



Presentation of concealed, denied, and late booking of pregnancies

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1. Definition

A concealed pregnancy is when a person knows they are pregnant but does not tell any health professional and is not accessing any ante natal care.

A denied pregnancy is when a person is unable to accept existence of a current pregnancy. There is the possibility of misinterpretation of physical bodily changes or that these are not perceived by the person. Denial of a pregnancy may result from many factors including mental health illness, substance misuse or a history of loss of a child.

A pregnancy will not be considered as concealed or denied for the purpose of this procedure until at least 24 weeks gestation.

2. Implications of a Concealed or Denied Pregnancy

The implications of concealment or denial of pregnancy could lead to a detrimental outcome for the mother or baby, regardless of intention.

Lack of antenatal care can mean that potential risks to mother and unborn baby may not be detected. It may also lead to inappropriate medical advice being given which could be harmful to the pregnancy.

Underlying medical conditions and obstetric problems may arise if antenatal care is not sought. Complications may occur should an unassisted delivery occur, resulting in harm to the mother and /or baby.

Consideration must always be given to the mental capacity of the parents when decisions are to be made. The provisions and framework of the Mental Capacity Act 2005 should be applied to those of 16 plus years with those principles used to support decision-making (Chapter 12 of MCA 2005 Code of Practice gives more details and exceptions). This may include referral to the Court of Protection in specific circumstances where appropriate legal advice has been sought. There should also be thought given to when adult social care teams should be involved for those over 18.

3. Cultural influence(s)

Most religious faiths traditionally expect pregnancy to follow marriage/partnership. Dependent upon the cultural influence(s) such as ethnicity, culture, honour, identity and religious observance, a pregnancy outside marriage /partnership may have serious consequences for the mother /unborn. This can create a significant pressure on the person to conceal or deny a pregnancy.

4. Late Booking

The rationale for late booking for antenatal care (beyond 24 weeks), should be

explored and documented. If the circumstances suggest a cause for concern for the welfare of the mother /unborn baby, a referral to Children's Social Care must be made.

*See SET Child Protection Procedures (updated 2022) Part A, Chapter 2 (p34 onwards) Referral and Assessment).

Where there is a concealed or denied pregnancy a referral to Children's Social Care must be completed in the following circumstances:

- Person with baby from unassisted delivery from concealed pregnancy arrives at Emergency Department or Maternity Department
- pregnant girl and /or father of unborn are under the ages of 13 years, where any sexual activity is unlawful.
- where there are significant concerns or suspicions regarding:
 - alcohol /substance misuse
 - honour-based abuse, forced marriage, modern slavery, or exploitation.
 - domestic abuse
- parent(s) are diagnosed with Learning Disabilities and may require additional intervention from statutory services.
- parent(s) experiencing significant mental health illness which is likely to impair parenting capacity.
- previous child/children have been removed from care of parents.
- previous pregnancy has been concealed or denied.
- pregnant child is under 18 years of age.
- current or relevant child protection concerns
- known risk to children (sex offender)
- there are significant concerns about parental ability to self-care and/or to care for the child e.g., unsupported, young, or mother with learning disabilities /difficulties.
- any other concern exists that the baby may be at risk of significant harm including a parent/carer previously suspected of fabricating or inducing illness in a child or harming a child, (see SET Procedures, Part B, chapter 19, (p375) Perplexing presentations, Fabricated or induced illness and Medically Unexplained Symptoms).
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.

- Where a person has concealed a pregnancy, there are no known concerns, and the person declines medical intervention or involvement.

*See SET Child Protection Procedures (updated 2022), Part A, Chapter 2.6.5 (p52) **Pre-Birth Assessment)**

Midwives should ensure information regarding the concealed, late booking or denied pregnancy is placed on both baby's and mother's health care records. If there is any suspicion of harm, a referral must be made to Children's Social Care. Police should be contacted if there is risk of imminent harm to the baby.

*See **SET Protocol Management of Suspicious or Unexplained Injuries or Bruising in Children for all front-line practitioners** (updated 2022).

In cases where there has been concealment or denial of pregnancy, especially where there has been unassisted delivery, a full assessment must be completed by health professional(s) and Children's Social Care to ensure the person receives the appropriate support and guidance following the birth. A referral to adult social care should be considered if the parent has additional health and care needs.

4.1 Discharge Planning Meeting

Particular attention is required in the discharge planning of new-born babies. A multi-agency discharge planning meeting must be held before the baby leaves the hospital with a timely, specific, and focused action plan with clearly defined responsibilities in place.

*See SET Child Protection Procedures (updated 2022) Part A, Chapter 3.4 (p58) **Strategy Meeting Discussion).**

5. Guidance for Educational Settings

Staff working in educational settings may be the professionals who know the young person /father of unborn. There are several signs that may give rise to suspicion of a concealed pregnancy:

- a. changes in appearance including weight gain.
- b. wearing uncharacteristically baggy clothing.
- c. concerns expressed by friends.
- d. rumours around school or college.
- e. refusal to participate in PE/sporting activities.
- f. increased absences from school or sickness levels.

- g. uncharacteristically withdrawn or 'moody' behaviour(s).

Staff in educational settings should try to encourage the young person(s) to discuss any concerns through available pastoral support systems. If a pregnancy is suspected staff should encourage the young person to obtain medical advice. It may be appropriate to obtain the assistance of their Designated Lead for Child Protection/Safeguarding for advice.

Consideration should be given to the balance of need to preserve confidentiality and the potential concern for the unborn baby and the mother's health and wellbeing. Consideration should also be given for the welfare of the Father of the unborn (if known).

6. Children's Social Care

Children's Social Care may receive a referral from any source, which suggests a pregnancy is being concealed or denied. In all such cases, a multi-agency Strategy Meeting should be convened, involving the General Practitioner, midwifery services and other relevant agency to assess the information and formulate a plan. A pre-birth assessment will be undertaken.

Where the expectant mother is under the age of 18, initial approaches should be made confidentially to the young person to discuss concerns regarding the potential concealed pregnancy and unborn child. They should be provided with the opportunity to satisfy the professionals involved that they are not pregnant (by undertaking appropriate medical examination or investigation) or to make realistic plans for the baby, including informing parents. There may be significant reasons why a person may be concealing a pregnancy from family and a social worker should consider speaking to them without their parent's knowledge in the first instance.

In the event that the young person refuses to engage in constructive discussion, and where parental involvement is considered appropriate to address the risk, the parent/main carer should be informed, and plans made wherever possible to ensure the unborn baby's welfare. Potential risks to the unborn child or to the health of the young person would outweigh the young person's right to confidentiality, if there is significant evidence that they are pregnant.

Where there are clear reasons for suspecting pregnancy in the face of continuing concealment or denial, the professionals will need to continue to assess the situation with a focus on the needs/welfare of the unborn baby as well as those of the expectant mother. It must not be forgotten that where the mother is under 18, they should also be considered a Child in Need. Such a situation will require very sensitive handling.

Regardless of age, where there are additional concerns (i.e. as well as the suspected concealed or denied pregnancy) such as a lack of engagement, possibility of sexual abuse, or substance misuse; then a Section 47 Enquiry should be undertaken, and a pre-birth Child Protection Conference should be considered.

If a person has arrived at hospital either in labour (when a pregnancy has been concealed or denied) or following an unassisted birth, an assessment must be started,

and a multi-agency Strategy Meeting convened. In all cases the need to convene a Child Protection Conference must be considered.

Where a baby has been harmed, has died or has been abandoned then a Section 47 Enquiry must be completed in collaboration with the Police. (See also SET CDR procedures)

Where any referral is received by the Children's Social Care Emergency Duty Team in relation to a baby born following a concealed or denied pregnancy, or where a mother and baby have attended hospital following an unassisted delivery, steps should be taken to prevent the baby being discharged from hospital until a multi-agency Strategy Meeting has been held and a plan for discharge agreed. This would ordinarily be done by voluntary agreement with the mother, although where the mother's consent is not freely given, consideration should be given to whether there are grounds for seeking an Emergency Protection Order to ensure the baby remains in hospital until the discharge plan is agreed. Alternatively, the assistance of the Police - via Police Protection - may be sought to prevent the child from being removed from the hospital.

In undertaking an assessment, the social worker will need to focus on the facts leading to the pregnancy, reasons why the pregnancy was concealed and gain some understanding of what outcome the mother intended for the child. These factors, along with the other elements of the Assessment Framework, will be key in determining risk.

Accessing psychological services in concealment and denial of pregnancy may be appropriate and consideration should be given to referring a person for psychological assessment. There could be a number of issues, which would benefit from psychological intervention. A psychiatric assessment might be required in some circumstances, such as where it is thought that they pose a risk to themselves or others or in cases where a pregnancy is denied.

The pathway for psychological or psychiatric assessment, either before or after pregnancy, is the same. A referral should be made using the single point of entry to mental health services and the referral letter copied to the person's GP. The referral should make clear any issues of concern for the person's mental health and issues of capacity.

7. Police

The Police will be notified of any child protection concerns received by Children's Social Care where concealment or denial of pregnancy is an issue. A police representative will be invited to attend the multi-agency Strategy Meeting and consider the circumstances and to decide whether a joint Child Protection investigation should be carried out.

Factors to consider will be the age of the person who is suspected or known to be pregnant, and the circumstances in which she is living to consider whether she is a victim or potential victim of criminal offences. In all cases where a child has been harmed, been abandoned or died it will be incumbent on the Police and Children's Social Care to work together to investigate the circumstances. Where it is suspected

that neonaticide or infanticide has occurred then the Police will be the primary investigating agency.

8. Glossary of Terms

Cryptic pregnancy: Lack of awareness of pregnancy until the end of gestation
<https://pubmed.ncbi.nlm.nih.gov/16997498/>