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DEFINING OF MEDICAL AND PSYCHOLOGICAL ASSISTANCE VOLUME TO WOMEN WITH PHYSIOLOGICAL PREGNANCY

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Summary. Mother and prenat are in close symbiotic relationship, which manifests itself in the interaction at physiological and psychological levels of organisms' functioning. Reflexive accepting yourself as a pregnant woman depends also on the the motives of conception, planed / not planed parenthood, social situation and level of psychological and social support. The aim of the research is to determine the volume and structure of medical and psychological assistance. The research was conducted in maternity hospital prenatal consultation centre of Chernihiv City Council and Municipal nonprofit company "Consultation and Diagnostic Center" of Golosiivsky district in Kyiv in 2010-2014. The research involved 185 pregnant women whose age ranged from 17 to 36 years old (group 1 $\mu = 25,5 \pm 0,27$, group 2 $-\mu = 24,8 \pm 0,27$). Women of group 1 show some fear of future childbirth, which applies to both the woman herself and the unborn child. The course of psychological education was developed for women of group 1, which included not only the educational part regarding the physiology of pregnancy and childbirth, postpartum, etc. but also the part aimed at reducing anxiety and overcoming identified fears. For the women of group 2 psychological influence is required in all researched spheres (personal, psycho-social, psycho-emotional and reproductive) if the fear of future birth is present and vivid. According to conducted research for women of group 2 there were found the next targets of psycho-therapeutic influence which have been taken into account when developing the course of psycho- correction: to normalize psycho-emotional state of the pregnant woman, to reduce anxiety level; to work with identified fears; to normalize emotional relation in the dyad "prenate - mother" and creating the triad "father-mother-prenate"; to normalize family relations and to construct optimal types of family systems; to

harmonize personal traits of the pregnant woman. Based on the results of the study proved the need for medical and psychological support to women with physiological pregnancy.

Keywords: pregnancy, psychoeducation, psycho-correction, psychotherapeutics target, reproductive motivation.

Mother and pre-nate are in close symbiotic relationship, which manifests itself in the interaction at physiological and psychological levels of organisms' functioning [1]. Mother's psychological and emotional background affects the fetus by changing the parameters of blood biochemistry, respiratory rate, heart rate, blood pressure, etc. [1]. Since pregnancy awareness and self-acceptance in this state a woman may gain a contradictory attitude to pregnancy, which is called "affect of being pregnant awareness" [2]. On the part of affective sphere emotional lability is most often seen, especially during the formation of gestational dominant, euphoria and joy as opposed to some fears and doubts concerning the ability to become a good mother [1, 3]. Reflexive accepting yourself as a pregnant woman depends also on the motives of conception, planned / not planned parenthood, social situation and level of psychological and social support [1, 3-6]. Children have a vital need to form emotional ties system with at least one adult. According to John Bowlby's attachment theory, the formation of emotional connection goes through several phases, starting from the very birth [7]. Newborn baby reacts by the same basic methods to all those wishing to communicate, but since 2-3 months age, there appear different reactions as to familiar / unfamiliar people. For the successful formation of emotional connection in the early phases adults have to respond to every signal sent by the baby (cry, smile, babbling, etc.). According to Stanislav Grof's perinatal matrices theory, the first matrix - "naivety matrix" – begins its formation from the moment of conception. It defines the life potential, personality potential, ability to adapt and adjust. It has been determined that desired children, children of the sex anticipated by the parents at a normal pregnancy development have higher life potential [8]. Basing on Franse Veldman's works about the beginnings of the fetal's own psychical intrauterine life Katrin Dolto notes that pre-nate needs to get incentives of affective support and strengthening, it gives him the opportunity to feel accepted and satisfy his basic need of "I am good" [9]. According to the stages of individual ontogenesis, the first phase originates from the moment of interaction between two loving people of the opposite sex which is followed by the next ones (fertilization, embryo-genesis, organogenesis, etc.) [10]. That is why the prenatal period is very important in a person's life as the prenatal development of the individual takes place at this stage [10].

During pregnancy maternal identity components formation becomes very important, namely such of them as cognitive, emotional components, components of value and meaning, conative for acceptance, awareness, existing and experiencing as a mother [11]. G. Fillipova examines as a subject of maternity study sphere of needs and motivation which has six stages beginning with interaction with your own mother as a child to formation of love and attachment to the child on a personal level [12]. Every pregnant woman has her own unique experience of motherhood need and motivation sphere ontogenesis, which is not always conducive to optimal formation of all maternal identity components and self-acceptance as a mother-to-be. Accepting yourself as a mother depends also to some extent on the development of the couple's relationship. Bearing a baby in a healthy nuclear family provides fertile ground for the development of a child and conscious parenting [1]. If motherhood is away out of the family critical situation, usually the motives of conception prove to be not justified. Establishment of early interaction with pre-nate (will it be either dyad or triad) and the level of its prenatal development depend upon the family life cycle at which the conception takes place.

The usual question which arises at prenatal training courses for pregnant women is about acquiring skills for optimal functioning of natural childbirth, often partnership one, child care basics. Questions regarding the upbringing and development of a healthy personality appear less often. Educational potential of the family depends on the stage of its life cycle, reproductive motivations, attitudes toward pregnancy and the experience of interaction with their parents in early childhood. While children raising parents have to encounter closely with their own development injuries and not everyone is ready for it. All people after becoming parents find out the tendency to replay their early childhood experience in dealing with their kids. Any injuries which have not been identified and developed will become obstacles to create intimacy in marital as well as parent-child relations [13, s.91]. The notion "upbringing grammar" is not included in the wide consumption among parents. The most important responsibility as for the child is considered by adults the need to ensure him or her healthy food, fresh air and movement, apart from that - developing games and toys [14]. A small percentage of parents in their responses note the need for love. Beside the knowledge about basic needs of the child every parent should also know about individual development stages and also fostering a strong affection for easier separation at an older age [13, 15]. Children who receive such consistent emotional support experience "psychological birth" or birth of the self, then they perceive and feel emotionally separated from their mother and father [13]. It is also important that parents should have some knowledge as for infant mental development due to the age, as the mandatory inspections of the child by medical specialists according to medical visiting schedule in the first year of baby's appear to be quite rare.

The family in which a child is born undergoes a regulatory crisis because there appear a change of social roles and adapting to new duties, reassessment of priorities [16]. For the family to

remain functional after the child's birth, it is necessary to approach issues of birth and upbringing consciously [6]. The couple's life may change not only because of the triad appearance, but also because of psycho-emotional state of woman after the childbirth. Young mothers may have difficulties adapting to motherhood in the first months after birth, which is usually called "fourth trimester" [17]. The reasons may be found in some psychological problems (lack of bonding, discrepancy with ideal representations of reality, poor psychosocial support, etc.) as well as medical ones (apathy, emotional lability, "three days grief", after birth depression, etc.) [17, 18]. Because of lack of knowledge about possible woman's states young mothers are often left alone with the problem and society disapproval. Due to the stated above the issue of medical and psychological support of the women with physiological pregnancy is really relevant and needs further study.

The aim of the research is to determine the volume and structure of medical and psychological assistance.

The research was conducted in maternity hospital prenatal consultation centre of Chernihiv City Council and Municipal nonprofit company "Consultation and Diagnostic Center" of Holiivsky district in Kyiv in 2010-2014. The research involved 185 pregnant women whose age ranged from 17 to 36 years old (group 1 $\mu = 25,5 \pm 0,27$, group 2 $-\mu = 24,8 \pm 0,27$). Enrolling pregnant women in clinical records is carried out before the 12th week of pregnancy, so gestation period of the respondents could reach intervals of 12-38 weeks. The pregnancy and childbirth of the women in a research group as well as comparison group are the first ones. The criterion for stratification of the respondents to the groups was the results of psycho-diagnostic survey. Group 1 included respondents who had more harmonious personality traits, high levels of psychosocial support, satisfactory psycho-emotional state and had no reproductive destructive motivations. Group 2 showed some destructive reproductive motivation and functioning disturbance in dyad "mother-prenety", a lower psychosocial support, mental and emotional state deviation and some disharmonious personality traits. Pregnant women in group 1 and 2 shared some fear of future birth. At the first stage of the research there was conducted a clinical interview and a psycho-diagnostic test.

The following psycho-diagnostic methods were used in the research:

- For personal traits diagnosing and defining reaction characteristics of pregnant women - Freiburg personality questionnaire (FPI - DasFreiburgerPersonlichkeits - inventar), the authors of which are J. Fahrenberg, H. Selg and R. Hampel;
- To assess mental and emotional state of the respondents - method of differential diagnosis of depression states of W. Zung (The Zungself-ratingdepressionscale), scale of anxiety self-assessment of Charles D. Spielberger, Y.L Hanin [19];
- To study the reproductive motivations of the pregnant women - questionnaire of reproductive motivations of O.V. Mahdenko, pregnant woman attitude test of I.V. Dobryakova, the

commitment scale of mother to fetus (Theorignsofthe Mother-Child Relationship), the author of which is by M . Cranley;

- To identify the level of psychosocial support - projective test "Family socio-gram", questionnaire "The scale of family adaptation and cohesion" (FACES-3).

Women of group 1 show some fear of future childbirth, which applies to both the woman herself and the unborn child (fear of pain, for their own health and life, availability of support, etc.), and also some moderate level of personal anxiety which proves the need of the influence to the psycho-emotional state. For the women of group 2 psychological influence is required in all researched spheres (personal, psycho-social, psycho-emotional and reproductive) if the fear of future birth is present and vivid. On the basis of received results after the first stage of the research it was found out that both groups of pregnant women need medical and psychological care but in varying degrees. The course of psychological education was developed for women of group 1, which included not only the educational part regarding the physiology of pregnancy and childbirth, postpartum, etc. but also the part aimed at reducing anxiety and overcoming identified fears. The program is designed for 5 sessions lasting 1.5 hours during 5 weeks. The lessons should be attended by the spouse or partner who will be present at childbirth. According to conducted research for women of group 2 there were found the next targets of psycho-therapeutic influence which have been taken into account when developing the course of psycho- correction:

- to normalize psycho-emotional state of the pregnant woman, to reduce anxiety level;
- to work with identified fears;
- to normalize emotional relation in the dyad "prenate - mother" and creating the triad "father-mother-prenate";
- to normalize family relations and to construct optimal types of family systems;
- to harmonize personal traits of the pregnant woman.

The program lasts 10 sessions lasting 1.5 hours during 10 weeks, the visits of both partners are recommended.

The relative rates distribution of the pregnant women' index levels of reactive (RA) and personal (PA) anxiety in both groups before starting the psychotherapeutic effect showed that there haven't been found any significant statistically proved differences between the relative rates distribution of reactive anxiety indexes. There have been revealed significant differences in the relative rates distribution of personal anxiety high level index before the start of psychotherapeutic effects. In group 2 personal anxiety high level index is 28% in comparison with 0% in group 1.

The relative rates distribution of the pregnant women' index level of depressive reaction in both groups before starting the psychotherapeutic effect showed significant differences in the indexes relative rates distribution either without or with low level of depressive reaction. In group 2 high index of depressive reaction low level is 17% in comparison with 0% in group 1.

The relative rates distribution of the pregnant women' index levels of RA and PA in both groups after completing the psychotherapeutic effect is presented in Table 1.

The research revealed positive dynamics of the studied reactive anxiety parameters in both groups after the psychotherapeutic effects. Positive dynamics is observed while determining high level index of reactive anxiety in group 2, which is equal to 2% out of 10%. In recurrent testing it was obtained 38% instead of 64% of the women's reactive anxiety moderate level in group 2, which shows existence of statistically proved fact of index positive dynamics after the psychotherapeutic effects. Accordingly, the index of low level reactive anxiety increased from 26% to 60%, which also testifies positive dynamics of psycho-emotional sphere parameters. The positive dynamics of the relative rates distribution changes parameters of pregnant women's reactive anxiety in group 2 is shown in Figure 1.

Table 1 The relative rates distribution of the pregnant women' index levels of RA and PA in both groups

Anxiety		The first testing Psychoeducative			The second testing Psychocorrective		
		Value	Significance level (α)	Trust interval ($1-\alpha$)	Value	Significance level (α)	Trust interval ($1-\alpha$)
Reactive	Average value (μ)	31,90	0,1	± 2.804	34,81	0,1	± 2.751
	Standard deviation (σ)	7,45			10,59		
Low	% of pollees / relative part (ω)	33%	0,1	$\pm 17.742\%$	26%	0,1	$\pm 11.417\%$
	% of pollees / relative part (ω)	62%	0,1	$\pm 18.277\%$	64%	0,1	$\pm 12.442\%$
	% of pollees / relative part (ω)	5%	0,1	$\pm 8.015\%$	10%	0,1	$\pm 7.623\%$
Personal	Average value (μ)	34,38	0,1	± 1.751	42,55	0,1	± 2.507
	Standard deviation (σ)	4,65			9,65		
Low	% of pollees / relative part (ω)	14%	0,1	$\pm 13.17\%$	5%	0,1	$\pm 5.53\%$
	% of pollees / relative part (ω)	86%	0,1	$\pm 13.17\%$	67%	0,1	$\pm 12.241\%$
	% of pollees / relative part (ω)	0%	0,1	$\pm 0\%$	28%	0,1	$\pm 11.731\%$

Recurrent testing of the women in group 1 also revealed a positive dynamics; reactive anxiety low level index grew from 33% to 43%, medium index decreased from 62% to 57%, higher index decreased from 5% to 0%. It proves the therapeutic effect of the conducted lessons and the presence of adaptation factor changing to novelty in the perception of research and evaluating situation.

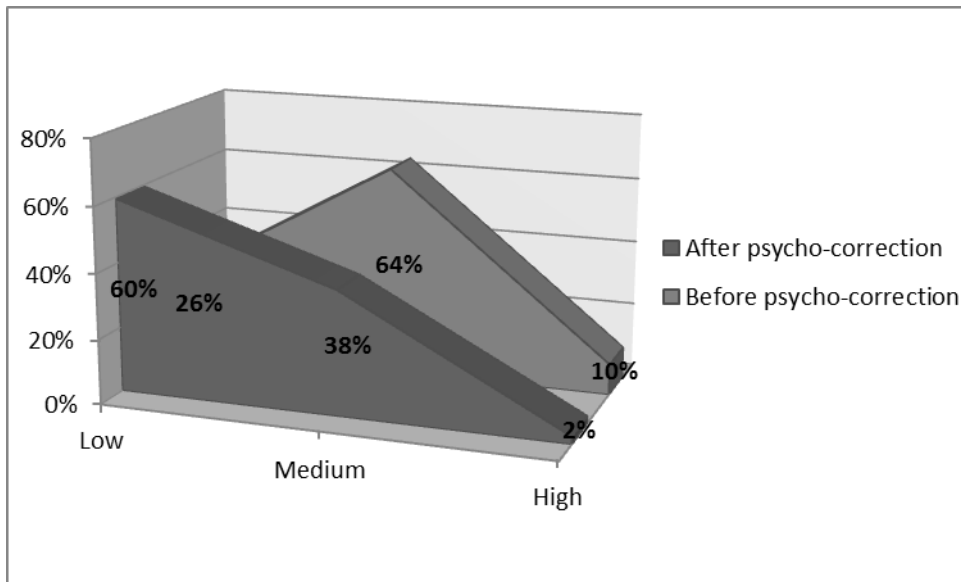


Figure 1 The positive dynamics of the relative rates distribution changes parameters of pregnant women's reactive anxiety in group 2

While analyzing the dynamics of personal anxiety parameters we found statistically proved significant differences between the high level before and after the psychotherapeutic effects. In group 2 the positive dynamics takes place as before the psycho-correction the index was equal to 28%, while after it - 12%. In group 1 after psycho-educational course the personal anxiety high level index increased from 0% to 24% which is shown in Figure 2.

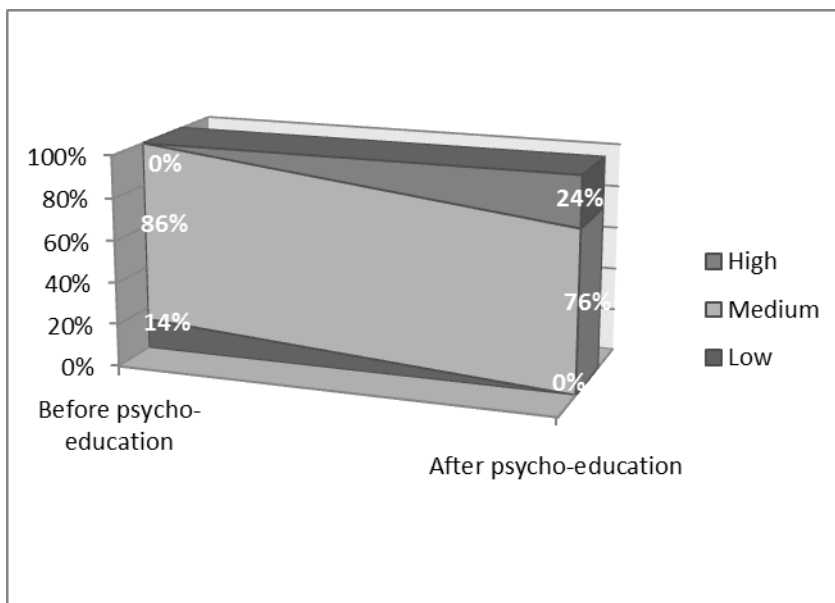


Figure 2 The dynamics of pregnant women's PA high level index changes after psycho-education course in group 1

Negative dynamics in the growth of personal anxiety high level index in group 1 at the end psycho-educational program is connected with mainly informative orientation of the program. The growth of PA index is associated with the approach of the delivery date and increasing anxiety. These data prove the need for medical and psychological support of physiological pregnancy as psycho-emotional state has its own dynamics depending on the pregnancy trimester, type of its

treatment and other factors, mentioned above, and the need for correction with the use of psychotherapeutic effects may occur.

In the study of relative rate distribution indexes of depressive anxiety reaction after the use of psychotherapeutic effects the following phenomena were revealed. In group 1 there is a negative dynamics due to increase of mild depression from 0% to 5%. In group 2 there is a positive dynamics as the index of mild depression decreased from 17% to 10%. The dynamics of depressive reaction levels indexes changing is presented in Figure 3.

Received data indicate the lack of psycho-educational impact on women with physiological pregnancy, as with the growth of gestation age psycho-emotional state becomes more unstable without special skills of self-correction and requires special skills of psycho-corrective influence. In the effectiveness study of the psychotherapeutic impact means (psycho-education, psycho-correction) on the pregnant women’s level of psycho-social support in group 1 and 2 following results were revealed.

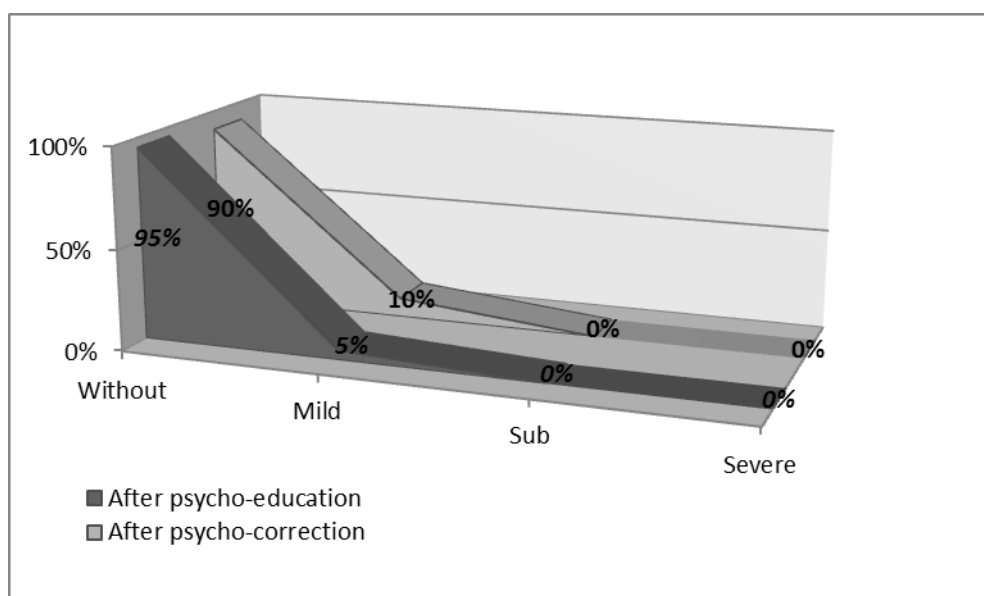


Figure 3 The dynamics of depressive reaction levels indexes changing according to the method of psychotherapeutic effect

After the first test the women in group 1 had more favorable rates according to both methods (medium balanced family type system (FTS) advantage, the average level of satisfaction in marriage index, good emotional connection between the couple, more often imaging of the child and the nuclear family). The results of the second test show a negative index changing dynamics of women in group 1 (there were not detected any statistically significant changes according to technique FACES-3, the projective drawing showed negative dynamics of couple’s emotional connection index from 100% to 81%). The results of the second test of the women in group 2 showed a positive dynamics which appears as improvement of the parameters according to FACES-3 technique (statistically proved increase of marriage satisfaction level, the change of extreme TSS

to medium balanced) and "Family socio-gram" (improving of emotional connection between spouses, more often imaging of the child in the picture or an extended family, third persons and a child as a partners' unifier). When comparing pregnant women's indexes in group 1 and 2 by psychosocial support levels rates after the second test it turned out that statistically significant differences between the groups according to technique "Family socio-gram" were not detected, and according to technique FACES-3 there are some statistically significant differences between the prevailing FTS, but in both cases they belong to medium balanced. Thus we can conclude the proven effectiveness of psycho-correction program on the basis of pregnant women's psychosocial support level indexes results in group 2 and approaching them, at the end of psychotherapeutic procedures, to the results of the women in group 1, which were more favorable at the beginning of the study. When comparing the dynamics of changes before and after the psychotherapeutic effects in group 2, index changes positive tendency was detected and their significance was statistically proved. Thus, we can conclude the effectiveness of psycho-correction course. In group 1 index changes negative dynamics before and after the psycho-educational course was testified. So, we can make a conclusion about the need for attending psycho-correction course by the women in both groups and their partners, as the approach of delivery, current fears and worries increase the necessity of high level psychosocial support.

In the study of the dynamics of changes in reproductive motivation pregnant women were found the following results. There were found statistically significant differences in the results after the psychotherapeutic effects between groups 1 and 2. On a scale of commitment mother to fetus M. Kranli was found that the average value (μ) is higher in women of group 2. According to test attitudes of pregnant there was statistically proven the difference between the groups in favor for pregnant of Group 2, where the relative of frequency (ω) the optimal type of psychological component of gestational dominant (PCGD) prevails compared with group 1 (90% vs 76%), and anxiety type PKHD is 7% vs 19% in group 1. As a result of reproductive motivation questionnaire there was statistically proven the difference between reproductive motivation pregnant women in both groups. The women of group 2 in 100% of the completed form had constructive reproductive motivation (in their pure form or combined with neutral or destructive), women group 1 - 95% of cases. Results of women at group 2 in the following schales - pregnancy for men as social expectations, to maintain the relationship, refusal of present, as material gain and escape from loneliness - significantly different from the results of women in group 1 towards dominance.

In studying the effectiveness of the psychotherapeutic effects (psychological education, psychological correction) on pregnant of groups 1 and 2 there were revealed the following results. As a result women with group 1, where was held psychological education statistically confirmed results of dynamic changes on a scale of commitment mother to fetus M. Kranli were not found. In the results of test of attitudes of pregnant there was observed negative dynamics, where the first

result - 100% optimal type PCGD - changed to 76% during the second test; anxious type PCGD 0% changed to 19% after repeated testing. As a result of application of accurate reproductive motivations reliable dynamics has not been found, but there are changes in terms of pregnancy as a protest from 0% to 10% and increase the number of neutral and reproductive destructive motivations with repeated testing. Thus, after the psychotherapeutic effects, including psycho education revealed negative dynamics and effectiveness of the program is not confirmed. In analyzing the dynamics of results of women from group 2 revealed the following figures. On a scale commitment mother to fetus index mean value (μ) with proven statistically reasonable accuracy decreased from 50.48 to 45.33, which is a positive dynamics of the present questionnaire. It was found the positive dynamics between indicators of sufficient secondary levels of commitment and its violation after the correction. The results of dynamic changes of commitment mother to fetus Women Group 2 is shown in Figure 4.

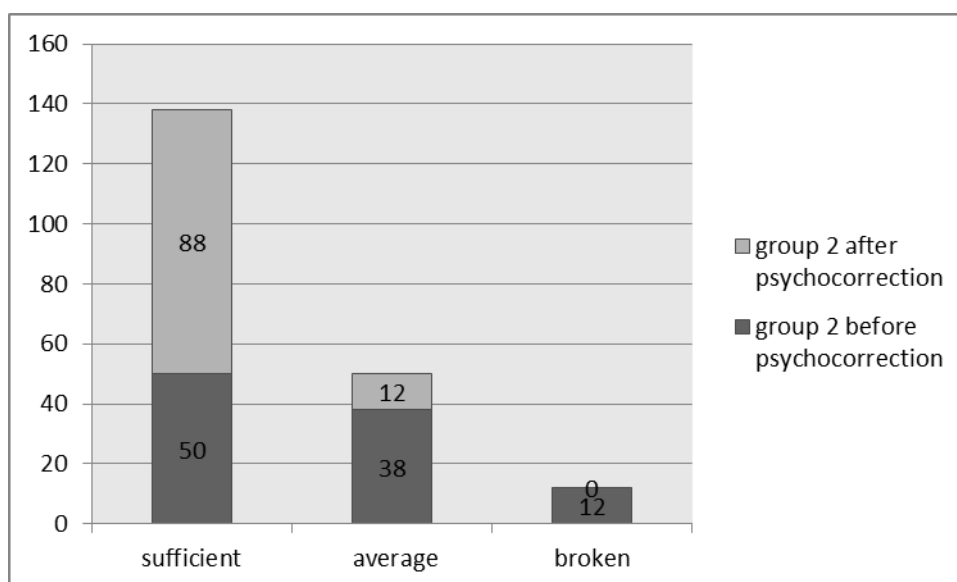


Figure 4 Dynamic of changes of the level of commitment mother to fetus after psychocorrection in women with group 2

According to test of attitudes of pregnant after the psychocorrection there were revealed the following results. There was found statistically proven change "mixed" attitudes to "clean" after re-testing. Dynamics of gestational dominant type is given in Table 2.

Table 2 Dynamics of results of the retesting in women of group 2 by the method "Test of attitudes of pregnant"

type of gestational dominant		value	level of significance (α)	confidence interval (I1- α)	value	level of significance (α)	confidence interval (I1- α)
optimal	% of respondents/ relative frequency (ω)	79%	0,1	$\pm 10.655\%$	90%	0,1	$\pm 7.623\%$
euphoric	% of respondents/ relative frequency (ω)	55%	0,1	$\pm 12.925\%$	26%	0,1	$\pm 11.417\%$
anxious	% of respondents/ relative frequency (ω)	31%	0,1	$\pm 12.005\%$	7%	0,1	$\pm 6.688\%$
depression	% of respondents/ relative frequency (ω)	5%	0,1	$\pm 5.53\%$	0%	0,1	$\pm 0\%$
hipohestohnozychny	% of respondents/ relative frequency (ω)	10%	0,1	$\pm 7.623\%$	0%	0,1	$\pm 0\%$
clean	% of respondents/ relative frequency (ω)	38%	0,1	$\pm 12.61\%$	76%	0,1	$\pm 11.06\%$
mixed	% of respondents/ relative frequency (ω)	62%	0,1	$\pm 12.61\%$	24%	0,1	$\pm 11.06\%$

After repeated testing using questionnaire of reproductive motivation there was found the positive dynamics and statistically significant changes of indicators. After psychocorrection was made, the percentage of structural reproductive motivations increased (from 95% to 100%) and decreased destructive (from 93% to 76%). There were identified percentage changes among certain reproductive motivations. Increased percentage of rate of pregnancy for birth, to her beloved husband and attractiveness of pregnancy as something unknown. Decreased the percentage of indicators of pregnancy as the implementation of social expectations, protest and rejection of present. Quantitative distribution of the relative frequency indicators (ω) for the questionnaire to determine reproductive motivation after psychocorrection is shown in Figure 5.

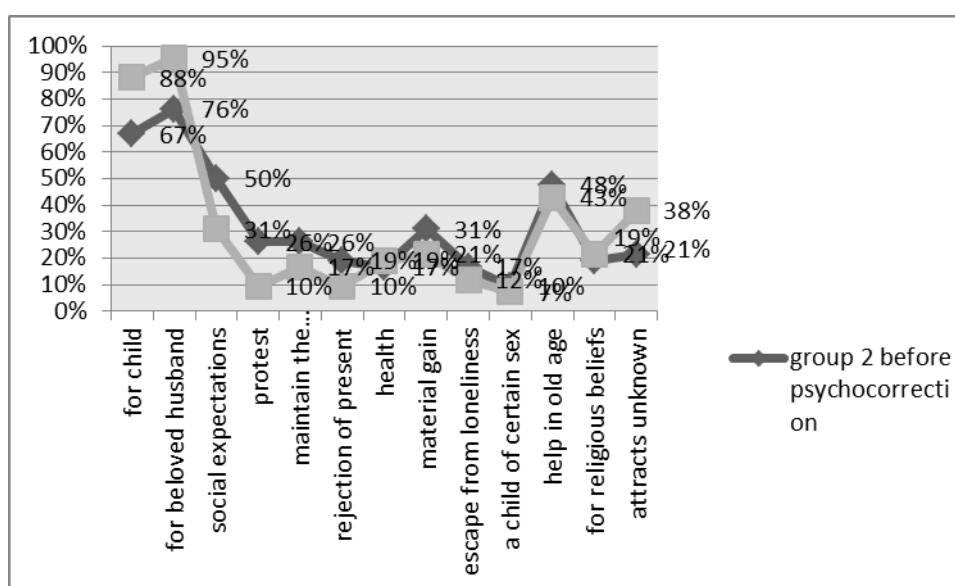


Figure 5 Quantitative distribution of the relative frequency indicators (ω) for the questionnaire to determine reproductive motivation after psychocorrection

Based on the received results and the positive dynamics can be concluded the effectiveness of the psychocorrection with the pregnant of group 2. Indicators of relationship between the mother and child in their dyad, improved and approached favorable. As a result, the program of psychological education hasn't confirmed the effectiveness as far as indicators remained unchanged or had a negative trend.

In the study of the dynamics of personality changes on the basis of Freiburg personality questionnaire (FPQ) after the psychotherapeutic effects in groups 1 and 2 were found statistically proved significant differences. In group 1 there are dominating the following scales: neurosality, sociability, extraversion and femininity, group 2 - irritability, shyness, openness. In group 1 at the end of psychological education was observed negative dynamics, which results in increasing of neurosality, spontaneous and reactive aggression. The reduction of balance, openness show a negative trend during the second test. It was revealed a significant decrease in shame after psychotherapeutic effect was made. In group 2 at the end of psychocorrection after the second testing, was found positive dynamics of neurosality rate that was 33% after the first test to replace 2% at the end of classes. Changes in other indicators in group 2 at the end of psychocorrection is shown in Figure 6.

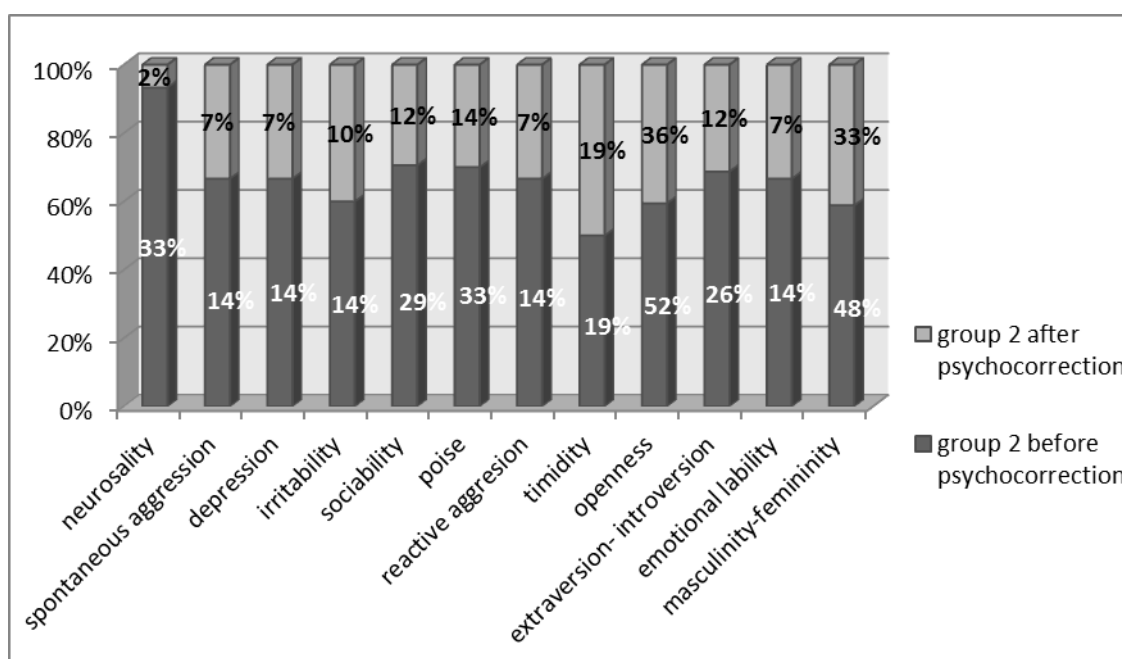


Figure 6 Dynamic of changes of the results of Freiburg personality questionnaire in group 2 at the end of psychocorrection

Based on these results of FPQ we can make a conclusion ambiguity of results, as far in group 1 and group 2 there are both positive and negative dynamics at the end of psychotherapeutic effects. This indicates the probability of fixation based on test results on situational changes in pregnancy, because to achieve positive dynamics of indicators personal sphere requires continued

work and aim. The received results will be taken into account to improve the program of psychocorrection and planning of medical and psychological support for women after childbirth.

Based on the results of the study, the following conclusions can be done. The sessions that were done with pregnant of groups 1 and 2 with a program psychological education and correction after retesting showed varying effectiveness. Psychoeducational program was aimed to form cognitive and behavioral components of maternal identity (knowledge, skills) and to reduce the level of anxiety and work with identified fears. Based on the results after the second test of women in group 1 we can make a conclusion about inefficiency of program of psychoeducation regarding psycho-emotional sphere of pregnant. It is associated with fewer sessions compared with the program and format of psychocorrection, since the main purpose was to inform pregnant and learning practical skills. The program of psychocorrection had many targets and when analyzing the results of retesting revealed its effectiveness. Psycho-emotional background of pregnant in group 2 after the second test was favorable; reduced rates of RA and PA, there was a qualitative change in gradation of levels of anxiety from high values to low. The average value of a depressive reaction decreased with repeated testing. Based on the results of the study it was revealed that the level of PA of pregnant women increases with the approach of the approximate date of birth. This is a normal reaction to an unknown expectation of an event that has a powerful emotional color. Revealed that the level of PA to correct and remains high, but within moderate and low levels.

Dynamics of changes of the part of the psychosocial sphere in women of group 2 is positive. After the psychocorrection was made increased the rate of satisfaction in marriage, emotional connection between partners, type of family system changed to mediumbalanced and balanced, and on the picture a child often appeared as a family member. In analyzing the dynamics in the dyad "mother-child" it was revealed an increase in levels of attachment to the fetus at a sufficient level and lack of attachment disorders, increased the number of the optimal type PCGD and number of "pure" types were absent hipohestohnozychnyy types PCGD, positive dynamics of reproductive motivations (dominance of constructive, including pregnancy often for child and beloved).

The effectiveness of psychocorrectional program regarding personal sphere is partially, because the decreased level of neurosality and the results of spontaneous and reactive aggression, but positive personality characteristics also decreased. Thus, we can conclude about the effectiveness of psychocorrection as a means of psychotherapeutic effects on women with physiological pregnancy.

Based on the results of the study it was shown the need for medical- psychological support women with physiological pregnancy and effectiveness of psychocorrectional work just, because the tasks assigned to psychoeducational program remained unimplemented.

There were chosen the followings facilities of realization of psychotherapy influence:

- Influence on a psychoemotional background - geshtalt-therapy, cognitiv-bikhevioral therapy;
- Psychosocial support – geshtalt-therapy, psychodrama.
- Impact on the dyad "mother-child" - cognitive therapy, art therapy, haptonomy, the basic principles of Karl Brisha SAFE program;
- Personality - cognitive-behavioral therapy, art therapy techniques.

Tools of implementation of psychotherapeutic effects have been implemented in group work in program of psychocorrection, individual counseling and family therapy.

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