

## MEDICINE

### Obstetrics and gynecology

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#### **INTRODUCTION OF PROGRAM OF MEDICAL AND PSYCHOLOGICAL CORRECTION PROGRAM INTO THE WORK OF WOMEN'S HEALTH CLINIC AND ESTIMATION OF ITS EFFICIENCY**

Policy of World Health Organization, UNICEF, International Pediatric Association for the next decades of XXI century is directed on combining the efforts for decrease of mother and child death with extensive distribution of methods of the family planning and program for child protection [1]. Indices of death among mothers and babies are the indicator of social and economic welfare and their decrease is included into the main goals of development during the century which were specified by United Nations Organization [5].

Pregnancy and delivery are normal events in the woman's life. At the same time it is great physiological stress, source of mainly positive emotions but it is combined with serious alterations in organism of the woman and possible negative events: toxicosis, threatening miscarriage and other complications [4]. Psychological readiness of woman for delivery is the factor of decreasing the pains and possible different complications which can occur during the child birth and postnatal period.

**Object of the work** – implement and evaluate the effectiveness of the program of medical and psychological correction in reducing the frequency of obstetric and perinatal complications.

#### **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 [2, 3].

### **Results of investigations and their discussion**

Results of performed investigation show that majority of women of I group (96.4 %) and control group (96.6%) had term birth. In II group the term birth rate was 91.9 %, and premature birth rate – 8.1 % correspondingly (Fig. 4), that is more than 2 times higher ( $p < 0.05$ ) comparing to the correspondent indicator in I and control groups. Comparing labour process in the examined groups there was found proved prevalence ( $p < 0.05$ ) of complications among women of II group (42%) in comparison with women of I (18%) and control (14.8 %) groups. Fetus distress during labour occurred two times and only in II group that made 3.2% and had influence on increase of rate of operations which help to deliver, namely, vacuum extraction of fetus. Cases of the fetus distress was absent in I and control groups. Rate of complicated delivery had direct influence on increase of percent of perinatal pathology which rate made 42 % in II group and was 1.5 times higher than the indicator of I group (28.6 %) and control group (27.6 %). Percent of premature babies in II group is more than 2 times higher ( $p < 0.05$ ) than corresponding indicator in I and control groups. There should be noted that antenatal fetal death in the term of 39 weeks had occurred in II group.

### **Conclusion**

Results of performed examination show that use of developed and introduced program for medical and psychological correction of psycho-emotional misadaptation of pregnant women promotes decreasing of obstetric and perinatal complications comparing to women who had refused to participate in the program. Labor of women, due to their participation in the medical and correction program comparing to women who had refused to participate in it, permits to decrease occurrence rate of preterm delivery, weak labor process and avoid cases of the fetus distress and neonatal encephalopathy. Taking into account positive result of use of the medical and psychological correction program of psycho-emotional misadaptation of pregnant

women, introduction of proposed medical methodology into health protection practice will promote improvement of result of labor for mother and fetus.

#### Literature

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