## Representations and narratives during pregnancy in women with oncological diagnosis

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**Introduction:** Given the rising trend of delaying pregnancy to later in life, more women are diagnosed with cancer before completing their families (Azim et al, 2011). However, by now psychosocial mechanisms contributing to adjustment during pregnancy in woman with oncological diagnosis have been ignored (Bonassi et al, 2017). Medical risk is associated to poorer representation of her- self as mother and of the child-to-be. Women that experience cancer fear for their own and their foetus' health. This may delay or hinder the development of these representations. The aim of this study is to investigate maternal representations and possible other psychological factors linked to these representations in women with oncological diagnosis.
**Methods:** 10 women with oncological diagnosis (8: breast cancer, 2: hepatic PEComa) during the 3rd trimester of pregnancy were interviewed using the Interview of Maternal Representations

(Ammaniti et al., 1990). A 5-point rating scale was used to code 7 dimensions of the women's representations of herself as a mother and of her child-to-be. Women also filled out questionnaires to investigate prenatal attachment, perceived support, resilience and the impact that cancer had on their lives.

**Results:** Two researchers independently coded transcripts of the interviews. In Table 1 Means and Standard Deviations of the mother's scores in each dimension are reported.

Correlations were found between:

(a) prenatal attachment and: Richness (m: $r=.95$, $p<.05$; c: $r=.67$, $p<.05$), Openness to change (m: $r=.61$, $p<.05$), Intensity of involvement (m: $r=.69$, $p<.05$), Coherence (m: $r=.81$, $p<.01$), Differentiation (c: $r=.72$, $p<.05$);

(b) perceived social support by family and: Openness to change (m: $r=.69$, $p<.05$), Intensity of involvement (m: $r=.69$, $p<.05$);

(c) family cohesion and: Richness (m: $r=.98$, $p<.05$), Intensity of involvement (m: $r=.71$, $p<.05$), Coherence (m: $r=.74$, $p<.01$);

(d) the role that cancer had on women's personal identity and: Openness to change (m: $r=-.68$, $p<.05$).

**Table I.**

| | Representations | | | |
| | as mother (m) | | of the child-to-be (c) | |
| | M | SD | M | SD |
|---|---|---|---|---|
| Richness | 3.3 | .94 | 2.8 | .63 |
| Openness to change | 2.8 | .63 | 2.3 | .68 |
| Intensity of involvement | 3.5 | .71 | 3.3 | .48 |
| Coherence | 3.4 | .70 | 3.4 | .70 |
| Differentiation | 3.1 | .74 | 2.8 | .79 |
| Social dependence | 2.5 | .71 | 2.7 | .68 |
| Fantasy | 2.2 | .92 | 2.5 | .85 |

**Conclusions:** These exploratory results seem to indicate that these women, in addition to medical care, need to be provided with specific psychological support for promoting factors that may have an influence both on representations during pregnancy and on transition to motherhood.