

MEDICAL SCIENCES

FEATURES OF THE PSYCHO-EMOTIONAL STATE IN PREGNANT WOMEN WITH THE THREAT OF TERMINATION OF PREGNANCY

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Abstract

The article highlights the impact of emotions and their experiences on the course of pregnancy in women at risk of abortion. The problem of emotional experiences in women who are expecting a child and the impact of their psycho-emotional state on it is considered. The peculiarities of emotional, psychosomatic states and neurotic reactions in pregnant women are studied, the theoretical aspects of this issue are analyzed, research is conducted and the obtained results are interpreted and conclusions are made.

Keywords: pregnancy, emotional sphere, stress, anxiety, depression, neurotic reactions.

Pregnancy and childbirth are normal events in a woman's life. At the same time, it is a great physiological stress, a source of mostly positive emotions, but it is combined with a serious restructuring of a woman's body and possible negative events: preeclampsia, the threat of abortion, other complications [4,9]. With a negative demographic balance, the pathological course of pregnancy and complicated childbirth are still relevant in the world [1,2]. The functional and phase nature of a woman's reproductive system with the surrounding emotional atmosphere causes situational physiological stress, biological, emotional and functional modifications of which can transform a normal situation into pathological stress, creating conditions for psychosomatic risk [9].

It is known that pregnancy can have both positive and negative effects on a woman's physical and mental condition. Pregnancy is often not a period of physical and emotional prosperity for her, because it is associated with changes in her physiological, personal and professional activities [5].

Pregnancy itself, which occurs even without any pathology, is a crisis situation for a woman, a source of psychological stress and contributes to various personal reactions [7]. It has long been thought that pregnancy is a provocative moment of onset or exacerbation of mental illness: according to Krepelin, pregnancy accounts for up to 5% of all mental illness, Alzheimer's described 65 cases of pregnancy-related psychosis, suggesting a particularly sensitive period of pregnancy, the sensitivity of the pregnant woman's psyche to situations that were not previously perceived as psycho-traumatic [8].

According to Akimova and Marfina, various somatovegetative and psychoemotional disorders

progressing in dynamics are observed in pregnant women with late preeclampsia, among which neurosis-like disorders occur in all pregnant women with late preeclampsia, neurasthenic- and psychasthenic-like states in 70%, and in patients with vomiting, 96%, neurotic reactions in 24%. Borderline mental states, with a predominance of neurotic, have been reported in 84% of women with miscarriages [5].

The presence of various transient mental and behavioral disorders in women during pregnancy has allowed specialists to divide them into two groups: physiological (adequate) and inadequate. Consider adequate trimesters of pregnancy [3,6].

In the first trimester of pregnancy the most noticeable are emotional changes, which are manifested by mood lability, irritability, exhaustion, hypersensitivity, tearfulness, sweating, tachycardia, sleep disturbances, irritability, vulnerability. Along with affective disorders in this period there are phenomena of early gestosis (nausea, vomiting, drowsiness, fatigue), which have a psychogenic mechanism.

In the absence of somatic or mental pathology in women, which can adversely affect the course of pregnancy and the absence of pathology of pregnancy itself, in the second trimester, a woman usually feels quite calm and confident, preparing for future motherhood [9].

At the end of pregnancy (third trimester) psychological stress increases again, mood decreases, the number of complaints increases, concentration on their somatic condition, decreased adaptation associated with physical well-being (weight gain, difficulty urinating, difficulty moving), and fear and anxiety about the

favorable course of childbirth. Anxiety in some pregnant women is caused by a desire to speed things up. Pregnant women become introverted, insecure. In the early stages of the trimester, the phenomenon of "immersion in the child" is observed - it is the appearance of obsessive thoughts about the child, the possible consequences of childbirth for her, the fear of defects [5].

The psychological state of women during normal pregnancy is significantly different from that of pregnant women with complications. In the presence of adverse factors, neurotic reactions in pregnant women may increase. Such factors include certain premorbid personality traits, age of the pregnant woman, the presence of traumatic experience of previous births, social and living conditions of the expectant mother, the husband's attitude to pregnancy, as well as moral, ethical and economic factors, sexual stereotypes of women [7, 10].

Emotional stress during pregnancy can cause many serious complications of pregnancy (risk of miscarriage, placental abruption, premature birth), various obstetric complications such as morpho-functional immaturity of the fetus, high perinatal morbidity and mortality. In pregnant women with neuroses, nervous and mental illnesses, complications during pregnancy and childbirth are 6 times more common than in the population [5].

According to the literature, the personality profile of pregnant women at risk of abortion is characterized by neurotic reactions of varying severity associated with a lack of physical and mental resources of the individual needed to implement motivational behavior in critical situations. This situation is the appearance of severe pain in the lower abdomen, the presence of bloody discharge from the genital tract, ie the clinical manifestations of miscarriage. Phobias, increased anxiety, depressive, asthenic and other emotional reactions cause mood, sleep, appetite, deepen psychological discomfort, stress, increase conflict, emotional lability and may contribute to the emergence and development of pregnancy pathology, including increasing the risk of pregnancy. the psychological state of the pregnant woman is a reflection of the processes taking place in the system "mother-placenta-fetus" [7].

The aim of our study was to determine the psycho-emotional state of women at risk of abortion, as well as to identify and evaluate possible types of neurotic reactions in these patients.

Materials and methods of research.

We observed 99 pregnant women aged 20 to 33 years with symptoms of abortion at different times: 18

women had a gestational age of 5-12 weeks, 45 pregnant women at risk of abortion at 13-26 weeks of pregnancy and 36 pregnant women - 27 -35 weeks. The women of the main group were hospitalized in the gynecological department or in the pathology department of pregnant women at the maternity hospital in Vinnytsia. The control group consisted of 50 practically healthy women with a physiological course of pregnancy, who were under the supervision of doctors of the women's clinic of the maternity hospital № 2 in Vinnytsia.

In the main group of 99 women, 63 were pregnant, which is 64%, re-pregnant - 36 (36%), of which the collection of obstetric history found that 27 women (27%) previous pregnancy was accompanied by the threat of abortion, 18 women (18%) ended in premature birth.

In the survey of women in the main group, it became known that 18 married couples live with their parents, 9 couples are in an unregistered marriage, 27 couples had no pregnancy planned, but all of them are desirable. Among all respondents, 72 women have higher education, 18 are students, and all others are unemployed. According to women, living conditions are good for everyone.

In the survey we studied clinical and psychopathological status of pregnant women with threatened miscarriage, which is supplemented by data obtained using the scale of self-esteem and installation of alarm Ch Spielberg questionnaire-scale quantitative and qualitative assessment of psychosomatic condition during pregnancy Abramchenka, Nenchyna and clinical questionnaire for detection and assessment of neurotic condition, developed by Yakhin KK and Mendelevich DD.

The results obtained.

In a survey of women using the Spielberg method, it was found that the average values of personal anxiety (PA), which reflects a relatively stable individual trait, in pregnant women at risk of abortion and healthy pregnant women were within the average level of anxiety and did not differ significantly. They were 48.3 ± 2.1 and 42.2 ± 2.3 points, respectively. However, the mean rates of reactive anxiety (RA) in the group of women at risk of abortion were significantly higher ($p < 0,001$) than in the control group. They were 49.1 ± 2.7 and 39.0 ± 2.2 points, respectively. The obtained data indicate a high level of situational anxiety in pregnant women with the threat of abortion, which is assessed as a traumatic situation and leads to unpleasant emotional stress, anxiety, worry, presented in Figure 1.

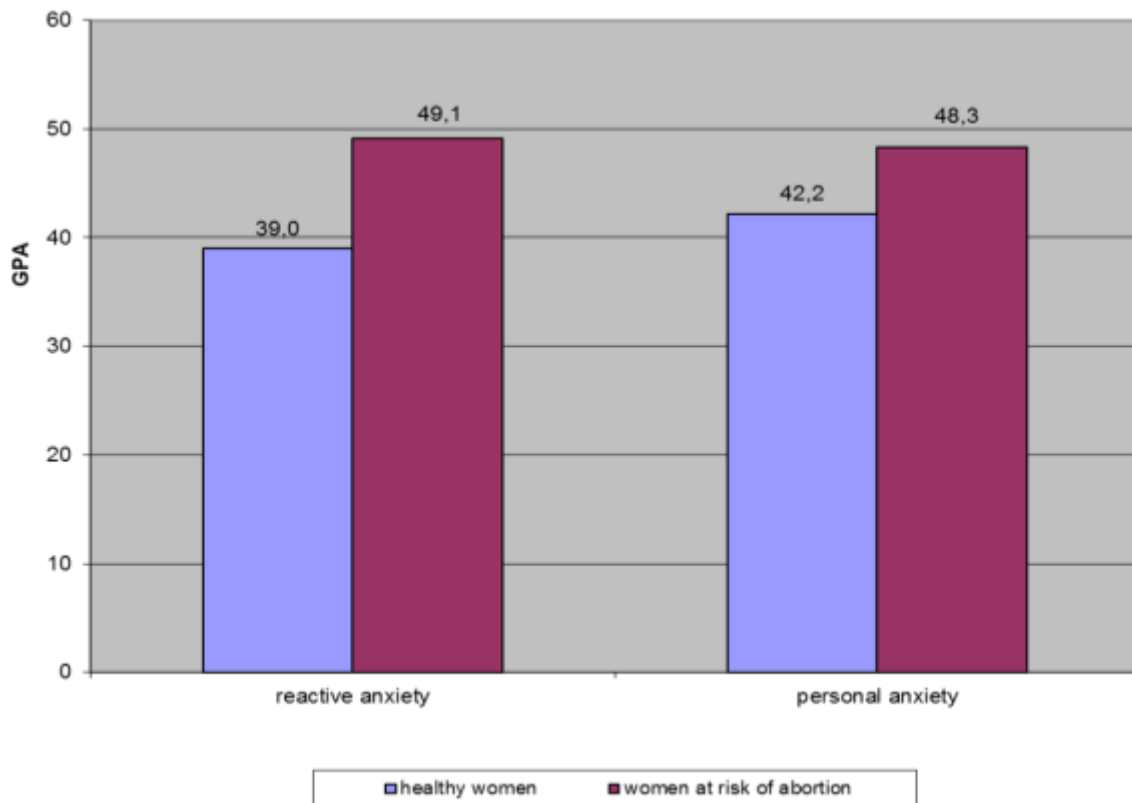


Fig.1. Comparing the level of anxiety of women during pregnancy (spilberg's methodology)

According to a survey using a questionnaire scale for quantitative and qualitative assessment of psychosomatic condition during pregnancy in women at risk of abortion, the average total score was - 27.8 ± 1.4 , significantly exceeding the same score obtained in

healthy pregnant women - 18.1 ± 1.6 , which indicated a state of significant psycho-emotional stress, malaise, conflicting attitudes toward the unborn child and severe feelings associated with possible abortion in women in this group, presented in Figure 2.

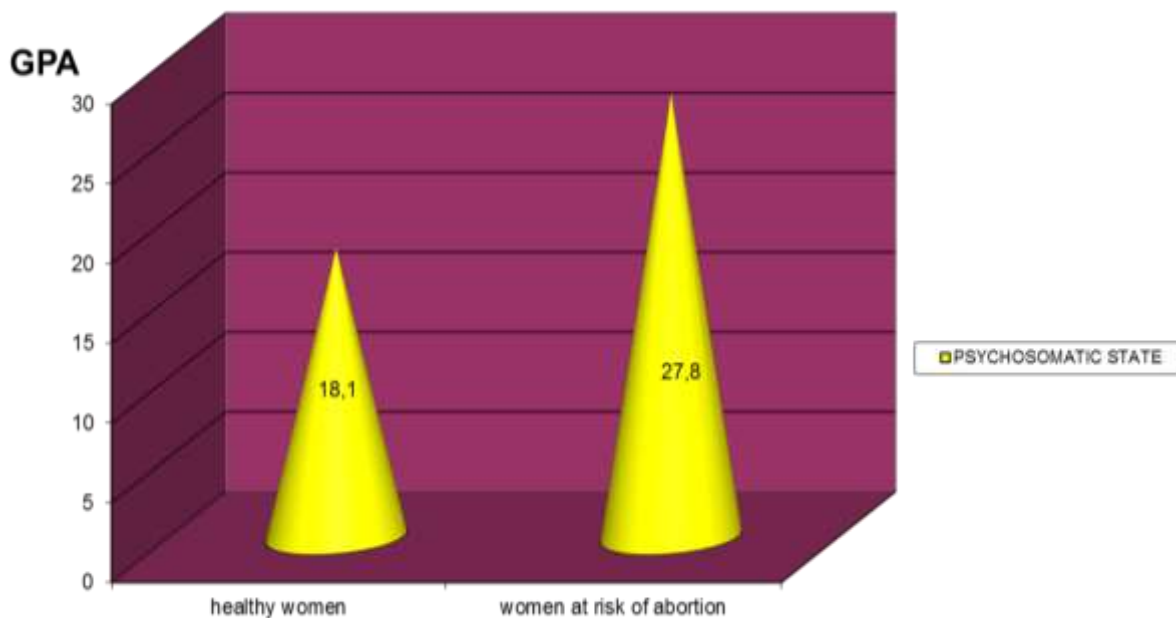


Fig.2. assessment of the psychosomatic condition of a woman during pregnancy in normal and pathology (questionnaire w abramchenko, ta nenchina)

When assessing the neurotic state of pregnant women with the threat of abortion by the method of Yakhin-Mendelevich, the following results were obtained. In 63.6% of women, various neurotic reactions were detected, among which were observed:

- depressive reactions - 42.9%;

- asthenic reactions - 23.8%;
- hysterical reactions - 14.2%;
- vegetative disorders - 9.5%;
- anxiety reactions - 4.8%;
- obsessive-phobic reactions - 4.8% of respondents, presented in Figure 3.

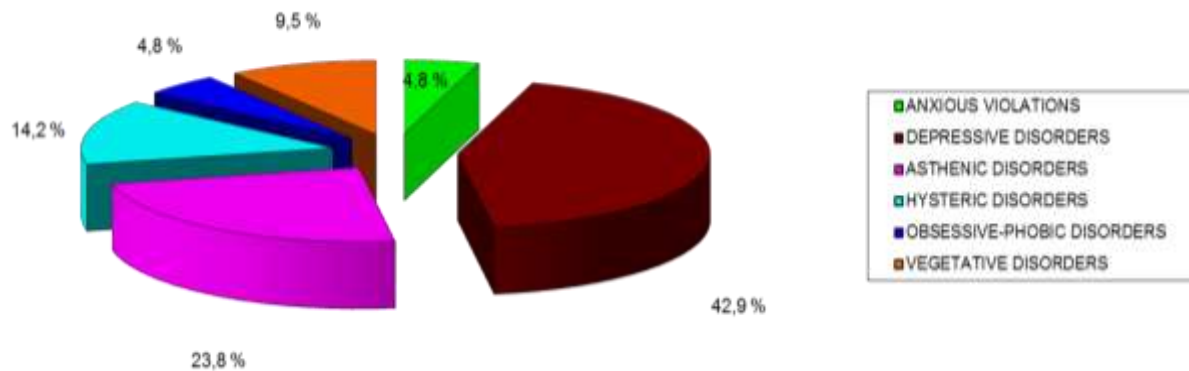


Fig.3. neurotic reactions of women with the threat of termination of pregnancy (methodology kk yakhin, dm mendelevych)

Manifested by anxiety, emotional instability, negatively colored feelings of inner anxiety and worry, a sense of the need for some search. Tendency to perceive a wide range of situations as threatening. Such women are characterized by hypersensitivity to those negative events or failures that can only happen or happen. The tendency to the predominance of low mood, pessimistic thoughts about the future. The tendency (largely unconscious) to deny psychological conflict. Predisposition to unmotivated fears for minor reasons. Distrust, doubts about the need to make responsible decisions, the tendency to re-examine their actions and work performed. There may be obsessive thoughts, states or actions, as well as various rituals aimed at overcoming their own fears.

Conclusions.

Women at risk of abortion, in the absence of psychological assistance, have a higher level of situational anxiety than women with a normal pregnancy.

Women at risk of abortion are characterized by a state of significant psycho-emotional stress associated with possible abortion. Women are in a state of constant stress and anxiety, which leads to a constant release of adrenaline, which, in turn, affects the vessels of the placenta and uterus as a muscular organ. What causes the threat of pregnancy loss and the development of fetal distress Thus forming a "vicious circle": anxiety-spasm-threat-anxiety.

Thus, analyzing the foregoing results of the study, and taking into account that the psychological state of women during pregnancy is one of the dominant factors determining the physical and mental development of children at early stages of ontogeny and state of the expectant mother can argue about psychological need for psychoprevention and care for pregnant women.

Which is primarily based on identifying the already mentioned adverse factors and their elimination, reducing anxiety and eliminating neurotic states and conducting psychocorrection with all family members, in order to improve and harmonize their relationships.

REFERENCES:

- Zohreh Shakhosseini, Mehdi Poursaghar, Alireza Khalilian, and Fariba Salehi. A Review of the Effects of Anxiety During Pregnancy on Children's Health. *Mater Sociomed.* 2015 Jun; 27(3): 200–202. doi: 10.5455/msm.2015.27.200-202
- Redinger A, Nguyen H. StatPearls [Internet]. StatPearls Publishing; Treasure Island (FL): Feb 2, 2021. Incomplete Abortions.
- Glover V. Maternal depression, anxiety and stress during pregnancy and child outcome; what needs to be done. *Best practice & research Clinical obstetrics & gynaecology.* 2014;28(1):25–35.
- Martini J, Petzoldt J, Einsle F, Beesdo-Baum K, Höfler M, Wittchen H-U. Risk factors and course patterns of anxiety and depressive disorders during pregnancy and after delivery: A prospective-longitudinal study. *Journal of affective disorders.* 2015;175:385–395.
- V.V. Baranova. Psychoemotional peculiarities of women who have a history of miscarriage and a loss during the current pregnancy. *PERINATOLOGIYA I PEDIATRIYA.* 2017.1(69):70-73; doi 10.15574/PP.2017.69.70.
- San Lazaro Campillo I, Meaney S, Corcoran P, Spillane N, O'Donoghue K. Risk factors for miscarriage among women attending an early pregnancy assessment unit (EPAU): A prospective cohort study. *Ir J Med Sci.* 2019;188(3):903-912. doi:10.1007/s11845-018-1955-2
- Назаренко Л. Г. Роль стану психоемоційної сфери вагітної жінки при нормальному і ускладненому гестаційному процесі (огляд літератури) / Л. Г. Назаренко // *Жіночий лікар.* — 2013. — № 2. — С. 42—46.
- V.G. Syusyuk. Course of pregnancy, labour and perinatal consequences of delivery of women with psychoemotional disorders stipulated by anxiety. *SOVREMENNAYA PEDIATRIYA.* 2016.6(78):115-119; doi 10.15574/SP.2016.78.115
- Фартушок, Т., Фартушок, Н., & Мильо, Х. (2021). РОЛЬ ПСИХО-ЕМОЦІЙНОЇ СФЕРИ ВАГІТНОЇ ЖІНКИ У ПЕРЕБІГУ ГЕСТАЦІЙНОГО ПРОЦЕСУ. *ГРААЛЬ НАУКИ*, (2-3), 572-579. <https://doi.org/10.36074/grail-of-science.02.04.2021.116>.
- Потоцька І. С. Вплив сексуальних стереотипів на соціальне функціонування сучасної молоді / І. С. Потоцька, Т. П. Рисинець, Л. С. Лойко, В. А. Герасимук // *Психологічний часопис.* - 2019. - Т. 5, № 9. - С. 145-156.