

**ICMJE DISCLOSURE FORM**

Date: 05/05/21

Your Name: ALLER Julio

Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study

Manuscript number (if known): ID BJOG-20-2591

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

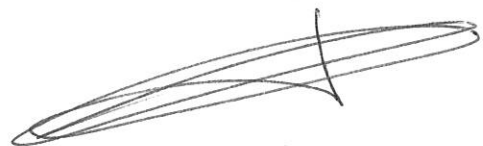
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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X

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: **23/04/2021**

Your Name: **APTER Gisèle**

Manuscript Title: [Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study](#)

Manuscript number (if known): [ID BJOG-20-2591](#)

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 10/05/2021

Your Name: DANION-GRILLIAT ANNE

**Manuscript Title:** [Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study](#)  
**Manuscript number (if known):** [ID BJOG-20-2591](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> X <u>  </u> None	
3	Royalties or licenses	<u>  </u> X <u>  </u> None	
4	Consulting fees	<u>  </u> X <u>  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
6	Payment for expert testimony	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
8	Patents planned, issued or pending	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None <input checked="" type="checkbox"/> X	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None <input checked="" type="checkbox"/> X	
11	Stock or stock options	None <input checked="" type="checkbox"/> X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None <input checked="" type="checkbox"/> X	
13	Other financial or non-financial interests	<input type="checkbox"/> None <input checked="" type="checkbox"/> X	

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

Date: 11/05/2021  
 Your Name: DELONG HELENE  
 Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study  
 Manuscript number (if known): ID BJOG-20-2591

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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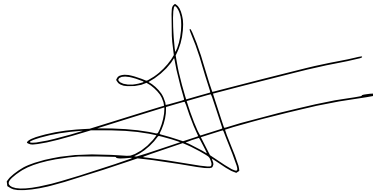


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Please place an "X" next to the following statement to indicate your agreement:

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**ICMJE DISCLOSURE FORM**

Date: 28/04/21  
 Your Name: GUGLER Violaine  
 Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study  
 Manuscript number (if known): ID BJOG-20-2591

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**ICMJE DISCLOSURE FORM**

Date: 12/04/21

Your Name: VE FOLL Julie

Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study

Manuscript number (if known): ID BJOG-20-2591

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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6	Payment for expert testimony	___ None	
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**Dr Julie LE FOLL**

Praticien Hospitalier

N° RPPS : 10100300895

Service de psychiatrie de l'enfant et de l'adolescent

CHU Bichat-Claude Bernard

Policlinique Ney-Jenny Aubry

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FINES : 750100232

Tél. : 01 40 25 89 67

Email : julie.le-foll@aphp.fr



## ICMJJE DISCLOSURE FORM

Date: 22th of April 2021\_\_\_\_\_

Your Name: Anne-Catherine Rolland \_\_\_\_\_

Manuscript Title: [Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study](#)

Manuscript number (if known): ID BJOG-20-2591

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Reims the 22th of April 2021



Pr AC Rolland

## ICMJE DISCLOSURE FORM

Date: 27/04/2021

Your Name: Dr Stéphanie SAAD SAINT-GILLES

Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study

Manuscript number (if known): ID BJOG-20-2591

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## ICMJE DISCLOSURE FORM

Date: 22/04/21

Your Name: Sutter-Dallay

Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study

Manuscript number (if known): ID BJOG-20-2591

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### ICMJE DISCLOSURE FORM

Date: 5 May 2024

Your Name: TEIXEIRA Emmanuelle

Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study

Manuscript number (if known): ID BJOG-20-2591

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## ICMJE DISCLOSURE FORM

Date: 26/04/2021

Your Name: Aurore THIERRY

Manuscript Title: [Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study](#)

Manuscript number (if known): ID BJOG-20-2591

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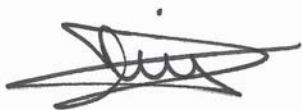
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 26/04/2021

Your Name: Sylvie VIAUX SAVELON

Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study

Manuscript number (if known): ID BJOG-20-2591

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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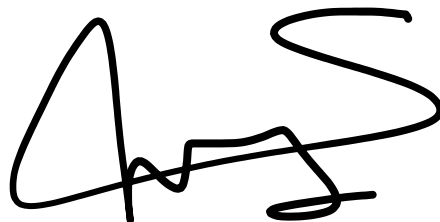
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
7	Support for attending meetings and/or travel	<u>      </u> None	
8	Patents planned, issued or pending	<u>      </u> None	
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11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

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## ICMJE DISCLOSURE FORM

Date: 22.04.21  
 Your Name: Lauriane Vulliez-Coady  
 Manuscript Title: Pregnancy denial: a complex symptom with life context as a trigger? A prospective case-control study  
 Manuscript number (if known): ID BJOG-20-2591

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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**Lauriane Vulliez-Coady** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

