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## COURSE OF POSTNATAL PERIOD IN WOMEN WITH HYPOGALACTIA USING PHYTOMEDICATIONS

The course of postnatal period of women in childbirth, with hypogalactia which is observed in 73,3% has been under study. The phytomedication «Shirafza» has been demonstrated to improve lactation and course of postnatal period significantly.

**Key words:** hypogalactia, postpartum period, phytomedications.

Робота присвячена вивченню перебігу післяпологового періоду у породіль з гіпогалактією, яка спостерігається у 73,3%. Показано, що фітопрепарат «Ширафза» значно покращує лактацію та перебіг післяпологового періоду.

**Ключові слова:** гіпогалактія, післяпологовий період, фітопрепарати.

Работа посвящена изучению течения послеродового периода у рожениц с гипогалактией, которая наблюдается в 73,3%. Показано, что фитопрепарат «Ширафза» значительно улучшает лактацию и течение послеродового периода.

**Ключевые слова:** гипогалактия, послеродовый период, фитопрепараты.

**Introduction.** Hypogalactia is a condition of decreased secretory activity of mammary glands in lactational period [1, c. 67; 5, c. 98]. Primary and secondary hypogalactias are distinguished. Primary one is conditioned by anatomical and functional peculiarities of mammary glands as well as by mother's severe diseases associated with extragenital pathology (diabetes mellitus, diffuse toxic goiter), occurs rarely, only in 4-10% of women. Later on, women-in-childbirth who took these preparations had no lactation at first hours or days after labor or lactation appeared in later periods and was insufficient [3, c. 56; 6, c. 87]. Secondary hypogalactia is mostly a temporary condition [2, c. 35; 8, c. 23]. The reason that caused hypogalactia should be found out to this aim [4, c. 45; 7, c. 56].

A special group of women can be distinguished according to the development of primary hypogalactia – these are the women who underwent Cesarean section. Early hypogalactia is singled out as to the time of its occurrence. It appears during first 10 days after labor. Late hypogalactia occurs 10 days after.

**The aim of this work** was to study special features of clinical course of postnatal period and investigate the effect of «Shirafza» phytomedication on lactation in women in childbirth with a decreased lactational function.

**Material and methods of the study.** 60 women in childbirth have been examined who were divided

into two groups: I main group – 30 women with a decreased lactational function. II – control group – 30 women in childbirth with a preserved lactational function. Life history, somatic and gynecologic diseases in the history, special features of menstrual and reproductive functions, the course of pregnancy, labor and postnatal period have been studied in all women. In newborns there were determined: condition at birth, evaluation by Apgar's scale, primary loss of body-weight and the degree of its recovery by the fourth-fifth day of life, peculiarities of the course in early postnatal adaptational period.

Lactational function in women was evaluated on the fourth-fifth day of postnatal period on the basis of clinical examinations of the woman in childbirth, day amount of milk that is produced, food supplements of mixtures to the infant's feeding and indices of weight loss and its restoration during first four-five days after birth. Normal lactation was regarded a condition without food supplements, when maximum weight loss was no more than 6%, restoration of initial weight no less than 95% during early neonatal period.

S.N. Gaidukov's classification has been used to evaluate the degree of insufficiency of lactational function (1999): I degree of failure was regarded milk deficiency no more than 25% from the needed quantity; II degree – 50%, III degree – up to 75%, IV degree – over 75%. Statistical processing of the data was performed on a personal computer IBM

by means of statistical programme EXCEL making use of variational statistical methods. Authenticity of special features was established by means of Student's t-criteria. Differences of indexes were regarded authentic at value of  $p < 0,05$ .

**Results of the study and discussion.** At the age examination it was determined that the majority of women in childbirth were from 19 till 30: in the main group – 25 (83,3%), in the control – 21 (70%) ( $p > 0,05$ ). Average age of women in labor didn't differ for a fact ( $25,8 \pm 4,2$  and  $25,1 \pm 4,1$  of a year correspondingly). A high frequency of somatic pathology has been found out: in the main group – in 22 (73,3%), in the control – in 12 (40%) of women ( $p < 0,05$ ). Gynecological diseases in the anamnesis are regarded a factor of risk for disorders in the reproductive system which causes hormonal disturbances, failure of childbearing function with further complications of postnatal period and also affects formation and duration of lactation. There were gynecological diseases in the anamnesis in 23 (76,6%) women in the main group and 11 (36,6%) ( $p < 0,05$ ) – in the control. At the same time menstrual function disorders were really more often in the main group – 21 (70%) women in comparison with the control group – in 4 (13,3%) ( $p < 0,05$ ). In the main group in the structure of menstrual function disorders attention was drawn to the predominance of such nosologic forms as dysmenorrhea – in 5 (16,6%), polymenorrhea – in 2 (6,6%), irregular menses – in 12 (40%) women. Only in the main group in the anamnesis there were revealed such disorders as late menarche – in 1 (3,3%) ( $p < 0,05$ ), hypomenstrual syndrome – in 1 (3,3%) patient. A normal course of postnatal period in the main group was observed in 4 women (13,3%) in the control – in 16 (53,3%).

Decrease of lactational function – in 22 (73,3%) women of the main group and 4 (13,3%) in the control one, subinvolution of uterus – in 4 (13,3%) women of the main group and 1 (3,3%) woman of the control group. As subinvolution of uterus occurred more often in women from the main group, the factors which contributed to the appearance of this complication were analysed. In women from the main group cardiovascular diseases were registered more often – in 8 (26,6%) and in the control group – 4 (13,3%). In women with a reduced lactational function there is a high frequency of disorders in menstrual cycle and salpingo-oophoritis in the anamnesis: in the main group – in 21 (70%) and 19 (63,3%); in the control group – in 4 (13,3%) and 5 (16,6%) correspondingly ( $p < 0,05$ ). Incompetent pregnancy in the anamnesis as a factor causing hypogalactia was registered in 53,3% women from the main group. In the majority of women in labor from the main group having hypogalactia there was

a thread of abortion – 14 (46,6%), gestosis – in 10 (33,3%), anemia – in 27 (40%); placental insufficiency in 12 (40%), in the control group – in 16,6; 3,3; 53,3 and 6,6% cases correspondingly.

The most serious intranatal factors for disorders of lactational function after labor were anomalies of labor activity and blood loss over 500 ml that were registered in both groups with almost similar frequency. Both in the main and control groups there weren't found out any authentic significant perinatal factors among full-term neonates that would influence the formation of lactation in postnatal period. The formation of lactation during first 5 days after labor is influenced by the woman's somatic health condition, her obstetrical-gynecologist status, obstetrical complications which were registered more frequently in women from the main group that's why we have suggested recovery of lactational function in this group of patients by means of «Shirafza» phytomedication, that is a natural method of high quality based on vegetable raw material which due to complex effect on the woman's organism stimulates all stages of lactation, prevents problems of overweight in feedings mothers and rise of glucose level in blood. Shirafza effect is conditioned by herbs in its composition. Fennel (*Foeniculum Mill*) contains the mixture of trans-anethol with fenhon, estragol and other components. Structural resemblance of anethol and catecholamine can support estrogenic activity.

Dopamin has a stimulating effect on lactation, in this way anethol can cause milk production responding to dopamine on the determined sections of receptors. Due to this the effect of dopamine decreases in stimulating milk production. Biologically active substances in Fennel composition stimulate lactogenous action in feeding mothers and also remove evidences of meteorism, improve digestion release spasms and mobility of the intestine.

Caraway provides the increase of milk amount and its nutritional qualities. *Trigonella* manycoloured improves bloodflow in the mammary gland, stimulates lactation and provides the increase of nutritional value of breast milk.

Common dill (*anethum graveolens*) has a sedative and soothing action, so women in childbirth are less anxious and its anti-inflammatory action diminishes the risk of mastitis occurrence. Alkaloids of common dill only increase the amount and quality of breast milk, but in interaction with other components of «Shirafza» pass over together with mother's milk to the infant and prevent meteorism in this way and release abdominal pain (colics) in a breast-fed infant.

The preparation was taken by women from the main group because they complained mostly of insufficient

milk production. The preparation was taken from the 4-th day of postnatal period by 1 capsule three times a day. 25 women-in labor (83,3%) were marked down to increase the volume of milk on the 5-6th day of the intakes as well as to improve milk quality which manifested itself in the absence of dry «swaddling clothes» syndrome, the baby was actively sucking mother's breast, the woman in childbirth felt the rush of milk, the infant didn't cry of began to gain weight actively.

#### Conclusions.

Women in childbirth show a high frequency of complications in postnatal period (73,3%), that is significantly higher than the analogous index in the control group (40%)

Usage of «Shirafza» preparation contributes to the improvement of lactational function in women in childbirth already on the 5-th day of postnatal period.

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## ВПЛИВ ПЛАЗМАФЕРЕЗУ НА ГОРМОНАЛЬНИЙ ГОМЕОСТАЗ ЖІНОК ІЗ БЕЗПЛІДДЯМ ТРУБНОГО ГЕНЕЗУ НА ЕТАПІ ПІДГОТОВКИ ДО ЗАПЛІДНЕННЯ IN VITRO

Безпліддя – актуальна проблема акушерства і гінекології. Робота присвячена вивченню ефективності використання плазмаферезу на гормональний гомеостаз у жінок із безпліддям трубного походження.

**Ключові слова:** плазмаферез, безпліддя, гормональний гомеостаз.

Бесплодие – актуальная проблема акушерства и гинекологии. Работа посвящена изучению эффективности использования плазмафереза на гормональный гомеостаз у женщин с бесплодием трубного происхождения.

**Ключевые слова:** плазмаферез, бесплодие, гормональный гомеостаз.

Infertility – is an actual problem of obstetrics and gynecology. The work is dedicated to studying of effective using of plasmapheresis at hormonal status in infertile women of tubal genesis.

**Key words:** plasmapheresis, infertility, hormonal homeostasis.