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## Restoration of Reproductive Function in Shock Breastfeeding

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**Abstract** The article analyzes the process of restoration of reproductive function during breastfeeding.

**Keywords** Lactation, pregnancy, reproductive health, health care

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### Introduction

In obstetric and gynecological practice, the question of restoring menstrual and reproductive function after childbirth is of great scientific and socioeconomic interest. In connection with the widespread introduction of the principles of child-friendly and breastfeeding into the maternity institutions of the republic, this problem is becoming relevant. Breastfeeding is vital not only for the newborn, but also for the mother. In the postpartum period, large changes occur in the woman's body: the uterus involution is occurring rapidly, the hemodynamics, the functions of the lungs, liver, kidneys, endocrine and immune system are changing, and lactation begins to function. Being a qualitatively new stage at the end of pregnancy, it has a positive effect on the maternal organism, improving a number of functions in the postpartum period: it has a positive effect on uterine contraction, thereby reducing the likelihood of postpartum bleeding and accelerating the involution of the uterus, due to mediated oxytocin increased myometrial contractive activity during breast sucking [1]. 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 of a child) has long been popularly considered to be one of the reliable methods of protection from unwanted pregnancy. Based on this recommendation 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 with inhibition of the synthesis and excretion of FSH and LH prevails. Ovaries and uterus during this period are inert, are at rest. In this regard, there is a physiological lactational amenorrhea. However, such a mechanism is not typical for all women who gave birth, as evidenced by the facts of early recovery of menstrual function after 30, 45, 60 days after birth with regular breastfeeding of the newborn. Their share among the studied categories has not yet been established. Many authors attribute lactation to the natural method of contraception [2-5], but this problem was not adequately reflected in literature, there is not enough information on fertility recovery in the first year after birth when breastfeeding a baby [6]. On the other hand, the restoration of reproductive function on the background of lactation is the cause of undesirable temporality, short intergenetic interval, abortions in lactating women, the development of their negative consequences. In obstetric and gynecological practice, the question of restoring menstrual and reproductive function after childbirth is of great scientific and socioeconomic interest. In connection with the widespread introduction of the principles of child-friendly and breastfeeding into the maternity institutions of the republic, this problem is becoming relevant. Breastfeeding is vital not only for the newborn, but also for the mother. In the postpartum period, large changes occur in the woman's body: the uterus involution is occurring rapidly, the hemodynamics, the functions of the lungs, liver, kidneys, endocrine and immune system are changing,



and lactation begins to function. Being a qualitatively new stage at the end of pregnancy, it has a positive effect on the maternal organism, improving a number of functions in the postpartum period: it has a positive effect on uterine contraction, thereby reducing the likelihood of postpartum bleeding and accelerating the involution of the uterus, due to mediated oxytocin increased myometrial contractive activity during breast sucking [1]. At the same time, lactation and breastfeeding are a unique condition of the female body, which is an integral part of reproductive health.

The frequency and duration of lactational amenorrhea after physiological and complicated labor, 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 delivery and after cesarean section, on the frequency and timing of pregnancy in lactating women who have not used contraception. Determining the timing of the restoration of normal functioning of the reproductive function could purposefully carry out measures for the regulation of fertility in the first two years after birth.

### **Objective**

Examine the frequency and duration of lactation amenorrhea, the timing of recovery of menstrual and childbearing function in lactating women who have undergone normal labor and cesarean section.

### **Material and Research Methods**

A retrospective analysis of 70 nursing women. Patients are conditionally divided into two groups: the 1st — 50 mothers who underwent physiological labor and the 2nd — 20 lactating women who underwent caesarean section.

### **The results of the study and their discussion**

Women of the 1st group were predominantly between the ages of 20 and 35 — 87.5%. Iron deficiency anemia is diagnosed in 52.5%, mostly mild (47.5%) and moderate (20%). Childbirth proceeded through the natural birth canal. Of the interventions, there were indications of a manual examination of the uterus about the afterbirth defect in 20%, closure of cervical rupture 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 - only in 10%. All surveyed women breastfed children, of which 17.5% began feeding from 2-3 months, 10% from 4-5 months and 72.5% from 6 months. The first menstruation after childbirth came in 40 days in 30% of nursing mothers, in 2 months - in 7.5%, in 3 months - in 17.5%, in 5 months - in 5%, in 6 months - in 12.5%, 7-8 months - in 22.5% and after 12 months - in 2.5%. Contraceptives were used by 60% of women: IUD-55% and excludon - 5%. Within 1 year after giving birth, pregnancy occurred in 27.5% of nursing mothers, in 2-3 years - in 25%, in 4 years or more - in 20%. Pregnancy ended in childbirth in 42.5%, artifactual abortion in 17.5%, spontaneous abortion in 7.5% and non-developing pregnancy in 5%.

Thus, the data obtained indicate that after physiological labor, the recovery of menstrual function occurs early in the first 40 days of the postpartum period in 1/3 of women, and within 2-5 months in 1/3 of women. Lactational amenorrhea from 6 to 12 months is observed in 40% of nursing mothers. Pediatric function occurred in 27.5% of women during the first year after delivery.

Women of the 2nd group by age did not differ from the mothers of the 1st group and were mostly aged from 20 to 35 years old - 70%. Iron deficiency anemia was diagnosed in 50%, mostly mild (30%) and moderate (20%). All women are originated by cesarean section. The body weight of newborns was up to 2500 g in 20%, ranging from 2500 g to 4000 g in 60% and over 4000 g in 20%. Surveyed women breastfed babies up to 6 months 30%, for 8-12 months - 30%, up to 1.5 years - 20% and up to 2 years - 20%, of them began to be given from 2-3 months - 30% , from 4-5 months - 10% and from 6 months - 60%. The first menstruation after childbirth came in 30 days in 10%, in 40 days in 10% of nursing mothers, in 6 months in 60%, and in 7 months in 20%. Contraceptives were used by 100% of women: voluntary surgical sterilization was performed in 20%, the IUD was delivered - 60%, and the condom was used by 20% of women. After operative delivery, pregnancy occurred in 40%: after 1.5 years - in 10%, after 4 years and more - in 30%. All the pregnancies ended in childbirth.



Analysis of the data obtained showed that after operative labor, menstrual recovery occurs in the first 40 days of the postpartum period in 20% of women, lactational amenorrhea from 6 to 12 months or more is observed in 80% of nursing mothers. 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 search for objective criteria for predicting the recovery of ovulatory menstrual cycles for targeted contraception and the prevention of unwanted pregnancy. An important factor in protecting the health of women during the first year after childbirth is outreach to the population about the need to address the issue of contraception in nursing mothers, especially when menstrual function is restored.

### **Findings**

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 have undergone a cesarean section.
2. Lactational amenorrhea for 6–12 months or more is 2 times more common in operated women than in women after physiological labor.
3. A high incidence (27.5%) of the onset of unplanned pregnancy in lactating mothers during the first year after normal delivery and a short intergenetic interval after caesarean section in 10% of women were established.

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