

## 'My Daughter Thinks She's Pregnant'

**A**S MY practice matures, many of my original patients are becoming grandmothers and this phrase has become more common. In listening to these women, I am repeatedly impressed by the role of common sense in family practice. Women are constantly surprised to hear that some ambivalence is usual when a daughter becomes pregnant, even when that pregnancy is a planned and welcome event. With some listening, information sharing, and a little teasing, we usually prepare successfully. None of this takes long and it is never a specific visit, just part of the routine visit for a Pap smear or incidental illness.

Sometimes the news comes as a catastrophe. These visits are usually prefaced by an urgent telephone message about "a personal matter." I hate returning such calls, but the strategy is always the same: keep calm, express concern, and set a long appointment at the end of the next session so we won't have to rush the discussion. Walking into the room is not easy either. The atmosphere is usually palpable. The child/mother sits on the exam table with eyes cast down. The mother/grandmother is defensively arranged with body language showing both fury and pity to-

ward her daughter. Back to family medicine basics: get the facts, assess how this is perceived by the participants, access resources, provide information and appropriate services, and help the family plan and cope. In this situation, I have to make a special effort not to make judgments, become too closely identified with any one of the parties, or advocate too enthusiastically any one of the treatment options. Slowly the practical work that must be done brings us together. Once the grandmother/mother has mourned for her lost dreams and the mother/daughter realizes that the family's love is not conditional on virginity, there is hope for a positive outcome. The men are rarely present at this first visit but gradually may become involved. I am always struck by the lack of support services or even literature to help the grandfather/father, who is often a pillar of strength in spite of his obvious distress.

Sometimes the phrase "My daughter thinks she's pregnant" is a yell of triumph. I was once literally swept off my feet by a large lady who was delightedly broadcasting the news to the entire clinic. Her visit had been scheduled to make decisions about changing her hypertension medications, but she was too distracted for a serious discussion about compli-

ance, even if we could get reliable blood pressure readings under the circumstances! Once she had achieved a semblance of calm, we reprocessed the visit last year when a routine Pap and pelvic examination of her daughter found a large ovarian mass. We each remembered with some guilt our conviction then that she had a malignancy and would never conceive children. It is nice to be wrong sometimes!

Whatever the circumstances, becoming a grandmother is a major event for my patients. My role varies from helping them acknowledge their feelings to assisting them mobilize to cope with a major disaster. What is expected of me ranges from very sophisticated application of the biopsychosocial model to simple listening: the judgment as to my appropriate role may have to be made very quickly and based on instinct. This, however, is normal operating procedure, since we never really know what the next patient encounter will entail. Family medicine is a fascinating speciality. I suppose I should keep trying to cultivate what my last medical student concluded were the essential characteristics of family physicians: wisdom, stubbornness, and versatility.

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