

management decisions and prevent some reproductive losses, preserve and improve the health of women and their descendants.

MEDICAL ASPECTS OF THE ASSESSMENT OF THE IMPACT OF EMERGENCIES ON PREGNANCY AND CHILDBIRTH

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In modern society, pregnancy often occurs against the background of chronic stress associated with a burdened reproductive history, which is exacerbated by social conflicts, environmental and technological disasters, and even military actions, causing deviations from the physiological course of pregnancy. It has been proven that the occurrence of obstetric and perinatal complications can be associated with the influence of the psycho-emotional state of a pregnant woman, which is aggravated by an emergency, especially during martial law. Even in the physiological course of pregnancy, primary psychovegetative maladaptation may occur, which is realized through the autonomic nervous system.

Military actions, social and domestic dislocation, lack of specialized medical care, fear for their lives and for their unborn child lead to the formation of affective disorders in pregnant women.

Psychological traumas play the role of triggers, and inadequate behavior is a prerequisite for the emergence of mental disorders in a situation of increased demands on psychological adaptation. The mechanisms of adaptation have a complex relationship and are ambiguous in nature, given their ability to switch from protective to damaging and become the basis or an integral part of the development of a pathological process.

The morphological substrate of the formation and manifestation of emotions is the limbic system, which has the strongest connections with the hypothalamus, through which the autonomic system and hormonal mechanisms are connected when emotions appear. Through the autonomic system and stress hormones, internal organs are involved in the manifestation of emotions, which change their functions and metabolism. Psycho-emotional stress causes deeper functional disorders than physical stress. Today, the most frequent pathogenetic factor in the disruption of central regulatory mechanisms and, as a result, the phase imbalance of hormonal secretion in the reproductive system is prolonged negative emotions, mental stress and distress, which is reflected in the concept of the genesis of gestational complications as a disease of disadaptation, and in the psychological side of this problem. Psycho-emotional manifestations and their increase in the progression of pregnancy are present in a significant proportion of pregnant women in emergency situations, especially in women with anxiety and depression. Most often, prenatal depression and stress are factors of spontaneous abortion and placental dysfunction.

One of the main objectives to improve the course of pregnancy and its completion in emergency situations that have a stress-induced effect on the pregnant woman is the implementation of programs of preventive and therapeutic measures