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ASSESSMENT OF THE PSYCHOLOGICAL STATE OF PREGNANT WOMEN WITH FETAL GROWTH RETARDATION

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Placental dysfunction (PD) is one of the most common complications of pregnancy, which leads to fetal growth retardation (FGR), fetal distress, antenatal fetal death, and can cause disorders of mental, psychological and physical development of the fetus [1]. The course of pregnancy with a high degree of chronic psychoemotional stress is accompanied by dysfunction of the system mother-placenta-fetus and compensatory-adaptive mechanisms in late pregnancy, which leads to placental dysfunction and therefore affects the condition of the fetus [2]. For today, the role of chronic psychoemotional stress is established in the formation of fetal growth retardation (FGR), under the influence of which against the background of different levels of stress there are manifestations of distress, both pregnant and fetal, which in turn leads to maladaptation in the system mother-placenta-fetus, the most unfavorable sign of which is impaired fetal growth [3]. For today, it has been proven that maternal anxiety and the birth of low birth weight children are linked. Such changes may also be due to the influence of stress hormones [4, 5]. Morphofunctional changes in the placenta during psychoemotional stress of pregnant women, which is accompanied by high reactive and personal anxiety, cause an increase a peripheral vascular resistance in the uterine arteries, umbilical arteries and descending fetal aorta with compensatory decrease the vascular resistance of the brain, aimed at possible improvement of blood supply to the brain [6, 7]. For today, it has been proven that maternal anxiety, premature birth and birth of low birth weight children are related [5, 8].

The purpose of the research – to evaluate the psychological state of pregnant women with fetal growth retardation.

Group of respondents and research methods Clinical and psychological examination of 33 pregnant women with FGR was performed within 28-33 weeks. The mean age of pregnant women was 27,0 ± 1,5 years, and the examination period was 30,6 ± 0,5 weeks.

A set of psychodiagnostic techniques aimed at examination the psychological state of pregnant women included: a clinical interview, the Spielberger scale of personal (PA) and situational anxiety (SA), adapted by Y.L. Khanin and the EPQ Eysenck questionnaire (H.J. Eysenck), which evaluates such mental properties as neuropsychiatric lability, extraversion and psychoticism [9, 10]. Testing was performed on paper.

Pregnancy and childbirth management of women in the study group, initial assessment of newborns, their early physiological adaptation and medical care were carried out in accordance with the current Orders of the Ministry of Health of Ukraine. The presence of FGR was assessed at birth in children with mass and growth parameters below the 10th percentile for a given gestational age.

Variation and statistical processing of results was performed using licensed standard software packages of multidimensional statistical analysis "STATISTICA 13.0".

The results of the research and their discussion Assessment of the level of SA, which arises as an emotional reaction to a stressful situation shows that among pregnant women were dominated people with an average (from 31 to 45 points) level of SA (63,6%). High values (45 points and above) of SA were found in 15,2% of pregnant women, and in 21,2% of pregnant women its level was low (30 points and below). The results of the assessment of PA, which indicate anxiety as a personality trait, revealed that there were no low-level pregnant women at all. However, medium (from 31 to 45 points) and high (45 points and above) levels were detected with the same frequency (50%).

Analysis of anxiety on the scale "neuroticism – emotional stability", which allows to establish individual retention of subclinical levels of anxiety under routine stress, was conducted using the EPQ questionnaire H.J. Eysenck. The neuroticism scale found that 36,4% of pregnant women were emotionally unstable. On the scale of psychosis - all pregnant women were within the average values.

The relation between the above indicators is confirmed by the presence of a positive correlation of neuroticism with the level of SA ($r = +0,202$, $p < 0,05$) and more significant with the level of PA ($r = +0,625$, $p < 0,05$). In addition, a positive correlation was found between the level of SA and PA ($r = +0,405$, $p < 0,05$).

Conclusion

The results of the conducted research indicate a contravention of psychoemotional state in women who gave birth to children with growth retardation in accordance with the mass-growth parameters. This is evidenced by a significant percentage of women with medium / high levels of personal (100%) and situational (78,8%) anxiety. On the scale of neuroticism – 36,4% of pregnant women were emotionally unstable, and there was a link between neuroticism with the level of SA ($r = +0,202$, $p < 0,05$) and more significant with the level of PA ($r = +0,625$, $p < 0,05$).

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