
EFFECT OF EXTRACTUM ELEUTHEROCOCCI FLUIDUM ON THE PROLACTIN BASAL LEVEL IN THE BLOOD OF THE WOMEN DURING LACTOGENESIS

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Objective: To explore the effect of extractum eleutherococci fluidum (EEF) on secretion prolactin (PRL), 8 breastfeeding women (experimental group) were treated with oral EEF (5 ml, four times daily) during 8 days after delivery.

Methods: Determination of the basal level of serum PRL was performed on the 1st, 4th and 8th day after delivery. The experimental and control groups consisted of 8 breastfeeding women of 18-38 years age. Blood samples (5ml) were attained from catheterized forearm vein. Serum PRL was measured using the immunometric method. Student's t-test was used for statistical analysis.

Results: In the experimental group of the women PRL concentration on the 1st day was 3919 -+273 mU/l, and in the control it equaled 3869-+273 mU/l. PRL concentration on the 4th day was increased and reached 4396-+315 mU/l in experimental and 4123-+157 mU/l in control groups. Yet the difference between PRL concentration for the 1st and the 4th day in both groups is not significant ($P>0.05$) On day 8 post-partum PRL level for both groups was decreased: 3913-+449 mU/l in experimental and 3223-+346 mU/l in the control group. But the difference between the 8th and 1st, 4th day for the experimental group was not significant ($P>0.05$) and one for control group was significant ($P<0.05$)

Conclusions: EEF retards the fall in the basal level of PRL in lactating women. Therefore the oral treatment may be a good profilactic measure for bettering initiation of lactation and further ensure the sufficient level of milk secretion for breastfeeding the infant.

NITRIC OXIDE DONORS FOR TREATMENT OF PRETERM LABOR

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Objective: To estimate the effect of nitric oxide donors on prolongation of pregnancy.

Methods: The effect of transdermal glyceryl trinitrate (GTN) was studied in 18 women who had clinical signs of preterm labor such as painful uterine contractions (two or more per 10 minutes for more than two hours). Patches "Deponit" which deliver 10 or 5 mg GTN transdermally over 24 hours were applied to the abdomen. 10 patients were treated by "Deponit 10" and 8 patients - by "Deponit 5". Patches were replaced every 24 hours. Treatment was continued until contractions were completely ceased (usually from 5 to 10 days).

Results: The duration of pregnancy prolongation is 68 days (28 days at average). In general patches "Deponit" were well tolerated. Maternal blood pressure, pulse rate and fetal heart rate controlled by CTG-monitoring were not affected by GTN therapy. The pregnancies of the most of patients were prolonged until term. Only 1 woman delivered at 29 weeks because of cervical incompetence and ruptured membranes despite of the treatment. All babies born by mothers who were treated by GTN had Apgar scores 7 and more at the first minute and did not have any adverse cardiorespiratory alterations.

Conclusion: The rapid and effective action of transdermal GTN and the simplicity of its administration suggest that GTN patch therapy may be used for the management of preterm labor.