

Concealed pregnancy guideline (GL809)

Approval

Approval Group	Job Title, Chair of Committee	Date
Maternity & Children's Services Clinical Governance Committee	Chair, Maternity Clinical Governance Committee	6 th September 2019

Change History

Version	Date	Author, job title	Reason
3.0	Feb 2017	A Shearer, Safeguarding Midwife	Reviewed page 3, 4.1 Antenatal - last sentence added to 2 nd paragraph
4.0	Mar 2019	A Shearer, Safeguarding Midwife	Reviewed and changes throughout. Definition criteria updated (pg 2) as well as late booking definition. Postnatal risks criteria updated (pg 5)

This guideline should be read in conjunction with LSCB guidance found here:

- http://berks.proceduresonline.com/chapters/g_concealed_pregnancy.html

Author:	Amanda Shearer	Date:	September 2019
Job Title:	Child Protection Named Midwife,	Review Date:	September 2021
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1.0 Definition

A concealed pregnancy is when

- A woman knows she is pregnant but does not tell anyone;
- A woman appears genuinely unaware she is pregnant.

Concealment may be an active act or a form of denial where support from appropriate carers and health professionals is not sought. This can become apparent at any stage of the pregnancy.

Concealment of pregnancy may be revealed:

- Late in pregnancy
- In labour
- Following delivery.
- The birth may be unassisted and may carry additional risks to the child and mother's welfare.

Where a female, through fear, ignorance or denial, does not accept or is unaware of the pregnancy in an appropriate way” (Sadler 2002).

The pregnancy may be **undetected** where both the mother and her carers are unaware that she is pregnant or it may be a **conscious concealment** where the mother is aware of her pregnancy and is emotional bonded to the unborn baby but does not tell anyone. The pregnancy may also be denied, this may be **conscious denial** where the mother has physical awareness of her pregnancy, but lacks emotional attachment or **unconscious denial** where the mother is not subjectively aware of her pregnancy and genuinely does not believe the signs of pregnancy or even the birth of the baby (e.g. Psychotic delusion).

Concealed Pregnancy is rare; a study in south Wales, published in 2006, found an incidence rate of 1 in 2,500 (Nimal et al 2006).

A late booking is defined as presenting for maternity services after 20 weeks of gestation (Wessel et al 2002)

Should a late booking not be due to concealment, it may be an indicator that further assessment is required leading to referral to other NHS or Children’s Social Care. This is dependent on professional judgement. This may require further discussion with the Safeguarding Team.

2.0 Why do women conceal their pregnancies?

There are a variety of reasons but these may include:

- Mental illness e.g. Psychosis, conversion disorder, PND,
- Substance misuse

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- Fear of disapproval of pregnancy
- Conception following rape
- Incestuous paternity
- Extra marital paternity
- Intellectual disability
- Religious / cultural disapproval – shame
- Social services involvement – fear of removal of another child
- Poor social network
- Anti-medical intervention and desire to be “natural
- Domestic abuse within a relationship; domestic abuse can escalate in pregnancy therefore to deny pregnancy from partner may protect the mother from further/additional abuse
- Migrant women unaware can access maternity care or fears of being presented with a large financial bill for care.

3.0 What are the consequences?

For the baby:

- Stillbirth
- Neonaticide
- Neonatal death
- Infanticide
- Abandonment
- Prematurity
- Low birth weight
- Neonatal morbidity

For the mother:

- Maternal Mortality
- Lack of antenatal care
- Maternal morbidity
- Unassisted delivery
- Poor attachment and bonding
- Guilt
- Legal consequences.

Ambivalence towards pregnancy, an immature coping styles or a tendency to dissociate, all of which are likely to have a significant impact on bonding and parenting capacity.

4.0 Responsibilities of the midwife

4.1 Antenatal

When a woman books after 20 weeks the midwife should complete the booking information and all routine screening tests as appropriate. The booking midwife should call the scan department to book a scan for the women in five

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working days and ensure an urgent request for a Consultant clinic appointment is sent. The community midwife should ensure the woman is seen in the hospital clinic within 2 weeks of the initial booking appointment.

Consideration should be given to the reason for the concealment and a risk assessment of the reason undertaken. This should include whether a referral is required for assessment of mental health via CPE (Common Point of Entry – see maternal mental health guideline) or Psychiatric Medicine Service.

If child protection issues are identified the midwife should inform the woman of plans to refer to Children’s Social Care in respect of a concealed pregnancy and share the information to ensure access to appropriate services and support. The community midwife will forward a letter to the woman’s GP informing them of the informed of a concealed pregnancy and this should be recorded within her health record by the GP practice as it can indicate a risk of further concealed pregnancies in the future. If a previous concealed pregnancy has been identified, this increases the risk significantly and a safeguarding referral should be sent and the child protection midwife notified.

4.2 Presenting in labour

When a woman presents unbooked in labour the midwife should check the child protection file for a missing person alert for that woman. If an alert relating to that woman is found the relevant children’s services department should be informed as per the alert. **Connected Care should be accessed via EPR to check for any further social concerns. If the woman has a registered GP, the GP should be contacted (if during working hours) to establish whether any previous concerns have been recorded.**

A full clinical risk assessment should be undertaken and the woman should be cared for under consultant care. Bloods should be taken for FBC, Group and Save and Antenatal serology and sent to the lab as an urgent sample. The relevant children’s social care department for where the woman is living should be informed and if it is out of hours the Emergency Duty Team should be called.

In addition the Named Midwife, the Poppy team and the woman’s GP and Health Visitor should be informed. **The woman and her baby should not be discharged home until a strategy meeting has been held with children’s social care.**

During the postnatal period the woman and her baby should be observed closely for normal attachment. Complete daily parenting sheets. All women who conceal a pregnancy until delivery should be referred (at the point the

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concealment is identified) for an assessment of their mental health to be conducted prior to them leaving hospital. During CPE office hours please refer to CPE by phone. Outside of CPE office hours please request an assessment via PMS Service at RBH for women who have delivered at RBH and who require an assessment that cannot wait until CPE office hours

4.3 Postnatally

Post-natal risks include:

- A lack of willingness/ability to consider the baby's health needs;
- Lack of emotional attachment to the child following birth;
- Poor adaptation and abandonment
- Infanticide; this is the intentional killing of children under the age of 12 months (serious case reviews including Royal Borough of Windsor and Maidenhead).

Mother and baby should be referred to the Poppy team for enhanced care to monitor attachment, bonding and parenting ability. Midwives to have an awareness of and be vigilant for disguised compliance. A multi-agency Discharge Planning Meeting should be held prior to discharge.

Liaison between Midwifery and Health Visiting is essential to promote a seamless transfer of care.

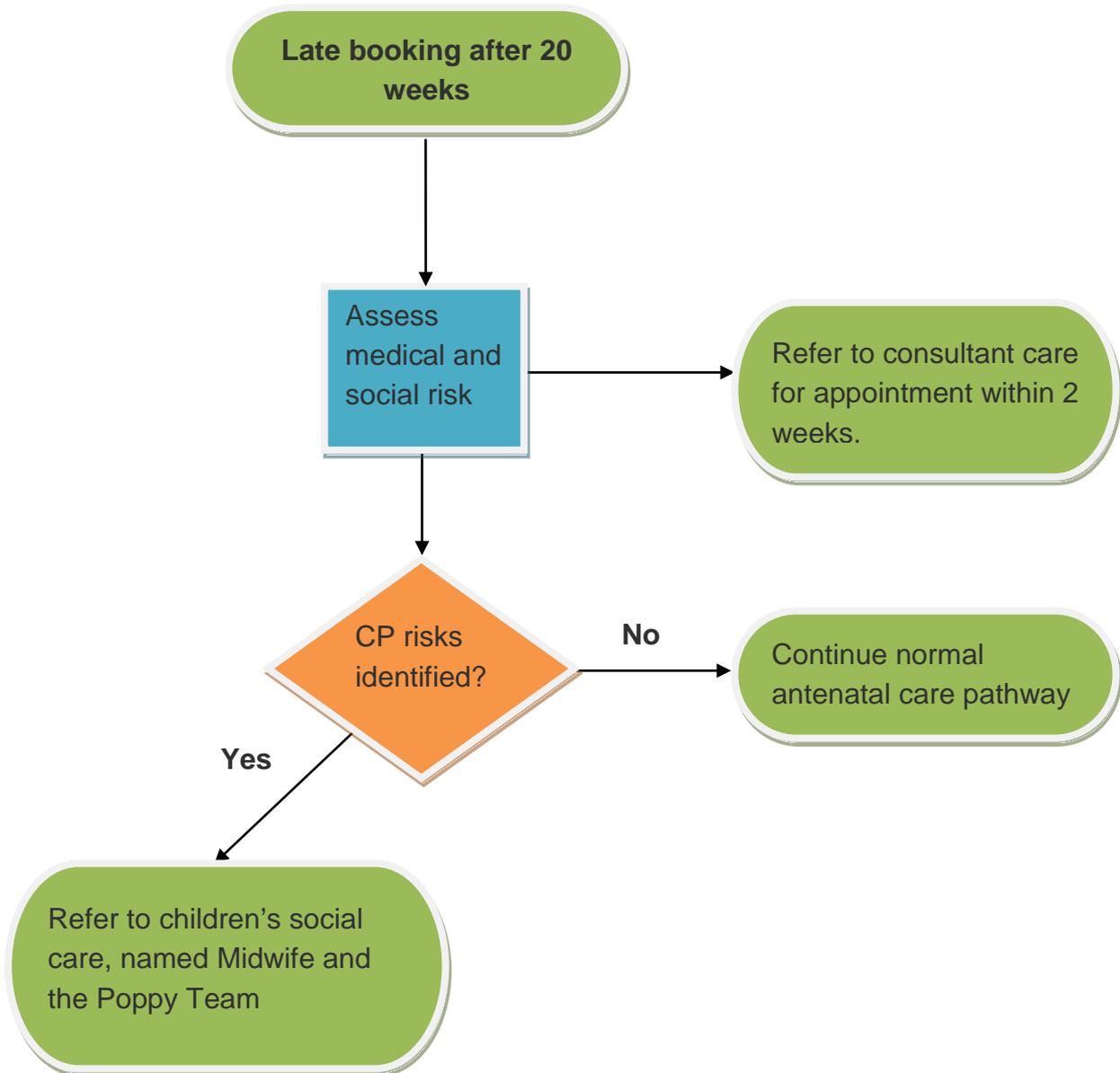
Ensure that Health records of both Mother and Baby are updated with details of concealed pregnancy.

5.0 Contact Numbers

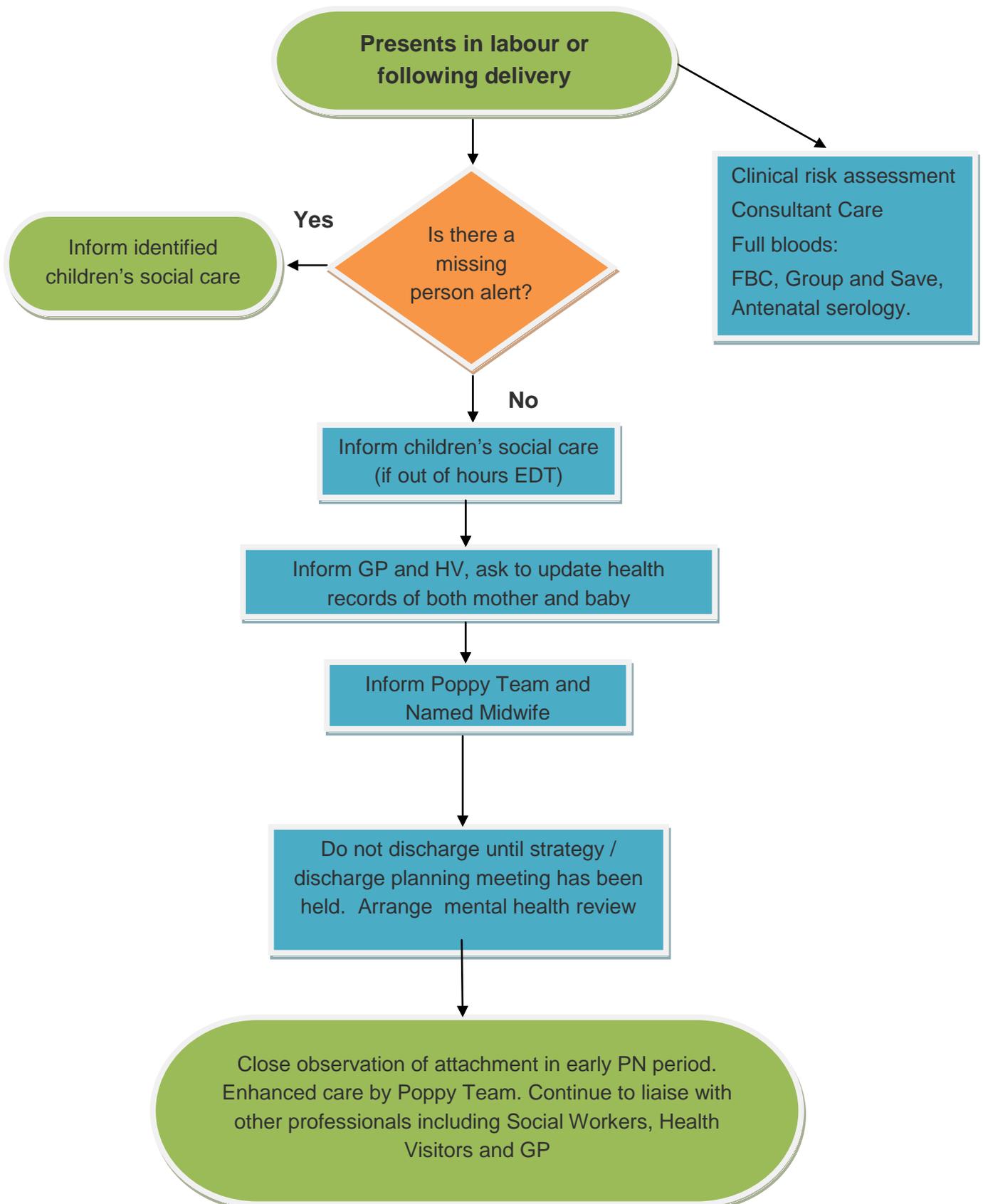
Brighter Futures for Children Reading	01189 373 641
Wokingham Referral and Assessment	01189 088 002
Newbury Referral and Assessment	01635 503 190
Emergency Duty Team	01344 786 543
Mental Health (CPE)	0300 365 300
PMS (Psychiatric Medicine Service @ RBH)	Ext 6654

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6.0 Concealed Pregnancy Flowcharts



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References

1. Nirmal, D.Thijs, I. Bethel, J. Bhal, P. (2006). The incidence and outcome of concealed pregnancies among hospital deliveries: an 11 year population-based study in South Glamorgan. Journal of Obstetrics and Gynaecology. Volume 26 (2) p. 118-121.
2. Wessel, J. Buscher, U. (2002) Denial of pregnancy: Population based study. British Medical Journal (International Edition) February 23rd. Volume 324, Issue 7335 p. 458.

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