



Kent and Medway Pre-Birth Procedure

July 2023

Document Author	Kent Safeguarding Children Multi-Agency Partnership (KSCMP) Medway Safeguarding Children Partnership (MSCP)
Document Owner	<p>Kent Safeguarding Children Multi-Agency Partnership Sessions House Maidstone ME14 1XQ Email: kscmp@kent.gov.uk</p> <p>Medway Safeguarding Children Partnership Gun Wharf Dock Road Chatham ME4 4TR Email: mscp@medway.gov.uk</p>
Summary of Purpose	This procedure provides guidance and information to practitioners in Kent and Medway on safeguarding unborn children where the risk of harm is anticipated.
Accessibility	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.
Equalities Impact Assessment	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality, and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation.
Copyright ©	Copyright Kent Safeguarding Children Multi-Agency Partnership and Medway Safeguarding Children Partnership. All rights reserved including the right of reproduction in whole or in part in any form or by any means without the written permission of the author/owner.
Policy Review Date	This document will be reviewed in July 2026.

Contents

1.	Introduction	3
2.	Early Help	3
3.	Referral/request for support to the local authority children's social care services	4
4.	Local authority children's social care services	8
5.	Pre-birth child and family assessment	10
6.	Appendix 1: Free birthing	16
7.	Appendix 2: Concealed pregnancy	18

1. Introduction

UK law does not provide legislative rights to an unborn baby. In some circumstances though, agencies or individuals are able to anticipate a likelihood of significant harm, potential risks, and vulnerabilities with regard to the unborn child. Such concerns should be addressed as early as possible to maximise time for:

- forming professional relationships with family member/s with a focus on the unborn child
- the completion of a full assessment and understanding / identification of risk
- exploring the family's ability to protect the unborn child
- enabling a healthy pregnancy
- early identification of significant relatives or family members who might be able to support or provide primary care
- building multi-agency relationships and networks around the family

2. Early Help

Universal services seek to meet the needs of families. Health professionals in contact with expectant parents routinely assess the needs of the parent, the unborn child, and their family. The midwife should share any concerns they may have to the health visiting service by completing a Maternity Support Form. They should also be referred to the acute trusts maternity safeguarding hub, where available.

Kent

The Kent Integrated Children's Services – Early Help and Preventative Services (EHPS) has a universal offer for all children, young people and families in Kent through children's centres and youth hubs. Additionally, EHPS work closely with partners to support the most vulnerable children, young people and families with complex needs who require additional and intensive support with a focus on delivering better outcomes.

Medway

The Medway Inter-Agency Threshold Criteria for Children in Need sets out the role of early help in taking action to support a child, young person or family as soon as a problem emerges. The early help assessment (EHA) aims to help identify, at the earliest opportunity, a child's additional needs and to provide timely and coordinated support to meet those needs. Support for professionals undertaking work through an EHA is available from designated early help coordinators.

3. Referral/Request for Support to the local authority children's social care services

Any professional working with an expectant parent who has concerns in relation to the welfare of the unborn child must review the level of need according to the Kent Support Level Guidance or the Medway Inter-Agency Threshold Criteria for Children in Need.

An appropriate referral (Medway) or request for support (Kent) should be made if it appears that there is likelihood that:

- the unborn child has/will have high level intensive needs
- the needs of the unborn child are likely to be so great that statutory specialist intervention is required to keep them safe or ensure their continued development or, the unborn child is at risk of significant harm.

Concerns should be shared with prospective parent/s and consent (Medway) or an agreement to engage (Kent) should be obtained to refer to the local authority children's social care services unless this action may place the welfare of the unborn child at risk i.e. if there are concerns that the parent/s may move to avoid contact or that informing the parent/s would compromise a police investigation.

Referrals/requests for support to the local authority children's social care services about unborn children should be made as soon as concerns have been identified which indicate that the unborn is at risk of significant harm, and no later than 18 weeks into the pregnancy. It may be that concerns are not known until later on in the pregnancy at which point a referral/request for support should be made.

Where identified concerns indicate risk of significant harm at any point during the pregnancy an immediate referral/request for support should be made to the local authority children's social care services.

Circumstances when referrals/requests for support must be made to the local authority children's social care services:

- there has been a previous unexpected death of a child whilst in the care of either parent, or other adults living in the household, where abuse/neglect is/was suspected
- a parent or other adult in the household, or regular visitor, is a person identified as presenting a risk, or potential risk, to children
- children in the household/family currently subject to a child protection plan
- a sibling (or a child in the household of either parent) has previously been removed by a court order
- there is knowledge that parental risk factors e.g. domestic abuse, mental health illness or substance misuse may impact on the unborn child's safety or development
- there are concerns about parental ability to self-care and/or to care for the child e.g. unsupported, young, or disabled parent, or parent with a learning disability, where concerns are noted
- consideration needs to be given if there are maternal risk factors e.g. denial of pregnancy, late booking of pregnancy, avoidance of antenatal care (failed appointments), non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn child
- concerns that the child is at risk of significant harm, including a parent previously suspected of fabricating or inducing illness in a child
- the parent is a child in care to the local authority or another local authority
- all pregnant young people under the age of 16 should be referred to the local authority children's social care services (or the Police) if a risk assessment indicates a risk of sexual exploitation or risk of harm to the child in accordance with the local procedures
- a child under the age of 13 is pregnant
- in the case of a concealed pregnancy a referral/request for support must be made to the local authority children's social care services

For parents who are considered to be a care leaver, the decision to undertake a pre-birth assessment should be based on the unique situations of the parent/s, understanding the context within which they find themselves pregnant, vulnerabilities that may impact on their parenting, and if they would benefit from additional support.

Any female child to be born to a parent who has been subjected to female genital mutilation (FGM) must be considered to be at risk, as must other female children in the extended family (please see the [Female Genital Mutilation Procedure](#)).

Parents whose children are currently open to the local authority children's social care services or closed within the previous 3 months may require additional support depending

upon the impact a new child may have upon the parent's ability to provide adequate care for all children within the family.

When the concerns are about a category of parenting behaviour e.g. substance misuse, the referrer must make clear how this is likely to impact on the child and what risks are predicted.

In some cases, relevant records identifying one or more of the above risk factors may only be available to the GP e.g. if an adult has moved frequently. The GP must therefore consider an early referral when any of the above factors apply to a prospective parent or carer.

If a pregnant young person or adult has been identified as a suspected or actual victim of human trafficking interventions with the family should begin during the assessment process and not purely be a result of the assessment.

Depending on the outcome of a pre-birth assessment, the first multi-agency meeting (either child in need or child protection conference) should take place ideally by 20 weeks when a pregnancy is known about. In cases of late presentation or concealed pregnancy meetings should be convened within 2 weeks of the pregnancy being known.

A birth plan should be completed by 34 weeks at the latest and in place well before the baby is born, for high-risk pregnancies this will need to be earlier. Ensure all partner agencies involved are aware of these plans including arrangements for post-natal care and assessment after delivery.

The expectant parent may be a vulnerable adult in their own right and would benefit from additional services or support being offered. Therefore, a referral to the local authority adult's social care services may be a consideration.

Timescales for referral

When it is decided that a referral to the local authority children's social care services is needed, the referral should be made as early in the pregnancy as possible. This enables the local authority children's social care services to assess and plan in a timely way.

Delay must be avoided when making referrals in order to:

- provide sufficient time to complete assessments and make adequate plans for protection

- provide sufficient time to complete assessments and make adequate pre-birth plans
- avoid initial approaches to the parent/s in the last stages of pregnancy (which can be an already emotionally charged time)
- enable the parent/s to have more time to contribute their own ideas and solutions to concerns, and increase the likelihood of a positive outcome to assessments
- enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth

Referrals must be made utilising the online contact and referral form, unless in an emergency when verbal referrals will be accepted in one of the following ways:

- in writing or by telephone contact to the Kent Front Door Service/ Medway's Single Point of Access (SPA)
- in an emergency outside office hours, by contacting the Kent and Medway out of hours services on 03000 41 91 91, or the police

The local authority children's social care services will deal with the referral in accordance with the local assessment protocol and framework set out in [Working Together 2018](#) and determine whether a referral should be responded to on the basis that the child is in need of support under section 17 of the Children Act 1989, or in need of protection under section 47 of the Children Act 1989.

Medway safeguarding triage hub

Medway has a midwifery triage hub in place to ensure that at the earliest opportunity unborn children within Medway and their parent/s are accessing the right service at the right time.

The hub is held at Medway NHS Foundation Trust once per calendar month. The triage hub provides community midwives across Medway with the opportunity to present cases of unborn children who they assess in need of additional support.

At the triage hub cases are presented to the safeguarding lead for midwifery, mental health midwifery team, first response children's services (team manager / practice manager), a representative from the Medway health visiting team, and Medway early help team.

4. Local authority children's social care services

Should the referral meet the threshold / level for a pre-birth assessment, then the child and family assessment should commence immediately. The expectation is that the assessment should be completed by week 25 of the pregnancy to:

- allow time to provide appropriate intervention and support that could reduce any potential risk
- ensure that the recommended next steps are taken in a timely way

Identify significant family members who might be able to provide support and consider the use of a family group conference to facilitate this.

A section 47 enquiry, and child and family assessment should always be undertaken when there appears to be any likelihood of significant harm to the unborn child. This decision may be made at any point in the assessment process. If the section 47 enquiry concludes the unborn child is likely to suffer significant harm an initial child protection conference must be held.

In situations where the pregnancy has been concealed, when it is imperative to elicit police information in detail against parental consent or where the parent/s are not cooperating with the process, a section 47 enquiry must be initiated.

If the decision is made to undertake a pre-birth assessment for a looked after child or care leaver, this should be undertaken by an assessment worker rather than the young person's social worker.

Multi-agency meeting or strategy discussion

When it is possible to work in partnership with the parent/s and there are no immediate issues that could put the unborn child at risk, the multi-agency meeting should be in the form of a child in need meeting under section 17 of the Children Act 1989.

If it is suspected that the unborn child may be likely to suffer significant harm the meeting should be in the form of a strategy discussion.

A local authority children's social care services front line manager should chair the meeting and those invited should include a:

- identified midwife
- GP (if GP attendance is impossible, they should send a written report detailing any concerns)
- likely health visitor
- police officer (if a strategy discussion)
- social worker
- other professionals as appropriate / can provide relevant information e.g., obstetricians, mental health services, probation, drug, and alcohol services
- when required, a legal advisor (if a strategy discussion)
- the referrer (if a professional)

Any legal advice should be considered and recorded where there have been care proceedings on a child/ren in the household of either parent.

This meeting should determine whether a section 47 enquiry is to be initiated and to discuss:

- what we are worried about:
 - the causes for concern and potential impact on the care provided to the child, past harm, future danger, and complicating factors
- what is working well:
 - existing strengths, people, plans, and actions
- what needs to happen – future safety and safety goals (see below):
 - particular requirements of the pre-birth child and family assessment, what areas need to be considered for assessment and direction of social work intervention (i.e. important to focus on parental engagement and make use of the duration of the pregnancy to work with the family and with the professional network around them)
 - timescales for assessments and enquiries, bearing in mind the expected date of delivery, role and responsibilities of agencies and specialists in the assessment e.g. involvement of an expert on substance misuse
 - role and responsibilities of agencies to provide support before and after the birth involving all relevant agencies
 - the actions required by adult services working with expectant parent/s

- identity of responsible social worker to ensure planning and communication of information
- how and when parent/s are to be informed of the concern/s (if not already informed)
- required action by ward staff when the baby is born by agreeing an interim multi-agency pre-birth plan for an unexpected delivery
- the need for a pre-birth assessment conference (which should be held by 28 weeks gestation at the latest).

If a strategy discussion has been held the parent/s should be informed as soon as possible of the concerns and need for assessment, except on the rare occasions when advice suggests this may be harmful to the health of the unborn child and/or expectant parent/s.

5. Pre-birth child and family assessment

The overall aim of the assessment is to identify and understand, for all involved prospective parents/carers, whether the family's care of the child following their birth will be safe enough and what is needed to support the child/ren remaining within the family or whether the situation is so dangerous that consideration should be given to the child/ren being removed.

An assessment is not an exact science, but made as reliable as possible if it includes the following three elements:

- what research tell us about risks factors
- what practice experience tells us about how parents may respond in particular circumstances
- the practitioners' professional knowledge of this particular family

The content of an assessment will be formed by looking at relationships between parents, the parent/s and the child (whether born or unborn), looking at how previous history shapes current experiences, and the context within which people are living.

A key task in the preparation of a pre-birth assessment is to identify a fundamental baseline of acceptable parenting skills against which change can be monitored.

The vital step when planning a pre-birth assessment is to review any previous history. This will entail reading the case files on any children who have been removed from the parent/s care, ensuring that searches are done on any new partners in the household and reviewing the parental history if they were known to social care as children, for example, previously looked after children.

It is essential to construct a chronology of key events from the previous history, as repeated serious case reviews point to failures in drawing information together, analysing it and identifying patterns that, when seen together, change the perspective of the case. It is essential to include information from all agencies and, if feasible, for them to contribute to the chronology.

Pre-birth child protection conference

A pre-birth conference is an initial child protection conference concerning an unborn child. The pre-birth conference has the same status and purpose and must be conducted in a comparable manner to an initial child protection conference.

Pre-birth conferences should be convened following section 47 enquiries, where there is evidence that the child is suffering or is likely to suffer significant harm and where there is a need to consider if a child protection plan is required.

The pre-birth conference should take place by 20 weeks of pregnancy, at the latest, to allow sufficient time for an assessment of parenting ability and the preparation of a discharge plan.

Developing a child protection plan

Where a decision is reached that a child needs to be the subject of a child protection plan, the conference Chair must ensure that a child protection plan is outlined and clearly understood by all concerned including the parent/s, and the plan sets out what needs to change in order to safeguard the child.

If it is agreed that a child protection plan is to be provided for the unborn child, a core group meeting will take place immediately after the initial conference unless there are exceptional circumstances.

This meeting must make a detailed pre-birth plan of any actions to be taken and support to be delivered before and immediately following the birth.

Particular care should be taken to ensure representation of relevant agencies including maternity ward / midwifery in all cases and police / legal if the plan involves the removal of the child at birth.

Legal planning meeting

Legal planning meetings (legal gateway in Medway) are an essential part of the process for dealing with public law outline children's cases. A legal planning meeting should be held with a senior manager if a previous child has been the subject of care proceedings.

Timing of the review conference

Where an unborn child has been identified as requiring a child protection plan at a pre-birth conference, the first review conference should be scheduled to take place within 4 to 6 weeks of the child's birth. This may be extended to 2 months with the written authorisation of a local authority children's social care services service manager if information from a post-natal assessment is crucial for a well-informed review conference.

An early review conference should be considered in the following circumstances:

- where there is a further incident or allegation of significant harm to a child with a child protection plan
- if the child protection plan is failing to protect the child or if there are significant difficulties in carrying out the plan
- where there is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child
- where the previous conference was inquorate

If a child is not assessed as being in need of a child protection plan

An unborn child may not be made subject of a child protection plan, but they may nonetheless require services to promote their health or development. In these

circumstances, the conference, together with the family, should consider the child's needs and what further help would assist the family in responding to them.

Subject to the family's views and consent, it may be appropriate to continue with and complete the child and family assessment of the child's needs to help determine what support might best help promote the child's welfare including a birth plan/discharge plan.

Where a child in need plan is agreed the conference Chair will lead this planning within the child protection case conference and the child in need meeting date will be set as appropriate to the needs of the child.

Where it is considered support from the local authority children's early help services may be appropriate either following the child and family assessment or as part of the child in need plan's exit strategy, this will be discussed at the joint step-down panel in the relevant district to determine the most appropriate step-down pathway.

Pre-birth and proposed discharge plan

The aim of a pre-birth and discharge plan is to ensure there is a clear and agreed plan for the mother and baby following the birth, including details of who can or cannot visit and any agency risk assessments or other arrangements in place for any parties i.e. Violent and Sex Offender Register (ViSOR) or Multi-Agency Public Protection Arrangements (MAPPA).

A birth plan should be completed by 34 weeks at the latest and in place well before the baby is born, for high-risk pregnancies this will need to be earlier. Ensure all partner agencies involved are aware of these plans including arrangements for post-natal care and assessment after delivery.

A pre-birth proposed discharge plan should be made for all unborn children who are:

- subject of a child protection plan
- subject of a pre-birth assessment
- subject of a public law outline (PLO) meeting held between the local authority children's social care services and parent/s (i.e. letter before proceedings / pre-proceedings meetings)

This plan should be made during a multi-agency meeting (i.e. child in need meeting, child protection conference or as a separate multi-agency meeting as part of the planning for any PLO meeting). It should be written in partnership with the parent/s and made well in advance of the estimated date of delivery unless in exceptional circumstances i.e. concealed pregnancy.

Suggested attendance to the pre-birth planning meeting:

- parent/s (if safe to do so)
- social worker
- community midwife
- proposed health visitor
- other appropriate agencies (i.e. mental health services, adult services, drug and alcohol support services, interpreting language services)

The social worker is responsible for compiling and minuting the agreed plan and copies are to be distributed with 48 hours to the parent/s and the appropriate safeguarding team at the local hospital trust who are responsible for sharing the plan with the agreed circulation list. The social worker must upload the plan on Liberi / Framework within 24 hours, so it is accessible to out of hours, fostering, adoption team etc. when necessary.

Birth and discharge of a new born child

The hospital midwives should inform the local authority children's social care services of the birth of the child as soon as possible (ideally the lead social worker will be informed once the expectant parent is admitted in established labour).

The lead social worker should meet/discuss via telephone with relevant maternity staff prior to meeting with the parent/s and child to gather information and consider whether there are any changes needed to the pre- birth and proposed discharge plan. The midwife with access to the health records should record a brief note of the social worker's visit/discussion in the medical records, which should include the time, key points of the discussion, agreements, and social work contact details.

If there are concerns about any children and/or their visitors, then staff may be asked to document a daily record.

If there is a change to the discharge plan between the time of writing and the delivery, a further multi agency meeting/discussion should be convened to reconsider the plan prior to parent and child being discharged. The initial pre-birth and discharge plan should be followed unless circumstances have altered which would lead to change of plan i.e. identification of other child protection concerns.

In cases where legal action is proposed, or child protection concerns are raised by hospital staff, the lead social worker or representative should visit the hospital on the next working day following the birth.

If a decision has been made to initiate care proceedings in respect of the child, the lead social worker must keep relevant maternity staff updated about the timing of any application to the courts.

The lead midwife and named safeguarding midwife should be informed immediately of the outcome of any application and placement for the child by the allocated social worker. A copy of any orders obtained should be forwarded immediately to the hospital if they are not being discharged that same day. Children that have no medical needs can only stay in hospital for a maximum of 5 days awaiting outcome of court.

The application to court can only be made once the child is born. If there are immediate child protection concerns prior to the order being granted, then professionals should contact the police. Consideration must be given to the need for supervision of the parent/s with the child, independent of hospital staff as a contingency if planned court applications are delayed. Midwifery will offer support whilst on the unit, however if direct supervision is required this will be the responsibility of the local authority children's social care services to arrange.

Public law outline (PLO)

In cases where it has been agreed at a legal planning meeting that work should be undertaken under the public law outline framework, there should be little delay in sending out letters before proceedings and holding pre-proceedings meetings. This is in order to avoid such approaches to the expectant parent in the late stages of pregnancy and to work with the family to explore all options in order to preferably avoid initiating care proceedings. There is also an opportunity to commission specialist assessments at this stage.

In cases where there is a recommendation to initiate care proceedings at birth, cases should be booked in for a legal planning meeting with a senior manager at the earliest opportunity or at least 10 weeks prior to the birth. This should allow for the PLO process and assessments to take place before the birth and for the parent/s to have the opportunity for independent legal advice. The child and family assessment and full chronology must be available at the legal planning meeting. The court will also expect a Family Group Conference to have been held.

Unless there is a strong and achievable plan for the child to live at home within the child's timeframe, a permanency planning meeting should always be held prior to the child coming into care, which may be pre-birth, where a legal planning meeting has been called, especially when consideration of a foster to adopt placement or concurrency placement is needed.

If a family plan to move / has moved

If there are significant concerns and the whereabouts of the parent/s are unknown, local authority children's social care services must inform other agencies and local authorities in accordance with procedures about missing child, adult or family in the [Children Missing from Home and Care Procedures](#).

If there are significant concerns and the case is being transferred to another local authority, procedures in the [Children Moving Across Boundaries Procedures](#) must be followed and transfer should not deter the originating authority from initiating or continuing care proceedings. Health professionals should ensure antenatal care is handed over to the relevant out of area health partners and provision. If there are significant concerns then the Integrated Care Board (ICB) Safeguarding Team who may make contact with the receiving ICB.

6. Appendix 1: Free birthing

Going through pregnancy and giving birth without the assistance of an accredited health professional is sometimes known as "unassisted birth" or "free birthing".

An unassisted birth is when a pregnant woman or person gives birth without a midwife, doctor, or other trained health professional in attendance. There are two types of unassisted birth:

- Born Before Arrival (BBA) is when a pregnant woman or person who had every intention of either having a hospital or planned home delivery with the help of a midwife and/or doctor and has engaged with maternity services in the planning of either, but where the birth of the baby has happened so rapidly that either they or the midwife are unable to attend the planned place of birth i.e. maternity unit or home.
- Free Birth is when a pregnant woman or person decides to give birth at home or somewhere else without the help of a midwife, doctor, or other trained health professional in attendance. Pregnant women or persons have the legal right to make informed decision about their maternity care and can choose not to accept care during childbirth. However, it is a criminal offence for anyone other than a registered midwife or doctor to 'attend' a person during childbirth (Article 5 of the [Nursing and Midwifery Order 2001](#)). This means that a birth partner must not perform midwifery functions such as monitoring the progress of labour, however, it is not intended to stop a birthing partner acting in a supportive capacity.

Mental capacity: Pregnant woman or persons who have mental capacity have the right in law to make decisions about their care, even if those decisions are deemed as unwise by others. [Mental capacity and maternity care - Birthrights](#)

Informed choice: It is important that expectant parents have all the information needed to make an informed choice about choosing unassisted birth. Maternity services and other care providers can support expectant parents in completing a Personalised Care Plan to ensure the maternity care pathway is tailored to meet individual needs.

Safeguarding considerations: Understanding the pregnant woman or person's reasons for free birthing is critical to assessing safeguarding risk and level of need. Routine holistic assessment of safeguarding risk and/or need should be undertaken with all pregnant women and persons as this is critical to informing safeguarding risk assessment and decision making processes.

It is important to distinguish between a pregnant woman or person who is openly making an informed choice to freebirth due to their personal preference, beliefs, values and philosophy around childbirth and a pregnant woman or person who is neglecting their unborn baby's needs and may be seeking to evade services.

Expectant parents also need to be supported in understanding the legal requirements of birth notification and registration processes. The legal duty to notify is set out in the National Health Service Act 2006 Section 269 (4)-(6) within The Health and Care Act 2022 updated subsection (11) of the 2006 law.

Further information regarding birth registration can be found on the [Government website](#).

Further resources:

[Unassisted birth - Birthrights](#)

[Freebirth, Unassisted Childbirth and Unassisted Pregnancy | AIMS](#)

7. Appendix 2: Concealed pregnancy

Concealed pregnancy is uncommon but represents a real challenge for professionals in safeguarding the welfare and the wellbeing of the unborn child and the parent/s. In some cases, pregnancies may be concealed until labour or following delivery.

A concealed pregnancy is when someone:

- knows they are pregnant but does not tell anyone
- appears genuinely unaware they are pregnant

Concealment may be an active act or a form of denial where support from appropriate carers and health professionals is not sought.

Risks / safeguarding issues

Reasons

The reason for the concealment will be a key factor in determining the risk to the child and parent; that reason will not be known until there has been a holistic risk assessment.

A pregnancy may be deliberately concealed in:

- situations of domestic abuse which is more likely to begin or escalate during pregnancy
- as a result of previous social care involvement resulting in the removal of previous children

There may be risks to both parent and child if the parent has concealed the pregnancy due to fear of disclosing the paternity of the child, for example where the child has been conceived as a result of sexual abuse, or young people may conceal the pregnancy due to the fear of recrimination from their parents, peers or professionals.

Implications

The implications of concealment are wide-ranging. Concealment of a pregnancy can lead to a fatal outcome, regardless of the parent's intention.

Concealment may indicate ambivalence towards the pregnancy, immature coping styles, a tendency to dissociate, or serious mental health illness (e.g. psychosis) all of which are likely to have a significant impact on bonding and parenting capacity.

Other possible implications for the child arising from the parent's behaviour could be a lack of antenatal care resulting in:

- a lack of monitoring of the health and development of the child during pregnancy and labour, underlying medical conditions, foetal abnormalities, or obstetric problems will not be detected
- a lack of monitoring of the health and development of the expectant parent during pregnancy and labour, underlying medical conditions, or obstetric problems will not be detected

An unassisted delivery can be dangerous for both parent and child, due to complications that can occur during labour and the delivery.

Post-natal risks include:

- lack of willingness/ability to consider the child's health needs
- lack of emotional attachment to the child following birth
- poor adaptation and abandonment
- infanticide (the intentional killing of children under the age of 12 months)

All of the above highlight the increased safeguarding risks for the unborn child during the neonatal period.

Recognition and referral: action on suspecting concealed pregnancy

Young people aged under 16

If a young person under 16 years is thought to be pregnant and denying or concealing the pregnancy, the professional who has the concern should consider asking the young person if they are pregnant.

They should be supported to seek the attention of a medical professional to receive appropriate healthcare and investigations; if they are pregnant, they should be supported to make realistic plans for their pregnancy including offering support for informing their parent/s.

If the young person refuses to engage in constructive discussion, in the face of clear reasons to continue to suspect that they are pregnant, the professionals involved should refer to the local authority children's social care services for a pre-birth multi-agency assessment according to the [Kent and Medway Child Protection Procedures](#). Additionally, the young person should be referred to the local authority children's social care services for consideration of a safeguarding assessment in their own right.

In these circumstances, the potential risks to the unborn child and themselves would outweigh the young person's right to confidentiality.

Over 16's

Where the expectant parent is over 16, every effort should be made to resolve the issue of whether they are pregnant or not.

Clearly no one can be forced to undergo a pregnancy test, or any medical examination, but in the event of refusal, professionals should proceed on the assumption that the individual is pregnant unless it is proved otherwise, and endeavour to make plans to safeguard the child's welfare at birth. A referral should be made to the local authority children's social care services for a pre-birth multi-agency assessment according to the [Kent and Medway Child Protection Procedures](#).

Planning and Intervention

Local authority children's social care services

An unborn child has no legal standing in the UK. The law cannot force an expectant parent to have any medical intervention at birth unless they have been assessed as lacking mental capacity in regard to the pregnancy, and the medical intervention is judged to be necessary and in their best interest. It is only possible to make appropriate contingency plans and to ensure that the parent is fully aware of the consequences of their actions. In such circumstances, legal advice should be sought.

In the situation where an individual presents during labour then consideration should be given to commencing a section 47 enquiry.

If an individual presents following unassisted delivery at the end of a concealed pregnancy, then a section 47 enquiry must commence.

Midwives and maternity services, including GPs, mental health professionals and health visitors

Midwives, health visitors, mental health professionals, and GPs should ensure that they follow internal guidelines for concealment of pregnancy and ensure that:

- information regarding the concealed pregnancy is placed on the child's records, as well as the parent's records, including notifying alerts as per internal guidance
- the health visitor is informed to enable the required level of post-delivery targeted support
- should there be a concern that the expectant parent has a learning disability, they can be referred to the Community Team for People with Learning Disabilities (CTPLD). Additional support from health professionals may help with enhancing the parent's understanding of pregnancy and birth and provide emotional and psychological support before and after the birth of the child. The parent should also be referred to the Acute Setting Disability Practitioner where the birth is likely to take place for additional support and guidance.
- the discharge summary from maternity services to primary care and to health visiting services must record if a pregnancy was concealed or booked late (after 18 weeks)
- should there be concern about mental health, the expectant parent must be offered a referral to perinatal mental health services - it is unusual for someone to refuse offers of extra support in these cases; therefore, in any event, if a mental health or perinatal assessment is judged necessary by a clinician and the woman or pregnant

person declines to access it, this should increase the clinicians' concerns about the child's wellbeing and strengthen the need to consider a referral to the local authority children's social care services

Health professionals (general)

A wide variety of health professionals may be in contact with those of childbearing age and should consider, where circumstances suggest it, whether a pregnancy is being concealed. This includes professionals working directly with those in inpatient, community, or primary care settings.

The health professional identifying the potential concealment of a pregnancy should inform the expectant parent of plans to refer them to the local authority children's social care services in respect of a concealed pregnancy, unless to do so would place the unborn child at greater risk, and share the information with health colleagues including midwifery, GP, and health visiting services to ensure access to appropriate services and support.

Always document details of conversations and actions within the record contemporaneously.

Staff in educational settings

If a member of school staff is concerned that a pupil is attempting to conceal or deny a pregnancy, or appears to be unaware that they may be pregnant, the following procedures should be followed:

- inform the designated safeguarding lead or head teacher
- discuss concerns with the pupil, unless in doing so may increase the risk of harm to the student or the unborn child
- seek consent from the pupil to share your concerns with their parent/s or carer/s. If the pupil is reluctant to consent to their parent/s or carer/s being informed this must be treated with sensitivity and respect but the pupil must be informed that a referral will be made to the local authority children's social care services
- inform the pupil and their parent/s or carer/s of your intention to share your concerns with the local authority children's social care services
- document conversation with the pupil and their parent/s or carer/s contemporaneously and a copy of the written referral to the local authority

children's social care services should be retained in the pupil's confidential school record

- as partner agencies, school staff will be expected to participate in, and contribute to, a multi-agency assessment of risk to the young person and their unborn child, and to the provision of additional support to the child and family as appropriate.

Police

The police will be notified of any referral that may require a section 47 enquiry following a concealed pregnancy.

Strategy discussions will determine further police involvement.

Other agencies

All professionals from statutory and voluntary agencies who provide services to those of childbearing age, should be aware of the risk indicators of concealed or denial of pregnancy and how to act on these concerns (for example contact the local authority children's social care services).

Future pregnancies

Following a concealed pregnancy where significant risk has been identified, the local authority children's social care services should take the lead in developing a multi-agency contingency plan to address the possibility of a future pregnancy. This will include a clearly defined system for alerting the local authority children's social care services if a future pregnancy is suspected.

Only when the underlying reasons for a previous concealed pregnancy are revealed, explored, and addressed can the risk associated with future concealment be substantially reduced.