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POSTNATAL CONTRACEPTION METHODS BY PROGESTINS.

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ABSTRACT

The article presents data on the features of the use of progestogenic contraception by Lactinet. The issues of prescribing the drug to women in the early postnatal period are consecrated in detail. It is shown that the use of Lactinet helps to preserve the health of a woman and does not have a negative impact on lactation and child development.

The reproductive health of women after childbirth, especially those who have undergone cesarean section, directly depends on the peculiarities of the postpartum period. In particular, the most important thing at this time is the prevention of unwanted pregnancy. It is known that by the 10th day after childbirth, the cervical canal is squeezed, the external pharynx is closed at the 3rd-4th week, and by the 8th week, the formation of the uterine mucosa ends. Nevertheless, the complete recovery of a woman's body after spontaneous childbirth occurs in 1.5-2 years [1, 2]. Naturally, for women after cesarean section, this period can be a much longer period of time.

In 15% of non-lactating women and in 5% of breast-feeding women, the restoration of ovulatory cycles is noted after 6 weeks, and pregnancy is possible 3 months after delivery. Thus, the question of choosing a method of contraception becomes relevant already 1.5–2 months after childbirth. Early onset of pregnancy in the postpartum period, especially in women after cesarean section, is extremely undesirable, as it leads to serious complications in both the mother and the unborn child. According to E.G.Matveeva (2004), in the first year after operative delivery, 59.3% of women terminate an unwanted pregnancy, which is due to the absence of contraception or the use of ineffective methods. Abortion in the postpartum period is extremely dangerous because it causes complex and irreversible functional and organic changes at all levels of a woman's reproductive system [1, 5, 6]. Thus, termination of pregnancy during the first year after cesarean section increases the risk of uterine scar failure by 1.3 times, pre-temporary placental abruption by 2.3 times and the risk of threatened termination of pregnancy and perinatal losses by several times [2-4, 7].

According to the data of domestic authors, after operative delivery, 48% of women

plan to give birth again, and 65% of them want to postpone pregnancy for 3 years after surgery [7]. To ensure the prevention of unplanned pregnancy, rehabilitation of reproductive function in the postpartum period and preparation of these women for subsequent pregnancy is possible with the appointment of reliable and safe methods of contraception.

Unfortunately, most maternity hospitals, leaving the medical institution, do not receive full information about the existing safe and effective methods of postpartum contraception. When choosing the means of protection against unwanted pregnancy, a strict individual approach is necessary, depending on the age of the woman, concomitant genital and extragenital pathology, etc. [8].

The main requirements for methods of contraception in the postpartum period are:

• no effect on lactation and development of the child; • high reliability.

The most common methods of contraception in the postpartum period are the method of lactation amenorrhea, intrauterine contraception, contraception with drugs containing progestogens, barrier methods and postpartum sterilization [9].

The method of lactation amenorrhea is associated with prolonged breastfeeding. In almost 98% of cases, the method is effective during the first 6 months, provided full breastfeeding (without a night break). However, the effectiveness of this method decreases with non-compliance with the breastfeeding regime and / or the introduction of feed. For women with mixed feeding of newborns, this method is not suitable.

Intrauterine contraception. If an intrauterine device (IUD) is not administered 48 hours after delivery, then it is necessary to wait for a period of at least 2-3 months. Compliance with this interval can significantly reduce the frequency of postpartum inflammatory processes. For women after cesarean section, this period is doubled, given that the frequency of adverse reactions and complications is significantly lower with the introduction of an IUD 6 months after surgery compared with 3 months [7].

Methods of barrier contraception in combination with spermicides are available, but less effective in the group of women after childbirth. The frequency of pregnancy with the use of a condom is about 14%, sperm - about 25%.

Voluntary surgical sterilization is indicated at the request of the spouses, but preferably at the age of over 40 years, if there are at least 3 living children.

Among the listed methods of preventing non-pregnant pregnancy, hormonal contraception is considered the most effective. Combined oral contraceptives of the latest generation, which include synthetic and natural analogues of estrogens and progestogens, are becoming increasingly popular among women and have good clinical efficacy. However, this group of contraceptives is contraindicated to nursing women after childbirth.

In parallel with the creation of combined estrogen-progestogenic drugs, contraceptive preparations containing only progestogens were actively developed. The purpose of their creation was to exclude the effect of the estrogenic component on the woman's body while achieving a reliable contraceptive effect. There are several types of progestogenic

contraceptives, which differ in indications for use and duration of use. Preparations containing progestogens include:

• tablet forms (mini-pili, Lactinet,);
• injectable drugs (Depo-provera);
• subcutaneous implants (Norplant, Implanon); • intrauterine contraceptive (Mirena).

For the first time, the contraceptive effect of the oral progestin gene norethinodrel was described back in the 1950s. However, in clinical practice, progestogenic contraceptives containing progestogens of the first and second generation: norethisterone and leonorgestrel, appeared only 20 years later. Unfortunately, these contraceptives did not become a full-fledged replacement for estrogen-progestogenic drugs, since they were not able to cause persistent and complete suppression of ovulation, which significantly reduced their contraceptive effectiveness. The negative aspects of this group of contra-ceptives were attributed to the dose-dependent androgenic effect and acyclic spotting during the first months of taking drugs, arising as a result of the peculiarities of their effect on the endometrium.

In this regard, when creating a new generation of contraceptives containing progestogens, such requirements as persistent suppression of ovulation and reliable contraception with minimal doses of progestogens were taken into account. the minimum percentage of adverse reactions and complications is delayed by less than 12 hours, this does not affect the contraceptive-[5, 10].

the effect of Lactinet and the drug continues to be taken in Desogestrel is a highly selective progestogen in the usual mode. If the interval of taking the pill is more recent generation with low androgenic activity. 36 hours, then further additional (barrier-

In clinical practice, one of the drugs of the latter is the methods of pregnancy prevention.

The generation containing 0.075 mg of desogestrel is an indicator of the effectiveness of yav-Lactinet contraceptive methods.

The Pearl index is calculated: the frequency of pregnancy in oral administration of desogestrel is rapidly absorbed by 100 women during 1 year of continuous use and is metabolized in the liver and intestinal wall. a contraceptive. As a result of the conducted studies, an active metabolite is formed in the process of transformation, it was found that the Pearl index for the drug lit - etonogestrel, which has a greater affinity for Lactinet, was 0.4 and is comparable with a similar indicator- to progesterone receptors and less to telem receptors characterizing combined estrogen–ge-

androgens than progestogens of the first generation. In part, these are stagnant contraceptives.

nogestrel binds to estrogen receptors in a dose, the acceptability of drugs is usually assessed by blocking ovulation, and is completely devoid of androgen-specific changes in the menstrual cycle, the nature of the effect. When using desogestrel for the purpose of rum and the degree of severity of side effects and contraception, the average maximum concentration has an effect on the change in body weight against the background of their intake. paratha in the blood serum is registered after 1.8 hours . The medium-most common side effect when taking Lactic half-life of etonogestrel from the body of

tinet is a violation of the menstrual cycle, which is 30 hours with both single and multiple manifestations in the form of acyclic bloody discharge. reception. The drug and its metabolites are excreted by the kidneys and In 20-30% of women menstruation becomes more frequent, through the intestines in a ratio of 1.5:1 in the form of free steps, and in 20% the menstrual cycle lengthens. It is believed that primoids and glucoronide conjugates. The use of progestogens in a prolonged mode should not

The study of the relationship of the drug Lactinet with other causes of a sharp decrease in hormone levels, which is provided by medications revealed a decrease in the effect of the absence of withdrawal bleeding and the undesirability of etonogestrel under the influence of inducers of micro-side effects. Nevertheless, violations of menstrual liver enzymes, barbiturates, primidone, and the immune cycle against the background of Lactinet intake may occur with carbamazepine, rifampicin. A decrease in activity may occur, but, as a rule, it stops during the first couple of days when taking a number of antibiotics. 2-3 cycles of taking the drug.

The study of the effect of different doses of desogestrel on feeding is carried out in the study of V.N.Prilepskaya et al. (2004, 2006), the study of ovulation made it possible to recommend the most effective and safe dose of parates containing desogestrel, equal to 0.075 mg, which forms the basis of the World Health Organization's contraceptive drug "standard-Lactinet", to clinically study the nature of bloody discharge against the background of pre-practice. time interval". It is shown that in the first case, the contraceptive effect of Lactinet is due to: in the long-term interval (1-90 days), rare bloody

discharge by suppression of gonadotropin and steroid secretion (1-2 episodes) is observed in 35% of women, 3-5 epizo-hormones (mostly luteinizing hormone - 52%. This is considered normal, since during the period of time), which causes suppression of ovulation; for 90 days a woman has from 3 to 5 menstruations. That-

- suppression of the functional activity of the yellow kim, the nature and frequency of menstrual-body disorders; th cycle against the background of taking the contraceptive drug Lac-
- increased mucus viscosity, which prevents penetration, does not exceed similar indicators when using spermatozoa and microorganisms through research institutes of other progestogenic contraceptives. cervical canal; To other adverse reactions when taking Lactinet from-
- histological changes of the endometrium are hindered by: nausea, mood changes, soreness of the implantation of the fertilized ovum, headache and changes in body weight. cells; Rarely observed phenomena such as redness of the skin,
- reduction of peristalsis of the fallopian tubes. In comparison- rash, urticaria.

In clinical studies, it has been proved that the study of the peculiarities of metabolism against the background of lactation of ectopic pregnancy when taking desognet allowed us to conclude that the minimal effect of strela does not exceed similar indicators in the preparation on the lipid spectrum: a slight decrease in the population.

high-density lipoproteins, total cholesterol,

The advantages of progestogenic contraceptive Lac- triglycerides and lipoprotein. However, these changes and the possibility of prescribing it after a week do not significantly affect the risk of developing 6 weeks after childbirth or cesarean section [8, 10]. pathology of cardiovascular pathology. The drug is more practical-Currently several prescribing schemes have been proposed, it does not have a significant effect on carbohydrate metabolism. Lactineta Research Institute. Taking into account the peculiarities of the effect of the drug Lactinet on the Standard contraceptive regimen: the drug is prescribed by the main functional systems of the body and is maintained in a continuous mode from the 1st day of menstrual contraceptive activity, the priority indications of a

cycle of 1 tablet per day at the same time without switching to the prescription of the drug are:

a break for menstruation. • women in the postpartum period, especially after nursing mothers in the postpartum period, the preparation of cesarean section, during lactation;

it is recommended to prescribe 6 weeks after delivery. Non-lactating groups of women who have contraindications for pregnant women, the drug can be recommended already for the appointment of combined oral contra-21-28 days after delivery. If the menstrual cycle is cleptive;

against the background of taking Lactinet, he did not recover and there were • women with extragenital pathology (malformations of sexual acts, in this woman taking the drug, heart failure, diabetes mellitus, varicose veins, pregnancy is excluded and recommended.

The contraceptive effect of Lactinet is manifested through • smoking women over 35 years old.

36 hours in 99% of women. However, with the primary appointment of Lac, it is known that the use of estrogen-progestogenic preparations or when switching from other types of contraceptives to rats in lactating women is contraindicated, since progestogenic contraception during the first 7 days, estrogens reduce the amount of milk and it is negative to use barrier methods of contraception. affect its composition. When taking Lactinet, it was not revealed If, for some reason, the interval of taking the tablet has a negative effect on the quantity and quality of the mother is more than 24 hours, it should be taken as much as possible of the mother's milk. So, the daily volume of milk in women is less, but not later than after 12 hours. If taking the drug taking Lactinet, before prescribing the drug,- 791 ml, and after 4 months – 772 ml. There was also no negative effect of Lactinet on the quality of breast milk (the fat content was 1.51 g per 100 ml before the prescription of the preparation, and after 4 months of administration – 1.2 g per 100 ml). These results are comparable with the indicators of the quantity and quality of milk of nursing mothers using IUD for contraception. Observation of children whose mothers took progestogenic contraceptives after childbirth up to 2.5 years did not reveal a negative effect on their growth and development. In this regard, progestogenic contraceptives, in particular Lactinet, are recommended in order to ensure reliable contraception as early as 6 weeks after delivery in lactating women, especially in women who have undergone cesarean section.

The number of contraindications to the use of Lactinet is significantly less than for estrogen-progestogenic preparations:

- the presence of venous thromboembolism at present or in the anamnesis;
- severe liver diseases and/or impaired liver function;
- malignant tumors of any localization or suspected on them;
- gynecological bleeding of unspecified genesis; • established or suspected pregnancy;
- hypersensitivity to desogestrel;
- prolonged immobilization, including those associated with surgery or disease (risk of venous thromboembolism).

Analysis of the literature data indicates a high contraceptive efficacy of the drug Lactinet, which practically does not differ from combined estrogen-progestogenic drugs. At the same time , more wide indications for the prescription of the drug and a small percentage of adverse reactions and complications, which is associated with the absence of the effect of the estrogenic component, expands the possibilities of using this type of contraception in the postpartum period and especially after operative delivery.

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