

**RESTORATION OF MENSTRUAL FERTILITY DURING
BREASTFEEDING AFTER PHYSIOLOGICAL CHILDBIRTH**

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To this end, we studied the frequency and duration of lactational amenorrhea, the timing of the restoration of menstrual and fertile function in lactating women who underwent normal childbirth and cesarean section.

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Key words: lactational amenorrhea, normal delivery and caesarean section.

A retrospective analysis of 70 lactating women was carried out according to a specially compiled questionnaire in the Bukhara obstetric complex. The patients were conditionally divided into two groups: the first consisted of 40 mothers who underwent physiological childbirth and the second, 30 lactating women who underwent a cesarean section. In obstetric and gynecological practice, the issue of restoration of menstrual and reproductive function after childbirth is of great scientific and socio-economic interest. In connection with the widespread introduction of the principles of a benevolent attitude to the child and breastfeeding in obstetric institutions of the republic, this problem is becoming urgent. Breastfeeding is vital not only for the newborn, but for the mother herself. In the postpartum period, great changes occur in the woman's body: the uterus is involution at a rapid pace, hemodynamics, functions of the lungs, liver, kidneys, endocrine and immune systems are reorganized, lactation begins to function.

Being a qualitatively new stage at the end of pregnancy, it has a positive effect on the maternal body, improving a number of functions in the postpartum period: it favorably affects the contraction of the uterus, thereby reducing the likelihood of postpartum hemorrhage and accelerates the involution of the uterus, due to the mediated oxytocin enhancement of the contractive activity of the myometrium during breast sucking (Chuvakova T.K., 2003). At the same time, lactation and breastfeeding are a unique condition of the female body, which is an integral part of reproductive health. ... Lactation (breastfeeding a child) has long been considered by the people as one of the most reliable methods of preventing unwanted pregnancy. This is the basis for recommendations to breastfeed a child up to 2-2.5 years. Physiologically, during lactation in the mother's body, the production of prolactin by the pituitary gland prevails with inhibition of the synthesis and excretion of FSH and LH. The ovaries and uterus are inert during this period, are at rest. In this regard, physiological lactational amenorrhea occurs. However, such a mechanism is not typical for all women who have given birth, as evidenced by the facts of early recovery of menstrual function already 30, 45, 60 days after childbirth with regular breastfeeding of the newborn. Their share among the studied category has not yet been established. Many authors attribute lactation to a natural method of contraception (Kopeikin A.A., 1997; Prilepskaya V.N., 1998; Yaglov V.V., 1998; Khabarov S.V., 1999), but this problem was not properly reflected in In the literature, there is not enough information on the restoration of fertility in the first year after childbirth with breastfeeding of the infant ("Breastfeeding report", 1999). On the other hand, the restoration of reproductive function against the background of lactation is the cause of unwanted pregnancy, a short intergenetic interval, abortions in lactating women, and the development of their negative consequences. The frequency and duration of lactational amenorrhea after physiological and complicated births, including operative ones, has not been established. There is no information on the timing of the restoration of menstrual function in lactating women after normal childbirth and after cesarean section, on the frequency and timing of pregnancy in lactating women who did not use contraception. Determining the

timing of the restoration of the normal functioning of the reproductive function could purposefully carry out measures to regulate the reproductive function in the first two years after childbirth.

For this purpose, we studied the frequency and duration of lactational amenorrhea, the timing of restoration of menstrual and fertile function in lactating women who underwent normal childbirth and cesarean section.

Research methods. Clinical, clinical and laboratory, clinical and biochemical studies, as well as ultrasound of the uterus after childbirth and caesarean section were performed.

Clinical research methods

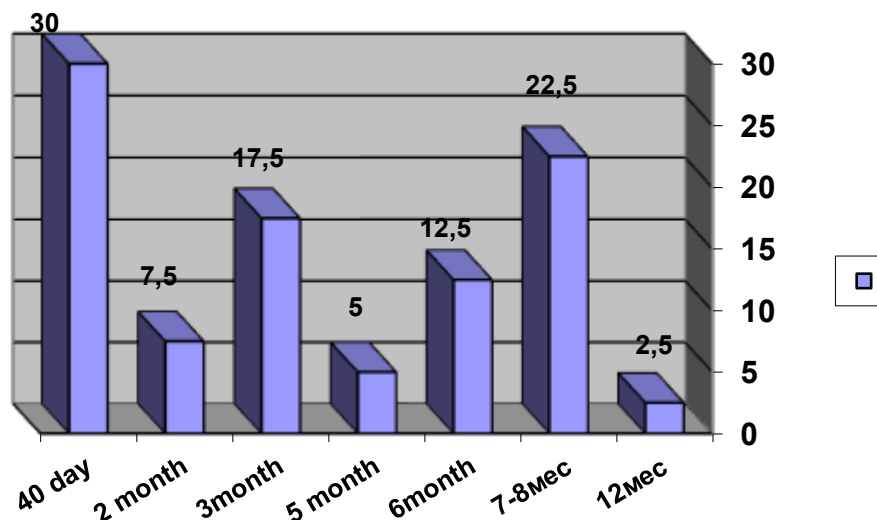
The contingent of pregnant women was subjected to a thorough clinical and laboratory examination.

A retrospective analysis of 70 lactating women was carried out according to a specially compiled questionnaire in the obstetric in Bukhara. The patients were conditionally divided into two groups: the 1st consisted of 40 mothers who underwent physiological childbirth and the 2nd, 30 lactating women who underwent a cesarean section. 40 women of the 1st group (undergoing physiological childbirth) were predominantly between the ages of 20 and 35 - 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 manual examination of the uterine cavity for a defect in the placenta in 20%, suturing of cervical ruptures - in 7.5% and episiorrhaphy - in 20% of mothers. The body weight of newborns ranged from 2500 g to 4000 g in 90% and over 4000 g in only 10%.

All surveyed women regularly breastfed their children, of whom complementary foods began to be given from 2-3 months - 17.5%, from 4-5 months - 10% and from 6 months - 72.5%.

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 - in 2.5%.

The timing of the arrival of the first menstruation after childbirth is shown in Fig.



The date of the arrival of the first 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% 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 delivery in 72.5% is a high risk of pregnancy during the lactation period. Contraception was used by 60% of women: IUD-55% and excluton - 5%.

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

The pregnancy ended in childbirth in 42.5%, an artificial abortion - in 17.5%, spontaneous abortion - in 7.5% and undeveloped pregnancy - in 5%. Of interest is the timing of pregnancy within 1 year after childbirth and its outcome.

CONCLUSIONS: 1. The effectiveness of this method decreases as the baby grows and supplements are started after birth.

2. Restoration of menstrual function after normal childbirth in nursing mothers after 1.5-5 months occurs in 60% of cases, which is 3 times more often than in mothers who underwent cesarean section.

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