

TARGETS FOR PSYCHOCORRECTIONAL WORK WITH PREGNANT WOMEN WITH A CONFIRMED DIAGNOSIS OF MISCARRIAGE

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Abstract

The present study deals with the problem of miscarriage. Terminated pregnancy is a severe trauma for women, so the detailed study of women's psychological state of being in a crisis caused by miscarriage is of current interest. The study evaluated psychological state of women who had different episodes of abortions; possibility of stress resistance among women suffering from this pathology was also examined. Besides, we estimated the data concerning women's reproductive attitudes with the purpose to understand the extent of a formed image of motherhood and willingness to childbearing of this category of women. According to the results, some practical recommendations for psychological care and support of pregnant women with a confirmed diagnosis of miscarriage were developed.

Key words: pregnancy, miscarriage, reproductive attitudes, psychological state, psychocorrection.

Introduction

One of the most important practical problems occupying the first place in the sphere of obstetrics is miscarriage, its frequency is 20% (of total amount of pregnancies), and so in the concrete one of five pregnancies is believed to be lost.

Sidelnikova E.V. notes that despite the numerous and highly effective diagnostic and treatment methods developed recently this reproductive problem has no tendency to decrease [1].

Moreover, paying attention to psychological state, many authors notice that women who had pregnancy loss can suffer from negative psychoemotional state which can increase with repeated cases of miscarriage. As the result, common psychosomatic phenomenon can occur on the background of somatic disorders, it promotes pathological changes in organs and systems providing pregnancy development [2, 3, 4].

Thus, each terminated pregnancy is a severe trauma for woman, so the more detailed study of women's psychological state being in a crisis caused by miscarriage is of current interest. Besides, in recent years there is a special interest in searching predictors of miscarriage with the purpose to identify risk groups for developing this complication and for prevention its development [5, 6, 7]; the present scientific research was devoted to this problem.

In its turn, it made it possible to highlight the targets for psychocorrection and to make psychological work with a pregnant woman suffering from miscarriage more personal and effective.

The goal of this study was to determine the presence of relationship between reproductive attitudes, psychological peculiarities and number of spontaneous abortions in anamnesis of pregnant women with diagnosis of miscarriage.

The object of the study included pregnant women with diagnosis of miscarriage. *The subject of the study* concerned reproductive attitudes and psychological peculiarities of women with diagnosis of miscarriage.

The following research hypotheses were proposed:

1. Pregnant women with diagnosis of miscarriage have a high level of reproductive attitudes.
2. Women who have a few abortions in anamnesis get higher level of anxiety, frustration, rigidity, than women with a large number of incomplete pregnancies.

3. High level of reproductive attitudes of pregnant women with diagnosis of miscarriage reduces their stress stability level.

Scientific novelty and theoretical significance of the research are as follows: peculiarities of reproductive attitudes of pregnant women with diagnosis of miscarriage have been studied; differences in psychological peculiarities of women with diagnosis of miscarriage who had a small number of abortions and women with numerous incomplete pregnancies have been revealed; practical recommendations for psychological work with pregnant women with diagnosis of miscarriage have been developed.

Theoretical and methodological foundations of the research were based on the following studies: psychological factors of a miscarriage problem (Rogacheva T.V., Samsonov S.A.); individual psychological and personal peculiarities of women with disturbances of pregnancy physiological processes (Zaviyalova J.V., Varaksina G.N., Vetchagina E.G., Zalevsky G.V., Malgina G.B., Shelekhov I.L., Khlomov K.D., Yenikolopov S.N., Mendelevich V.D., Makaricheva E.V., Bogdan N.A., Karymova O.S.); women's reproductive attitudes (Rodshtein M.N.); as well as the works devoted to analysis of parental sphere features of women with reproductive function disturbances (Filippova G.G., Bezhina Kh.V.).

The following methods were used for diagnostics: “Self-assessment of mental states» test (Eysenck H.); «Reproductive role orientations of childbirth» questionnaire (Rodstein M.N.); method of self-assessment studies (Budassi S.A., 1972); “The test of self-assessment of stress stability” (Kouhen S., Villianson G. adapted by Ya.N. Vorobeichik, 2004).

Statistic data processing was performed by means of Spearman's rank correlation.

Practical significance of the study was reflected in development of practical recommendations for psychological work with pregnant women with diagnosis of miscarriage based on the study's results.

Study results

The study was carried out on the basis of «Klinika sovremennykh tekhnologii meditsiny» Ltd. in Lyubertsy (Moscow region). The total amount of respondents: 36 pregnant women (I and II trimesters) with the diagnosis of miscarriage. The average age was 31 ± 6 years. All of the women had no children at the moment of the survey; 50% of them were married; 52.8% had complete secondary special education; 97.2% had professional employment. Responses to the question concerning a number of previous pregnancies ranged from 2 to 10; 61.1% of the women had 2-5 pregnancies completed as spontaneous abortion.

By means of “Self-assessment of mental states” test (Eysenck H.) the psychological state of the pregnant women with the diagnosis of miscarriage was estimated using such mental conditions as anxiety, frustration, aggression, rigidity. It was revealed that the majority of the respondents had a high threshold of anxiety reaction (18 women – 50%), an average level of frustration (19 persons – 52.7%), aggression (18 persons – 50%) and rigidity (22 persons – 61.1%).

The “Reproductive role orientations of childbirth” questionnaire (Rodstein M.N.) was used to determine psychological possibility of women to manage specific requirements of reproductive goal. Analyzing the scale “genophilia-genophobia”, it should be mentioned that the vast majority of women surveyed had imagination of genophilia type (35 women – 97.2%). Besides, 31 women demonstrated a high level of reproductive activity (86.1%).

It was determined that most of the women agreed with such statements as “children make our life full of meaning” (35 respondents – 97.2%), “motherhood is more important than a career” (26 women – 72.2%), “it is necessary to give birth to children regardless of material well-being level” (25 respondents – 69.4%), “a woman can live a full life only when she has children” (33 women – 91.7%).

Generally, 31 women demonstrated high level of reproductive attitudes (86.1%). Consequently, the pregnant women with the diagnosis of miscarriage were characterized by positive attitude to childbearing, had high level of reproductive motivation and their reproductive behavior was focused on the birth of a child.

The study results, according to the method of self-assessment studies (Budassi S.A.), pointed out that the majority of the women surveyed had an adequate average level of self-assessment (22 women – 61.1%).

The results of “The test of self-assessment of stress stability” (Kouhen S., Villianson G.) defined that the majority of the women surveyed possessed a satisfactory level of stress stability (29 respondents – 80.5%).

Correlation analysis indicated that an increase in respondents’ age corresponded to an increase in their reproduction level generally. Moreover, it was found that with an increase in number of abortions the level of women’s reproductive activity was also increased ($r=0.41$). At the same time, moderate negative correlation between anxiety and number of incomplete pregnancies was marked ($r=-0.42$).

Furthermore, the study allows to conclude that frustration and rigidity levels in women with smaller amount of abortions were higher than in women with large amount of incomplete pregnancies ($r=-0.4$ and $r=-0.4$).

Positive correlation between stress stability and level of women's reproductive attitudes was revealed ($r=0.41$). It was determined that the higher level of reproductive attitudes is, the lower level of stress stability in women is.

Conclusions

The majority of women had low anxiety level, average level of aggression, rigidity and frustration. Thus, most pregnant women positively perceived their pregnancy situation without experiencing anxiety, they could quickly shift in changing conditions and did not respond aggressively to various stimuli, in the event of any stressors no reactions of frustration were marked.

In general, pregnant women with the diagnosis of miscarriage demonstrated a high level of development of reproductive attitudes. In particular, the majority of women had imagination of genophilia type of motherhood and possessed high reproductive activity. Thus, pregnant women with the diagnosis of miscarriage were characterized by positive attitude to childbearing, had high level of reproductive motivation and reproductive behavior focused on the birth of a child. However, a very high demand in children helped to have a strong wish of women with the confirmed diagnosis of miscarriage to dissolve fully in a future child even at the expense of their self-restraint and altruism. Besides, the women surveyed were sure about possibility of self-realization only in the case of childbearing.

It was also revealed that women with the diagnosis of miscarriage had an adequate average level of self-assessment. Possessing appropriate experience, they were able to evaluate their abilities and opportunities, treated themselves quite critically, had a realistic viewpoint on failures and successes. So, the surveyed pregnant women, on the one hand, did not allow to reevaluate their opportunities, and on the other hand – they did not permit extra critical attitude to themselves. Moreover, the majority of the women had satisfactory level of stress stability. Thus, in the situation of weak stressors influence, women's organism could cope with them without any adverse impact on activities and health. However, when a strong stressor was marked, adaptation mechanisms of women's organism were insufficient, so decline of health state could also be noticed.

Correlation study allowed to make the following conclusions. In the process of getting older, women's activity and behavior become increasingly focused on the childbearing (increasing reproductive attitudes of women, attitudes of genophilia type and their reproductive activity). Furthermore, it was revealed that with an increase in number of abortions, women's reproductive activity was also increased, i.e., behavior of women became more focused on childbearing. However, such extra motivated behavior (a high level of reproductive attitude, reproductive activity) reduced level of women's stress stability in the situation of miscarriage. In addition, as we have

already mentioned, a strong stressor, such as incomplete pregnancy might have a negative impact on women's physical and mental state.

It was noticed that women with few cases of abortions had higher level of anxiety, frustration and rigidity, than women with large number of incomplete pregnancies. So, women with fewer cases of abortions could hardly adapt to the changing situation – pregnancy situation. Besides, in a stressful situation this group of women had more tendencies to frustration development.

Recommendations

Based on the received data, it should be mentioned that a particular attention should be paid to psycho-emotional state of women who faced a situation of abortion for the first time, as well as of women with a small number of incomplete pregnancies. The direct psychotherapeutic effect on such mental conditions as anxiety, frustration and rigidity of this group of women is necessary to fulfil. It is important to save and maintain a satisfactory psychological state of pregnant women, to help in adapting to another state of their organism, to adopt these changes in physical and psychological terms. Moreover, it is a significant point of taking necessary measures to increase stress stability of pregnant women, especially in situations of extra motivation and need in childbearing. It is useful to form adequate coping-strategies to cope with stress, to strengthen adaptation mechanisms in stress situations. Another key point is the development of adequate reproductive attitudes in women with high levels of self-assessment, refusal of altruistic ideas and forming a constructive image of motherhood.

To achieve these objectives, the following directions of psychotherapeutic work could be used: positive and cognitive psychotherapy, as well as methods of art therapy as the techniques for delicate correction of emotional stress and mental conditions of pregnant women; application of methods of individual, group and family therapy to improve stress stability of pregnant women; conducting training for

positive perception of themselves and authenticity with the purpose to increase the level of self-assessment, refuse of altruistic ideas and forming a constructive image of motherhood.

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