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Psychological aspects of high risk pregnancy vs. psychical support

From the psychological point of view high risk pregnancy in the course of which the mother, the fetus or the newly born child are or will be under greater risk of illness proneness or morbidity before or after the delivery is a difficult experience for a woman, as this state is accompanied by many situations which negatively influence the psychical state of the woman (3).The risk factors threatening the well being of the mother and her baby cause that the negative experience (such as: fear, anxiety, changeability of moods, uncertainty about the child's health and the delivery course) that accompanies the normal pregnancy tends to be stronger in high-risk pregnancy (8). Additional stress and anxiety are also connected with the necessity of frequent visits in doctor's surgery and, on many occasions, with the requirement of hospitalization. Long-lasting hospital stay evokes the feeling of alienation and helplessness in many female patients; it also limits the access to the important source of emotional support – the family. Monotonous atmosphere of the hospital and diminished physical and psychical activity accompanying it, ease the development of depression, physiological stress symptoms and a varied reaction to different individuals (2, 13). The research results pointed to the higher amount of stress and anxiety among pregnant women with high-risk pregnancy as compared to the women with normal pregnancy (1, 8, 14). It is worth stressing that the differences occur mainly in the intensification of the experienced fear, which allows formulating a conclusion that a dominant factor influencing the elevated level of the experienced fear and anxiety is the illness.

Such results implied undertaking the consecutive research into checking the clinical dependences between the clinical type of pregnancy threat and the level of the experienced stress. The study was carried out on female patients hospitalized due to arterial hypertension, pregnancy diabetes, premature delivery, possible miscarriage and it showed that the higher level of stress characterizes women with complicated pregnancy with diabetes or hypertension as compared with patients endangered with premature delivery, or possible miscarriage. The experienced symptoms of stress more strongly accentuated in case of a chronic disease comprised: low mood, sadness, nervousness and inner tension, anger and irritation, sudden memory of sad experience, recurring and persistent thoughts, nightmares, a tendency to deal with tension using manipulation through aggression, and fits of anger (15).

Elevated stress level among pregnant women is on the one hand the consequence of a difficult situation, and on the other, an ideal risk factor for the incidence of premature deliveries and other obstetrical complications. The researchers point to the great role of situational fear (depending on external factors) or characterological fear (conditioned by disharmonic structure of the pregnant woman and her inner conflicts). In the etiopathogenesis of premature deliveries, the research conducted so far has proved that the women endangered with the premature delivery are mainly characterized by neurosis, depressive mood, excessive interest in their bodies and health problems, tendencies of exaggerating one's own personality conflicts and with the lowered tolerance to stressful situations. Such personality characteristics predisposes the individual to strong fear in difficult situations and the high fear level is the important factor inducing the constrictions of the uterus (4, 5, 9, 18).

PSYCHICAL SUPPORT OF THE HIGH-RISK PREGNANCY PATIENT

The stress experienced by women, accompanying high risk pregnancy in a considerable degree negatively influences the overall functioning of the pregnant patient, it projects negatively on adaptation processes at delivery, it requires mobilization of defense mechanisms of self-independence and defensive mechanisms. This accounts for the need for taking up supportive action towards high risk pregnancy patients, especially in situation of hospitalization.

The definition of social support covers all forms of supportive behaviour on the part of all surrounding persons who can aid the supportive action in traumatic situations, protect life (psychic and physical) against negative consequences of stress (10). Supportive behaviour presented by the family, friends or the medical personnel relies on three matching components: emotional, informative and instrumental.

Emotional support entails:

- Subjective relation to the patient and building up an empathic trust relation. One condition of such a behaviour is conducting the patient's pregnancy by one doctor only, which ensures safety, evokes trust, strengthens positive attitude and patient's motivation for cooperation and finally increases the effectiveness of medical actions undertaken (2, 11).
- Admitting patient's right to information and explanation and the possibility of taking up independent decisions, exhaustive and full information given to patient by one person only (a pregnancy doctor) allow to a certain degree to avoid iatrogenic diseases, the consequence of which could be exaggerated imaginations about the negative consequence of the disease.
- Help in expressing and reacting to feelings and nurturing fears – this technique allows to reduce the inner tension and the level of experienced stress by verbalizing and periodic reaction to strong emotions such as: regret, anger, guilt and they allow to stop the mechanism of emotional tension induction resulting from concentration on negative aspects of a situation and at the same time aiding coming back to normally balanced psychic condition (12).
- Help in creating such a natural support group comprises cooperation with the closest family of the patient that constitutes the main source of patient's social support. Limiting the contacts with the family is in each case a stresogenic situation. That is why, it is recommended to follow a policy of "open doors" in pregnancy pathology wards and close cooperation with the husband of the female patient, in whose presence one could break the unfortunate news (8, 13).
- The passing on of hope and faith in treatment effectiveness and coming back to health is a key element of the emotional support. One should however stress that informing the patient in this respect should be adequate to the actual state of the patient. Passing on of hope and faith cannot be the simplistic consolation of "everything will be all right' type, everything should be substantiated with concrete examples and all that could happen should be possibly described.

The non-supportive behaviour or the one that makes the whole situation more difficult is characterized by the pessimistic attitude, lack of empathy, imparting too much criticism, avoiding contact with the needed person (10).

Information support depends on passing on the truthful, compact and accurate knowledge about the reasons and consequences of the illness. This kind of support is usually offered by the medical personnel. A very important aspect of providing a patient with the information about her actual state of health also depends on applying proper form and content to the level of knowledge of a given person and balancing the negative information connected with the illness with positive information (e.g. about the normal child development). All obscure information and uncertainty evokes strong fear, that is why one has to be extremely careful while informing the patient. The message should be simple and exhaustive creating realistic and coherent picture of the illness. Passing on the patient such information prevents iatrogenic errors during common practice in perinatology wards when the information from one female patient to another one is often passed on in an unofficial way. Such information often misheard and inadequate may evoke unnecessary doubts (about the health condition) that additionally increases the feeling of threat among the patients and lowers their motivation in treatment cooperation (8, 10, 14).

Instrumental support is concerned with the granting of practical clues, pieces of advice in fixing formal problems connected with the ward stay and the recommendations concerned with treatment supportive actions.

THE IMPACT OF THE PREGNANT WOMAN EMOTIONAL STATE ON CHILD'S DEVELOPMENT

Granting support to the pregnant woman has also another important aspect – supporting the development of a not yet born child. The literature on this subject proves that the psychical state of a pregnant woman has a significant influence on the pregnancy development and child's development in the pre- and postnatal period (17). USG examination of pregnant women in the 27^{th}–28^{th} week of pregnancy pointed to direct dependences between the woman's mood and fetus behaviour. This is proved by the elevated rate of fetus's heart and the increased mobility of the child in case of a strong emotional arousal of its mother. Interesting research (16) was conducted to check the dependences between the negative emotional state (stress, lack of pregnancy acceptance, the willingness for abortion) and the body mass of the newborn. It was shown that these factors have a direct influence on the body mass of the newborns. It was also noticed that there was also a substantial number of low body mass in the newborns whose mothers expressed the will to have the abortion.

Huizink (7) pointed out that the high level of fear and anxiety among pregnant women is correlated with the disturbances in behaviour and the delay in normal development in the 1^{st} year of child's life. Special attention was given to correlation between high level of fear and concentration disturbances in 3–8 month old toddlers and to the correlation between the high level of anxiety between the second trimester of pregnancy and the lowered psychomotor development in 8-month-old children.

Other researchers (14, 17) point here to two physiological mechanisms of stress impact of the pregnancy on fetal life. One hypothesis points out that the stress felt by the mother also influences the fetus through hormones, mainly glicocorticoids which are transmitted through the placenta to the fetus. Another probable mechanism is the weakening of the blood flow through the placenta in the situation of tension and anxiety experienced by the mother that results in periodic lowering of fetal well-being.

Finally one has to stress that the conception of a child, especially of the first one, is a turning point in woman's life. During pregnancy the woman reformulates the system of values, changes in many spheres of life take place. In this period the woman is open to life changes, there also exists a strong emotional sensitivity and the need for ordering inner experiences. This specific way of functioning causes that pregnant women are especially prone to psychotherapeutic counselling willingness thanks to which they can: reduce the fear level felt in connection with the complications of the pregnancy course and hospitalization, strengthen effective strategies of dealing in difficult situations, improve the general functioning of the patient, aid the process of emotional bond between the mother and her child, lead specific prophylaxis of premature deliveries and child development complications in pre- and postnatal development.

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SUMMARY

The present study is an analysis of psychological situation of the women in high risk pregnancy. It discusses the situations, which considerably exacerbate the activity of women in high risk pregnancy, increase the level of experienced stress and enforce many defensive mechanisms and complex processes of managing them. In addition to that, the article analyzes the correlation between the clinical type of threat to pregnancy and the level of experienced stress as well as the role of fear in the pathogenesis of pre-term delivery. Besides it presents techniques and methods of psychical support for the sick pregnant women. It explores behaviours that can either support or create difficulties in coping with the trauma of hospitalization with account for three components of social support: emotional, informative and instrumental. Special emphasis is put on the influence of stress experienced by the women in high risk pregnancy on the baby's development in the pre- and postnatal period.

Psychologiczne aspekty ciąży wysokiego ryzyka – rola wsparcia psychicznego

W pracy dokonano analizy psychologicznej sytuacji kobiet w ciąży ryzyka. Omówiono sytuacje, które w znaczny sposób wpływają na pogorszenie ogólnego funkcjonowania kobiety ciężarnej, podwyższają poziom przeżywanego stresu, wymagają uruchomienia wielu mechanizmów obronnych i złożonych procesów radzenia sobie. Poruszono problematykę zależności pomiędzy klinicznym typem zagrożenia ciąży a poziomem doświadczanego stresu oraz roli lęku w etiopatogenezie występowania porodów przedwczesnych. W pracy omówiono rodzaje i metody

udzielania wsparcia psychicznego chorym kobietom ciężarnym. Dokonano analizy zachowań, które mogą wspomagać (bądź utrudniać) radzenie sobie w traumatycznej sytuacji hospitalizacji, uwzględniając trzy komponenty wsparcia społecznego: emocjonalny, informacyjny oraz instrumentalny. Zwrócono także uwagę na istotny aspekt psychologiczny związany z wpływem stresu, przeżywanego przez kobietę w ciąży wysokiego ryzyka, na rozwój dziecka w okresie pre- i postnatalnym.