

FEATURES OF PSYCHO-EMOTIONAL CHANGES IN WOMEN DURING PREGNANCY

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Abstract: Despite the high prevalence of psycho-emotional changes in pregnant women, they are not diagnosed in more cases. Today, there are changes in female reproductive behavior and typical ideas about the role of the mother. The "objective" situation in which a decision is made about the birth of a child is sufficiently studied today.

Key words: psycho-emotional changes, pregnant women, personality, motivation

Introduction. Relevance: the "subjective", semantic side of the problem is less studied (for example, the state of wanting to have children). R. According to Inglehart, in Europe, as in many other regions, generational changes are taking place, the theme of quality of life in society is emphasized, in which the freedom of individual choice of styles of life, the values of self-expression come first [1]. Today, it is important for a person to realize his specific potential. A modern potential parent (who has not yet had children, but is of reproductive age) strives to develop to achieve "the fullness of one's life" [2].

The European trend of giving birth to the first child in a family of newlyweds aged 30 and over has emerged today. Aspects related to having children are mixed in the thinking of current young people with a sense of fear for representatives of the natural and older generation, a feeling that there must be "one's own life" and that there must often be something that is not related to children in it [3-5]. We can conclude that children are "life for themselves", interesting communication, openness to the world where travel is waiting, opposite with friends. In addition, the issue of family planning for parents also depends on the possibility of decent development (additional lessons, circles, sections) and giving material wealth to at least one child [6-8]. However, we are in the position that the child is not a really serious obstacle to self-realization: among successful people there are many young parents who harmoniously distribute the resources of time and parental care. In addition, many parents note that the source of inspiration for them is a child who is potential to move forward in terms of personality and career [9-11].

The motivational sphere of the expectant mother is an important link in the psychological sphere of the individual, which focuses on all the inconsistency and complexity of the modern social situation. Today, the desire of a Russian woman to have children and fulfill her natural destiny is supported by the possibility of using maternity capital. At the same time, a break in its professional implementation means a decrease in competitiveness and, as a result, self-esteem [12-18].

Replacing priorities and values in favor of material well-being gives a woman only a temporary sense of self-sufficiency and inner self-realization in the professional sphere, inevitably moving away from the goal of becoming a mother. Thus, the combination of personal and social conflicts experienced by a modern woman complicates, sometimes exacerbates, the process of adaptation to the state of pregnancy [19-24].

All this can affect the somatic and mental state of a pregnant woman. The complex of contradictions defines an identity crisis as a clash of pressing needs and motives. It is known that pregnancy is an important period in a woman's personal development, a stage of serious revision of life

prospects, which can be accompanied by interpersonal conflicts. Indicator of ongoing changes a woman may have reproductive motivation [25-28].

Reproductive motivation refers to the set of external and internal driving forces that motivate an individual to achieve different meanings and goals related to the birth of a child [29]. Goals and motives are interconnected, created by a system of value orientations of an individual as a specific core of a pregnant woman's personality [30]. It is believed that various reproductive motivations can be constructive and destructive [31].

Constructives include the experience of pregnancy as a way of belonging to the family system; the desire to give life to another person, taking into account his uniqueness; expressing the desire of spouses to have children; the desire of a woman to become a mother with a psychophysiological readiness for motherhood; the need to take care of a child and feel the joy [32-36].

Destructive reproductive motives are reflected in pregnancy relationships as a desire to avoid loneliness; having a being that makes the mother's dreams come true; a way to reduce the lack of self-love; a way to maintain relationships and maintain a spouse; justification of social expectations; achieving independence from the parent family; a variant of legalizing marriage; a condition for social and material [37-41].

Psychological factors that help and hinder the formation of constructive reproductive motivation are not well understood, despite numerous studies dedicated to the formation of the specificity of the role of motherhood. At the same time, the importance of studying this issue is due to the need to maintain the health of the expectant mother and child [42-47].

The purpose of the study was to study the factors affecting their formation in order to determine and determine the qualitative specificity of psycho-emotional disorders in women during pregnancy, to develop early methods for correcting psychoprophylaxis and psycho-emotional changes in a pregnant woman.

Materials and research methods. 48 primiparas and 22 multifaceted women who were in advisory accounting were examined during work to identify stressogenic factors in pregnant women. They were offered a questionnaire based on an interview with pregnant women, in which women answered questions about the period of pregnancy, the desire for pregnancy, family relationships, their well-being, emotional state, concerns they were experiencing, plans related to the child and future life, childbirth and the postpartum period. C to determine the level of anxiety (low, medium, high) to determine the level of anxiety in first-born women. D. Spielberg-yu.L. A method of measuring Hanin's personal and situational concerns was used.

Results and discussions. Based on the results of a study on the level of anxiety in pregnant women, it can be seen that women with a high level of such anxiety among pregnant women who participated in the study are equally common among primiparous and multifaceted women. Patients complained of a decrease in mood, in which anxious experiences and fears were added or combined with impending difficulties, risks and changes in life. Anxious experiences were mainly manifested by a state of irritable hypothyria, that is, a decrease in mood associated with the expectation of danger (in the process of childbirth, impending motherhood, etc.). The fear of pregnant women was dominant. They were associated with the real situation, became dominant in the mind, suppressing all other thoughts and interfering with the focus on current activities. As can be seen from the above data, the average level of personal anxiety (53,5%) in primiparous pregnant women is the most recorded in the first trimester of pregnancy. In 17,8% of cases, the level of personal anxiety was high and in 28,6%, the level of personal anxiety was low. In the second trimester of pregnancy, the average level of personal anxiety was reported in 64,2% of cases, as well as the number of high anxiety cases increased by 21,4%, while the low level of personal anxiety was observed in 14,2% of cases. In the third trimester of pregnancy, a low level of personal anxiety was not recorded, a significant increase in the number of women with a high anxiety level (42,8%) was observed, in 57,1% of cases the average level of personal

anxiety was found. Against the background of anxiety, some patients experienced hypochondriac reactions. During the first and second semesters of pregnancy, the level of situational anxiety in primiparous pregnant women does not change, therefore, in 7,1% of cases, a high level of anxiety was found, in 57,1% of cases, the average level of situational anxiety was noted, in 35,7% of those examined, a low level of situational anxiety. By the third trimester, the number of those tested with moderate status anxiety increases significantly-71,4% and high anxiety levels-14,2%, while low status anxiety occurs in only 14,2% of those tested.

This is due to the approach of childbirth and the birth of a child. Personal anxiety in primiparous women, as a rule, was irrational. Anxiety did not have real events or circumstances. Women themselves described this condition as a feeling of internal tension that is constantly present or unexpectedly "twisted" and lasts at different intervals. The patients noted that there is a slight crunch, a slight crunch, which causes conflicts with the people around them, further lowering the mood. Patients, wanting to distract themselves, "avoid" their own experiences, as well as conflicts, chose a store far from home and planned a long walk. Data analysis showed that average levels of personal anxiety prevail in women who were born multiple in the first trimester-66,6%, with low levels of anxiety found in 8.3%.checked, a high level of personal anxiety in 16,6% of cases.

In pregnant women who have multiple births in the second trimester of pregnancy, the level of personal anxiety is high – 50%, the average level of anxiety was found in 8.3% of cases, while in 41,6% of those examined, a low level of anxiety was found.

In the third trimester, compared to the first trimester, the number of women with an average anxiety level of 16,7% is significantly reduced, but in 41,6% of cases, a high anxiety level is detected. In the first trimester, the level of situational anxiety in multifaceted women is low – 41,6%, the average level of personal anxiety is determined at a high level in 33% of cases, in 25% of cases. High levels of personal anxiety prevail in women who are born a lot in the second trimester-50% of those examined. A low level of personal anxiety was reported in 41,6% of cases, while an average level of anxiety was reported in 8,3% of cases. In the III trimester, the low level of anxiety is 58,3%, the high level of anxiety is reduced to 33,3%, the average level of situational anxiety occurs in 8,3% of cases. Anxiety in women with multiple births was reasonable and was caused by real sources: severe history, improper termination of previous pregnancies, the presence of abnormalities during this pregnancy, severe or worsening somatic condition of the woman. For most women, anxiety-depressive experiences are associated with the attitude of a pregnant woman towards herself (65%). This may reflect the unwillingness of these women to accept changes in the family and social spheres, the role of the mother. According to studies, in all cases, clear anxiety, insecurity and dissatisfaction with pregnancy and motherhood are combined with a deviation from an adequate way of experiencing pregnancy, an unfavorable family situation, a negative attitude towards changes in one's own body and dissatisfaction with the attitude of others, a deviation from an adequate perception of the child's dignity and an unfavorable trend of a sufficient type of maternal attitude. The attitude to changes in one's condition and claims to other people, including the child's father, close relatives, medical personnel, reflect dissatisfaction with the state of motherhood (and pregnancy) and can serve as one of the diagnostic indicators. During the study, the types of pregnancy experiences were identified that are most susceptible to the dynamics during pregnancy and lead to the most diverse deviations in the style of maternal attitude (a group with anxious and uncertain types of pregnancy experiences).

Analyzing the influence of stress factors on the development of anxiety in pregnant women, as one of the most important stress factors in the first trimester of pregnancy, pregnant women noted changes in their well-being, fatigue.fatigue. Among the stress factors associated with increased anxiety in the second trimester of pregnancy are hospitalization, conflicts at work, fear of childbirth. The change in one's own well-being did not affect the development of personal anxiety, which is due to the fact that a woman gets used to her position. In the third trimester of pregnancy, significant changes occur. All

stressors are positively correlated with anxiety levels. In the third trimester, women identified the most important stress factor for the future baby. And all other factors can affect the health of the unborn child in one way or another, so they lead to an increase in the level of anxiety. Among the stressors that affect anxiety development for women with multiple births, diseases of older children, diseases of parents or husbands have been noted. Stressors such as anxiety and hospitalization for the baby were at the forefront of pregnancy in women who had medical or self-aborted abortions. The general emotional state of a pregnant woman is very unstable, she constantly thinks about the upcoming birth, her health and the health of the unborn baby, so "bad sleep during pregnancy", "conflicts with authority", "hospitalization", "increased fatigue, fatigue", "fear of childbirth" - all this leads to an increase in the level of anxiety in itself. In 67.5% of pregnant women, a high level of anxiety appeared, which indicates the manifestation of a state of anxiety in various situations. This is a violation of the emotional sphere of the individual, indicating that a person cannot adapt to one or another social situation. This level of anxiety can disrupt any activity, which in turn can lead to a decrease in self-esteem, insecurity, a condition that can serve as one of the mechanisms of the development of neurosis, since it contributes to an increase in personal contradictions. In 73% of pregnant women, there is an average with a high anxiety trend, which indicates a tendency for a pregnant woman to experience anxiety, i.e. an emotional state that occurs in unknown dangerous situations and is manifested by the expectation of an unfavorable development of events. The violation of mental adaptation observed in all pregnant women is multifactorial formation, which is associated with the nature of the pregnancy itself and personal characteristics, the structure of neurosis-like diseases and various psychosocial characteristics. Stressors and the resulting mixed anxiety and depressive disorders are one of the reasons for the risk of abortion in 1 and 2 half of pregnancy. Mixed anxiety and depressive disorder during pregnancy are serious risk factors for perinatal pathology. The risk of abortion is increasing. In the women under examination, a high level of personal anxiety was found, which is manifested in emotional discomfort (83,4%), asthenia (78,8%), an incomprehensible threat and a feeling of insecurity, an alarming outlook assessment (63,4%). A study of neurotic levels and specificities, primarily as a personal typological trait, has shown that it is low or low in pregnant women, regardless of gestational age. With neuropsychic stress at any stage of pregnancy, aggression, irritability, irritability appear. In female students, academic performance decreases (20%), conflicts with friends, colleagues arise (27%). The degree and specificity of symptom severity is influenced by certain psychosocial factors. The older a woman, the more pronounced her neurosis-like disorders. The less general radicals of psychosocial factors, the more pronounced neurosis-like diseases, there is a large percentage of the presence of neurotic asthenia, the higher the level of neurotization and anxiety.

Conclusions. Thus, the disorder of mental adaptation observed in the clinical picture is a multifactorial formation associated with both clinical manifestations and personality traits, the structure of neurosis-like diseases and various psychosocial characteristics.

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