PHANTOM PREGNANCY

Understanding pseudocyesis with compassion

When pregnancy symptoms feel completely real
Medical clarity, emotional support and gentle next steps

SPACE TO BREATHE

Understanding the experience

Real symptoms deserve real care - never shame or dismissal

What is phantom pregnancy?

Phantom pregnancy is the common name for pseudocyesis. A person experiences pregnancy-like signs and genuinely believes or feels they are pregnant, but medical assessment shows that no pregnancy is present. The symptoms and emotional experience are real; this is not pretending, attention-seeking or a personal failure.

What might someone notice?

Experiences differ. They can include a missed or lighter period, abdominal enlargement or bloating, breast tenderness or enlargement, milk production, nausea, appetite or weight changes, tiredness, urinary frequency, backache, and sensations interpreted as fetal movement. Some people may even experience labour-like discomfort. These signs can be powerful and convincing.

Why medical assessment matters

Pregnancy-like symptoms can have several causes. A clinician may use a pregnancy test, examination, ultrasound and, when appropriate, blood tests or hormone checks. Assessment can confirm whether a pregnancy is present and investigate other explanations such as hormonal changes, medication effects or another health condition. A negative home test does not replace medical advice when symptoms continue.

Important distinctions

Pseudocyesis is not the same as a cryptic pregnancy, where a pregnancy exists but has not been recognised. It is also different from deliberately claiming a pregnancy. Occasionally a fixed belief about pregnancy may occur without the physical features of pseudocyesis and may need specialist mental-health assessment. Only a qualified professional should make these distinctions.

Why can it happen?

A whole-person view: body, mind, relationships and circumstances

There is rarely one simple cause

Research describes pseudocyesis as a complex biopsychosocial condition. Stress and emotional experiences may interact with the brain, nervous system and hormone regulation, while bodily sensations are interpreted through hope, fear, grief or expectation. The precise mechanism is not fully understood, and each person’s story is different.

Possible contributing experiences

Factors sometimes associated with pseudocyesis include infertility, repeated miscarriage, pregnancy loss, loss of a child, a very strong wish for pregnancy, intense fear of pregnancy, relationship pressure, trauma, depression, anxiety, major stress or the transition towards menopause. These are possible associations, not explanations that should be assumed.

The mind-body connection is physical

Emotional distress can affect sleep, appetite, digestion, muscle tension, menstrual cycles and hormones. Changes in hormones such as prolactin can contribute to breast changes or missed periods in some people. Abdominal muscle tension, gas, altered posture or weight changes can add to abdominal enlargement. Understanding this connection must never be used to say that symptoms are “all in your head.”

What this does not mean

It does not mean the person is weak, irrational or responsible for what happened. It does not automatically indicate psychosis, and it does not prove that one particular trauma or wish caused the condition. Curiosity, careful assessment and kindness are more helpful than assumptions.

Diagnosis, care and recovery

Clarity should be offered gently, with time for grief and questions

Receiving the diagnosis

Learning that there is no pregnancy may bring shock, disbelief, shame, anger, grief, relief or several feelings at once. The loss can feel profound even though there was no fetus, because hopes, plans, identity and bodily experiences may already have become emotionally real. There is no correct timetable for processing this news.

A supportive care plan may include

A clear explanation of test or scan results; follow-up with a GP, gynaecology or endocrinology team; treatment of any medical or hormonal cause; review of medicines; counselling or psychotherapy; and support for grief, trauma, infertility, relationship strain, anxiety or depression. Coordinated medical and psychological care is often the most respectful approach.

Gentle coping steps

Reduce demands for the next few days where possible. Choose one trusted person to accompany you to appointments or help remember information. Write down questions and request explanations in plain language. Keep meals, fluids, sleep and prescribed medication as steady as you can. Limit online searching if it increases distress. Consider a private ritual, letter or keepsake to acknowledge what the experience meant to you.

When to seek urgent help

Seek urgent medical advice for severe or one-sided abdominal pain, heavy bleeding, fainting, shoulder-tip pain, chest pain, difficulty breathing, high fever or rapidly worsening symptoms. In the UK, call 999 for an emergency or NHS 111 when urgent advice is needed. If you may harm yourself or cannot stay safe, call 999, go to A&E, or contact Samaritans free on 116 123.

Supporting someone with compassion

Believe the distress, respect the person and make space for recovery

Helpful words

Try: “I can see how real and overwhelming this has felt.” “You do not have to face the appointments alone.” “We can take this one step at a time.” “Your grief matters.” Ask what support would feel useful rather than taking control.

What to avoid

Do not mock, argue, interrogate or say “you imagined it,” “you should have known,” or “at least there was no baby.” Avoid sharing the story without consent. Repeating evidence forcefully can increase shame or defensiveness; medical results are best explained calmly by the treating team, with time to absorb them.

A small grounding practice

Place both feet on the floor and notice the support beneath you. Name five things you can see, four you can feel and three you can hear. Breathe out a little longer than you breathe in, without forcing the breath. Then ask: “What is the kindest next step I can take in the next ten minutes?”

Where to turn next

Contact your GP, midwife or sexual-health service for assessment of pregnancy-like symptoms. Ask for mental-health support if distress, grief or anxiety is affecting daily life. Fertility or pregnancy-loss organisations may also offer relevant emotional support, even when your experience does not fit a familiar category.

Reliable information used in this booklet

Cleveland Clinic: Pseudocyesis (False Pregnancy) - my.clevelandclinic.org/health/diseases/24255-pseudocyesis | Tarín et al. (2013), Reproductive Biology and Endocrinology | Azizi & Elyasi (2017), International Journal of Reproductive BioMedicine. Accessed 21 August 2026.