

## PERINATAL COMPLIANCE: A MULTIDISCIPLINARY APPROACH TO PROTECT THE MENTAL HEALTH OF WOMEN DURING PREGNANCY

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Many specialists are involved in solving the problems of preventing complications of conception, pregnancy, childbirth, the postnatal period, in organizing and conducting care and treatment in case of violations: obstetrician-gynecologists, therapists, neonatologists, physiotherapists, exercise therapy practitioners, psychologists, social workers, etc. their actions largely depend on the success of the work. However, a paternalistic approach to providing obstetric outpatient and inpatient care has dominated our country for a long time. In the middle of the last century, G. Engel, 1977 formulated and proposed an alternative to the prevailing generally accepted biomedical approach to assisting, the formation of compliance. The practice of compliance was hardly penetrated into the practice of obstetrics, gynecology, neonatology. It is the insufficiency of the psychosocial approach in Soviet medical institutions that explains the lack of access to psychological assistance in antenatal clinics, the tendency to separate the newborn and the puerperal, the prohibitions on relatives visiting the maternity wards, neonatal wards, etc. The introduction of the biopsychosocial approach was reflected in the order issued by the Russian Ministry of Health and Social Development No. 808n, according to which the cabinet should include a cabinet psychotherapist. A psychotherapist (at the rate of 1 post for 10 posts of specialist doctors), a social worker (1 post), and a medical psychologist (1 post) appeared in the staffing standards of the antenatal clinic staff. The emergence of new specialists required the introduction of a multidisciplinary approach and the formation of perinatal compliance, the essence of which is in the mutual understanding and partnership of both women and men, and all specialists who contribute to the successful flow of the reproductive process.

Thus, the existence of perinatal compliance is not limited to the terms of the perinatal period accepted in obstetrics, but extends to all stages of the reproductive process (conception, pregnancy, childbirth and the existence of bonding in the postnatal period). Awareness of the need for the formation of perinatal compliance at the earliest stages of gestation and targeted work in this direction structures the activities of perinatal psychologists, psychotherapists, obstetrician-gynecologists, is a prevention of pregnancy and childbirth complications, and prevents the occurrence of iatrogenic, psychological and didactogenesis. Of particular note is the role of perinatal compliance in improving the interaction of doctors (primarily obstetrician-gynecologists) and perinatal psychologists, in establishing partnerships between them, in implementing a multidisciplinary approach to work. At the same time, the mutual understanding of specialists contributed to increasing confidence in them... At the same time, mutual understanding of specialists contributed to increasing the trust of patients in them, their willingness to comply with recommendations and appointments. With this type of interaction, the patient and her relatives expect discussion and agreement with the doctor and psychologist of all the actions taken, leaving the right to decide for themselves. The formation of perinatal compliance has significantly changed the content of prenatal training. To participate in them are men who, among other things, are preparing for partner births. The recommendation to carry out family-oriented (partner) births in obstetric hospitals is contained in Clause 31 of Order No. 572n of the Ministry of Health of the Russian Federation dated November 1, 2012 "On Approving the Procedure for Providing Medical Care in the Obstetrics and Gynecology Profile". Perinatal compliance is implemented in neonatology by introducing a family-oriented methodology "Open Resuscitation", which involves the wide involvement of parents in assisting medical personnel trained to cooperate with them, in monitoring the newborn, in caring for him, in his treatment at the intensive care unit and intensive therapy. Prior to the introduction of the Open Resuscitation methodology, a newborn was physically separated from his mother just at the time when they were both the most vulnerable, which led to a violation of the preservation of antenatal dyadic relationships and the formation of a postnatal dyad (bonding). Open resuscitation provides the formation within a few weeks of communication between the mother and the child, their close physical contact. As a result, after discharge from the hospital, the mother feels competent in matters of caring for the child, confident. The practice of introducing a family-oriented approach into neonatology has yielded good results. Studies have shown that, compared with the indicators noted before this introduction, breastfeeding is becoming better, children gain weight faster. When using the "kangaroo method", a statistically significant decrease in the frequency of mortality and sepsis is noted, the duration of nursing of a child in stationary conditions decreases, children grow better and faster, more often after discharge they get natural nutrition.