#### **Reproductive Physiology**

# **Pregnancy and Lactation**

Dr. Khalid Al-Regaiey



# **Accomplishing Fertilization**

- The oocyte is viable for 12 to 24 hours
- Sperm is viable 24 to 72 hours
- For fertilization to occur, coitus must occur no more than:
  - Three days before ovulation
  - 24 hours after ovulation
- Sperm can reach the ampulla within 10-20 minutes of coitus

### **Acrosomal Reaction and Sperm Penetration**

- An ovulated oocyte is encapsulated by:
  - The corona radiata and zona pellucida
- Sperm binds to the zona pellucida and undergoes the acrosomal reaction
  - Enzymes are released near the oocyte
  - Hundreds of acrosomes release their enzymes to digest the zona pellucida

- Only one sperm is allowed to penetrate the oocyte
- Two mechanisms ensure monospermy
  - Fast block to polyspermy membrane depolarization prevents sperm from fusing with the oocyte membrane
  - Slow block to polyspermy zonal inhibiting proteins (ZIPs):
    - Destroy sperm receptors
    - Cause sperm already bound to receptors to detach

### **Acrosomal Reaction and Sperm Penetration**



(a)

# **Union of Male & Female Chromosomes**

- Sperm capacitation
- Sperm motility and vaginal, cervical, uterine, and oviduct contractions
- Egg contact
- Penetration
- Nuclear fusion
- (Zygote)



- 3-5 days after fertilization, fertilized ovum (blastocyst) is transported to the uterus
- This is aided by fluid current in the tube, action of the ciliated epithelium, and possibly contractions of the fallopian tube
- Blastocyst with about 100 cells reaches the uterus

- After reaching uterus, blastocyst stays another 1-3 days before implantation
- Blastocyst gets nutrition from uterine milk
- Trophoblast cells secrete enzymes that digest the adjacent cells of endometrium
- After implantation, trophoblast cells and other adjacent cells proliferate rapidly to form placenta and other membranes of pregnancy

# **Cell Division & Implantation**



#### **Implantation of the Blastocyst**



- The major function of placenta is to provide diffusion of gases, foodstuffs, and waste
- Placenta starts providing nutrition after the 16th day after fertilization

# **Placenta and Further Embroynic Development**



- The same process as pulmonary membranes
- Simple diffusion
- Fetal hemoglobin has more affinity to O2
- Fetal hemoglubin (Hb) concentration is 50% higher than maternal Hb

#### Foodstuff and waste products Diffusion

• Simple and facilitated diffusion

• Placenta forms large quantities of: 1. human chorionic gonadotropin (hCG), 2. estrogen, 3. progesterone, 4. human chorionic somatomammotropin

# human chorionic gonadotropin (hCG)

- Secreted by trophoblast 8-9 days after ovulation
- Responsible for "maternal recognition of pregnancy"
- The same structure and function of LH
- Maintains corpus luteum (CL)
- Promotes estrogen and progesterone secretion from CL (CL is important in the first 3 months)
- Stimulates testosterone production by the testes of male fetus (development and decent of testes)

- Placental estrogen levels are 30 times higher than normal E production
- Not synthesized de novo, it is converted from androgenic steroids from the mother and fetus adrenal glands
- Functions of E during pregnancy include:
- 1. Enlargement of the uterus, 2. growth of breasts,
- 3. Enlargement of female external genitalia
- 4. Relaxes the pelvic ligaments

### **Progesterone From Placenta**

- Placenta secrets high quantities of P
- Its functions include:
- 1. Development of decidual cells in the uterine endometrium
- **2**. Decreases the contractility of the uterus
- **3**. Development of fetus even before implantation by increasing the production of nutrients by fallopian tubes and uterus
- **4**. Acts along with estrogen to prepare mother's breast for lactation

### Human Chorionic Somatomammotropin

- Prolactin like effect (human palcental lactogen)
- Decreases maternal insulin sensitivity and enhances fat mobilization (making more glucose available to the fetus)

#### **Hormonal Changes During Pregnancy**



- Pitutary (ACTH, TSH, prolactin)
- Corticsteroids: increased gluco- and mineralocorticoids
- Thyroid increased
- Parathyroid increased (more calcium available)
- relaxin

# **Parturition**

- Means birth of the baby
- Toward the end of pregnancy, uterus becomes progressively more excitable
- **Estrogen:Progesterone** ratio:- progesterone inhibits contractility while estrogen stimulates.
- Oxytocin: increases contractions
- Fetal hormones: oxytocin, adrenal gland, prostaglandin
- Mechanical stretch of uterine muscles increases contractility
- Stretch of the cervix also stimulate uterine contractions

# **Onset of labor:**

- Braxton Hicks contractions: increase toward the end of pregnancy
- Positive feedback: stretch of the cervix by fetal head increases contractility
- Cervical stretching also cause oxytocin release
- Strong uterine contraction and pain from the birth canal cause neurogenic reflexes from spinal cord that induce intense abdominal muscle contractions

#### **Parturition: Initiation of Labor**



#### Labor



# **The Stages of Labor**



# **Lactation: Producing and Releasing Milk**

- Estrogen: growth of ductile system
- Progesterone: development of lobule-alveolar system
- Both E and P inhibit milk production
- Prolactin stimulate milk production
  - (other roles in fertility)
- Sucking stimulus  $\rightarrow$
- Oxytocin  $\rightarrow$ 
  - "Milk let-down" reflex

#### **Lactation: Producing and Releasing Milk**



#### **The Milk Let-Down Reflex**

