FETAL CONDITION IN THE DEVELOPMENT OF EARLY TOXEMIA

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Annotation: The article review current literature regarding the mechanisms of development, pathogenesis and treatment principles of early toxemia. Particular attention is paid to the relationship of nausea and vomiting in pregnant women with their mental state, the possibility of non-drug effects on this pathology.

Key words: early toxemia; mental disorders; increased anxiety.

Most studies are devoted to the study of the clinical aspect of pregnancy, and the personal characteristics of women during this period are studied as concomitant. Such a one-sided research approach cannot provide the necessary reduction in the pathology of pregnancy, since the peculiarities of the course of pregnancy should be considered not as violations, but as a normal type of response of a woman to the load experienced during pregnancy. Early toxicosis is one of the most common and urgent problems of modern obstetrics. This pathology occurs in 50-90% of pregnant women, the frequency of severe forms ranges from 0.1 to 1.8%. The need for hospitalization occurs in 14- 19% of cases. Toxicosis refers to the conditions of pregnant women that arise in connection with the development of the entire fetal egg or its individual elements, characterized by a multiplicity of symptoms, of which the most permanent and pronounced are disorders of the central nervous system, vascular disorders and metabolic disorders. There are several classifications of vomiting of pregnant women. One of the first was developed by A. A. Lebedev in 1957: I degree - phase of neurosis; II degree - phase of toxicosis; III degree - phase of dystrophy. The changes occurring during the neurosis phase are considered by him as functional, since they are manifested by a decrease in the activity of the cerebral cortex and an increase in the activity of the subcortex, with an emphasis on the irritability of parasympathetic innervation of organs, without special metabolic disorders. Early toxicosis is a complex symptom complex that develops in the first trimester of pregnancy and is characterized by a number of dyspeptic disorders: nausea, vomiting, hypersalivation, decreased appetite, impaired taste and olfactory sensations. Depending on the severity of these symptoms, body weight decreases, disorders occur in all types of metabolism, which leads to deterioration of the functions of a number of organs and systems of the pregnant woman. In most cases, nausea and vomiting do not affect the course of pregnancy and are considered as a physiological condition. Some foreign authors consider the absence of these symptoms as an increased risk of miscarriage. Nevertheless, even mild nausea and vomiting significantly worsen a woman's quality of life. There were many theories trying to explain the mechanism of early toxicosis: reflex, neurogenic, hormonal, allergic, immune, cortico-visceral. In the pathogenesis of early toxicosis, a leading role is played by a violation of the functional state of the central nervous system. In the early stages of pregnancy, the symptoms of early toxicosis (neurosis) are manifested by a disorder of the gastrointestinal tract. Food reflexes are associated with the vegetative centers of the diencephalic region. Afferent signals coming

here from the periphery may have a perverted character (either due to changes in the uterine receptors or in the pathways), changes may also occur in the centers of the diencephalic region themselves, which may change the nature of the response efferent impulses. With impaired sensitivity of the system, a change in reflex reactions quickly occurs, a violation of nutritional functions: loss of appetite, nausea, hypersalivation, vomiting. Neuroendocrine and metabolic disorders play a huge role in the occurrence of early toxicosis, in this regard, with the progression of the disease, changes in water-salt, carbohydrate and fat, and then protein metabolism gradually develop against the background of increasing exhaustion and weight loss. However, psychological studies have not confirmed a higher prevalence in patients with functional dyspepsia of life events that can cause stress, compared with those in healthy people. It was also found that the psychological profile compiled on the basis of the results of the MMR1 test does not differ significantly in patients with functional dyspepsia and in patients with other gastroenterological diseases. Along with this, patients with functional dyspepsia revealed a higher level of anxiety, depression, neurotic and hypochondriac reactions. It is the comorbidity of symptoms of dyspepsia and mental disorders that determines the development of functional somatic syndromes, which, in fact, are somatic mental disorders. The interdisciplinary approach makes it possible not only to diagnose in a timely manner, but also to successfully treat mental disorders that mimic somatic diseases in a somatic hospital. Literature data indicate that various borderline mental disorders occur in 10.0- 79.3% of pregnant women, in this group there is a high incidence of complications of pregnancy and childbirth. The period of pregnancy is generally considered to be a time of increased risk of developing mental disorders, and pregnancy and childbirth itself can become provoking factors in the development of existing mental disorders. The state of psychoemotional tension with the presence of anxiety of various levels is observed in 40% of women with a normal pregnancy. It is believed that a change in the hormonal background during pregnancy can aggravate the existing emotional disorders. In the genesis of non-psychotic disorders, the leading place is occupied by the personal characteristics of a woman in combination with the motivation of childbirth, the level of personal anxiety, the peculiarities of the course of pregnancy and previous obstetric experience. Fear of childbirth and untimely termination of pregnancy, concern about the health of the unborn child and their own health, fear of labor pains and inevitable pain, fear of disappointment of the partner / spouse due to changes occurring with the body, the lack of harmonious relationships in the family, when childbirth is designed to correct the violation of these relationships, leads to a decrease in the level of acceptance of the unborn child and indirectly - to the development of neurotic disorders. Modern women have to worry about their careers, financial problems, and a lot of additional costs associated with the appearance and upbringing of a new family member. All these fears can lead to the emergence of many negative emotions — such as excitement, depression, irritation, anxiety, stress, anger, loneliness, confusion. Most often, changes in the psycho-emotional background during pregnancy lead to the development of depressive and anxiety disorders. According to the literature, a significant influence of anxiety disorders on the course of pregnancy and perinatal outcomes has been noted: the frequency of placental insufficiency, fetal growth retardation, premature birth, and the birth of children

with low body weight increases. In pregnant women with early toxicosis, there are changes in mental functions mainly in the form of an increase in the level of personal and reactive anxiety, as well as the prevalence of psychoasthenia radicals in the structure of personality traits. These changes can be considered in the structure of vegetodistonia syndrome as a manifestation of dysfunction of nonspecific stem structures, as evidenced by a violation of autoregulation of cerebral blood flow, vegetative activity and vegetative reactivity. To date, the main components of early toxicosis therapy are: diet, therapeutic and protective regime, physiotherapy and drug therapy. Medical treatment includes drugs aimed at inhibiting the gag reflex - antiemetics ("Cerucal", "Torekan"), normalization of the water-electrolyte balance, detoxification, parenteral nutrition, vitamin therapy. Rational nutrition of pregnant women is of great importance in the treatment. The food should be varied, easily digestible, contain a large amount of vitamins. It should be taken chilled, in small portions every 2-3 hours in a lying position. Mineral non-carbonated alkaline water is shown in small volumes 5-6 times a day. The need for hospitalization and appropriate therapy occurs in 14-19% of pregnant women, which is economically unprofitable and negatively perceived by the patient herself. Currently, the fetus is considered as a full-fledged patient, in this regard, in the pharmacotherapy of a pregnant woman, it is important not only high efficiency, but the greatest safety of the drug for the pregnant woman and the fetus. In recent years, the issue of teratogenic properties of anti-nausea and antiemetic drugs used has been discussed in the literature, there has been a slight increase in the frequency of congenital fetal deformities in women who have used these drugs. In this regard, the use of non-drug methods of treating nausea and vomiting during pregnancy, in particular psychotherapy, is relevant. The psychology of motherhood and pregnancy is one of the most complex and poorly developed areas of modern psychological science. The relevance of its study is dictated by the severity of demographic problems associated with a drop in the birth rate; an increase in the statistics of dysfunctional and premature births, a large number of cases of pregnancy disorders and cases of fatal childbirth for a woman or newborn.

Thus, the relevance of the development of a psychological approach to the study of pregnancy is supported by the fact that, despite modern achievements in the field of physiology, gynecology and obstetrics, increasing the scientific level and the use of various forms of psychotherapy, psychological problems of pregnancy, the possibility of solving them by means of psychological assistance remain largely unresolved.

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