Episode Book

EPISODE #6269

How People Reach Labour Unaware They Are Pregnant

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SYNOPSIS

Cryptic pregnancy is far more common than television portrayals suggest, occurring even in women who have previously given birth. Examining population data from Berlin alongside clinical case studies reveals how subjective unawareness persists. Rather than experiencing an absence of physical symptoms, affected individuals often notice abdominal swelling, nausea, and bleeding, but assign them plausible alternative explanations like constipation or weight gain. Doctors, partners, and relatives frequently reinforce these misinterpretations, showing that missing a pregnancy is rarely an isolated psychological failure.

TRANSCRIPT



Corn

Hannah wants to know how a pregnancy can get all the way to a holiday bathroom before anyone recognises it. She was watching a woman who already had two children describe exactly that. The bleeding seemed like her usual irregular periods. Everything else apparently failed to add up to pregnancy. Having been pregnant herself, Hannah finds that almost impossible to picture.



Herman

The previous children are what make that story so hard to absorb. You expect experience to make someone better at recognising movement, changes in shape, all the sensations that meant pregnancy before.



Corn

I can accept missing a symptom. Missing the whole arrangement feels harder. Where is the baby? What has happened to the bump? Yet calling someone oblivious doesn't explain anything. Hannah is asking whether these pregnancies actually feel different, or whether familiar sensations get given the wrong explanation.



Herman

The best starting point is how often this happens outside television interviews. One in four hundred and seventy-five pregnancies went unrecognised beyond twenty weeks in a population study in Berlin.



Corn

That is considerably less exotic than the thumbnails suggest.



Herman

It also gives us something much better than an argument about whether one particular interview sounds believable.



Corn

Although I suspect the interview has more arrows pointing at an abdomen.



Herman

The Berlin work followed births across the city for a year. This wasn't a collection of especially striking cases sent to a specialist clinic. Wessel and Büscher published the results in the BMJ. Their estimate for remaining unaware until labour was about one birth in two thousand four hundred and fifty-five.



Corn

Less common than missing half the pregnancy, then. Still frequent enough that a busy maternity service should expect to encounter it.



Herman

Yes. The authors compared that with an old estimate for triplets and found unawareness until labour about three times more common. That triplet comparison is historical, not a universal rate for modern fertility treatment. Their other comparisons included rhesus haemolytic disease and uterine rupture, both less frequent than unrecognised pregnancy past twenty weeks in the figures they cited.



Corn

The comments section has diagnosed fraud on rather limited training.



Herman

Pregnancy denial is the usual clinical term. Cryptic pregnancy is the more familiar public label. The defining feature is subjective unawareness of an existing pregnancy. Concealment means knowing and hiding it. Those are different situations, even if an observer sees the same thing from outside.



Corn

Denial is an awkward word for it. In ordinary speech, saying someone is in denial often means they know perfectly well and refuse to admit it.



Herman

That ambiguity causes real trouble. Here, the woman may not understand that she's pregnant. There are also different clinical patterns under the label, so we shouldn't imagine every case has an identical mental process.



Corn

You're about to make a classification table, Herman.



Herman

Eventually. Not yet.



Corn

You've mentally selected the column widths.



Herman

I have selected a case that answers the physical question first. These pregnancies usually involve an ordinary growing uterus. There is no separate anatomical compartment where a baby spends nine months avoiding detection.



Corn

No secret extension.



Herman

The physical changes occur. Their prominence varies, and their meaning can remain unrecognised. That distinction matters before we start attributing everything to either psychology or unusually quiet biology.



Corn

My guess is that bleeding does a disproportionate amount of work. If someone believes she's still having periods, pregnancy drops out of consideration. Then nausea is a stomach problem and weight gain is weight gain. Each later sensation gets judged against a conclusion already reached.



Herman

Bleeding can be enormously persuasive. Pseudomenstrual bleeding is documented in these cases. It is real bleeding, but it isn't a true menstrual period continuing through pregnancy. Calling it imaginary would be wrong. Calling it menstruation would also be wrong.



Corn

A real observation supporting the wrong conclusion.



Herman

Investigations of hormonal patterns haven't given a simple explanation for all the cyclic bleeding reported in denied pregnancies. We can recognise that it happens without pretending we've explained every episode. Someone with irregular cycles may have even less reason to regard a changed bleeding pattern as a decisive new event.



Corn

Especially if her personal definition of normal already includes unpredictability. The person watching the interview imagines her own baseline, then judges somebody else's deviation from it.



Herman

Corn, would you find the story more believable if the woman had noticed changes and tried to do something about them?



Corn

Much more. Not because she'd need to prove she was paying attention. It would remove this mistaken picture of somebody feeling absolutely nothing for months.



Herman

That's precisely what makes the Nigerian case useful. A nineteen-year-old student noticed mild abdominal enlargement and weight gain. She was overweight and understood those changes as part of her weight. She exercised to reduce them. She also reported nausea, particularly when drinking cold water.



Corn

She noticed the abdomen. She just gave it exercises.



Herman

She repeatedly went to a general practitioner with malaise and was treated empirically for malaria. Eventually she presented with back pain, abdominal discomfort and constipation. Examination found a uterus consistent with roughly thirty-six weeks and a fully dilated cervix.



Corn

That puts the previous consultations in a rather different light.



Herman

She delivered less than two hours after arriving. The baby weighed about three kilograms and was in a frank breech position, meaning bottom first, with the legs extended upward. She reported surprisingly little pain during delivery.



Corn

The ordinary story would be that she ignored nausea, swelling and pain. The actual story has nausea linked to a drink, swelling linked to weight, and pain linked to constipation. Those explanations don't sound bizarre separately.



Herman

Taken together they delayed recognition catastrophically. The clinical description emphasises that women may perceive pregnancy-related changes without connecting those changes to pregnancy.



Corn

I still resist fetal position being presented as a complete answer to the bump. A bottom-first baby still occupies space.



Herman

It does. Position can influence shape and where movement is felt. It doesn't erase volume. Maternal build, abdominal shape, clothing and the degree of outward protrusion affect what becomes conspicuous. In this particular case, breech position is documented. It isn't proof that breech positioning caused the pregnancy to go unnoticed.



Corn

Good. I could hear you admiring the elegant mechanism.



Herman

You caught me approaching one. Not adopting it.



Corn

A narrow escape for the diagrams.



Herman

Breast changes, exhaustion and nausea are similarly variable. A person needn't have the whole familiar package, at full strength, for the pregnancy to be progressing. Fatigue also has abundant competing explanations. Someone can recognise that she feels different without recognising why.



Corn

Movement is the part I struggle with most. Weight gain has alternatives. Something kicking seems rather more specific.



Herman

First perceived movements often fall around eighteen to twenty weeks in a first pregnancy. Someone previously pregnant may recognise them around sixteen weeks, although timing varies. Early sensations can be subtle. Later ones are harder to explain away, but harder isn't impossible.



Corn

Especially if pregnancy has already been ruled out in her own mind. I imagine she'd need a stronger sensation to reopen that possibility than to confirm a pregnancy she already knew about.



Herman

That's a plausible account of interpretation. We should keep it separate from a demonstrated mechanism in every woman. The case reports show the different explanations people gave their sensations. They don't let us reconstruct every moment of awareness retrospectively.



Corn

Prior experience still ought to help on average, surely?



Herman

It might. We can't calculate protection from a sample containing only affected women. What we can say is that previous pregnancy plainly doesn't guarantee recognition. In Wessel's follow-up group, roughly two-thirds had previously been pregnant. Thirty-six women had already given birth.



Corn

So familiarity is not an exemption. Though saying it actively makes this more likely would go beyond those figures.



Herman

It would. Familiarity might give someone more alternative explanations, or an expectation that every pregnancy will resemble the previous one. That's a possibility, not something the cohort proves.



Corn

Hannah's disbelief makes sense, then. Her experience provides a vivid reference. The mistake would be making that reference compulsory for everybody else's pregnancy.



Herman

What would you expect a doctor to do with that mismatch, Corn? A patient says she doesn't feel pregnant, but her symptoms could fit.



Corn

Treat her report about how she feels as accurate, without treating her explanation as settled. You can believe the nausea and still question the malaria. Those are separate judgments.



Herman

Clinically, that separation is invaluable. It also stops us turning an error of interpretation into a judgment about whether the person is telling the truth.



Corn

The general practitioner in that case matters almost as much as the woman. She took her symptoms to somebody whose job was to interpret them. The wrong explanation survived outside her own head.



Herman

Her mother was a nurse and was baffled that she hadn't recognised it either. Partners and relatives can remain unaware. Describing this exclusively as an individual psychological event leaves out everyone who looked at the same person and reached no different conclusion.



Corn

It's far more common than most people assume, and other people can miss it too. Anyway, I think we have a caller.

D

Dorothy

Hello dear, it's your mother. Time for my grim fact.

D

Dorothy

They looked at every birth in Berlin for a whole year, sweetheart, and one in four hundred and seventy five pregnancies wasn't noticed until twenty weeks or later.

D

Dorothy

Isn't that something. Now, did you ever get that casserole dish back, or is it still at your brother's?

D

Dorothy

Anyway. Let me know when you're coming round, dear, I'll do a nice bit of chicken.



Herman

Lovely to hear you, Mum... Returning to the people around the woman, their failure to recognise pregnancy doesn't prove any one psychological explanation either.



Corn

No. A nurse being surprised doesn't make pregnancy biologically invisible. It tells us that medical knowledge alone may not overcome the assumptions surrounding a particular person.



Herman

Recognition usually comes from combining observations. If the possibility never becomes active, the observations can remain disconnected. The woman may also accept reassurance from someone else, and that person may accept her confidence in return.



Corn

Nobody needs to be conspiring. They can each think the other person would have noticed.



Herman

The affected group also looks much less stereotyped than people expect. In that follow-up cohort, the median age was twenty-seven. Most had a close partner. Only three had schizophrenia.



Corn

That rules out the convenient television character. Frightened teenager, isolated, no experience, nobody to ask.



Herman

Some women do fit parts of that description. Many don't. The authors couldn't establish a clear-cut type of woman who denies pregnancy. The category includes different circumstances and different mental states.



Corn

Your table may now enter.



Herman

Briefly. Pervasive denial involves lack of recognition of the pregnancy. Psychotic denial involves interpretation shaped by psychosis. Affective denial describes a different pattern, where intellectual knowledge can exist without the expected emotional or behavioural acknowledgment. The terminology isn't perfectly interchangeable across discussions.



Corn

That last one sounds particularly easy to misunderstand. Someone could say she knew, and a listener might assume all cases therefore involve secret knowledge.



Herman

Yes. The broad clinical category contains distinctions that disappear in a headline. Psychosis is a minority pattern, not the default explanation for someone reaching labour unaware.



Corn

What do you actually buy among the psychological explanations? Not what has the most impressive name.



Herman

Conflict can plausibly affect what becomes consciously recognised. Trauma, psychiatric illness and a powerful wish not to be pregnant may matter in some cases. There's a formulation about unresolved forces for and against pregnancy holding someone in tension. That describes a possible psychological state. It doesn't establish a single cause.



Corn

A description can sound like an explanation if you give it enough syllables.



Herman

I would also be cautious with evolutionary parent-offspring conflict theories. They propose a way of thinking about competing interests. They don't tell us why this particular student attributed nausea to cold water or why her clinician kept treating malaria.



Corn

The cold water has the advantage of actually appearing in the case.



Herman

What explanation would you reject first?



Corn

Anything that claims to read an unconscious wish straight off the outcome. She didn't recognise the pregnancy, therefore she must have desperately not wanted it, therefore her wishes explain the non-recognition. That seems very difficult to disprove.



Herman

A retrospective account has that limitation. In the Nigerian case there was evidence of intense fear about her parents' reaction. She said she would have killed herself if the pregnancy had been discovered earlier because she couldn't imagine explaining it to them.



Corn

That's a terrible level of fear. It makes the circumstances more understandable without proving exactly what happened to her awareness.



Herman

Nor does it establish concealment. Knowing, fearing and hiding a pregnancy is one possibility in the world. Failing to recognise it is another. You have to investigate which occurred rather than assume the frightening outcome settles the question.



Corn

Families and courts have a lot riding on that distinction. A judgment that someone must have known can become a judgment about intention.



Herman

Particularly after an unattended delivery or harm to a newborn. The delivery circumstances can demand urgent investigation, but lack of preparation by itself doesn't prove prior awareness. We shouldn't turn the conclusion into the evidence for itself.



Corn

There's a nasty trap in demanding that a woman explain the months perfectly after she's just discovered what they meant. She now knows she was pregnant. That changes how every earlier sensation sounds when she retells it.



Herman

Retrospective accounts are difficult for exactly that reason. We can take her account seriously and still recognise that precise timing of awareness can be hard to reconstruct.



Corn

Hm.



Herman

The immediate medical problem is substantial regardless. These pregnancies carry increased risks of prematurity, low birth weight and babies being small for gestational age. Absent antenatal care means missed opportunities to identify illness, support nutrition and plan delivery. A sudden birth without assistance adds another set of risks.



Corn

The apparently effortless delivery in a video is therefore a very selective ending. You see the baby afterward, not all the things that could have needed attention earlier.



Herman

Minimal reported pain in one case certainly doesn't imply a safer birth. Breech presentation alone can make delivery more complicated. A healthy outcome doesn't retrospectively provide the missing care.



Corn

Your old clinical habit is showing. You've mentally arranged a whole team around this bathroom.



Herman

Only the necessary team.



Corn

That's how the whole team gets in.



Herman

Fair objection. The response needs to fit the actual patient, not my preference for a well-equipped room. Most importantly, acute mental health needs and obstetric needs have to be assessed together.



Herman

In severe psychotic denial, reports discuss whether earlier caesarean delivery may be necessary if self-destructive behaviour threatens the woman or fetus. That's exceptional, individual management. It isn't the standard response to discovering pregnancy late.



Corn

The reason for intervention is the specific danger, not the unsettling fact that she didn't know.



Herman

Right... and recognising genuine unawareness doesn't mean pretending every case is harmless. It means identifying the risks accurately rather than substituting blame.



Corn

We should also keep some uncertainty around the original biological question. These accounts contain mild symptoms, but a woman who knew she was pregnant might describe the same sensations differently.



Herman

A direct prospective comparison would be much more informative. I haven't seen a convincing comparison measuring symptom severity and hormone patterns in recognised and unrecognised pregnancies. Case descriptions can't tell us how much is weaker signalling and how much is different interpretation.



Corn

Particularly when recognition itself changes what gets noticed and remembered.



Hilbert

Bracken Hallway Rocker, twelve pounds. That was the chair Celia bought for our flat. Didn't fit in the hallway. It lived halfway through the kitchen door. We called it the nursery obstruction. This was in the late eighties, when I was delivering rented furniture. Celia was a customer before she became my flatmate. She wanted a sofa that faced a different direction every fortnight.



Corn

A demanding specification for a stationary object.



Hilbert

She called it improving the feng shui. I moved it. She made tea and always left mine until it stopped scalding the roof of my mouth. Then she bought the nursery obstruction. I thought she was pregnant. Third trimester, as it turned out. Nothing medical, Herman. You took care over separating observation from explanation earlier. I had a chair and an explanation. My mother bought a rocking chair before my youngest sister arrived. Couldn't fit that one anywhere either. I'd been waiting my whole adult life for someone to repeat it.



Herman

Your comparison had a fairly small sample.



Hilbert

Two chairs. Same clearance problem. I bought the nursery obstruction off Celia for the twelve pounds because she wanted it on the furniture account. There wasn't a furniture account. I kept one for her on the back of the gas bill. I never mentioned the pregnancy. She hadn't asked. Three months later she moved out with a baby and took the chair instead of repayment.



Corn

The nursery obstruction changed creditors without changing width.



Hilbert

She said the new hallway was wider. I helped carry it downstairs. She was tired, so I did the last two flights myself.



Herman

...Furniture arrangements can't establish pregnancy, of course. The clinical difficulty remains that people can notice a genuine change and attach a confident explanation to it.



Corn

Even an explanation that eventually turns out right can rest on very little. We shouldn't replace disbelief in the woman with confidence in our ability to recognise every case ourselves.



Herman

The point worth keeping is that previous pregnancy experience doesn't guarantee recognition, and genuine unawareness deserves to be distinguished from deliberate concealment.



Corn

The unanswered comparison is how much symptoms themselves differ, before hindsight and explanation enter. Twelve pounds is easier to reconstruct than several months of sensations.



Herman

Our thanks to Hilbert Flumingtop for producing the show.



Corn

If you enjoyed this one, try episode four, If Your Voice Ages, Does Your Fine-Tune Become Useless; episode nineteen, AI Images; and episode sixteen, On Deepfakes, SynthID, And AI Watermarking. This has been My Weird Prompts, the human-AI collaboration podcast.



Herman

For more episodes, visit my weird prompts dot com.



Corn

See you tomorrow.

SOURCES

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