

Case Report

Total Denial of Pregnancy: A Case Report

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Abstract

About a case of denial of pregnancy, the authors report that it can recur and that a preventive follow-up should be instituted to avoid its recurrence.

Keywords: Denial; Pregnancy; Traumatic

Introduction

Denial is a defence mechanism that consists of a refusal by the subject to acknowledge the reality of a traumatic perception. The denial of pregnancy is a challenge, it cannot leave anyone indifferent. There is a tendency to deny denial. Total denial of pregnancy can take the form of an unexpected delivery that those present and the mother must face.

Case Presentation

We report the case of a 39-year-old woman presenting to the hospital emergency department with severe abdominal pain. A boy was delivered in the emergency department in cephalic presentation. Low body weight infant with spontaneous breathing. Birth weight = 950g. Estimated gestational age 29 weeks. Apgar score satisfactory. In neonatology, respiratory distress syndrome requiring surfactant treatment by the Lisa method (less invasive administration of surfactant) and CPAP ventilation. Neurological: no cerebral haemorrhage.

Family background: The mother has a 4-year-old daughter with a history of partial pregnancy denial discovered in the early 3rd trimester of gestation. For the current pregnancy, no weight gain, abdomen. The mother has not felt the baby move. She has no mental disorders. She will report sexual abuse at age 13.

Good acceptance of the baby from birth. Diagnosis: Total denial of pregnancy.

Discussion

Pregnancy is a psychological upheaval. The psychological mechanisms involved in pregnancy are not well known. The incidence of pregnancy denial is estimated at 1 in 500 pregnancies. It leads to harmful consequences: psychological distress, unassisted delivery, sometimes neonaticide [1]. Denial of pregnancy can be observed in any woman of childbearing age. The belly is flat, it is a "stowaway" pregnancy. The medical, social and psychological profile of these women does not present any specific characteristics [2]. Let us not think that denial of pregnancy is reserved for adolescents. In our index case the woman was 39 years old and already had a child.

About 20% of these women will give their child up for adoption, some with partial denial will give birth secretly. Contrary to what one might think, pregnancy is rarely the direct consequence of rape. On the other hand, denial of pregnancy can be the consequence of sexual aggression in the past (rape, incest, conjugal violence). Everything

happens as if the sexual sphere were dirty. Pregnancy is impossible. Risk of premature birth.

Cases of pregnancy denial, leading to infanticide, are unfortunately not rare. In France, a husband discovered his wife's babies at the bottom of the freezer. In Belgium, a woman had a denial of pregnancy and killed her baby. The woman who gives birth often remains in denial after the birth: she drops the baby in the toilet, she puts it in the bin, she leaves it unintended: denial of pregnancy = denial of the baby [3]. In prison, she gave birth to her second child, after a second denial of pregnancy. Neither she nor her relatives noticed that she was pregnant.

Pregnancy denial is a psychological mechanism by which the person is unable to realise that she is pregnant. There is a ban on thinking of herself as pregnant, a ban on thinking of herself as a mother. The pregnancy is repressed [4]. When the prohibition is non-negotiable, the pregnancy goes to term, the contractions become colic and the delivery a form of constipation.

Denial of pregnancy further shows that motherhood is an adoption and that the maternal instinct does not exist. Why can a woman have such a need to deny the reality of her pregnancy? Ordinary pregnancy provokes a real emotional tidal wave, a state of hypersensitivity close to madness, "being oneself and others". This is psychic gestation. In pregnancy denial this process is undermined [5].

A person who has experienced a denial of pregnancy has a high risk of experiencing another one. This mechanism must be prevented from occurring. It is therefore important that the mother who has experienced a denial of pregnancy, and a fortiori the mother who has experienced multiple denials of pregnancy, and those around her, are followed up psychologically, so that everyone can express their pain and their guilt. Then, for the mother who has not experienced her pregnancy, it is necessary to find out where this "blockage", this "denial", this pregnancy trauma comes from, in order to prevent it from being repeated again and again....

It is difficult for the carer not to be judgmental. Do not blame the mother. This is not a hidden pregnancy. The woman did not hide her pregnancy, she was not aware that she was pregnant.

A contraceptive method can also be offered to prevent future pregnancies. It will also be necessary to monitor the mother psychologically. Regular medical monitoring of the child should be carried out to detect the risk of psychomotor developmental disorders [6].

Conclusion

The case report shows that pregnancy denial is common. The training of the medical profession and carers on this problem must be improved. If the mechanism of denial is not stopped, it may be repeated.

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