Research Open

Archives of Women Health and Care

Volume 8 Issue 3

Short Commentary

Commentary: The Unperceived Pregnancy as a Dissociative Disorder

Diana Lynn Barnes* **Psy.D**

The Center for Postpartum Health, Los Angeles, California

Corresponding author: Diana Lynn Barnes, Psy.D, The Center for Postpartum Health, Los Angeles, California

Received: June 29, 2025; **Accepted:** July 03, 2025; **Published:** July 08, 2025

Introduction

Because the physical symptoms that suggest pregnancy are universally understood and accepted, it seems implausible that a woman could fail to recognize the fact of her own gestational state. However, in 1/300 pregnancies through 20 weeks of gestation and 1/2455 through labor and birth, that is exactly what occurs. The unperceived pregnancy is a misunderstood reproductive anomaly that can have deleterious developmental consequences for the fetus and in extreme cases can result in the death of the neonate leading to criminal charges. Current research recognizes this is a clinical syndrome with a distinctive pattern of symptoms and behaviors that can be identified diagnostically and is closely related to clinical disorders involving dissociation.

Key Findings from Research

There are clear repetitive markers that occur across studies which pertain to the frequent absence of certain expected pregnancy markers:

- No morning sickness
- Minimal to no weight gain
- Spotting throughout gestation which gives the appearance that menstruation is continuing
- No apparent sensations of fetal movement
- No significant changes in abdominal girth

Some research calls attention to lower levels of HCG in this population of women which may provide an explanation for the absence of nausea and vomiting, markers associated with pregnancy. Other studies explore the silhouette effect, characterized by an absence of abdominal swelling. Across cases, there is a consistent failure to accurately perceive pregnancy-related symptoms; consequently, women do not receive pre-natal care. If they do seek medical care for a non-pregnancy related concern, the pregnancy is frequently not discovered by their healthcare practitioner which only serves to confirm for her that she is not pregnant, a phenomenon which has been referred to as "iatrogenic participation".

Women routinely describe the experience of a dissociative episode while giving birth and describe similar experiences across cases confusing labor contractions with severe menstrual cramps and the pushing associated with transition as the need to have a bowel movement. As a result, babies are most often born in bathrooms. In their dissociative state, sensation and perception are highly distorted so that vision is blurry, and hearing is muffled. As a result, women often fail to see their babies move or hear their babies cry or feel their babies' breath. When babies do succumb at birth, it is generally due to passive neglect and a firm belief, in this dissociative state, that the neonate was stillborn. In the aftermath of birth, they often use a common language to describe dissociation.

- I felt like I was watching myself.
- I was panicked like a split between my body and my mind.
- Everything was out of focus like in a tunnel.
- It was like being in two different places at once.

The onset of dissociative symptoms under extreme stress is closely linked to a history of trauma and play a key role during gestation, as well as after labor and birth. The trauma may result from early attachment disruptions, abandonment and loss, physical or sexual abuse or trauma associated with the conception of the unperceived pregnancy. Traumatic responses involve emotional and physical numbing as well as avoidance. In vulnerable women, additional risk factors include younger age, single status, unstable family relationships, family history of unperceived pregnancies and psychiatric history.

Conclusion

A woman's medical care should be informed by a thorough record of her psychosocial history, updated with each visit. Current stressors, current supports and her knowledge of and access to resources during times of crisis should be addressed. A detailing of history should include an in-depth inquiry into reproductive events:

- Onset of menstruation and regularity of menstrual cycles.
- Mood changes around menstruation.
- Number of pregnancies and live births and how far into gestation were pregnancies diagnosed.
- Any pregnancy losses and dates of loss; miscarriage, voluntary termination, stillbirth along with emotional reactions to those losses.
- Any mood changes during pregnancy or in the postpartum period.

Family psychiatric history is also relevant in identifying a woman's vulnerability to psychological changes around childbearing along with a personal accounting of any early losses, attachment disruptions, physical and sexual abuse and its impact on physical and psychological health. Trauma-informed care should include psychoeducation about defensive strategies that can emerge under stress like dissociation along with a referral to a therapist experienced in dealing with trauma [1-9].

References

1. Barnes, D.L (2022) Towards a new understanding of pregnancy denial: The misunderstood dissociative disorder. *Archives of Women's Mental Health 25*(1): 51-59. [crossref]
2. Chechko N, Losse E, Nehls, S (2023) Pregnancy denial: Toward a new understanding of the underlying mechanisms. *Current Psychiatry Reports*, *25*(10): 493-500. [crossref]
3. Delong H, Eutrope J, Thierry A, et al (2022) Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study. *British Journal of Obstetrics & Gynecology,* 129: 485-92. [crossref]
4. Klier, C. M, Ina B, Kuipers Y, Amon, S (2024) Denial of reproductive potential: a predictor of unperceived pregnancy in an Austrian neonaticide sample. *Archives of Women's Mental Health* 28(3): 463-469. [crossref]
5. Kumar P, Magon N (2012) Hormones in pregnancy. *Nigerian Medical Journal 53*(4): 179-83. [crossref]
6. Olza I, Alfaro, V. C, Klier, C. M (2023) Restorative justice in a case of traumatic birth following an unperceived pregnancy. *Archives of Women's Mental Health* 28(3): 471-474. [crossref]
7. Sandoz P (2011) Reactive-homeostasis as a cybernetic model of the silhouette effect of denial of pregnancy. *Medical Hypotheses* 77(5): 782-5. [crossref]
8. van Brouwershaven, A. C, Dijkstra, Ci. I, Bolt, S. H, Werdmuller, A. M (2023) Discovering a pregnancy after 30 weeks: A qualitative study on explanations for unperceived pregnancy. *Journal of Psychosomatic Obstetrics & Gynecology*, *44*(1): 2197139. [crossref]
9. Wessel J, Endrikat J, Kästner R (2003) Projective identification and denial of pregnancy—considerations of the reasons and background of unrecognized pregnancy also undiagnosed by a physician. *Z Geburtshilfe Neonatology* 207(2): 48-53. [crossref]

Citation:

Barnes DL (2025) Commentary: The Unperceived Pregnancy as a Dissociative Disorder. *ARCH Women Health Care* Volume 8(3): 1-2.