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Ogni donna va alla decisione di dare alla luce un bambino a modo suo. Per qualcuno, la gravidanza è un incidente, per il quale qualcuno è un miracolo da tempo atteso. I miei pazienti incinta non hanno pianificato e non hanno aspettato la guerra. Ha trovato qualcuno in previsione del bambino, e qualcuno è rimasto incinta e ha pianificato il suo futuro contrario a esplosioni e sirene. Qualcuno ha scelto di fuggire dalla guerra su una terra straniera. Qualcuno è rimasto a casa. Non c'erano soluzioni sbagliate. Ognuno ha fatto il proprio. Osservazioni femilogiche di un medico di consultazione femminile.

Oksana Morozova, psychologist, obstetrician gynecologist, member of the Ukrainian Association of existential counseling and therapy

Every woman goes to the decision to give birth to a child in her own way. For someone, pregnancy is an accident, for whom someone is a long-awaited miracle. My pregnant patients did not plan and did not wait for the war. She found someone in anticipation of the baby, and someone became pregnant and planned his future contrary to explosions and sirens. Someone chose to flee the war on a foreign land. Someone stayed at home. There were no wrong solutions. Everyone has made their own. Femenological observations of a female consultation doctor.

## **War and pregnancy.**

War and pregnancy. These two concepts are opposite and are not well compatible in my mind. One of them is a hymn of death, and the other is a hymn of life!

I live in Kiev, I am a doctor, obstetrician – gynecologist. I have been working in the profession since 1992, for the last 20 years - in a private clinic receiving outpatients. There I met the terrible morning of 24 February 2022, when the war came to Kiev. The war caught me in the position of the head of the outpatient department. At that time about 200 pregnant women were receiving prenatal care in my department and I was accompanying them.

The first 2 weeks of the war I worked on the phone: I cancelled appointments, talked to pregnant women, calmed them down, told them what examinations we were postponing and how urgently they still needed to be done, and where. This communication was with tears, sounds of gunshots and explosions outside the windows (mine and theirs). The women were afraid and annoyed because unable to

leave quickly, often not knowing where to go and what to take with them. I was explaining 'how to breathe' or 'how to squat' to relieve panic attacks.

Was I scared? Yes, I was very scared. Did I want to leave? I did. Why did I stay? I didn't know where to go. I didn't feel that it was better and calmer somewhere than at home. Although my block of flats is located on the outskirts of Kiev, close to Irpin, Gostomel and Bucha. My daughter, husband, mum were with me, my sister with her husband and nephews were in another district of Kiev, my father was out of town, on the other side of the Dnieper. And most importantly, I felt that my relatives and patients needed me here, very much.

During March, everyone was fleeing desperately from Kiev. Patients, neighbours, friends were leaving. The departure of some of them was painful for me and deprived me of my inner pillars. But the more people were leaving Kiev, the more frightening it was for those who stayed. My departure would have definitely added panic to my family, friends and patients. I realize that, if everyone left, there would be nowhere to return.

How did my pregnant patients experience this period? In different ways, too. Some stayed in Kiev for the birth. Some left the city but stayed in the country, some ran away abroad. All those who stayed in Kiev gave birth safely. There were more questions with those who left.

One of my patients moved for the most dangerous period from Kiev to Vinnytsia region. After the move, pregnancy diabetes was detected at 25 weeks of her pregnancy. We started to adjust the dose of insulin. Elevated blood glucose levels are very harmful for the foetus. But the treatment scheme was not working. My endocrinologist colleague and I got her insulin dose up to 40 units a day. That's a high dose for pregnancy diabetes! But there was no compensation, blood glucose readings were high, as if we were injecting not insulin but water.

Finally, the woman decided to return to Kiev. And a miracle! The first blood glucose test showed normal results. We cancelled insulin and glycaemia remained

normal until the end of the pregnancy. Diabetics in the first months of the war became much more frequent and I found it quite logical: when the body prepares for battle, it raises blood sugar levels so that both brains and muscles work more efficiently. However, this is not the only case I have recorded where returning home has been so healing. The home walls were healing and the blood glucose tests confirmed it! The pregnancy ended successfully.

There was another unusual case with one of my patients. She lived in the suburbs, in a private house that was located in one of the infamous places affected by the fighting and occupation. She had travelled to Western Ukraine, but hurried back home as soon as possible, settling in her parents' flat in Kiev. During a check-up at the clinic, at 30 weeks of pregnancy, the news was not good. The ultrasound revealed a serious growth retardation of the foetus. 2 or 3 degree fetal retardation syndrome. In such cases, the prognosis is sad, but nothing can be done immediately. It is clear that the baby feels bad, but low weight and height do not give us the opportunity to do a caesarean and nurse him in the incubator, the prematurity was too deep. Fetal blood flow values were normal, despite the severe growth retardation. Therefore, after the consultation, we chose a wait-and-see approach.

At the second visit, the woman came in good spirits. She finally pulled herself together and returned to her house. The house was untouched. Without any destruction or looting. But the most pleasant thing for my patient was that her garden had not been damaged! The woman told me that a few years ago she became interested in garden architecture and planned her own garden. After her success became noticeable, her friends started asking her to help them with garden planning; then she finished a course in landscape design and started her own business. It was her hobby, her passion, which became her profession. And so, walking in the garden, talking to trees, trimming shrubs, planting flowers, my patient lived the last 2 months of pregnancy. During that period, the baby fully caught up with his term, and by the time of delivery, was quite normal size. The

delivery was physiological!

For the first six months of the war, we worked with those women who became pregnant before the war. But life does not stop, even during the war. And against all odds, those who chose to give birth, knowing that they would have to live in war conditions, began to come to us. Of course, a lot of women left the country. The number of births decreased. Ukraine is now leading the list of the European countries with negative population growth. However, women with pregnancies still come to see an obstetrician-gynaecologist. What is even more surprising and joyful, those who cannot get pregnant on their own, come for help. Today, among my patients there are those who are giving birth for the second or third time, and

those who are planning to become mothers for the first time. At all times, pregnancy comes to a woman who believes that she will have a baby; believes in spite of all the terrible diagnoses and suffered setbacks. Therefore, the most important thing is often a right word timely said. Today it's more difficult to allow oneself to believe in happiness, so many people forbid themselves to be happy. As a doctor who has been working for many years with women who have problems with giving birth to a child, I can say that the most magical word is: 'you can!'

In the summer of 2023, a long-time patient of mine asked me if she could get pregnant. The background was not simple. Her 1st pregnancy ended in physiological delivery in 2005, the 2nd pregnancy ended in the death of the child in 2010. She had a long examination and she was afraid of a possible new failure. That's when we met. A serious accompanying pathology was detected. But with our help, the woman successfully carried her third pregnancy in 2015. And now she wants to have another baby. Can the scar on her uterus withstand two caesareans? Due to the war, she was examined by another doctor and he doubted the strength of the scar; or even whether it was worth planning a pregnancy with such a bad history and at the age of 40+. I looked her at ultrasound and found no

reliable evidence of the scar failure. We discussed the situation with her in detail and decided that, if she wanted to, she could try to get pregnant. The patient was already 44 years old and at that age it is not often possible for women to get pregnant on their own. But she did it! And she carried and gave birth to a baby boy. Of course, I was worried about her, there were additional examinations and preventive medications, but the result was worth it!

Undoubtedly, the challenges during the war do not add to anyone's health. But they defy us living in Ukraine today. Do we live or do we not live? We have only one life and there will be no other time for it.