Psychotic Denial of Pregnancy

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Purpose

To raise awareness of denial of pregnancy and examine management of pregnancy, labor and delivery.

Background

Definition

Denial of pregnancy is the subjective unawareness of pregnancy until at least week 20 of gestation. Psychotic denial of pregnancy considered a subset of denied pregnancies due to impairment caused by psychosis.[1]

Risk Factors

- Heterogenous, with no clear-cut identifying characteristics
- Majority early to mid-20s, multiparous, good social support
- Few with history of substance abuse, mood disorder, psychiatric illness or cognitive deficit[2]

Epidemiology:

- Incidence of denial of pregnancy at 20 weeks gestation is approximately 1 in 475
- Cases persisting until delivery, approximately 1 in 2500[2]

Subtypes

Psychotic:

- Denial in presence of psychosis
- Experience somatic symptoms of pregnancy, but attribute to other delusional causes.
- May shift between acknowledgement and denial[2]

Non-psychotic:

- No primary psychotic illness, otherwise intact reality
- Often reconstitute after delivery[2]

Case Presentation:

A 26-year-old G1P0 presents to inpatient psychiatric facility from local jail. Patient had been incarcerated seven days for solicitation and was on suicide watch after an attempt to hurt herself and fetus as well as experiencing AVH.

HPI

Patient demonstrated mostly negative symptoms of psychosis with limited mental capacity, significantly disorganized with poor insight and judgement
Patient became irritable and verbally aggressive when pregnancy was discussed
Attributed somatic symptoms of pregnancy to "constipation"

Past Psychiatric History

Anoxic brain injury secondary to drug overdose
PSA including alcohol, cocaine, heroin

Past Medical History

E coli UTI, trichomonas, chlamydia, syphilis, Hep C

Psychosocial History

H/o prostitution, homelessness
GED, completed 11th grade

Diagnosis

Vitals:

Temp: 97.7 °F, BP: 123/71 Pulse: 90 Resp: 18 SpO2: 99 % Weight: 81.2 kg (179 lb)

Physical Exam

HEENT, CV, Resp, Ext all within normal limits. Abd soft, gravid

Mental Status Examination

Significant for irritability, incongruent affect, thought blocking and disorganized thought, poor insight and judgement

Lab Evaluation

Positive for trichomoniasis, chlamydia, had a reactive RPR, positive Hep C antibody with undetectable viral load

Collateral Information

Father states patient dropped out of high school and began soliciting following her mother's murder. She then developed cognitive deficit due to anoxic brain injury after overdosing on heroin.

Diagnosis: Psychosis secondary to traumatic brain injury vs. unspecified psychotic disorder, schizophrenia spectrum illness

Intervention

Biopsychosocial Model of Therapy

Biologic: Antipsychotic, OB twice weekly NSTs and daily doppler tones
Psychological: Inpatient psychiatric treatment, supportive psychotherapy
Social: Infant placed in care of social services Patient placed on probate with forced medications. Connected with outpatient therapy.

Response

Patient delivered a viable infant via cesarean due to fetal intolerance to labor. She continued to deny her pregnancy and stated that she had surgery to alleviate constipation. Her county probate monitor was transferred to new location so she could reside with her grandmother. Her behavior improved on olanzapine 20 mg daily and she was discharged home with her grandmother one week postpartum. Arrangements were made with outpatient mental health for continued care. Although she continued to deny her pregnancy, at one point she became tearful and stated she had "surgery that was an abortion that made me not pregnant anymore." The infant remained in custody of child protective services.

Conclusion

This case study demonstrates the importance of recognizing denial of pregnancy although it is not currently included in the DSM-V. The patient delivered via cesarean with sedation due to fetal distress, but had she delivered vaginally, potential consequences of abrupt confrontation of her delusional thought processes should be considered. Failing to recognize this disorder may place the mother and fetus at increased risk for postpartum psychosis or emotional disturbance, unassisted labor, fetal abuse or neonaticide.

References

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2. Nau M, Bender HE, Street J. Psychotic denial of pregnancy: legal and treatment considerations for clinicians. *Journal of American Academy of Psychiatry Law*. 2011;39(1):31-39.