

## Letter

# Apotychiaphobia: should there be a term for fear of miscarriage?

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Mental health services; outpatient treatment; perinatal psychiatry; anxiety or fear-related disorders; phobias.

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Pregnancy, which is marked by substantial physical and emotional transformations, typically elicits immense joy and anticipation in most women. However, it also involves profound and transformative changes, which can lead to uncertainty, vulnerability and anxiety. Fear of miscarriage, which is the deepest and most persistent fear experienced by expectant mothers, deserves formal recognition within the medical community and lexicon to validate their experiences, facilitate open discussions, stimulate research, and improve healthcare interventions.

The true prevalence of fear of miscarriage is unknown, and no formal medical term has been associated with it. Although instruments such as the Fear of Childbirth Questionnaire<sup>1</sup> are available, and prevalence rates are known for tokophobia, to the best of our knowledge, no such instrument exists for fear of miscarriage in pregnant women. However, during our extensive clinical practice, we encountered women who faced fear of a primary miscarriage. We searched the literature using the fundamental search terms 'fear', 'dread', 'terror', 'anxiety', 'distress' and 'horror' in conjunction with 'miscarriage' in a title search in Medline. However, none of the 36 publications retrieved had a formal term for this fear, and most addressed it in the context of recurrent miscarriage. Furthermore, a popular online blog explicitly targeting women who are afraid of miscarriage did not offer a specific medical term for the condition,<sup>2</sup> nor did other websites or official publications.<sup>3-5</sup> This absence of a formal term is incongruous given that fear of childbirth has a formal medical label: tokophobia (tocophobia), first introduced in the medical literature in 2000.<sup>6</sup>

A phobia is a form of anxiety disorder characterised by extreme fear in response to a specific situation, a creature, a place or an object<sup>3</sup>, and a miscarriage is the loss of a pregnancy before the 24th week.<sup>7</sup> Fear of miscarriage, a genuine and distressing concern for many expectant mothers, is often hidden discreetly and rarely discussed openly. Fear of miscarriage can have a profound effect on the well-being of women, causing substantial emotional distress, altering their daily functioning and affecting their physical health. Anxiety and depression can be triggered by fear of a miscarriage, leading to feelings of helplessness and negatively affecting mental health. Furthermore, miscarriage fears can interfere with daily activities, making it difficult to concentrate at work or participate in social activities owing to constant worry. Stress and anxiety related to miscarriage fears can also manifest physically, with symptoms such as insomnia, fatigue and changes in appetite that exacerbate emotional distress. In addition, miscarriage fears can strain relationships, as partners may struggle to understand or cope with emotional turmoil, affecting communication and intimacy. Some women may avoid discussions about pregnancy or avoid participating in activities that they believe could

harm the pregnancy, further limiting their functioning and quality of life.

Consequently, many women may feel isolated and believe that their worries are irrational or unfounded. A study of 17 expectant British mothers with various reproductive histories found a running theme of 'uncertainty of pregnancy', emphasising the anxieties and doubts that women typically face during pregnancy and their efforts to exert control over these unpredictable situations. The findings of the interpretative phenomenological analysis indicated that the primary concerns and fears of expectant mothers were focused on the potential for miscarriage. Study participants, regardless of their previous adverse reproductive history, experienced fear and subsequent concerns. However, these fears and concerns were more apparent in women who had previously experienced miscarriages or had difficulty conceiving. The authors did not suggest a formal medical term for the condition.<sup>8</sup>

Therefore, we suggest apotychiaphobia as a formal medical term for the intense fear of miscarriage experienced by certain pregnant women. The new term would be restricted to women not experiencing trauma- or stress-related disorders in their current pregnancy. We derived the term apotychiaphobia from the Greek words αποτυχία (apotychiá), which means miscarriage, and φόβος (fóvos), which means fear, capturing the essence of this anxiety-driven emotional state. We considered alternative Greek words for miscarriage, such as αποβολή εμβρύου (apovolí emvryou) and αποβολή βρέφους (apovolí vrefous); Latin phrases such as abortus, abortivum, abortum and abortion; and Arabic words such as ijihad, iikhfaq and khasara. However, we deemed these unsuitable owing to negative connotations or inaccuracies. Accepting and including apotychiaphobia in the medical vocabulary is essential to addressing this overlooked aspect of maternal healthcare. By officially recognising apotychiaphobia, we would affirm this fear, highlighting its potential impact on maternal well-being.

This would also lead to greater recognition of the existence of the condition, leading to extensive research to develop a clear and acceptable measure of fear of miscarriage and to understand its prevalence, underlying causes and effective treatment. The research findings would allow healthcare professionals to offer targeted support, empathy and resources to these women, ultimately improving their emotional and physical well-being during pregnancy. They would also encourage better communication and interdisciplinary collaboration between specialists, such as obstetricians, midwives, psychologists and psychiatrists, leading to a more holistic approach to maternal health.

We believe that apotychiaphobia, our proposed label for the fear of miscarriage experienced by pregnant women, goes beyond semantics. It entails appreciation for the emotional turmoil that

many pregnant women face in silence. However, as it is a condition that warrants further study, we call for its inclusion among the disorders under consideration for inclusion in the DSM or ICD.

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### Author contributions

R.O. conceived the idea, conducted background research, and edited and commented on the draft manuscript. B.A.G. conducted background research on the topic and led the writing of the manuscript. Both authors contributed to, reviewed and approved the final manuscript.

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### Declaration of interest

None.

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