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Neonaticide, newborn abandonment, and denial of pregnancy—newborn victimisation associated with unwanted motherhood

殺嬰、棄嬰和否認懷孕——與非意願懷孕有關的新生兒受害事件

We report two cases of newborn death and two cases of near-miss newborn death. One neonate was strangled to death after delivery in the hospital and one died from lethal congenital malformations. The third was found on the verge of death after being abandoned in a dumpster. The fourth was rescued from the toilet bowl by the mother's boyfriend while the mother was in a state of panic. In the three cases where the infants' maternal identities were known, the women were all primiparous and aged 22, 13, and 17 years. The paternity was extramarital, incestuous, and concealed, respectively. Denial or concealment of pregnancy was present in all cases, but none of the women had any overt psychiatric manifestations at the time of delivery. Neonaticide and newborn abandonment are closely associated with denial of pregnancy, and are serious forms of childhood victimisation. Their occurrence in Hong Kong is poorly understood and no representative figures are available. A concerted effort among the health care, social work, and judicial professionals is needed to define the scope of the problem and devise preventive measures.

本文分別報告兩宗新生兒死亡及兩宗險死的個案。第一名嬰兒是在醫院出生後被勒至窒息死亡，第二名則是致命先天性畸形導致死亡。第三名被棄置在垃圾箱上，發現時已奄奄一息。最後一名嬰兒由生母的男友在坐廁內發現，當時母親非常驚恐。四個個案中有三個知道嬰兒生母的身份，她們都是首次懷孕，年齡分別為22、13和17歲；其中兩名與嬰兒生父的關係分別是情夫和亂倫近親，另外一名則拒絕透露對方身份。所有個案都曾否認或隱瞞懷孕，但在生產時都沒有出現精神錯亂或不穩。殺嬰和棄置初生嬰兒與否認懷孕有密切關係，屬嚴重的兒童受害事件。由於欠缺代表性的統計數字，有關方面對這類事件在香港的情況掌握不足。醫護界、社工及司法人士須聯手行動，了解這個問題的嚴重程度並制定預防方法。

Key words:
Denial (psychology);
Infant, newborn;
Infanticide;
Pregnancy, unwanted

關鍵詞：
否認（心理狀態）；
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Introduction

The killing of a newborn infant and the closely related act of newborn abandonment are shocking but poorly comprehensible crimes in modern society.[1] Neonaticide is distinguished from the murder of older children by the circumstances of the killing, motive, and psychosocial background of the mother-infant dyad.[2-4] Denial or deception of pregnancy is a common accompanying phenomenon.[2,4] Despite the noticeable occurrence of newborn killing and abandonment, there have been only a limited number of systematic clinical and psychosocial studies of these conditions. Statistics are generally unavailable or poorly collected, and a substantial number of neonaticides go undetected.[2] The cases reported below illustrate the unique circumstances that surround neonaticide and newborn abandonment. These are then followed by a discussion of their relevance and implication to Hong Kong.

Case reports

Case 1: Neonaticide

A newborn girl was found in respiratory arrest at 22 hours of life while rooming in with her 22-year-old mother in the postnatal ward. This was the mother's first pregnancy but she did not attend any antenatal visit prior to her presentation to the accident and emergency department at the time of labour. The baby was delivered vaginally with a birth weight of 2.8 kg. Except for mild meconium staining in the liquor, the immediate postnatal period was uneventful. The child therefore stayed with her mother in the postnatal ward. At 7 o'clock the next morning, when the child was 22 hours old, she was discovered in her cot in a state of cardiorespiratory arrest. There were fresh abrasion marks around the baby's neck that suggested strangulation. She was immediately resuscitated and was admitted to the neonatal intensive care unit where mechanical ventilation and inotropic support with dobutamine were continued. The child remained deeply comatose with persistent loss of all brainstem reflexes. Initial laboratory investigations revealed normal blood cell counts and serum biochemistry, including normal blood glucose, and negative growths from surface swabs, gastric aspirate, and blood cultures. The clinical course was further complicated by the development of diabetes insipidus on day 4 of life. Despite aggressive treatment, she died on the 14th day of life. The child's mother subsequently informed the police that the child was not fathered by her husband. She eventually pleaded guilty to manslaughter.

Case 2: Newborn abandonment

A newborn girl was admitted to the special care baby unit after she was found one evening inside a dumpster in a rubbish collection station. According to the information provided by the attending police officer, a passer-by heard the baby's cry and discovered the unattended girl inside a dark garbage bag. The baby arrived at the hospital with hypothermia of 34.2ºC. The umbilical cord had been cut but unclamped. Her body weight was 2.9 kg. Initial blood counts, blood glucose, and serum biochemistry were normal for her age. Subsequent screening for syphilis, human immunodeficiency virus, and toxicology was negative. After completing a course of antibiotic treatment for empirical sepsis, she was discharged on day 5 of admission to a children's home under the care of social services.

Case 3: Denial of pregnancy and unprepared delivery

A newborn girl was delivered into the toilet when her 17-year-old unmarried mother thought that she was having a bowel motion while visiting her boyfriend. The young woman, who had never been pregnant before, claimed that her periods had not stopped; she had had no symptoms of pregnancy, and had therefore sought no antenatal care. Her boyfriend, who claimed he did not father the child, rescued the baby from the toilet and called for an ambulance. The young woman was in a state of panic and unable to help. The baby and the placenta were sent to the accident and emergency department where the cord was cut and clamped. The child was hypothermic (34.1ºC) on admission with a body weight of 3 kg. No injury or focus of infection was identified. The haemoglobin level was 212 g/L, haematocrit level was 0.621, and white cell count was 35.9 x 10^9 /L. The serum biochemistry and blood glucose level were normal. *Acinetobacter* species were grown from the surface swabs. Screening for hepatitis, human immunodeficiency virus, syphilis, and toxicology was negative. After completing a course of antibiotic treatment, the child was discharged home under the care of her grandmother. She was to be followed up by a social worker and a paediatrician.

Case 4: Denial of pregnancy and incest

A male infant with body weight of 2.375 kg was born to a 13-year-old primiparous girl and was admitted into the neonatal intensive care unit because of asphyxia neonatorum. The young girl had received no antenatal care and had no idea of the time of her last menstrual period. The young girl came from a nuclear family and was living with both parents and a 17-year-old brother. The siblings shared the same room. About 10 months ago, the elder brother started to get into his sister's bed in the middle of the night. The initial touching gradually progressed to full sexual intercourse. No force or threat was involved, but the girl was asked not to mention this activity to anyone. These activities stopped when the elder brother went to study abroad. With the onset of periodic abdominal pains, she presented to the accident and emergency department where she was found to be in labour. Her mother, who accompanied the girl to the hospital, had no knowledge of the pregnancy, likewise her father, teachers, and classmates.

The newborn baby was found to be in respiratory distress upon birth, and was subsequently intubated and artificially ventilated. In addition, the baby was found to have hypospadias and hydranencephaly. Supportive care was gradually withdrawn and the baby died at 59 hours of life. At a subsequent evaluation, the young girl manifested no apparent emotional disturbance. She told the clinical psychologist that the demise of the baby was a relief for her.

Discussion

The history of killing young children or infanticide, legally defined as the killing of a child under 12 months of age, dates back to prehistoric times, and the practice exists in every nation throughout history.[3] Infants may be killed for religious reasons, economic consideration, population control, perceived disadvantage for survival, illegitimacy, or being a female. Meyer and Oberman[1] reviewed these seemingly unrelated aetiologies and considered that

infanticide was not a random, unpredicted crime. Indeed, infanticide can be seen as a response to the societal construction of and constraints upon mothering. The crime is therefore committed by mothers who cannot parent their child as dictated by the norms governing motherhood with regard to their unique position in place and time. The complexities of this form of child maltreatment can be best examined and understood when the discussion is focused on the killing of the newborn infant. Half of all cases of infanticide occur in children younger than 4 months,[5] and killing of the newborn may account for 45% of infanticide in some jurisdictions.[6]

Resnick[4] reviewed 168 cases of murder of the newborn from 1751 to 1968 and made the first scientific attempt to study the phenomenon. He coined the term 'neonaticide' to describe the killing of a child within 24 hours of its birth, and to distinguish this form of murder from filicide or killing of children older than 24 hours of life. Case 1 in this report can be classified as neonaticide although her official time of death was artificially prolonged. Case 2 would have been a case of neonaticide had she not been rescued. The perpetrators' profiles elaborated by Resnick[4] are remarkably similar to those identified in population-based series reported by Mendlowicz et al[7] and Herman-Giddens et al.[8] In contrast to filicide, neonaticide is committed almost exclusively by women. Neonaticidal mothers are younger, more often unmarried, and less likely to have psychiatric illnesses compared with women who kill their older children. While older children are often killed for altruistic motives (to relieve real or imagined suffering) or as a result of the perpetrators' loss of temper,[9] the newborns are killed simply because they are unwanted. The most common reason for neonaticide is extramarital paternity or impregnation that is considered unacceptable ethically or culturally, such as those exemplified in this series of reports.

Women who commit neonaticide often conceal or deny the pregnancy prior to the birth of the child, with or without intermittent acknowledgement.[2,4,10] The denial of pregnancy is most commonly observed in young, unmarried, and primiparous women, and may be affective or pervasive in nature. Women who affectively deny their pregnancy know, but do not feel, that they are pregnant. They do not experience the emotions normally associated with being pregnant and they do not prepare for the delivery. In contrast, women who deny pregnancy pervasively do not intellectually acknowledge that they are pregnant. They may not manifest normal physical changes associated with pregnancy—they do not gain weight or feel sick, and they may continue to have monthly vaginal bleeding.[2] Labour is perceived as a need to open the bowels, and delivery of the child occurs in a state of dissociation. Many neonaticidal women describe a feeling of being an observer of their own delivery, with transient amnesia after the event.[10,11] Recovery from the dissociative state is nonetheless usually quick, and the women may go back to enjoy the rest of the day as if nothing has happened.[11] The denial of pregnancy often extends to the immediate family members or intimate partners. A defective support system, with resultant emotional neglect or isolation, explains in part why no one else notices the pregnancy. Intimate relationships, if involved, are usually fragile and the male partners may not be aware of the pregnancy even though intercourse takes place shortly prior to delivery.[1,12] Women who carry out neonaticide represent a subgroup of the sexually active population whose adverse social and economic conditions preclude them from having and raising children.[13]

Methods of neonaticide include suffocation, strangulation, head trauma, drowning, exposure, stabbing, burning, throwing to pigs, and burying alive.[4] Unusual means such as inserting needles inside the cranium have also been reported.[14] The delivery occurs almost exclusively outside a hospital setting, and most infants die from suffocation or drowning.[2,4] Disposal of the infant, whether dead or alive, seems to be the most 'fashionable' means of getting rid of the babies. Newborns may be discarded into trash bins or dumpsters. Disposal into the sea also accounts for a substantial number of cases in Hong Kong (personal communication). Even if the baby is alive when being disposed of, they may die quickly either as a result of suffocation by being wrapped in a plastic bag or drowning, or because of severe hypothermia. Our experience indicates that a woman who delivers in the hospital is not immune from neonaticide, and denial of pregnancy should be properly managed before a mother is left alone with her baby.

The usual response of the community to newborn killing and abandonment is horror and blame.[15] Nonetheless the judicial process of penalising a woman who kills her baby or conceals the dead body has no effect on subsequent offenders.[1] To date, there are no simple solutions to the problem. Isolation and denial of pregnancy preclude such women from seeking appropriate assistance. This may be compounded by a lack of acknowledgement by professionals and society at large that neonaticide is a problem of concern. Nevertheless, preventive measures have been suggested and some of them appear to be successful. They can be broadly classified into pre-conception, post-conception, and post-delivery measures.

Pre-conception measures include effective sex education to include information about sexual health and contraception. Many of the neonaticidal women are not prepared to be pregnant. Sex education, including teaching safe sex and abstinence in schools have been strongly advocated because most neonaticidal women are teenagers.[1,2] Information on the available services to young pregnant women should also be included.[12] Post-conception measures include the better identification of pregnancy in women who have been sexually active, and the availability of abortion services. Given that one in

every 475 pregnancies are denied by the woman,[16] physicians, social workers, and teachers who are in frequent contact with adolescents and young women may be able to identify women at risk if they remain alert to the bodily changes associated with pregnancy. However, the effectiveness of these interventions is unknown and they are unlikely to benefit isolated and passive youngsters who do not seek medical attention.[9] Teenagers who are accompanied by their relatives for medical consultations are also unlikely to give an accurate account of their sexual history.[1] Compared with murder of older children, neonaticide is generally felt to be the least preventable crime.[3,4,9]

The provision of safe public places for the relinquishment of babies is a controversial measure intended to rescue unwanted babies and to prevent crime (of murder). In 1999, a law was enacted in Texas to allow a parent, who anonymously relinquishes an unharmed infant younger than 30 days to the custody of designated emergency medical personnel, to be immune from the charge of infant abandonment.[17] By 2003, 45 states in the US had passed similar legislations that is commonly known as 'safe haven' laws.[18] Similar legislation is also found in South Africa, Germany, and France.[8,12] In Hungary, vacant infant incubators are left in hospital corridors for the same purpose with reported success.[19] In 2001, 33 babies were received unharmed in 10 states in the US,[18] but it has been argued that these babies might have been surrendered to relatives if the 'safe haven' laws had not been available. Opponents reckon that the laws promote parental irresponsibility, and will not affect women who are too panicky to drop off their babies in 'safe havens'.[2,17] In addition to 'safe havens', other attempts to prevent the killing of newborns include a 24-hour telephone hotline (eg Project Cuddle, http://www.projectcuddle.org), and baskets placed on the front porches of many homes so that a desperate woman would leave her baby there instead of taking fatal measures.[1] Nonetheless, there are no objective data to support the effectiveness of these measures.

No official figures for newborn abandonment or neonaticide are available in Hong Kong. The Coroners' Report does not contain specific information pertaining to the death of newborns or stillbirths.[20] Records from public mortuaries contain less than 20 cases of 'newborn without identity' from 2000 to 2004. About one third of the cases were stillbirths or nonviable foetuses (personal communication; accurate figures were not available at the time of writing). The rest were mostly decomposed bodies where cause of death was uncertain. Only one newborn died from 'multiple injuries'. Six cases of neonaticide were included in a retrospective study of 35 filicidal women.[21] Women who killed their newborn were all unmarried and primiparous. They were younger than the rest of the group and four of them were teenagers. Five newborns were killed by being dropped from a high-rise building, an apparently unique feature of neonaticide in Hong Kong.

In conclusion, the killing and abandonment of newborns is a serious medical and social problem that occurs in Hong Kong and elsewhere. The occurrence is poorly understood and no representative figures are available for reference. A concerted effort among health care, social work, and judicial professionals is needed to define the scope of the problem and devise methods of prevention.

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