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PROBLEMS OF RESTORATION OF MENSTRUATION AND REPRODUCTIVE FUNCTION AFTER CHILDBIRTH

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Abstract
The problem of restoration of menstrual and childbearing function after childbirth has not been adequately reflected in the literature, the restoration of reproductive function against the background of lactational amenorrhea is the cause of a short intergenetic interval, abortions in lactating women, the frequency and duration of lactational amenorrhea after physiological and complicated childbirth, including surgical due to with the widespread introduction of the principles of a benevolent attitude towards the child and breastfeeding into the obstetric institutions of the republic, this problem becomes relevant.

Keywords: Physiological childbirth, lactational amenorrhea method, reproductive function.

Проблемы восстановления менструации и репродуктивной функции после родов

Проблема восстановления менструальной и детородной функции после родов не нашла должного отражения в литературе, восстановление репродуктивной функции на фоне лактационной аменореи является причиной короткого интергенетического интервала, абортов у лактирующих женщин, не установлена частота и длительность лактационной аменореи после физиологических и осложнённых родов, включая оперативных в связи с повсеместным внедрением в родовспомогательные учреждения республики принципов доброжелательного отношения к ребенку и грудного вскармливания, данная проблема приобретает актуальное значение. [1].

Ключевые слова: Физиологические роды, метод лактационной аменореи, репродуктивная функция.

Tug'ruqdan keyin hayz va reproduktiv funksiyani tiklanish muammolari

Tug'ruqdan keyin hayz ko'rish va tug'ish funksiyasini tiklash muammosi adabiyotda yetarli darajada aks ettirilmagan, laktatsion amenoreya fonida reproduktiv funksiyani tiklash qisqa intergenetik intervalning sababi, emizikli ayollarda abortlar, tez-tez va

davomiyligi bilan bog'liq. Respublika akusherlik muassasalarida bolaga xayrixohlik va emizish tamoyillarining keng joriy etilishi munosabati bilan fiziologik va murakkab tug'ruqdan keyingi laktatsion amenoreya, shu jumladan jarrohlik bilan bog'liq muammolar aniqlangan.

Kalit so'zlar: Fiziologik tug'ilish, laktatsion amenoreya usuli, reproduktiv funksiya.

Introduction Lactational amenorrhea method (LAM)
3 conditions for the effectiveness of (LAM):

- the child must not be older than 6 months;
-the mother must remain amenorrhea;
The mother should exclusively or almost exclusively breastfeed.
Mechanism of action of LAM
Ovulation suppression.

Advantages of the Method

• Efficiency - 98% (2-3% chance of pregnancy in the first 6 months after birth);
• Easy to use;
• Effective immediately;
• Free;
• Does not affect sexual intercourse;
• Reduces postpartum bleeding;
• No physical side effects;
• Does not require medical supervision
The lactational amenorrhea method is very beneficial for the child.

Advantages of the method for the child:

• Passive immunization;
• The best power supply;
• Contact with pathogenic flora of water or other milk decreases.

Disadvantages of the Method:

• User dependent (requires following breastfeeding guidelines).
• Exclusive or near-exclusive breastfeeding may be difficult for some women due to social circumstances.
• Short-term protection (limited to 6 months).

• No protection against sexually transmitted infections and other sexually transmitted diseases (eg hepatitis B virus, AIDS).

When using the method of lactational amenorrhea, some problematic situations may arise. [5].

Problems when Using the Method

• Resumed menstruation. Menstruation means the resumption of ovulation and the return of fertility.

• The baby suckles both breasts less than 6 times a day or sleeps through the night.

• Reducing the frequency of feeding allows the ovaries to return to normal function and ovulation is no longer suppressed.

• The woman has begun adding food or liquids to her baby's diet to replace breast milk. Ovulation in this case is also not suppressed.

• The child is 6 months old or older. At 6 months, you should start feeding your baby with other foods. This reduces the likelihood that breastfeeding will effectively prevent pregnancy.Во всех случаях, перечисленных выше, вероятность беременности высока. Следовательно, не прекращая грудного вскармливания, необходимо использовать другой метод контрацепции. [2].

The method of lactational amenorrhea is effective only with exclusive breastfeeding (lactation).

What is Exclusive Breastfeeding:

• breastfeeding at the request of the child (at least every 4 hours during the day);

• night feeding (at least every 6 hours);

• breast milk is not replaced by any other food or liquid (no supplements).

The purpose of the work: to determine the timing of the restoration of menstrual and childbearing function in nursing mothers.

Material and methods. A retrospective analysis of 70 lactating women was carried out using a specially compiled questionnaire in the obstetric complex.

Results and Discussion

Patients are conditionally divided into two groups:

The 1st group consisted of 40 lactating mothers who underwent physiological childbirth, and the 2nd group consisted of 30 lactating women who underwent a caesarean section.

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In terms of social status, housewives prevailed - there were 48 (68.6%), employees - 10 (14.3%), students - 12 (17.1%). Most of the respondents were multiparous.Conducted clinical, clinical laboratory, clinical and biochemical medical studies, as well as ultrasound of the uterus after childbirth and cesarean surgery sections.

The first group included relatively healthy women who had no complications in childbirth: weakness of labor, preeclampsia, bleeding during and / or after childbirth, any intrauterine interventions and benefits. In accordance with the principles of safe motherhood, all women in childbirth underwent active management of 3 stages of labor with the introduction of 10 units of oxytocin intramuscularly and the principles of breastfeeding: early attachment of the child to the breast, feeding on demand of the child, etc. [3]. In women of the second group, caesarean section was performed according to the Misgav Ladach method. Newborns were applied to the breast after the end of the operation and the effect of anesthesia, after the transfer of the patient to the intensive care unit, in fact, 2-2.5 hours after the birth of the child. Intraoperatively, all women were administered uterotonics: methylergometrine 1 ml intravenously and oxytocin 10 units intravenously. The first three days continued the introduction of oxytocin 0.5 ml intramuscularly 2 times a day. The mother and child were kept together.

The height and width of the uterus (mm) were measured.

The data obtained were subjected to statistical processing

40 women of the 1st group (who underwent physiological childbirth) were predominantly aged 20 to 35 years - 87.5%. Iron deficiency anemia was diagnosed in 72.5%, mostly mild (27.5%) and moderate (40%).

Childbirth proceeded through the natural birth canal. Of the interventions, there were indications of a manual examination of the uterine cavity for an afterbirth defect in 20%, suturing of cervical tears in 7.5%, and episiorrhaphy in 20% of mothers. The body weight of newborns was in the range from 2500 g to 4000 g in 90% and over 4000 g in only 10%.

All examined women regularly breastfed their children, of which 17.5% began to give complementary foods from 2-3 months, 10% from 4-5 months, and 72.5% from 6 months.

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 - in 2.5%.

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% of nursing mothers. Lactational amenorrhea from 6 to 12 months was observed in 37.5% of nursing mothers. The high frequency of restoration of menstrual function in the first 6 months after physiological childbirth in 72.5% is a high risk of pregnancy during the lactation period.

Contraceptives were used by 60% of women: IUD - 55% and exclusion - 5%.

Within 1 year after birth, pregnancy occurred in 27.5% of nursing mothers, after 2-3 years - in 25%, after 4 years or more - in 20%.

The onset of pregnancy ended in childbirth in 42.5%, artificial abortion in 17.5%, spontaneous abortion in 7.5% and non-developing pregnancy in 5%.

30 women of the 2nd group (after a caesarean section) did not differ in age from the mothers of the 1st group (who gave birth through the natural birth canal) and were predominantly aged 20 to 35 years - 70%.

Iron deficiency anemia was diagnosed in 70%, mostly mild (30%) and moderate (40%). All women were delivered by caesarean section. Indications for operative delivery were: Premature detachment of a normally located placenta - in 6, severe preeclampsia - in 7, a scar on the uterus after caesarean section in 10, of which 2 still had prenatal rupture of water; pelvic-head disproportion - in 5 and weakness of labor activity - in 2.

The body weight of newborns was up to 2500 g in 20%, in the range from 2500 to 4000 g in 60% and over 4000 g in 20%.

The surveyed women breastfed their children up to 6 months 30%, for 8-12 months - 30%, up to 1.5 years - 20% and up to 2 years - 20%, of which complementary foods were given from 2-3 months - 30% , from 4-5 months - 10% and from 6 months - 60%.

The first menstruation after childbirth came after 30 days in 10%, after 40 days - in 10% of nursing mothers, after 6 months - in 60%, 7 months - in 20%. Analysis of the data obtained showed that after operative delivery, the restoration of menstrual function occurs in the first 40 days of the postpartum period in 20% of women, during the first 6 months - in 80%, lactational amenorrhea from 6 to 12 months or more is observed only in 20% of nursing mothers . Contraceptives were used by 100% of women: voluntary surgical sterilization was performed in 20%, an IUD was placed in 60%, and a condom was used in 20% of women.

After operative delivery, pregnancy occurred in 40%: after 1.5 years - in 10%, after 4 years or more - in 30%. All pregnancies ended in childbirth.

Contraception coverage after surgery was 100%, despite this, a short intergenetic interval after caesarean section occurred in 10% of women.

The results of the study indicate the need to find objective criteria for predicting the restoration of ovulatory menstrual cycles in order to conduct targeted contraception and prevent unwanted pregnancy.

An important factor in protecting a woman's health during the first year after childbirth is explanatory work among the population about the need to address the issue of contraception in nursing mothers, especially when menstrual function is restored. [4].

Thus, the restoration of menstrual function after normal delivery in nursing mothers after 1.5-6 months occurs in 60% of cases, which is 3 times more often than in mothers who underwent caesarean section. Lactational amenorrhea for 6-12 months or more in operated women occurs 2 times more often than in women after physiological childbirth. A high frequency (27.5%) of unplanned pregnancy in nursing mothers during the first year after normal delivery and a short intergenetic interval after caesarean section in 10% of women were established.

Ultrasound parameters of uterine involution after normal delivery and caesarean section in lactating women were analyzed taking into account parity in nulliparous women who underwent caesarean section, the parameters of the height and width of the uterus significantly exceeded those of women who gave birth through the natural birth canal, by 2 days - by 8.7 % and 12.1% ($P<0.001$), on day 4 - by 18.5% and 19.5% ($P<0.001$), and on days 6-7 - by 13.9% and 9.1% ($P<0.001$). The greatest delay in uterine involution was observed in operated women on the 4th day.

After normal repeated births, most indicators of the size of the uterus differed from those of primiparous women by 1-2.5% ($P> 0.05$), only on the 2nd day of the postpartum period, the height of the uterus exceeded that by 3.6% ($P < 0, 05$).

In multiparous women after caesarean section, these parameters of the uterus significantly differed from the size of the uterus after normal repeated births and exceeded their values on day 2 by 7.8% and 11.0%, on day 4 - by 16.5% and 18.2% and on days 6-7 - by 14.7% and 8.9%. The greatest delay in uterine involution after caesarean section was also noted on the 4th day.

These parameters of the uterus in multiparous women after cesarean section did not significantly differ from the size of the uterus during the first birth that ended in cesarean section, the difference was 0.8-1.5% ($P> 0.05$), only on the 2nd day of the postoperative period, the height of the uterus exceeded that by 2.6% ($P < 0.05$).

Thus, the results of the ultrasonic testing uterine involutions in nursing mothers indicate that it is necessary to take into account the parity of the transferred births and the method of delivery in the first two days. After a caesarean section, despite the prophylactic administration of uterotonics, there is a significant delay in uterine involution in the first 7 days by 9-19%, most pronounced on day 4, compared with women after normal delivery.

CONCLUSIONS

1. Restoration of menstrual function after normal delivery in nursing mothers after 1.5-5 months occurs in 60% of cases, which is 3 times more often than in mothers who underwent caesarean section.
2. Lactational amenorrhea for 6-12 months or more in operated women occurs 2 times more often than in women after physiological childbirth.
3. A high frequency (27.5%) of unplanned pregnancy in nursing mothers during the first year after normal delivery and a short intergenetic interval after caesarean section in 10% of women were established.
4. In nulliparous women who underwent caesarean section, the parameters of the height and width of the uterus significantly exceeded those of women who gave birth through the natural birth canal, on day 2 - by 8.7% and 12.1% ($P<0.001$), on day 4 - by 18.5% and 19.5% ($P<0.001$), and on days 6-7 - by 13.9% and 9.1% ($P<0.001$). The greatest delay in uterine involution was observed in operated women on the 4th day.

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