

Policy

Concealed Pregnancy



1. Objective

This policy and procedure is for anyone who may encounter a woman/child who conceals the fact that she is pregnant or where a professional has a suspicion that a pregnancy is being concealed or denied.

The concealment and denial of pregnancy will present a significant challenge to professionals in safeguarding the welfare and wellbeing of the foetus (unborn child) and the mother. While concealment and denial, by their very nature, limit the scope of professional help better outcomes can be achieved by coordinating an effective inter-agency approach. This approach begins when a concealment or denial of pregnancy is suspected or in some cases when the fact of the pregnancy (or birth) has been established. This will also apply to future pregnancies where it is known or suspected that a previous pregnancy was concealed

2. Relevant Legislation

Legal considerations about concealment and denial of pregnancy

- United Kingdom law does not legislate for the rights of unborn children and therefore a foetus is not a legal entity and has no separate rights from its mother. This should not prevent plans for the protection of the child being made and put into place to safeguard the baby from harm both during pregnancy and after the birth;
- In certain instances legal action may be available to protect the health of a pregnant woman, and therefore the unborn child, where there is a concern about the ability to make an informed decision about proposed medical treatment, including obstetric treatment. The Mental Capacity Act 2005 states that person must be assumed to have capacity unless it is proven that she does not. A person is not to be treated as unable to make a decision because they make an unwise decision. It may be that a pregnant woman denying her pregnancy is suffering from a mental illness and this is considered an impairment of mind or brain, as stated in the act, but in most cases of concealed and denied pregnancy this is unlikely to be the case;
- There are no legal means for a local authority to assume Parental Responsibility over an unborn baby. Where the mother is a child and subject to a legal order, this does not confer any rights over her unborn child or give the local authority any power to override the wishes of a pregnant young woman in relation to medical help.

3. Definition

A pregnancy which is unbooked for antenatal care after 20 weeks (Wessel et al 2002) For the purpose of this Policy late booking will refer to any booking for antenatal care after 24 weeks.

A pregnancy may be **undetected** where both the mother/child and her carers are unaware that that she is pregnant or it may be **conscious concealment** where the mother/child is aware of her pregnancy but does not tell anyone or may tell people but does not seek any health care. The pregnancy may also be denied. This may be **conscious denial** where the mother/child has physical awareness of the pregnancy, but does not accept the existence of her pregnancy and continues to think, feel and behave as if they are not

pregnant. Or **unconscious denial** where the mother/child is not subjectively aware of her pregnancy and genuinely does not believe the signs of pregnancy or even of the birth of the baby (e.g. Psychotic delusion)

In exceptional cases the mother/child may not reveal the delivery and may conceal the baby even if it has died.

Concealment of pregnancy may come to light late in pregnancy, in labour or following delivery. The birth maybe unassisted whereby there are additional risks to the mother and baby's welfare and long term outcomes.

4. Why Might a Woman /Child Conceal a Pregnancy

There are a variety of reasons but these may include:

Mental Illness e.g. Psychosis, PND,

Substance misuse

Domestic Violence/Abuse

Rape

Fear of disapproval of pregnancy

An unwanted pregnancy

Conception following rape

Incestuous paternity

Extra marital/relationship paternity

Learning disability

Religious/Cultural disappointment – shame

Social Care involvement – fear of removal of another child

Poor social network

Anti – medical intervention and a desire to be “natural”

Research has found that concealment appears to be reported equally across all ages; it is not solely a teenage phenomenon.

It may be important to consider the role of collusion within the family. In some national and local cases, the family appeared to encourage the concealment and the mother's own family were aware of the situation, and the pregnant daughter was allowed to develop high levels of privacy in the home.

5. Implications of a concealed pregnancy

The potential risk to a baby through the concealment of a pregnancy is extremely hard to predict. One key implication is that there is no obstetric history or record of antenatal care prior to the birth of the baby. Some women/children may present late for booking (after 24 weeks of pregnancy) and these pregnancies need to be closely monitored to assess future engagement with health professionals, particularly midwives and whether or not referral to another agency is indicated.

Risks and protection issues

The reason for the concealment will be a key factor in determining the risk to the baby

The implications of concealment are wide-ranging. Concealment of a pregnancy can lead to a fatal outcome for both mother and foetus, regardless of the mother's intention.

Concealment may indicate ambivalence towards the pregnancy, immature coping styles and a tendency to dissociate, all of which are likely to have a significant impact on bonding and parenting capacity.

Lack of antenatal care can mean that any potential risks to mother and baby may not be detected. It may also lead to inappropriate advice being given; such as potentially harmful medications prescribed by a medical practitioner unaware of the pregnancy.

The health and development of the baby during pregnancy and labour may not have been monitored and foetal abnormalities not detected.

Underlying medical conditions and obstetric problems will not be revealed.

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

Other possible implications for the baby arising from mother's behaviour could be a lack of willingness/ability to consider the developing baby's health needs, or lack of emotional attachment to the baby following birth. Nirmal et al (2006) identify denial of pregnancy as a likely precursor of poor adaptation postpartum and highlights the need for increased monitoring in the postpartum period.

Where there is alcohol or substance misuse, this increases the risks for adverse effects on the baby's health and development in utero as well as subsequently.

6. Where suspicion arises

If a pregnancy is suspected of being concealed or denied the woman/child should be strongly encouraged to see her GP to access antenatal care.

It is important to balance the need to preserve confidentiality and the potential concern for the unborn baby and the mother's health and well-being. There will be a point at which the baby's welfare overrides the mother's right to confidentiality. This is a relevant consideration even though the baby is in utero.

Where there is a strong suspicion that a pregnancy is being concealed, it is necessary to share this information with other agencies, irrespective of whether consent to disclose can be obtained or has been given. In these circumstances the welfare of the unborn baby will override the mother's right to confidentiality. If the Professional has significant concerns for the mother's safety or that of the unborn child, then consent would not need to be obtained. Where anyone has such concerns, they should contact Social Care and a Children and Families Assessment will commence including potential Child Protection Procedures. All agencies currently working with the mother are to feed into this assessment.

If the expectant mother is under 18 years, consideration will be given to whether she is a Child In Need or at Risk of Harm in her own right. In addition, if she is less than 16 years then a criminal offence may have been committed and this needs to be investigated.

7. When concealment is revealed

Social Care and Midwifery services will be the primary agencies involved with a woman/child after the concealment is revealed.

When a pregnancy is revealed the key question is 'why has this pregnancy been denied or concealed'? This information should then be referred to Social Care. Once a referral is made to Social Care, a Children and

Families Assessment will be completed, which may also lead to Child Protection procedures being instigated.

When a pregnancy is concealed or denied to birth, in addition to a referral by the midwife to Children's Social Care, they must also refer mother to mental health agencies for a full multi-agency (including psychiatric) assessment.

If the baby dies or mother presents with a dead baby professionals must follow the Child Death Review process.

8. Health Professionals

Health professionals who may be involved include:

Health Visitors;
School nurses;
General Practitioners and Practice nurses;
Midwives and Obstetricians/Gynaecologists;
Accident and Emergency staff and Radiologists
Mental Health Nurses, Psychologists and Psychiatrists
Paediatricians and Paediatric Nurses
Drug and Alcohol workers;
Learning Disability workers;
(This is not an exhaustive list)

If a Health professional suspects or identifies a concealed or denied pregnancy, (s) he must refer to Children's Social Care and inform all the health professionals, including the General Practitioner, involved in the care of the woman/child.

All Health professionals should give consideration to the need to make or initiate a referral for a mental health assessment at any stage of concern regarding a suspected (or proven) concealed or denied pregnancy.

All Health professionals who provide help and support to promote children's or women's health and development should be aware of the risk indicators and how to act on their concerns if they believe a woman/child may be concealing or denying a pregnancy as it is all Professionals responsibility to safeguard children. If a Professional identifies an IMMEDIATE risk to the baby, Police are to be contacted.

9. Children's Services

A referral to Social Care should be made on the mother/child of unborn for an assessment of their needs. Once the pregnancy is confirmed, a separate referral and assessment will take place regarding unborn baby and his/her needs.

Every effort should be made to resolve the issue of whether the woman/child is pregnant or not. Clearly no woman/child can be forced to undergo a pregnancy test, nor any other medical examination, but in the event of refusal, social workers should proceed on the assumption that the woman is pregnant, until or unless it is proved otherwise, and endeavour to make plans to safeguard the baby's welfare at birth.

In the event the expectant mother is under 16 years of age and refuses to engage in constructive discussion, and where parental involvement is considered necessary to address risk, the expectant mother's parents or carers should be informed and plans made wherever possible to protect the unborn baby's welfare.

Where there are additional concerns, e.g. lack of engagement, possibility of sexual abuse, or substance misuse, the referral should be dealt with under child protection procedures (Section 47 investigation). It may be appropriate to convene a pre-birth child protection conference.

Where the referral is received out of hours, in relation to a baby born as the result of a concealed pregnancy, the Emergency Duty Team will take steps to prevent the baby being discharged from hospital until a Social Care Assessment has been undertaken to inform such a decision. In normal circumstances this would be through a voluntary agreement, although clearly there could be circumstances in which it would be appropriate to consider an application for an Emergency Protection Order, or to seek the assistance of the Police in preventing the child from being removed from the hospital.

Children's Social Care 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 Children's Social Care if a future pregnancy is suspected.

Where there is a known plan in place, it should be activated as soon as professionals become aware of a subsequent pregnancy.

10. Police

The Police contacted as part of the Social Care Assessment. A Strategy Meeting could be convened to investigate any safeguarding concerns/criminal behaviour and progress a S47 inquiry if necessary.

11. All other Agencies

Where any agency or individual becomes aware or has suspicions that a woman/child is concealing a pregnancy, they must contact Cheshire East Consultation Service (ChECS) on 0300 1235012