

**THE ROLE OF THE NURSING MIDWIFE IN ADVISORY CARE FOR WOMEN ON
FAMILY PLANNING ISSUES**

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Abstract: This thesis provides a brief review of psychological and pedagogical literature on the problem of parent-child relationships in families with children with developmental disabilities. The experience of providing home support to a family raising children with developmental disabilities is described. The features of child-parent relationships are revealed.

Keywords: developmental disorders, children with disabilities, method, child-parent relationships.

INTRODUCTION

The question of the reasons for the birth of children with developmental disorders has not yet been fully studied. Among the risk factors, scientists name genetics, ecology, poor lifestyle, infections and previous illnesses of parents. It would seem that with the development of modern medical diagnostics, such cases should not be repeated, but the problem continues to remain relevant.

MAIN PART

A major role in the development of a child's personality, capable of successfully integrating into society, is played by his parents. The family, and especially the mother, plays a significant role in the rehabilitation process. Many foreign and domestic psychologists have studied the issue of interaction between mother and child. The most significant contributions were made by D. Bowlby, D. Winnicott, M. Ainsworth, M. Main, J. Cassidy, P. Crittendeny and others [1]. They linked developmental problems in children with disorders to the formation of the child's attachment to the mother and child-parent relationships. These studies are at the intersection of socio-psychological and pedagogical science. This direction is the basis for all subsequent assistance that will be provided to the family and child with developmental disabilities.

Families with children with disabilities are a special category that belongs to risk groups. It is known that the number of mental (neurotic and psychosomatic) disorders in families with children with disabilities is 2.5 times higher than in families without children with special needs. The breakdown of families with children with developmental disabilities occurs much more often [2]. In families of children with disabilities, qualitative changes occur at three levels:

- psychological – due to chronic stress caused by the child's illness, constant and different in nature traumatic influences;
- social – a family in this category narrows its circle of contacts, mothers most often leave work, the birth of a child deforms the relationship between spouses;
- somatic – the stress experienced by parents is expressed in various psychosomatic diseases.

Speaking about the family, one cannot fail to mention the cycle of its life. Researchers identify the following stages in the life cycle of a family as a social institution: the beginning of family life, the birth of a child and his preschool age, school age, adolescence, adulthood, post-parental stage and aging.

Depending on the nature and severity of the child's impairment and the family's response to it, the stages that a family of a special needs child goes through may be somewhat unique. It is generally impossible to apply the models existing in the theory of life stages to some families, since their life cycle is determined by non-standard events occurring in the child's life. Children with disabilities typically progress through certain life cycles or developmental milestones more slowly, and may not reach some milestones at all.

The main task of specialists providing patronage is to normalize the life of a child with disabilities. The following work is carried out with the family:

- informing about the developmental characteristics of their child, about ways of interacting with him. Discussion of the child's development prognosis;
- advice and assistance in creating or changing an accessible and safe environment. Consulting on the organization of the physical environment to improve the child's motor development;
- informing about the need and methods of obtaining technical means of rehabilitation (orthopedic shoes, verticalizer, walkers, etc.). Discussion of secondary disorders and their prevention;
- joint selection of the correct and comfortable position for the child, changing positions (for children with multiple disabilities). Selection of positions for feeding, for developmental activities, for relaxation, for independent activities of the child;
- consultation on the possibility of using alternative means of communication (for children who are unable to use verbal speech), such as gestures, cards, special toys, computer programs.

CONCLUSION

Thus, social patronage at home is an important and significant form of psychological and pedagogical support for families raising children with disabilities. With certain efforts by the family, in interaction with specialists, the final achievement of working with parents is the development of child-parent relationships and the establishment of contact with the child. By contact we understand not only interaction, but also the manifestation of interest in education, the ability to observe a child and draw conclusions from one's observations, the ability to create a situation of business cooperation, to involve the child in a game in accordance with his capabilities, the ability to create a game situation with other children, the ability to convey to a child a way of mastering social experience. In such cases, the intrafamily atmosphere is considered as correctional, which, through its harmonious influence, develops the child, forms in him positive moral qualities, a good attitude towards the world [4].

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