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PERINATAL CONSEQUENCES OF DELIVERY OF WOMEN AFTER MEDICAL AND PSYCHOLOGICAL CORRECTION OF PSYCHOEMOTIONAL DISADAPTATION DURING PREGNANCY

One of important moments in preventive measures against psychosomatic disorders among children should provide qualitative symbiotic relations in dyad “mother-child” and increase level of mother’s competence in matters of responsible motherhood starting from the prenatal period [3]. Timely and adequate rendered assistance not only improves situation in the family, gestation course and delivery process and also is a preventive measure against problems with breast feeding, neurotic and psychic disorders after delivery [4].

Object of the work is to introduce and estimate influence of program of medical and psychological correction of psychoemotional disadaptation of pregnant women on perinatal consequences of their delivery.

Group of examined women and methods of investigations

125 pregnant women were examined in II and III trimesters. Group I – is 28 pregnant women with middle and high level of the state anxiety (SA) who participated in complex program of medical and psychological correction. Group II – is 62 pregnant women who refused to participate in medical and psychological correction. Control group included 29 pregnant women with anxiety level of 30 points and lower which characterizes low level of the SA. Exclusion criteria were severe somatic diseases, and excluded 6 pregnant women (4.8%) with the type of disharmonious relationships to physical illness. Individual and psychological features of pregnant women and their psychological and emotional state were investigated by means of set of psychological and diagnostic methods [1, 2, 5].

Results of investigation and their discussion

Results of performed investigation show that the rate of complicated deliveries had direct influence on increase of percentage of perinatal pathology the rate of which in group II made 42 % and was 1.5 times higher than index of group I (28.6 %)

and control group (27.6 %). Fetus distress during labour had occurred 2 times only in group II and that made 3.2 % and had influence on increase of the rate of operations facilitating labour process, namely fetus vacuum extraction. In I group and control group the fetus distress didn't occur (Fig. 1).

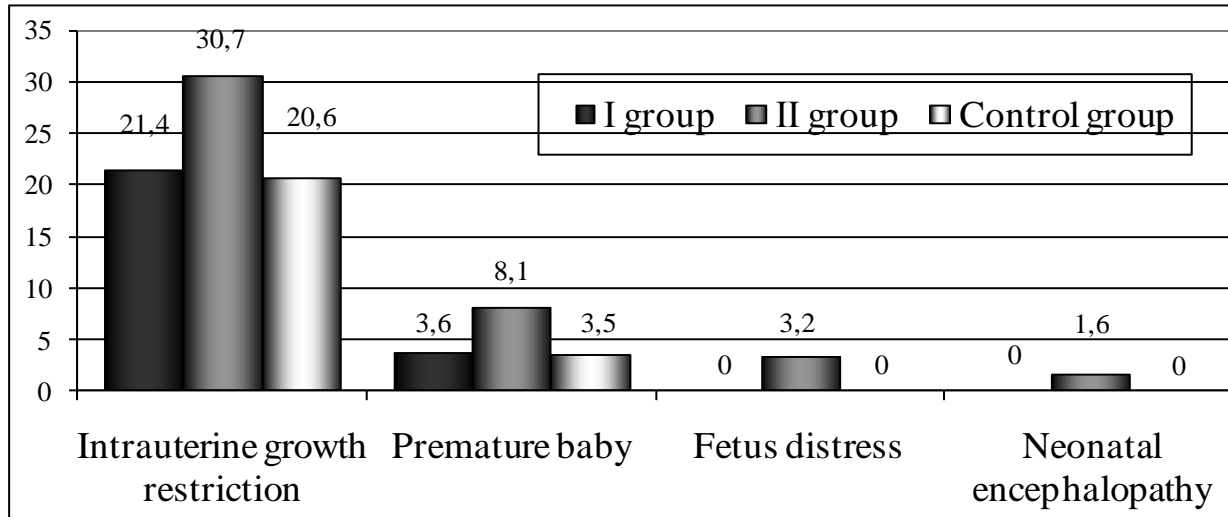


Fig. 1. Abnormal conditions of newborn group study.

By means of distinguishing the results of estimation according to Apgar scale it was determined that general index at first minute was ($p < 0.05$) higher in group I comparing to appropriate index of group II. Rate of intrauterine growth restriction (IGR) in case of calculation by means of mass-height parameters in group II made 30.7 % and exceeded index of group I (21.4 %) and control group (20.7 %). Percent of premature newborns in group II (8.1 %) is more than 2 times higher ($p < 0.05$) than appropriate index in group I (3.6 %) and control (3.5 %) group. It should be noted that antenatal death of fetus occurred at term of 39 weeks in group II.

Conclusions

Use of developed and introduced program of medical and psychological correction of psychoemotional disadaptation of pregnant women enables statistically proved ($p < 0.05$) decrease of rate of complications during delivery and of perinatal complications comparing to women who refused to participate in the program. Labour process of women due to participation in medical and psychological correction program permits to decrease the rate of preterm delivery and consequently preterm babies and enables to avoid cases of fetus distress and neonatal encephalopathy. Taking into account positive result of application of program of medical and psychological correction of psychoemotional disadaptation of pregnant women, introduction of proposed medical method in health protection practice enables to improve results of successful labour process for mother and fetus.

Literature

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