**Factsheet – Concealed Pregnancy**

**Introduction**

This factsheet is for anyone who may encounter a woman 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.

**Definition**

A concealed pregnancy is when a woman knows she is pregnant but does not tell any health professional; or when she tells another professional but conceals the fact that she is not accessing antenatal care; or when a pregnant woman tells another person or persons and they conceal the fact from all health agencies.

A denied pregnancy is when a woman is unaware of or unable to accept the existence of her pregnancy. Physical changes to the body may not be present or misconstrued; they may be intellectually aware of the pregnancy but continue to think, feel and behave as though they were not pregnant. In some cases a woman may be in denial of her pregnancy because of mental illness, substance misuse or as a result of a history of loss of a child or children (Spinelli, 2005).

For the purpose of this factsheet, any reference to woman includes females/ birthing person of childbearing capacity (including under 18's). A pregnancy will not be considered to be concealed or denied for the purpose of this factsheet until it is confirmed to be at least 24 weeks gestation; this is the point of viability. However by the very nature of concealment or denial it is not possible for anyone suspecting a woman is concealing or denying a pregnancy to be certain of the stage the pregnancy is at.

**Implications of a Concealed or Denied Pregnancy**

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

Lack of antenatal care can mean that potential risks to mother and child may not be detected. The health and development of the baby during pregnancy and labour may not have been monitored or foetal abnormalities detected. It may also lead to inappropriate medical advice being given; such as potentially harmful medications prescribed by a medical practitioner unaware of the pregnancy e.g. some epilepsy medication.

Underlying medical conditions and obstetric problems will not be revealed if antenatal care is not sought. An unassisted delivery can be very dangerous for both mother and baby, due to complications that can occur during labour and the delivery.

A midwife should be present at birth, whether in hospital or if giving birth at home.

**Where Suspicion Arises**

If a pregnancy is suspected of being concealed or denied, the woman should be strongly encouraged to go to her GP to access ante-natal care. The GP practice will help a woman register with midwifery services for ultrasound scanning and advice about pregnancy and birth.

Professionals must balance the need to conserve confidentiality and the potential concern for the unborn child and the mother's health and wellbeing. Where any professional has concerns about concealment or denial of pregnancy, they should contact any other agencies known to have involvement with the woman so that a fuller assessment of the available information and observations can be made.

Where there is strong suspicion of a concealed or denied pregnancy, it is necessary to share this irrespective of whether consent to disclose can be obtained or has been given. In these circumstances the welfare of the unborn child will override the mother's right to confidentiality. A referral should be made to Children's Social Care about the unborn child. If the expectant mother is under 18 years, consideration will be given to whether she is a Child in Need. In addition, if she is less than 16 years then a criminal offence may have been committed and this needs to be investigated.

The reason for the concealment or denial of pregnancy will be a key factor in determining the risk to the unborn child or new-born baby.

The reasons will not be known until there has been a multi-agency assessment. If there is a denial of pregnancy, consideration must be given at the earliest opportunity to a referral to enable the woman to access appropriate mental health services for an assessment. Advice can be sought from the Designated Nurse or Named Professional for Safeguarding or from Children's Social Care.

**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.

**When a Concealed or Denied Pregnancy is revealed**

This section outlines actions to be taken when a concealed or denied pregnancy is revealed. Midwifery services will be the primary agency involved with a woman after the concealment is revealed, late in pregnancy or at the time of birth. However it could be one of many agencies or individuals that a woman discloses to or in whose presence the labour commences. It is vital that all information about the concealment or denial is recorded and shared with relevant agencies to ensure the significance is not lost and risks can be fully assessed and managed.

When a pregnancy is revealed the key question is 'why has this pregnancy been denied or concealed'? The circumstances in each case need to be explored fully with the woman and appropriate support and guidance given to her. Where possible a full pre-birth assessment should be undertaken by Children's Social Care and if necessary an Initial Child Protection (Pre-Birth) Conference convened to manage any concerns for the safety of the unborn child.

When a pregnancy is concealed or denied to birth, a referral must be made by the midwife to Children's Social Care and to mental health agencies for a full multi-agency (including psychiatric) assessment.

All professionals or volunteers in statutory or voluntary agencies who provide services to women of child bearing age should be aware of the issue of concealed or denied pregnancy and follow the [Greater Manchester procedure](https://greatermanchesterscb.proceduresonline.com/chapters/p_concealed_preg.html?zoom_highlight=concealed+pregnancy) when a suspicion arises.

All referrals will be made to the Children's Social Care initially as a referral on an unborn child. Where the expectant mother is under 18 years of age she will be considered as a Child in Need and assessed accordingly.

**Useful Contact Numbers**

Rochdale Children’s Social Care

Number One Riverside

Smith Street

Rochdale, OL16 1XU

0300 303 0440 or [ehash@rochdale.gov.uk](mailto:ehash@rochdale.gov.uk)

Out of office hours 0300 303 8875

Northern Care Alliance Safeguarding Children’s Team

2nd Floor Brook House

Oldham Road

Middleton

M24 1AY

0161 716 5979

Maternity Safeguarding Team (For Oldham & Rochdale)

Postnatal Ward

The Royal Oldham Hospital

Oldham

OL1 2JH

0161 656 1862

[nca-sgmidwives@nca.nhs.uk](mailto:nca-sgmidwives@nca.nhs.uk)

The information in this factsheet is taken from the [Greater Manchester Safeguarding Children Procedures (Tri.x) manual.](https://greatermanchesterscb.proceduresonline.com/) The full procedure can be found [here.](https://greatermanchesterscb.proceduresonline.com/chapters/p_concealed_preg.html?zoom_highlight=concealed+pregnancy)