

Running head: PSYCHOLOGICAL ASPECTS OF HIGH-RISK PREGNANCY

Psychological Aspects of High-Risk Pregnancy

[Author's Name]

[Institution's Name]

### Psychological Aspects of High-Risk Pregnancy

Indubitably, pregnancy is the most joyful gift, natural and blissful event ever gifted to any woman. There may be a psychic retreat in itself, in which "their attention, both biological and emotional, is for new and creative process takes place in her claimed to be." However, we must view pregnancy as a development process, unique to women, in which a new level of emotional maturity can be reached. German recognized pregnancy as time in which multiple psychological processes can occur simultaneously that are mostly related to the psychological risks associated with the pregnancy. Preparation for the new baby and the subsequent changes in the social and partner relationships are usually detected as tasks of pregnancy.

Patients must cope with the mentally high risks identification and careful assessment procedures. A thorough history should tactfully, but definitive questions of patients include previous mental health problems and use of alcohol and / or other legal and illegal drugs. High-risk patients may not be immediately detected through a simple test or diagnose. One should carefully examine each patient, which provides an unexpected answer to the questions, explanations or instructions of the doctor. If a patient does not necessarily discuss inappropriately in any way with the material relevant to the topic visible, this often means an emotionally driven response. A patient may be so worried that they do not "hear" is what has been said; apparently, the source of fear must be ascertained. (Ross LE, McLean 2006)

In the same way, a pregnant woman may be miserable, physically depressed and at risk accordingly. Not able to attend to what the doctor advised If the patient is inappropriately active or joking or is everyone inappropriate belligerent, should be about alcohol or other addictive or think that the patient have some personality problem, or that they over-anxious, but not spontaneously mention their fear. The patient may peculiar language, which can give the

impression that their thinking is typical, or that they exhibit to be under the influence of alcohol or other addictive substances. The presence of a mental health problem can sometimes directly and / or fetal well-being of the patient, e.g., alcoholism, other drug abuses. It can affect their condition with the patient's ability to cope with pregnancy and adequately meet the medical needs. Listening carefully to the pregnant patient may also show the presence of significant pressures, violence, past mental problems and the lack of an adequate support system.

There are a number of theories discussing female psychology, but no proper attention has been paid to the psychology of pregnant women. The concept of "primary femininity" which first described by Stoller, as an essential basis gained much acceptance in the development of sexual identity in women. Another important concept is that women are more naturally base their self-esteem on their connections with others while men seem to autonomy and maternal and fetal achievement. The plant that occurs to support them through the physiological symbiosis added, as well as the psychological readiness of to engage a mother with the fetus.

It is important to determine the patient's emotional reaction to her pregnancy, what it means to them and their caregivers, and what they expect will happen during pregnancy. Unrealistic expectations and assumptions, unnecessary worry and anxiety, the fuel to increase the emotional burden on the patient. The use of multiple general screening questions to determine whether the patient is "early signs of a mismatch to pregnancy" was advocated. The questions are about unwanted pregnancy prior experiences of patients, which may affect the present pregnancy, her problematic experiences with support systems, experience in child care, and their own pregnancy health concerns, there are certain "indicators" that develops merit further examination patient. Theutl scales to measure a prospective mother and father at the prospects fear pregnancy.

References

Ross LE, McLean LM: Anxiety during pregnancy and the postpartum period. J Clin Psychiatry 2006; 67:1285-1298

