

## ULTRASOUND EXAMINATION OF THE RESTORATION OF REPRODUCTIVE FUNCTION IN WOMEN WHO UNDERWENT A CESAREAN SECTION

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### ABSTRACT

A retrospective analysis of 70 lactating women was carried out according to a specially compiled questionnaire in the obstetric complex Bukhara region Karakul district. Patients are conditionally divided into two groups:

1st - 40 nursing mothers who underwent physiological childbirth,

2nd - 30 lactating women who underwent cesarean section.

Restoration of reproductive activity was analyzed using ultrasound.

**Ультразвуковое исследование восстановления репродуктивной функции у женщин, перенесших кесарево сечение.**

Проведен ретроспективный анализ 70 кормящих женщин по специально составленной опросной карте в акушерском комплексе Бухарская область

Каракульский район. Пациентки условно разделены на две группы:

1-ую-составили 40 кормящих матерей, перенесших физиологические роды, и 2-ую-

30лактующих женщин, перенесших кесарево сечение. Восстановление репродуктивной активности анализировали с помощью УЗИ.

**Kesar kesish amaliyoti o'tkazilgan ayollarda reproduktiv faolyatini tiklanishini UZI orqali tekshirish.**

Buxoro viloyati Qorako'l tumani tug'ruq majmuasida maxsus tuzilgan so'rovnoma bo'yicha 70 nafar emizikli ayollar retrospektiv tahlil qilindi.

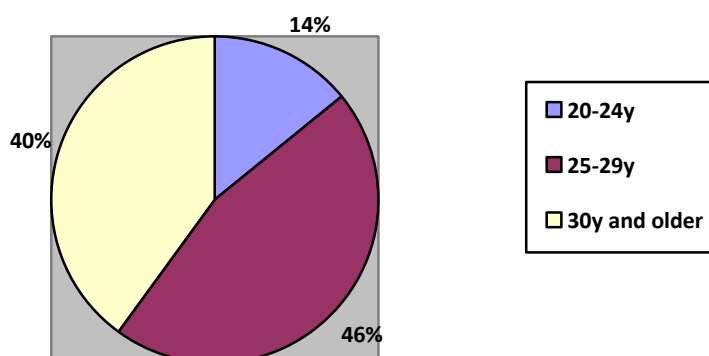
Bemorlar shartli ravishda ikki guruhga bo'linadi:

1-o'rinni fiziologik tug'ruqdan o'tkazgan 40 nafar emizikli onalar,

2-o'rinni - 30 nafar emizikli ayollarni kesar kesish o'tkazishdi.

Reproduktiv faolyatni tiklanishini UZI orqali tahlil qilindi.

The age composition of the puerperas is shown in Fig.



Age composition of puerperas

As can be seen from the data presented, the parturient women were mainly at the age of 25-36 years (86%).

### LACTATION PERIOD STUDY .

Full name \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone \_\_\_\_\_

Childbirth took place \_\_\_\_ 201 y. Where \_\_\_\_\_ No \_\_\_\_\_

Boy, girl, baby weight \_\_\_\_\_

Breastfeed \_\_\_\_\_ month, mixed and from what month \_\_\_\_\_

Does the EGZ have? Anemia, Hb , chronic pyelonephritis ,extragenital disease and obesity \_\_\_\_\_

How was the pregnancy: normal

Complications: vomiting, anemia, HB \_\_\_ g / l, increased blood pressure to \_\_\_ mm.Hg. st., There was protein in the urine, preeclampsia, bleeding, other \_\_\_\_\_

How was the delivery going: normal. Complicated with what \_\_\_\_\_

What was done in childbirth: cesarean section, suturing of tears, etc. \_\_\_\_\_

Why the operation was performed \_\_\_\_\_

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What type of contraception: lactation, IUS, excluton, DCS, others \_\_\_\_\_

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From what month after childbirth \_\_\_\_\_

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When the first menstruation came, yes, no, through the sk. month after childbirth \_\_\_\_\_

What are the features of the menstrual cycle \_\_\_\_\_

Was there a pregnancy after childbirth, yes, no \_\_\_\_\_

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How did the abortion end \_\_\_\_\_ weeks,

Spontaneous abortion \_\_\_\_\_ weeks. Non-developing pregnancy \_\_\_\_\_ weeks,

Premature birth . \_\_\_\_\_ Sc. week Delivery is urgent through sk. time after termination of labor \_\_\_\_\_ year \_\_\_ month

In terms of social status, housewives prevailed - there were 48 (68.6%), office workers - 10 (14.3%), students - 12 (17.1%).

Social status of the examined puerperas

Most of the respondents were multiparous.

### 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.

The clinical examination included the study of complaints, life, obstetric and gynecological anamnesis, taking into account the diseases suffered before and during this pregnancy. A general, as well as a special obstetric examination was carried out: external palpation, auscultation of the fetus, examination in the mirrors, vaginal examination, determination of the degree of maturity of the cervix according to GG Khechinashvili [57]. Pregnant women were determined by group and Rh-belonging of blood, blood test for HBsAg, RW. Before and after childbirth / surgery, a general analysis of blood, urine, discharge from the cervical canal, vagina, and urethra was performed ..

Before delivery, some biochemical parameters of peripheral blood were also determined: total protein, ALT, AST, coagulogram. According to the testimony, tests were carried out according to Zimnitsky, Nechiporenko, and an ECG was taken. All women in labor are consulted by a therapist.

In the postpartum period, the general condition of the puerperas was monitored, their compliance with the principles of breastfeeding, the function of the mammary glands, uterine contraction, lochia, and in women who underwent a caesarean section - also the condition of the wound.

#### Ultrasound examination of the postpartum uterus

The size of the uterus was determined by ultrasound using the ALOKA-500 apparatus. Ultrasound was performed in dynamics on days 2-3, 4-5 and 6-7 days of the postpartum / postoperative period. Doppler measurements were performed on the 3rd day after delivery. The state of blood flow was determined using a transabdominal ultrasound machine with a 3.5 MHz linear transducer. Sonography of the uterus was performed with transverse, oblique, anteroposterior scanning. The blood flow was determined in the arcuate arteries of the uterus, visualization of which was carried out using color Doppler mapping. After veiling of the vessels, the carbon-independent indicators were calculated: the systolic-diastolic ratio (S / D) and the index of resistance (IR).

44 women were examined in the first 6-7 days after childbirth. The first group consisted of 26 women after physiological childbirth and the second group of 18 women delivered by caesarean section. The selection criterion for the groups was the weight of the newborn within 2700-3700 grams, the absence of multiple pregnancy, polyhydramnios, uterine fibroids, developmental anomalies, i.e. factors of overstretching of the uterus, contributing to the subinvolution of the uterus.

The first group included relatively healthy women who had no complications during 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 parturient women undergo 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 baby to the breast, feeding at the request of the child, etc.

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

The data obtained were subjected to statistical processing using a statistical analysis software package on an IBM Pentium-4 computer with the calculation of the arithmetic mean (M), standard deviation ( $\sigma$ ), standard error (m), and relative values (frequency%). The statistical significance of the obtained measurements when comparing the mean values was determined by the Student's t test. The level of reliability  $P < 0.05$  was taken as statistically significant changes. At the same time, the instructions on the statistical processing of data from clinical and laboratory studies were taken into account.

### CONCLUSIONS

In primiparous women who underwent a cesarean section, the parameters of the height and width of the uterus significantly exceeded those of women who gave birth through the vaginal birth canal, on the 2nd day - by 8.7% and 12.1% ( $P < 0.001$ ), on the 4th day - 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 the involution of the uterus was noted in operated women on the 4th day.

Study found that women with dyslipidemia spent more time invading the uterus than women with normal weight

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