



Camden Safeguarding Children Partnership: Concealed pregnancy protocol

2022

Introduction and scope

Concealed or denied pregnancies carry many risks for mothers and babies but require a sensitive response from professionals in order to support the mother and safeguard the (unborn) child. This protocol sets out what actions professionals should take to assess and manage concealed pregnancies, share information and make appropriate referrals to Children's Safeguarding and Family Help (CSFH).

Definitions and scope of protocol:

- **Concealed pregnancy** - where the mother is aware of the pregnancy but conceals the pregnancy; this may be from health professionals but may also involve concealment from family and friends.
- **Denied pregnancy** – where the mother refuses to recognise or accept that they are pregnant and ignores or otherwise interprets signs of pregnancy; this may be due to trauma or shock or because of a lack of intellectual capacity to recognise the signs of pregnancy.
- For the purposes of this protocol, a pregnancy is considered to be concealed/denied when it has reached **24 weeks** by the time it is confirmed. Some concealed pregnancies may only be confirmed at the point of birth.
- **Undetected pregnancy** – where the mother is genuinely unaware of the pregnancy and the pregnancy has not been detected by health professionals or where signs of pregnancy are attributed to other causes. This protocol does not apply to these cases.

Reasons for concealment/denial

Understanding the reasons for concealment or denial is essential as it can help professionals to identify the best approach to take to persuade the mother to engage with ante-natal care so that their wellbeing and the unborn child's welfare can be safeguarded.

The reasons for concealment can be many and varied and may include:

- feelings of shame or fear of being judged;
- where pregnancy is a result of traumatic circumstances such as rape, incest or sexual abuse/exploitation;
- teenagers who fear the response of parents or rejection of peers and who feel they may not be able to cope;
- where a woman has already had children removed from their care;

- where women are from communities where pregnancy outside marriage is culturally unacceptable and stigmatising;
- migrant or trafficked women who may be unable or afraid to access ante-natal care;
- women with learning disabilities who may be unaware of the pregnancy;
- denial of pregnancy due to trauma, loss or shame that may be linked to mental health issues, substance misuse or domestic abuse;

Risks from concealment/denial

- Lack of ante-natal care and monitoring during pregnancy can lead to poorer health outcomes for children and mothers as health conditions/risks are not identified in time or not managed.
- Where substance misuse is involved, concealment means professionals are unable to monitor its impact on the child's development.
- Where mental health issues are involved, pregnancy may escalate mental ill health; mothers may discontinue taking medication or medication may pose a risk to the unborn child and mental health professionals may need to give advice on this.
- There are serious risks associated with unassisted births.
- Concealed pregnancy can be linked to infanticide or babies being abandoned following birth.
- There may be a lack of emotional bonding between the mother and baby following on from a concealed pregnancy.
- Concealment indicates that the mother feels unable to cope and may not prioritise the child's needs on birth.
- Pregnancy may increase risk of escalation in domestic abuse cases.

Actions

It may be difficult for professionals to recognise when a service user may be pregnant and almost impossible to estimate whether the 24 week stage has been reached. Concealment may only become apparent once the mother has gone into labour.

However, where there is a strong suspicion of pregnancy, professionals should encourage the mother to see their GP in order to confirm the pregnancy, access ante-natal services and plan for the child's birth.

It is important that on discovering a concealed or denied pregnancy, professionals are able to help the mother come to terms with the pregnancy and support her to access ante-natal care.

Professionals should try to engage the mother to help her acknowledge and discuss the pregnancy and explore the reasons for concealment or denial as this may give an indication as to the best way to respond, for example what support the mother may need to access ante-natal care, prepare for the birth and ultimately to care for the child on birth.

Where there are concerns for the safety or welfare of the mother or child, professionals should contact the network to gather relevant information that could help to decide on whether a referral to CSFH is needed. This includes contacting the Children and Families Contact Service to find out if the mother/family is already known.

Although it is good practice to ask for the mother's agreement for sharing information, there is a lawful basis for sharing information without agreement where there are concerns about the safety and welfare of the unborn child.

Any services already working with the mother, for example mental health services should be notified of the pregnancy and asked to provide information and support for the mother.

Late booking

A late booking is where the mother does not present for ante-natal care before **20 weeks** and are not in the scope of this protocol. There may be good reasons for a late booking, but it may also be indicative of issues regarding the pregnancy. Professionals should explore the reason for the late booking with the mother and consider a referral to CSFH where there are concerns.

Referral to CSFH

- Where the mother is a child under 16, all cases **must** be referred to CSFH and should also be reported to the police as a criminal offence may have occurred.
- Where the mother is a young person aged 16 or 17 the case should be referred to CSFH if there are concerns about her welfare and the welfare of her unborn child. Consideration should be given to the reaction of parents and whether parents are likely to support the young person.
- For all children under 18 a referral should be made where child sexual exploitation or child sexual abuse is suspected.

- For adults, professionals should consider the stage reached in the pregnancy, the mother's views and likely reaction once the pregnancy is known about and the reasons for concealment/denial. These should be taken into account when making a decision on referral to CSFH.
- A referral to CSFH should be made where:
 - there are concerns for the safety and welfare of the mother or unborn child
 - cases involving domestic abuse or the mother presents with mental health or substance misuse issues that may impact on the management of the pregnancy or the (unborn) child's health and development
 - cases where the mother is known to CSFH and/or has had a child removed from her care
 - cases where the mother is presenting whilst in labour or following an unassisted birth.

Action by CSFH

- Following referral, CSFH will decide whether to carry out a pre-birth assessment and decide on the best actions and interventions to support the mother and safeguard the child.
- A strategy meeting will be held where:
 - there are concerns in relation to the unborn child or a mother who is under the age of 18
 - any case where the mother is under 16
 - any case where the mother presented during labour or following an unassisted birth.
- Where a mother is in need of some social care support during the pregnancy and following birth but the case does not meet the threshold for a CSFH service, the case may be referred to Early Help Services for a suitable service to be identified.

Advice for schools and colleges

School/college staff may suspect that a pupil is pregnant due to their presentation, changes in their appearance or behaviour, concerns raised by friends or rumours around the school.

Schools should:

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- try to engage the pupil and persuade them to see their GP/confirm the pregnancy
- use pastoral care to support the pupil
- refer the matter to the designated safeguarding lead to consider if a referral to CSFH is needed
- persuade the pupil to inform their parents (but should be careful about sharing information with parents against the pupil's wishes where they are Gillick competent).

Post birth

- It is likely that following birth, the health of the mother and child will need to be monitored by health professionals.
- Where there are concerns about the child's welfare and the case has been referred to CSFH a discharge from hospital meeting should be held prior to the mother and child returning home.
- The meeting should also be used to plan any support needed to the family once the child leaves hospital and what action may need to be taken if there is a subsequent pregnancy. This may include Early Help Services.