

CLINICAL AND LABORATORY RESULTS OF THE USE OF PURE PROGESTIN CONTRACEPTION IN WOMEN AFTER CESAREAN SECTION

Nasirova Zebiniso Azizovna
Samarkand State Medical Institute, Uzbekistan.
zebo7710@gmail.com

Objective:

To analyze the acceptability, side effects, and complications of the reversible method of contraception (PPC) prescribed in the postpartum period.

Material and method of research:

The Study was conducted in the Maternity hospital No. 2 in Samarkand to assess the clinical outcome and study some laboratory parameters of pure progestin contraception in women who underwent cesarean section.

Study result:

During the entire follow-up period, women who had a caesarean section and used pure progestin contraception were examined for their General condition, the appearance of adverse symptoms and adverse reactions, and the effectiveness of contraception. It was found that the effectiveness of contraceptives was high, and no woman became pregnant within 12 months.

Conclusion:

Pure Progestin contraception in women after cesarean section is a practical, convenient, safe, effective and acceptable method of contraception.

Keywords:

Cesarean section, reversible contraception, pure progestin contraception, acceptability.

Introduction.

One of the mandatory elements of preserving the reproductive potential of women after cesarean section is to ensure an adequate interval between pregnancies and childbirth. The most optimal interval between childbirth is from 3 to 5 years. Pregnancy earlier than 2 years, even after natural birth, is associated with a high risk of complications: miscarriage, bleeding, postpartum and inflammatory diseases, and maternal mortality [2]. Contraception after cesarean section can reduce the frequency of medical abortions by 90%. The onset of pregnancy within a year after cesarean section is accompanied by a significant increase in the risk of gestational complications: spontaneous abortions, premature birth, placental insufficiency, uterine rupture, etc. [3].

Method of research.

A prospective study was conducted in the city Maternity hospital No. 2 in Samarkand to assess the clinical outcome of using pure progestin contraception in women who had undergone a caesarean section. The study included 38 women who were delivered by caesarean section and who wanted to use Lactones pure progestin contraception, who met the who standard medical criteria and were willing to follow the study Protocol.

Results and discussion.

As a rule, the General condition of all patients in the postoperative period was satisfactory, the indicators of hemodynamic, hematological data and excretory functions were not changed.

In the control group of women who do not use contraceptives (29 women), and in women with tubal ligation during cesarean section (6 women), 4 episodes of acute respiratory diseases, 1 case of exacerbation of chronic pyelonephritis, 2 cases of mild infiltrative mastitis were registered during the follow-up period.

Body weight in 30 women remained within the initial range before cesarean section, in the remaining 5 women, the weight increased from 2 to 10 kilograms, and only 2 women added 8-10 kg. The average weight gain in 35 women was 2.4 ± 0.8 kg.

Menstrual function was restored almost completely in the 4-9 month postoperative period. The average period of recovery of menstruation in women selected for PPC was 5.6 ± 1.3 months. In women of the control group, the menstrual cycle was restored on average after 6.1 ± 1.4 months.

Up to 6 months after cesarean section, menstruation resumed in 47.4% of women using CPD. In the control group, 51.4% of women resumed menstruation before this time. Only 4 women first period was characterized by giperpolimenoreey, the 2 – manifested hypoglycemia. The second and subsequent menstrual cycles in women of the control group were without any deviations from the norm. The duration of lactation was different. At the end of the follow-up period, the number of women who were breastfeeding decreased, and by the 12th month of the postpartum period, only 36.4% of women were breast-feeding. In the group of women using pure progestin contraception Lactones to prevent unwanted pregnancy, the overall frequency of side effects and complications did not differ significantly from women in the control group, however, the spectrum of adverse reactions was peculiar (table 1). As can be seen from the table, only 10 out of 38 women who received Lactones had adverse reactions, of which 6 women had lactones use complicated by menstrual disorders. However, in 28 women (73.9%), the use of oral gestagen did not cause any abnormalities in health.

Table 1.
Frequency of adverse reactions and complications in women treated with Lactine.

Adverse reactions and complications	Number of adverse reactions and complications	
	Women with PPC n=38	control Group n=35
	Абс. Число - %	Абс. Число - %
Acyclic bleeding	6 – 15,7%	3 -8,6%
Weight gain	1 -2,6%	2- 5,7%
Depression	2 – 5,2%	2- 5,7%
mastalgia	1 – 2,6%	2 – 5,7%
Total complications and adverse reactions	10 -26,3	9 – 25,7%
No adverse reactions	28 – 73,9%	26 -74,3%

At the same time, it was noted that the frequency of complications when taking Lactinet in women who underwent cesarean section slightly exceeded the number of them in women of the control group. The main range of reactions and complications at reception Lactine was associated with neuroendocrine regulation of the menstrual function. Adverse reactions and complications were detected with almost the same frequency in both groups (26.3% and 25.7%, respectively). Acyclic uterine bleeding was almost twice as common in women who had a caesarean section and received CPD as in women in the control group (15.7% and 8.6%, respectively). Violations of menstrual function in women who took Lactinet, manifested mainly smearing spotting within a few days after the completion of normal menstruation. It is necessary to note the positive effect of taking Lactinet in patients after operative delivery with initial menstrual function disorders by the 6th month of use of PPC. The average duration of breast-feeding in women who had a cesarean section and who took PPC Lactinet was 7.0 ± 2.3 months. These data did not significantly differ from the average duration of lactation (7.0 ± 2.2 months) in women who have not used contraceptives. ($p < 0.05$). In the case of dynamic follow – up during 12 months of pure progestin contraception in most women who underwent cesarean section (89%), the average body weight index in relation to the initial one – 60.8 ± 7.1 kg – did not significantly change after 3 months of follow-up- 61.0 ± 7.2 kg and after 6 months – 61.0 ± 7.4 kg ($p < 0.05$). At the 12th month of the use of the PCP, the average body weight decreased

compared to the initial indicator – 60.7 ± 7.7 kg, but this change was also not statistically significant ($p < 0.05$). 3 women (7.9%) refused to use the drug at the 6th month, as their weight gain was 3.2-3.5 kg. Indicators of the General blood test when using pure progestin contraception remained within the physiological norm ($p < 0.05$). Hemostasis Indicators were also within normal values ($p < 0.05$). The initial values of the condition in women who used CPD and in women of the control group after 6 months had the following values: fibrinogen- 3.02 ± 0.3 g / l, PTI- $83.0 \pm 1.6\%$ and fibrinogen- 3.08 ± 0.3 g / l, PTI – $82.0 \pm 1.6\%$, respectively ($p < 0.05$). All women noted that the only inconvenience of using PCP was the need to take the drug daily at the same time.

Conclusion.

Thus, in women who had a caesarean section, PPC was an acceptable method of contraception. Complications and adverse reactions were not so frequent when using the pure-gestagenic drug Lactinet, their occurrence on average was 26.3%. No pregnancy was registered during the 12-month follow-up.

List of references:

1. Grigoryan V. A., Kostenko O. V. Ethical risks of doctors ' hormone phobia // Bioethics. - 2012. - no. 1. - Pp. 31-32.
2. dikke G. B. LARC-methods of the first choice in the prevention of unwanted pregnancy and repeated abortion //Farmateka. – 2013. – №. 12. - P. 8-13.
3. Karakhalis L. Yu., Penzhoyan G. A., Mogilina M. N. Personification of hormonal contraception //Gynecology. - 2016. - Vol. 18. - no. 6.
4. BARTLIK B. et al. Birth Control Pills and Hormonal Contraception Effects on Female Sexual Desire and Pleasure //Integrative Sexual Health. – 2018.
5. Curtis K. M., Peipert J. F. Long-acting reversible contraception //New England Journal of Medicine. – 2017. – T. 376. – №. 5. – C. 461-468.
6. Goldfien G. A. et al. Progestin-containing contraceptives alter expression of host defense-related genes of the endometrium and cervix //Reproductive Sciences. – 2015. – T. 22. – №. 7. – C. 814-828.
7. Hall O. J., Klein S. L. Progesterone-based compounds affect immune responses and susceptibility to infections at diverse mucosal sites //Mucosal Immunology. – 2017. – T. 10. – №. 5. – C. 1097-1107.
8. Tan I. J., Peeva E., Zandman-Goddard G. Hormonal modulation of the immune system—a spotlight on the role of progestogens //Autoimmunity reviews. – 2015. – T. 14. – №. 6. – C. 536-542.
9. Ti A., Curtis K. M. Postpartum hormonal contraception use and incidence of postpartum depression: a systematic review //The European Journal of Contraception & Reproductive Health Care. – 2019. – T. 24. – №. 2. – C. 109-116.