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JIF = 1.500	SJIF (Morocco) = 2.031	

SOI: [1.1/TAS](#) DOI: [10.15863/TAS](#)

International Scientific Journal Theoretical & Applied Science

p-ISSN: 2308-4944 (print) e-ISSN: 2409-0085 (online)

Year: 2017 Issue: 02 Volume: 46

Published: 28.02.2017 <http://T-Science.org>

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SECTION 20. Medicine.

FEATURES OF PSYCHO-EMOTIONAL CHANGES IN WOMEN DURING PREGNANCY

Abstract: *The special features of psycho-emotional changes in women during pregnancy is examined in the article. Violation of mental adaptation during pregnancy is multifactorial education associated with clinical manifestations and characteristics of the individual, different psychosocial characteristics.*

Key words: *pregnancy, psycho-emotional changes, mental adaptation, psychological prevention.*

Language: *English*

Citation: [Abdullaeva VK \(2017\) FEATURES OF PSYCHO-EMOTIONAL CHANGES IN WOMEN DURING PREGNANCY. ISJ Theoretical & Applied Science, 02 \(46\): 122-124.](#)

Soi: <http://s-o-i.org/1.1/TAS-02-46-22> **Doi:**  <https://dx.doi.org/10.15863/TAS.2017.02.46.22>

Introduction

Emotional changes are detected in 80% of pregnant women, and 56% of them are depressive disorders of varying severity [7, p. 107; 9, p. 9]. The results of overseas epidemiological studies depressive disorders are recognized as the most frequent neuropsychiatric disorders in pregnant women [2, p.27; 10, p. 130]. Emotional disorders increase the risk of developing complications of pregnancy, have a dysfunctional impact on the social functioning of women [6, p.20; 8, p. 64]. It is established that the incidence of depressive disorders is increased in pregnancy, in adolescence and early adolescence and in pregnant women with low socio-economic status [1, p.18]. Despite the high prevalence of mental and emotional changes in pregnant women, a larger number of cases are undiagnosed [3, p. 184; 4, p. 260].

The aim of the study was the identification and definition qualitative originality of psycho-emotional disorders in women during pregnancy, the study of the factors influencing their formation, with the aim of developing the earliest methods of psychological prevention and correction of psycho-emotional changes of the pregnant woman.

Material and methods: During the research on identification of stress factors in pregnant women were examined 48 nulliparous women and 22 women who already had children. They were offered a questionnaire compiled on the basis of structured

interviews with pregnant women, where women answered questions about the duration of pregnancy, desire of pregnancy, family relationships, his health, emotional state, experience the fears, the plans associated with the child and the future life, the idea of childbirth and the postpartum period. To determine the level of anxiety in nulliparous women was the technique used for the measurement of personal and situational anxiety Ch.D. Spielberg - Yu.L.Khanin, to determine the level of anxiety (low, moderate, high).

Results and discussion: According to the study of anxiety level among pregnant women, you can see that among pregnant women who participated in the study, women with the same level of anxiety as high occur equally frequently among both nulliparous and multiparous women. The patient complained of decreased mood, joined, or with which was combined the anxious feelings and fears of the challenges ahead, dangers and changes of life. Alarming experiences, were mainly presented as alarming gipotonii, that is, reduced mood, associated with anticipation of danger (in the course of childbirth, impending motherhood, etc.). Fears pregnant women wore dominant character. They were connected with the real situation that prevailed in the mind, displacing all other thoughts, and prevented focus on current activities.

In nulliparous pregnant women during the first trimester of pregnancy, most often a moderate level of trait anxiety (53.5 per cent). 17.8% of cases noted



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high level of personal anxiety and 28.6% of cases low level of personal anxiety. In the second trimester of pregnancy, a moderate level of trait anxiety was observed in 64.2% of cases, there was an increase in the number of cases with high anxiety of 21.4%, a low level of personal anxiety was found in 14.2% of cases. A high level of personal anxiety was manifested in emotional discomfort (83,4%), asthenia (78,8%), feeling strange threats and insecurity, anxiety evaluation perspectives (63,4%). In nulliparous women personal anxiety wore irrational. The alarm had real events or circumstances. Women themselves has described as a sense of inner tension, which is present either constantly, or as it were "rolled over" unexpectedly and lasted for various periods of time. In the third trimester of pregnancy low levels of personal anxiety were not recorded, there was a significant increase in the number of women with a high level of anxiety (42,8%), a moderate level of personal anxiety was revealed in 57.1% of cases. Some of the patient had hypochondriac reaction as the result of over anxiousness.

The level of situational anxiety in nulliparous pregnant women during the first and second semester of pregnancy does not change, so a high level of situational anxiety was detected in 7,1% of cases, moderate level of situational anxiety in 57.1% of cases, low level of situational anxiety was observed in 35.7% of patients. By the third trimester significantly increases the number of participants with a moderate level of situational anxiety – 71.4% with a high level of anxiety – 14,2%, while a low level of situational anxiety was found only in 14.2% of patients. It is connected with the approach of birth.

In nulliparous women personal anxiety wore irrational. The alarm had real events or circumstances. Women themselves has described as a sense of inner tension, which is present either constantly, or as it were "rolled over" unexpectedly and lasted for various periods of time.

Multiparous women in the first trimester prevails a moderate level of personal anxiety – 66,6%, the lowest level of anxiety was detected in 8.3% of patients, with a high level of personal anxiety in 16.6% of cases. In the second trimester of pregnancy has high level of anxiety – 50%, moderate level of anxiety were detected in 8.3% of cases, low level of anxiety was detected in 41.6% of patients. In the third trimester compared to first trimester significantly reduced the number of women with a medium level of anxiety to 16.7%, however, high levels of anxiety detected in 41.6% of cases.

In respect of situational anxiety in the first trimester in multiparous women tends to have a low level of 41.6%, a moderate level of personal anxiety was revealed in 33% of cases, in 25% of cases - high level. In the II trimester in multiparous women is dominated by a high level of personal anxiety - 50%

of patients. The low level of personal anxiety was noted in 41.6% of cases, moderate anxiety level is 8.3% of cases. In the third trimester of a low level of anxiety is 58,3%, with a high level of anxiety is reduced to 33.3%, moderate level of anxiety were found in 8.3% of cases.

In multiparous women, the anxiety wore on a rational basis and was due to a real sources: the burdened anamnesis, dysfunctional ending of previous pregnancies, presence of abnormalities during the pregnancy, severe somatic or degraded condition of the woman. For most women, anxiety and depressive experiences associated with the attitude of a pregnant (65%). This may reflect the unwillingness of these women to changes in family and social spheres of life.

Severe anxiety, self-doubt and dissatisfaction with pregnancy and motherhood according to the researches, in all cases combined with the deviation from the adequate style pregnancy experiences, adverse family situation, with a negative attitude to the changes in their body and dissatisfaction with the attitude of others, with a deviation from the adequate perception of the values of the child and the unfavorable trend of the interference values, with the deviation from the adequate type of maternal relationship.

Attitude to changes in his condition and claims of others, including the child's father, relatives, medical personnel, reflect a dissatisfaction with the situation of motherhood and pregnancy and can serve as one of the diagnostic indicators. In the process of research revealed the types of experiences of pregnancy, most susceptible to changes during the course of pregnancy and leading to a variety of abnormalities in the maternal style of relationship.

Analyzing the influence of stress factors on the development of anxiety in pregnant women it was found that in the first trimester as one of the most important stress factors pregnant women identified a change in their own well-being, fatigue fatigue. In the second trimester of pregnancy among stress factors associated with increased anxiety it is possible to allocate admission to the hospital, conflicts at work, fear of childbirth. The change of their health condition had no effect on the development of personal anxiety, due to the fact that the woman gets used to his situation. In the third trimester of pregnancy there are significant changes. All stressors are positively related with levels of anxiety. It is in the third trimester women singled out as the most significant for yourself stress factor of concern for the future baby. And all the other factors in one way or another can affect the health of the unborn child, and therefore cause an increased level of anxiety.

For multiparous women among stress factors, influencing the development of anxiety were noted diseases of older children, illness of parents or

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husband. In women undergoing medical or spontaneous abortion such stressors as anxiety for the baby and the hospitalization, the hospital has taken a leading position throughout pregnancy. The emotional state of a pregnant woman is very unstable, it constantly thinks about the upcoming birth, and about their health and the health of the unborn baby, so "poor sleep during pregnancy", "fatigue, tiredness", "fear of childbirth" – all entail a higher level of anxiety.

High levels of anxiety were found in 67.5% of pregnant women, indicating that the manifestation of anxiety in a variety of situations. This is a violation of the emotional sphere of the individual, indicates a lack of adaptation of man to certain social situations. This level of anxiety can disrupt any activity, which in turn may lead to lowered self-esteem, lack of confidence, this state can act as a mechanism of development of neurosis, as it tends to exacerbate personality conflicts. In 73% of pregnant women found the average level with a tendency to high anxiety, which indicates the tendency of the pregnant woman to experience anxiety, i.e. the emotional state that occurs in situations of uncertain danger and manifested in expectation of unfavorable developments. The increased threshold of anxiety due to the fact that throughout pregnancy there are

global changes in a woman's body, which cause anxiety. Stress factors and emerging as a result of them mixed anxiety and depressive disorder are one of the causes of threatened miscarriage in the 1st and in the 2nd half of pregnancy. The analysis of the peculiarities of psycho-emotional disorders showed the following results: emotional lability (83%), irritability (88%), agitation (25%), depression (43%), tearfulness (79%), apathy (18%), memory impairment (29%), violation of focus (38%), fatigue (69%), weakness (60%), sleep disturbances (42%), anxiety (24%), feeling of boredom (16%), disorders of libido (4%), hypersensitivity to sounds and smells (10%), olfactory and auditory hallucinations (2%). The clinical symptomatology varies depending on the trimester of pregnancy.

Conclusions

Thus, the violation of mental adaptation, which is observed in the clinical pattern is multifactorial education associated with clinical manifestations and characteristics of the individual, and the structure of neurosis-like disorders and various psychosocial characteristics. It is important to note that all these symptoms are associated with the same physiological mechanism as pregnancy.

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