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menstruation. Sometimes pains are so intense that they can affect their performance. Menstrual pain occurs due to uterine contractions, as well as cervical spasm. In addition, large quantities of prostaglandins are produced during menstruation, which can also exacerbate pain. About 15% of women during periods note a decrease in libido, 35% - experience an increased need for sex. Literary dates note the fact that orgasm provokes the release of endogenous endorphins, which, in addition to being able to improve mood, they also act as an analgesic agent. Therefore, a number of studies have shown that some women, trying to reduce menstrual pain, live sexual life during menstruation.

Conclusions: Sexual life during menstruation has a positive effect on the body and can reduce menstrual pain.

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**PECULIARITIES OF TREATMENT THERAPY FOR CONSTIPATION IN
PREGNANT WOMEN**

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Topicality. Pregnancy is a complex physiological process. The body of a pregnant woman changes under the influence of hormones. Constipation usually becomes more frequent during pregnancy. Difficulties in colon passage occur in 50-93% of pregnant women. Such a significant prevalence is explained by physiological shifts in the digestive system and changes in the nervous and endocrine regulation of the digestive tract during pregnancy.

Materials and methods. Scientific articles and medical literature were used as materials. For a long time, constipation was defined as prolonged retention of contents in the intestinal tract and delayed emptying of the intestines from compacted feces. It was further determined that the correlation between the frequency of defecation and the diagnosis of constipation is not mandatory.

The following measures are effective for the treatment of constipation: The patient must be told that she needs to develop a habit of defecation at a certain time of the day,



preferably in the morning. For this, it is necessary to visit the toilet at the same time, ideally after a meal, and sit on the toilet for a while, waiting for defecation. Usually, within a week, the reflex is established by itself. It is necessary to correct the diet: increase the proportion of food products rich in fibers that stimulate intestinal peristalsis (beetroot, prunes), increase the volume of fecal masses (bran), and also add sauerkraut, fermented milk products with bifido and lactobacteria to the diet. At the same time, some foods should be excluded from the diet: strong tea and coffee, chocolate, white bread, semolina. It is necessary to increase physical activity: walking, swimming, etc. Special attention should be paid to intestinal microbiota - kefir, ryazhanka, etc.

Prescribed laxatives should be primarily safe (absence of teratogenic effect). Laxatives containing dietary fibers are organic polymers that retain water in the intestinal contents. It has been proven that drugs of this group contribute to less solid bowel movements. When using them, a large amount of fluid is required, which disrupts the water balance in pregnant women and provokes swelling. The effect develops after 10-20 days. Therefore, use in pregnant women is limited.

Osmotic laxatives. Contains poorly absorbed ions or molecules that increase the osmotic gradient: lactulose, polyethylene glycol, magnesium hydroxide. Lactulose and polyethylene glycol increase bowel frequency and improve stool consistency in patients with chronic constipation. Allowed for use during pregnancy. Medicines can cause flatulence. Stimulant laxatives. They are among the most effective for normalizing the stool in a minimum time interval. The safety of different representatives of this group is not the same.

Thus, some laxative groups (primarily senna preparations) have, in addition, a pronounced dose-dependent effect and with long-term use in increasing doses can lead to severe laxative disease, melanosis of the mucous membrane of the large intestine. In pregnant women, the use is limited due to the fact that the drugs can reflexively provoke the contractile activity of the uterus, mutagenicity; with constant intake cause secretory diarrhea with fluid loss and electrolyte disturbances.

Sodium picosulfate can be the drug of choice in the II and III trimesters. Sodium picosulfate is a prodrug and is metabolized by the intestinal microflora with the



cleavage of the picosulfate radical molecule and the formation of active diphenol, which has an irritating effect on the mucous membrane. This is manifested by an increase in secretory activity, an increase in intestinal content and stimulation of intestinal motility. Taking sodium picosulfate affects motility and normalizes its activity, regardless of the etiology of constipation.

Advantages of the drug: a controlled effect that occurs within 10–12 hours, which can be modulated by changing the dosage; safety of administration, the drug is approved for use by children from 4 years of age, no side effects were noted in pregnant women, and it is approved for use in the II and III trimesters; a drug of non-systemic action, the effects are realized at the level of the large intestine.

Conclusion. We can single out the following summaries:

1. Intestinal hypotonia during pregnancy is nothing more than a protective reaction of the body, but its consequence is constipation, which is considered a physiological process.
2. The regulation of bowel movements during pregnancy changes due to endocrine processes. The automatic rhythmic activity of the intestines in pregnant women is weakened due to an increase in the excitability threshold of its receptors: serotonin, acetylcholine, histamine
3. Pregnant women in the II and III trimesters of pregnancy may be prescribed sodium picosulfate. The drug increases intestinal peristalsis and has minimal side effects.
4. To prevent complications, you should review your diet and make certain adjustments. Water is important: you should drink at least 1.5 liters of water.

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FEATURES OF ULTRASOUND DIAGNOSIS OF GENITAL PROLAPSE IN OBESE WOMEN

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The problem of genital prolapse (GP) is of great medical and social significance due to its negative impact on both the state of health and the quality of life of a woman. Excess