Observation on the application of Kangfu anti-inflammatory suppository in postpartum

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Abstract: Objective: To observe the effect of Kangfu anti-inflammatory suppository on postpartum uterine involution, postpartum pain, and reduction of vaginal bleeding (100 cases of natural delivery). **Method:** For 100 cases, the mothers who had no complications during natural delivery from November 11, 2017 to December 30, 2017 were divided into 50 observation groups and 50 control groups. According to the voluntary principle, the observation group received regular medication 24 hours after delivery. Use Kangfu anti-inflammatory suppository for rectal administration for 7 days in the morning and evening. The control group was only routinely administered, Compare the two groups in the postpartum uterus, the effects of postpartum uterine involution, postpartum pain, and vaginal bleeding were compared between the two groups. The uterine involution, postpartum pain and vaginal bleeding in the observation group were lower than those in the control group 4 days after delivery ($P<0.05$). **Conclusion:** Kangfu anti-inflammatory suppository has a significant clinical effect in promoting uterine involution, reducing postpartum pain and reducing the amount of lochia.

1. Introduction

Childbirth is a painful and happy process that alleviates maternal pain and speed up the postpartum recovery which is an issue of interest to every obstetrician, although there are all kinds of means and methods, which still need to constantly explore. The author used a group-controlled method to observe the clinical treatment of Kangfu anti-inflammatory suppository in promoting uterine involution, reducing postpartum pain and the amount of lochia. The report is as follows:

2. Data and methods

2.1 General Information

100 cases of maternal vaginal delivery in our hospital from November 1, 2017 to December 30, 2017 were selected and there were no obstetric complications and aged 20-42 years, and were randomly divided into observation group and control group, there were also no differences in the age, pregnancy, parity, gestational age and maternal ratio between the observation group and the control group ($P>0.05$). See Table 1

Table 1 Comparison of the two groups

Group	Age	Gravidity	Times of Production	Gestational week	Maternal Proportion
Therapy control	28,62+3.21	1.72+0.27	1.14+0.05	39.02+2.60	35.6
Observation group	28,51+3.02	1.74+0.30	1.21+0.20	39.10+2.82	36.5

2.2 Method

All the mothers did not use the antibiotics and oxytocin on the basis of the control group but the observation group was given an anal sedative on the first day after childbirth for Kangfu anti-inflammatory suppository (made by Sunflower Pharmaceutical Group Yichun Co., Ltd.), to be used in 7 days.

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2.3 Observation indicators

On the 1, 2, 3, and 4 days postpartum, the patient's fundus height, vaginal bleeding, uterine contraction pain score, and perineal pain score were recorded and the height of the uterus is calculated according to the calculation. The navel is recorded as “O”, the umbilical one is marked as “-1”, the navel is marked as “+1”, and so on. The amount of vaginal bleeding according to the weighing calculation state that, there is blood sanitation from a dry sanitary napkin in two vaginal bleeding (g),which is the degree of pain according to the patient's oral scoring method, divided into I-IV 4 grades, grade I painless; grade II mild Pain, intolerable, undisturbed in daily life; moderate pain, painful, requiring painkillers; grade IV, severe pain, intolerable, requiring multiple painkillers, affecting sleep, may be associated with autonomic disorders or Passive position.

2.4 Statistical methods

The data were processed by SPSS15.0, and the calculated data were expressed as mean + standard deviation (X+S), the test was used and the counted data was analyzed by X2 test. $P<0.05$ which was considered statistically significant.

3. Discussion and comparison

3.1 Comparison of the height of the fundus

The height of the fundus on the first day after delivery was not significantly different from that of the control group, the height of the fundus at 2, 3, and 4 days was significantly lower than that of the control group and the difference between the two groups was statistically significant ($P<0.05$). See Table 2

Table 2 Comparison of the height of the two groups

Groups	Under the umbilical height(refers to)			
	postnatal Day 1	postnatal Day 2	postnatal Day 3	postnatal Day 4
Therapy group	0.42+0.11	1.21+0.41	2.01+0.32	2.99+0.42
Control group	0.43+0.11	0.85+0.20	1.80+0.48	2.53+0.35

3.2 Comparison of vaginal bleeding

There was no significant difference in the amount of vaginal bleeding on the first day after delivery in the treatment group compared with the control group but the amount of vaginal bleeding on day 2, 3, and 4 was significantly lower than that in the control group and the difference was statistically significant ($P<0.05$). See Table 3

Table 3 Comparison of bleeding volume between the two groups

Groups	Amount of vaginal bleeding (g)			
	postnatal Day 1	postnatal Day 2	postnatal Day 3	postnatal Day 4
Therapy group	22.05+9.11	12.23+3.02	9.42+2.13	7.02+1.04
Contrast group	22.21+9.02	17.32+7.80	11.23+4.21	9.13+3.31

3.3 Comparison of postpartum pain levels

The treatment group had uterine contraction pain and perineal pain on the first day after delivery and the degree of pain was not different from that of the control group. So the pain degree on days 2, 3 and 4 was significantly lower than that in the control group, and the difference was statistically significant ($P<0.05$). See Table 4

Table 4 Comparison of pain levels between the two groups

Groups	Contraction pain score(level)				Perineal pain score (level)			
	postnatal Day 1	postnatal Day 2	postnatal Day 3	postnatal Day 5	postnatal Day 1	postnatal Day 2	postnatal Day 3	postnatal Day 4
Therapy group	2.41+0.82	1.02+0.31	0.98+0.21	0.32+0.01	1.41+0.27	0.85+0.03	0.61+0.11	0.23+0.01
Contrast group	2.31+0.80	1.99+0.73	1.28+0.38	0.58+0.03	1.43+0.28	1.03+0.12	0.82+0.23	0.52+0.11

4. Discussion

There are different degrees of inflammation in vaginal delivery or perineal laceration and due to the special anatomy of the perineum, it is easy to be contaminated. At the same time, postpartum vulva edema have poor circulation and urine lochia, etc, which can also spread around the wound [1]. However vaginal delivery is not suitable for routine preventive use of antibiotics to fight infection with the liberalization of the national second-child policy because the second-child mother has a more postpartum uterine contraction pain based on how to reduce postpartum pain, postpartum hemorrhage and promote uterine involution is our obstetrician Concerns.

Kangfu anti-inflammatory suppository is a pure Chinese medicine preparation, it consists of Sophora flavescens, Herba Violae, patrinia, Andrographis paniculata, dandelion, pig gall powder, comfrey and aloe which is very convenient for rectal administration which is less affected by the whole body and there no abnormal reaction occurred during the process Sophora flavescens is a heat-clearing and damp-dampness medicine insecticidal diuretic and antibacterial effect; comfrey and andrographis that can reduce swelling and cooling of blood, detoxification and clearing heat, and can alos help the drug to achieve blood circulation, clearing away heat and detoxification. In addition, purple diced and dandelion can clear away heat and detoxification and the succulent can relieve pain and reduce inflammation as well inhibit pathogens [2].

5. Conclusion

The use of Kangfu anti-inflammatory suppository after natural childbirth can reduce the postpartum pain, the postpartum hemorrhage and Promote uterine involution which can be used in clinical promotion.

References

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