Identification of the problems and Anxiety levels of the women who had elective or therapeutic abortion

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This study is descriptively carried out with the aim of identifying the problems and anxiety levels of the women who had elective or therapeutic abortion. The sample of the study consists of 200 women who applied to the Women's Hospital. The data is collected by using Questionnaire Form and Beck Anxiety Inventory.

In the study, 79.0% of women who had elective abortion (EA) and 52.0% of women who had therapeutic abortion (TA) stated that they had difficulty during decision-making period for abortion. It has been detected that the major problem in this period was the fear for the procedure (85.3% (TA); 25.3% (EA)). It has been specified that the problems mainly faced after the abortion were the pain (25.5% (EA); 45.3% (TA)) and the sadness due to the loss of the baby.

Beck anxiety average point's being fewer than 21 is evaluated as mild anxiety. In this study, it has been determined that both women who had elective abortion and those who had therapeutic abortion suffer from mild anxiety. It has been indicated that the pre-abortion anxiety point medians of women having had elective abortion or therapeutic abortion are higher than post-abortion anxiety point medians ($p<0.05$).

Consequently, women having had abortion have problems such as fear and pain as they are not informed sufficiently for the procedure. Therefore, it is thought that nurses' providing women who would have abortion with information and consultancy service before, during and after the procedure will enable them to cope effectively with this process.

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Methodological levels in prenatal psychology

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t has been possible to acquire in very different methodological ways extensive insight into the relationship between prenatal and perinatal experiences and the course of later development, as well as the possibilities of therapeutic and prophylactic intervention. This great diversity of methods, however, makes communication especially with colleagues in medicine, psychology and psychotherapy who are oriented to academic concepts of science sometimes difficult. Since 2007 five different methodological levels in Prenatal Psychology have been formulated:

1. Quantitative measurement and statistical analysis
2. Qualitative aspects
3. Empathic insight
4. Practical experience of midwives, obstetricians and others
5. Cultural psychological comparison

One-sided restrictions at the methodological level hold dangerous problems and decisively limit the quality of treatment and prevention and the validity of Results. On the other hand it is clear that there are no alternatives to integration and balancing of the methodological levels in theory and practice, especially since the unborn baby is not able to chose or to limit himself to one of the levels.
The importance for the practical work in the field of obstetrics will be emphasized.

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The role of depression and Anxiety status in the etiology of Hyperemesis Gravidarum

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Objective: To describe the psychological etiology (depression and anxiety levels) regarding Hyperemesis Gravidarum (HG) in a cohort affected pregnants
Materials- Methods: 62 cases with the complaints of severe nausea and vomiting and hospitalized in our clinic with the diagnosis of HG between December 2007-March 2009 were included in the study group, 62 pregnant women who have been followed in Antenatal Care Unit with the routine pregnancy controls, without any complaints of vomiting and whose pregnancy has been continuing without any problems were included in the control group. To measure the depression and anxiety values Beck Depression Inventory (BDI) and State-Trait Anxiety Inventories (STAI-1 and STAI-2) were applied to all of the cases. The mean values of these tests were compared between the two groups. The cut off value in BDI was determined as 17, as the ones above this value were accepted to have a state of depression; the comparison of categorical data between the two groups was made.
Results: Mean age was 26.72±5.45 years in study group while it was 24.98±5.05 in the control group (p=0.088). There were no statistically significance between study and control groups in terms of gravidity, parity (p>0.05). The mean gestational ages during the performance of the inventories were 9.99±3.36 weeks in the study group, and 10.38±1.81 in the control groups (p=0.460).
In %58.1 of the HG cases depression was diagnosed, the ratio was %17.7 in the control group (p<0.001). The mean BDI value of the patients with HG was statistically higher than the control group (17.85±6.61 vs. 10.08±6.71, p<0.001).
The mean STAI-1 and STAI-2 values showed no statistical significance between the two groups (42.37±11.02 vs. 39.10±9.67 p=0.079; 43.56±9.71 vs. 45.02±7.00, p=0.347, respectively)
Conclusion: Regarding to the Results of our study, the depression status of the pregnants can play a role in the HG etiology, but the anxiety status in the pregnants has no place in this disorder.

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Depression with obsessive-phobic disorders in pregnancy

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Although postpartum depression is now a well-known phenomenon, what is also becoming increasingly clear is that depression during pregnancy, especially during the second and third trimesters, is common. The Results of meta-analysis published in 2004 indicate prevalences of 7.4%, 12.8%, and 12.0% for the first, second, and third trimesters, respectively. However, healthcare providers apparently do not recognize the disorder in up to 77% of pregnant women who experience depression.

Despite the high prevalence rate and negative consequences associated with depression during pregnancy, there is limited information to guide women and their physicians about treatment options, and many pregnant women have difficulty obtaining pharmacologic treatment.

Treatment with antidepressants during pregnancy is a difficult issue because of the relative lack of information on possible adverse effects. The Results of a prospective study on adverse birth outcomes for women who used antidepressants late in pregnancy suggest that the medications can have adverse effects. Consequently, a nonpharmacologic therapy, i.e. psychotherapy, is a promising alternative.

The perinatal psychology and psychotherapy in our country has begun to develop actively only during the last few years. Centers on maintenance accompaniment of pregnancy and delivery have been founded, but in this case there is still a lack of specialists in rendering qualified psychotherapeutic help to pregnant women. Therefore, the research actuality of these problems is obvious.

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Birth antecipation, experience and intensity

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Birth is an extraordinary phenomenon witch is sporadic in the woman's life Colman, 1999. Anticipated during the gestation, in the woman's fantasies, it will be relived through out the mother's memories Lopes, 2005. When remembered, it refers to a certain context and the memories associated to it reflect the emotional value attributed to the birth experience Colman, 1999. Most of the pregnant women, during the second and third trimester, dreams, idealizes, and fantasizes the birth moment, Beaton&Gupton,1990; Pacheco, Figueiredo, Costa, 2005. Based on this assumption, we designed our research with objective to evaluate the emotional intensity of the birth experience as an experience anticipated during the pregnancy and as an experience lived after the birth, with the intent to understand the phenomenon of the birth experience dreamed and lived by the woman. The sample consists of 150 participants of the Obstetrician Service and External Consults of the Hospital S. Bernardo. In a first approach of the participants, between 22/34 pregnancy weeks, after their consent, is applied the Pre-Birth Questionnaire (QPP) adapted from the Birth Anticipation Questionnaire, QAP, Costa, Figueiredo, Pacheco&Pais,2005. In a second approach, during the fourth week after the birth, it will be applied to the same participants the Post-Birth Questionnaire (QP-P) built based on the Positive and Negative Affect Schedule Scale of Watson&Clark, 1994. With this study we aim to, in the domain of midwifery interventions, know the intensity of each component of the dream, before birth, under the emotional and experience point of view, in a way to provide the women/couple a positive and organizing birth experience.

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The work of a family midwife – health promotion from the beginning of pregnancy to the end of the childs first year of life in particular amongst deprived mothers

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The first „Family Midwives were trained in a mother- Child health Project in Bremen in the 1980`s
The aim of the Project was that Midwives should become involved in the reduction of the perinatal mortality rate in particular with women with a high medical and socio-economical risk.
Acting on behalf of health promotion and health prevention, is the focus and characteristic of the work of a family midwife on the psychosocial and medical counseling and support of high risk groups. Is As a result through intense home visits and home care and the interdisciplinary cooperation with other professionals is the aim of the family Midwife the health prevention and health promotion of mothers and babies with special needs.
The actual operational aim of Family midwives is the early detection and assessment of neglect and abuse of newborns up until the end of the first year. An Early Warning System set up by the family Midwife and her colleagues will achieve this goal. Signs of over challenged and helplessness of the mother/Father must be detected at an early stage. Significant conflicts within the partnership and or the family and violence in the family origin must be ruled out as a potential risk for mother and child during pregnancy and in the post-natal period.
This assessment can be acquired through a close cooperation of work with the social ser-vices and other professionals such as Gynecologists, pediatricians and others within the supporting network of the health system.

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Paradigm shift in the obstretics

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The culture-historical development of the obstretics chanched during the 19th century. The delivery was a natural phenomenon until this time. Midwifes attended deliveries mostly without interventions. The development of the medical siences triggered a descent of the perinatal morbidity and mortality. But it also trigerred new risks and pathologies. The main problem of the medicine leadet obstretic is the interference of the sensitive system of relationships between mother, father, child and midwifes as a result of medical routines. A further development of the obstretics to a relationship leaded obstretics might to improve the savety of the delivery.

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Postpartum depression: prevalence and risk factors

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Aim: This research is carried out as a descriptive study to determine depression after delivery among women and risk factors affecting depression.
Method: Sampling was composed of 330 women and on postpartum day 1, day 2 and at 6^{th} week totally three interviews were carried out. Percentage calculation, importance test of difference between two means, Cochran Q Test, one way variant analysis (ANOVA) were used in statistically evaluation of data.
Results: According to findings, on postpartum day 1 13 points or over in %16.7 of women. Post partum day 2 and 6^{th} week, In 19.4 percentage of women EPDS point was found as 13 and over. It was determined that according to education level, perceiving income level, marriage age and period, number of pregnancy and living child, situation of willing pregnancy, making decision of pregnancy, having familial depression case, having difficulties at baby care, having thoughts about not being able to care baby, communication with partner, difference between mean EPDS points was statistically significant among women joined in the research ($p<0.05$).
Conclusions: In conclusion this research finding shown that is very important evaluating mother in post partum period; particularly at 2-8 weeks to be performed by midwife/nurses in terms of having risks for depression.

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