down. Uterine involution after CS is slow and unstable, which is more pronounced during repeated operations.

More reliable information about involutive processes in the uterus in the postpartum period can be obtained from ultrasound (transabdominal and transvaginal echography).

At the same time, the length, width, anteroposterior size of the uterus are determined. There are significant differences in the rate of involution of individual sizes of the uterus in the first days of the postpartum period. In the first 8 days after birth, the involution of the uterus mainly occurs due to changes in the length, width, and a much lesser degree of anteroposterior size of the uterus. The greatest rate of decrease in the length of the uterus was established from the 2nd to the 5th day, the width - from the 2nd to the 4th day of the postpartum period.



When examining the uterine cavity, its size and contents are assessed. The uterine cavity in the first 3 days after birth is determined by echography in the form of a slit-shaped structure with clear contours. On the 5-7th day of the uncomplicated postpartum period, the uterine cavity is identified in 66.7% of puerperas after spontaneous delivery and in 77.8% after caesarean section. The anteroposterior size of the uterine cavity is: on the 2nd-3rd day -  $1.5 \pm 0.3$  cm; on the 5th-7th day -  $0.8 \pm 0.2$  cm; on days 8-9 -  $0.4 \pm 0.1$  cm. In nulliparous women who underwent caesarean section, the parameters of the height and width of the uterus significantly exceeded those in women who gave birth through the vaginal birth canal, on the 2nd day - by 8.7% and 12.1% ( $P < 0.001$ ), by 4 - day - by 18.5% and 19.5% ( $P < 0.001$ ), and on the 6-7th day - by 13.9% and 9.1% ( $P < 0.001$ ). The greatest delay in uterine involution was observed in operated women on the 4th day. As a result of the study, it was found that women with dyslipidemia invade the uterus longer than women with normal weight [1].

By the 3rd day of the postpartum period, the content of the uterine cavity during ultrasound examination is characterized by the presence of a small amount of blood clots and remnants of decidual tissue. Most often, these structures are localized in the upper parts of the uterine cavity on the 1st-3rd day of the postpartum period. In the future, the frequency of detection of echostructures in the uterine cavity decreases. At the same time, by the 5-7th day of the postpartum period, they, as a rule, are localized in the lower parts of the uterus in close proximity to the internal pharynx. The ultrasound picture of the postpartum uterus depends on the method of delivery: after a cesarean section, the decrease in the length of the uterus is much slower than during vaginal delivery. In addition, after abdominal delivery, there is a thickening of the anterior wall of the uterus, especially pronounced in the area of the suture (lower uterine segment) low level sound conductivity - reflection of ligatures.

### **Restoration of the menstrual cycle after childbirth**

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.

Thus, the data obtained indicate that after physiological childbirth, the restoration of menstrual function occurs early in the first 40 days of the postpartum period in 1/3 of women, and during the first 3 months - in 55.0%, within 6 months after normal childbirth - in 72.5% (29) breastfeeding mothers. These data indicate insufficient suppression of FSH and LH production by prolactin during breastfeeding, which contributes to the restoration of the menstrual cycle [2]. During the millennia of the



existence of the human race, the child was born only naturally, fed exclusively on mother's milk, and, of course, without any regimen, i.e. on demand. Mothers fed their children not up to six months or a year, as at present, but up to two or three years, that is, until the baby could switch to full-fledged adult food. And throughout this long period, the woman did not have menstruation - this is the physiological norm to which the woman's endocrine system is oriented. 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. During pregnancy and childbirth, many systems in a woman's body undergo quite serious changes. Their recovery usually takes 6-8 weeks. However, for the hormonal system and mammary glands, this period increases due to lactation. 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 birth. Here you should not look for either the norm or the pathology, since the timing of the restoration of the menstrual cycle after childbirth is individual for each woman. Since the restoration of menstruation is primarily a hormonal process, its rate is related to 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.

The age of the child with the introduction of additional nutrition was significantly associated with the resumption of menstruation at 6-7 months after birth (Simondon K.B., et al., 2003).

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-psychic state and many other factors.

The period of amenorrhea was found to be shorter at lower parity and in younger mothers. The duration of amenorrhea increases with a long interval between births and with prolonged breastfeeding. Parity, maternal age, child survival status, method of breastfeeding, and socioeconomic status of mothers are the basis influencing rates of postpartum amenorrhea among rural mothers in Nepal (Aryal TR., 2007).

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 can immediately become regular, but can be established within 4-6 months, that is, during this period, the intervals between them may vary somewhat, differ from each other by more than 3 days. At this time, menstruation may be irregular, come early or late.

Often after childbirth, the nature of menstruation changes. Periods after childbirth may become more regular than they were before pregnancy, as well as less painful or completely painless. The fact is that the pain of menstruation, as a rule, is caused by the bending of the uterus, which makes it difficult for the outflow of menstrual blood. During childbirth, the bending of the uterus naturally disappears, the relative position of the organs in the abdominal cavity changes, as a result of which the position of the uterus becomes more physiological and pain during menstruation disappears. The restoration of the menstrual cycle after childbirth does not always go smoothly. In some cases, complications occur after childbirth, most often associated with hormonal disorders, which lead to problems with the restoration of menstruation after childbirth. The mechanism of action of lactational amenorrhea is based on the blockade of ovulation, since breastfeeding provides sufficient levels of prolactin for this. This method is successful if breastfeeding is carried out at least every 3-4 hours during the day and at least once at night [4].

One of the reasons why the process of restoring the menstrual cycle after childbirth can be disrupted is hyperprolactinemia.



Normally, the level of prolactin rises after childbirth, and decreases after a decrease in lactation activity. However, in some cases, prolactin levels remain high even after breastfeeding is stopped, and this leads to the development of amenorrhea (that is, the absence of menstruation). However, a symptom of hyperprolactinemia may not be amenorrhea, but a violation of the rhythm of menstruation: their increase or decrease. The most common cause of hyperprolactinemia is some kind of malfunction of the pituitary gland, most often prolactinoma - a benign tumor of the pituitary gland that produces prolactin. In addition, hyperprolactinemia can be caused by insufficient thyroid function - hypothyroidism. To diagnose hyperprolactinemia, a blood test for the content of prolactin and hormones that characterize the function of the thyroid gland, as well as a study of the pituitary gland using computed tomography, is used. For the treatment of hyperprolactinemia, as a rule, drugs are prescribed to help reduce the release of prolactin, the level of which in the blood often decreases to normal within a few weeks after the start of treatment. As the level of prolactin normalizes, the menstrual cycle also recovers.

If a woman's childbirth was accompanied by preeclampsia, severe septic or bacterial complications, or massive bleeding occurred in the postpartum period, this can lead to necrotic changes in the pituitary cells - postpartum hypopituitarism (Sheehan's syndrome). Sheehan's syndrome is a rare disease, but its frequency increases to 40% with massive postpartum or post-abortion bleeding. In Sheehan's syndrome, as a result of damage to the pituitary gland, symptoms such as headache, fatigue, weakness, chilliness, hypotension (lowering blood pressure), a significant decrease in body weight, slight swelling (pastosity) of the lower and upper extremities, dry skin, baldness. One of the manifestations of Sheehan's syndrome is amenorrhea or, as a possible option, oligomenorrhea - a decrease in the amount of menstrual blood up to small spotting. How strong the menstrual dysfunction in Sheehan's syndrome will be depends on how badly the pituitary gland is affected. The diagnosis of postpartum hypopituitarism is made on the basis of data on the course of pregnancy and childbirth, in addition, the symptoms of postpartum hypopituitarism and hormonal studies are taken into account. Sheehan's syndrome is usually treated with hormone replacement therapy. Thus, based on the results obtained, it can be concluded that in lactating mothers, the data of dopplerometry of the uterine vessels on the 3rd day after physiological delivery can serve as control markers.

## Findings

Restoration of menstrual function after caesarean section has been little studied, although it is known that the complicated course of childbirth can also lead to various





menstrual disorders. It is believed that in women after a caesarean section, menstruation usually occurs at the same time as after a normal birth. However, with complications in the postoperative period, menstrual function may not recover for a long time due to a longer period of uterine involution due to the presence of a suture, as well as a longer process of normalization of ovarian function in infectious complications. [3].

### **Literature**

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