Concealed, Late and/or Denied Pregnancy

Contents

This guidance is for anyone who may encounter a women or girl who conceals the fact that she is pregnant, or where a professional has a suspicion that a pregnancy is being concealed or denied, or a woman or girl significantly delays access to antenatal care. While concealment and denial, by their very nature, limit the scope of professional help, better outcomes can be achieved by a coordinating an effective inter-agency approach. This will also apply to future pregnancies where it is known or suspected that a previous pregnancy was concealed.

A late booking may indicate a number of different concerns or no concerns at all. This guidance only deals with cases where the pregnancy has been identified to be deliberately concealed.

The guidance does not repeat child protection procedures and therefore constitutes additional, not stand alone, guidance. This guidance must be applied in conjunction with the Pan Bedfordshire Safeguarding Children Board Inter-agency Child Protection Procedures, with particular reference to Pre-birth Toolkit and the following;

This guidance must be read in conjunction with:

- Safeguarding Children from Child Sexual Exploitation
- Sexually Active Young People
- Children Missing from Home and Care Joint Protocol
- Honour based Violence Procedure and Forced Marriage Procedure
- Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation

Definition

For the purpose of this guidance a woman is referred to as any female of childbearing capacity (including under 18 year olds).

A **concealed** pregnancy is when:

- A woman knows she is pregnant but does not tell anyone; or tells someone but conceals the fact she is not accessing antenatal care.
- A woman appears genuinely not aware she is pregnant; a denied pregnancy is when a woman is unaware of or unable to accept the existence of her pregnancy.

Concealment may be an active act or a form of denial where support from appropriate carers and health professionals is not sought. This can become apparent at any stage of the pregnancy. Concealment of pregnancy may be revealed:

- In pregnancy;
- In labour; or
- Following delivery. The birth may be unassisted and as such may carry additional risks to the child and mother's welfare.

A **late booking** is defined as presenting for maternity services after **12 + 6** weeks of pregnancy. It is always important to remember that unless the women genuinely has not been aware she is pregnant she has still concealed her pregnancy up until the point she has accessed antenatal care. A booking appointment with a midwife should be ideally by 10 weeks (NICE 2008 updated February 2019). A woman who presents to antenatal care late in her pregnancy should continue to be assessed with the reasons for the delay in presentation and associated risks as part of the assessment, even once booked and attending for antenatal care.

- The pregnancy may be undetected where both the mother and her health care providers are unaware that she is pregnant
- It may be a conscious concealment where the mother is aware of her pregnancy and is emotionally bonded to the unborn baby but does not tell anyone.
- The pregnancy may also be denied, this may be conscious denial where the mother has physical awareness of her pregnancy, but lacks emotional attachment to the foetus, or
- Unconscious denial where the mother is not subjectively aware of her pregnancy and genuinely does not believe the signs of pregnancy or even the birth of the baby (e.g. Psychotic delusion).

A **denie**d 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).

Migrant women: professionals should consider the set of circumstances for women who have presented late in pregnancy and been without access to health care; an interpreter should always be used in such circumstances where a woman's language skills would prevent a risk assessment on booking into antenatal care.

Unassisted or free birth means a woman giving birth without medical or professional help. It is a criminal offence for anyone other than a registered midwife or doctor to attend a woman during childbirth except in an emergency. (Article 45 of the Nursing and Midwifery Order). Free birth in itself is not a reason to refer to children's services; however should there be safeguarding concerns other than just the decision to free birth then a referral should be made.

Risks/Protection Issues

Reasons

The reason for the concealment will be a key factor in determining the risk to the unborn/child and any other children in the household or family; these reasons can include but are not limited to; mental illness, learning disability, domestic abuse, sexual abuse, fear of social services involvement, substance misuse, religion and culture believes, incestuous or extra marital paternity and anti-medical intervention. There may be risk to mother and unborn child, as well as other children in the family. Children's social care history should be considered to help identify reason for concealment. Professionals need to consider the potential vulnerability of the woman and the impact on her baby.

Where there is concealment, there can be risks for the child's health and development in utero as well as postnatally, especially if this is a result of alcohol or substance misuse. There may be risks to the unborn baby from prescribed medications.

A pregnancy may be concealed in situations of domestic abuse which may be more likely to begin or escalate during pregnancy.

There may be risks to both mother and child if the mother concealed the pregnancy due to fear of disclosing the paternity of the child, for example where the child was conceived as the result of sexual abuse, or where the father is not the woman's partner. Young teenage women may conceal their pregnancy due to fear of recrimination from others, such as their parents, peers and/or professionals.

Late booking can be the result of a women presenting for a termination of pregnancy but unable to have this procedure as the pregnancy is over 24 weeks. Professionals need to consider the reasons for presenting late to termination services, associated risk factors, and level of support needed when the woman continues with an unwanted pregnancy including her psychological support needs. Consideration should be given to a children's social care referral.

Implications

The implications of concealment, late booking or a denied pregnancy are wide-ranging and could lead to a fatal outcome, regardless of the mother's intention. These issues 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 may mean that:

- Any potential risks to mother and child may not be identified;
- Lack of support and information given to parent(s) or
- Investigations being undertaken, such as potentially harmful medications being prescribed by a medical practitioner who is unaware of the pregnancy or exposure to harmful substances and medical procedures such as X Rays;
- 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 may not be discovered
- Unpreparedness in pregnancy may lead to emotional detachment and can result in poor parental attachment with child.
- Ability to offer early intervention and support is removed. i.e access to an early help offer

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

Postnatal risks include;

- A lack of willingness/ability to consider the baby's health needs; or
- Lack of emotional attachment to the child following birth; or
- Poor adaptation.
- A mother who has concealed her pregnancy and has alcohol and substance misuse issues, increases risks to her child's health following delivery.

All of the above highlight the need for an increased level of health services and ongoing assessment of mother and baby's well-being, and monitoring safeguarding risks to the child/children in the period following the birth of the baby.

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.

Action on Suspecting Concealed, Late and/or Denied Pregnancy

Young People aged under 18

If the professional has a concern that a young person could be pregnant and not accessing antenatal care, then they should make a referral to Children's Social Care. All professionals need to be mindful of the reasons and associated risks that contribute to why women may conceal their pregnancies and consideration given to safeguarding both the young person (under 18 years) and the unborn baby.

It is illegal for children under 16 years to be sexually active; professionals will assess whether the young person's actions and decision making are Gillick/Fraser competent and whether to involve safeguarding partners. Please refer to Sexually Active Children procedure.

It may be appropriate for a professional from any agency to make initial approaches to the young person to discuss the possibility of her being pregnant, if her presentation and personal circumstances evidence this. Professional curiosity is essential to safeguarding children but will require sensitivity also, and consider requesting support from health colleagues.

If the young person refuses to engage in constructive discussion, in the face of clear reasons to continue to suspect that she is pregnant, it may be in the young person's interest to involve their parents/carer in the conversation but also be mindful in some circumstances this could put the young person in greater risk, for example Honour Based Abuse. In these circumstances a conversation with the young person's GP would be in their best interest.

If the young person continues to refuse to engage in constructive discussion, and the professionals have clear reasons to suspect pregnancy in the face of continuing denial then Children's Social Care should carefully consider if informing her parents/carers is in the best interest of the young person and continue to assess the situation with a focus on the needs/welfare of the unborn baby as well as the young person. Caution is required with all

disclosures to a young person's parents that a professional is not putting the young person at further risk, for example Honour Based Abuse.

Young people presenting late in pregnancy should be assessed by maternity services at the booking appointment and potential risks highlighted and considered in relation to safeguarding the young person (under 18 years) the unborn baby and any other children in household or family. This will inform the decision as to whether to refer to children's social care, and consider what early help services could support the family.

If an appointment for antenatal care is made late (beyond 24 weeks), the reason for this must be explored and fully documented. Midwives and Obstetricians should consider the reasons for the woman booking late and make appropriate referrals to support her, such as to mental health services. If an exploration of the circumstances suggests a cause for concern for the welfare of the unborn baby and/or mother, if aged under 18 years, a referral to Children's Social Care must be made. The woman should be informed that the referral has been made, the only exception being if there are significant concerns for her safety or that of the unborn child. Children's Social Care must also be involved in the following circumstances:

- The pregnant girl/young person and/or the baby's father is under the age of 13 in these cases the Police should also be informed;
- Both parents are between the ages of 13 and 16 years;
- Where there are concerns regarding the abuse of drugs and/or alcohol by the pregnant woman (or her partner or other relevant family members);
- Mother has been assessed as unlikely to be able to provide and to care for the child and herself;
- Mother is subject of Domestic Abuse or there is Domestic Abuse in the household;
- Mother is subject to or there are suspicions regarding Honour Based Abuse;
- Mother has been assessed as being unable to care/provide for the child due to her Learning Disabilities and/or Physical Disabilities;
- Mother is known to be experiencing or have a diagnosis of mental ill health;
- Mother is known to be at risk of Child Sexual Exploitation and/or trafficking, modern day slavery;
- Where a previous child/children has/have been removed;
- Where a previous pregnancy has been concealed or denied;
- Where a pregnant girl/young person is unsupported and/or homeless.
- Where there are current or historic child protection concerns.
- Where the mother (or her partner) are currently/have been assessed as a sexual risk to young children

Please also refer to Pre-Birth Assessment

Women Over 18

Where the 'expectant mother' is over 18, every effort should be made to resolve the issue of whether she is pregnant or not. The vulnerability of the adult needs to be considered and signposted to appropriate services, which may include adult social care.

No woman can be forced to undergo a pregnancy test, or any other medical examination, but in the event of refusal with clear reasons to suspect the women is pregnant, professionals should proceed on the assumption that the woman is pregnant until or unless it is proved otherwise. A referral to children's social care will be required for a multi-agency decision and assessment to make plans to safeguard the baby's welfare at birth. All professional referrals should include an assessment of risk.

Women presenting late in pregnancy, after 12 + 6 weeks, should be assessed by maternity services at the booking appointment and potential risks highlighted and considered in relation to safeguarding the unborn baby and other children within the household or family. This will then inform the decision if referral to children social care is required and consider what early help services would support this family.

Health Professionals

The local commissioners of health services are responsible for ensuring all its commissioned providers of health care fulfil their statutory responsibilities for safeguarding children. The health professionals whom may be involved include:

- Paediatrician;
- Health Visitors;
- School nurses;
- Sexual Health and GUM services;
- General Practitioners and Practice nurses;
- Midwifes and Obstetricians/Gynaecologists;
- Mental Health Nurses;
- Drug and Alcohol workers;
- Learning Disability workers;
- Psychologists and Psychiatrists;
- SUDC (Sudden or Unexpected Death in Childhood) Nurses;
- Commissioned termination of pregnancy services.

(This is not an exhaustive list)

If a health professional suspects or identifies a concealed or denied pregnancy and there are significant concerns for the welfare of the unborn baby, (s)he must refer to Children's Social Care - see Chapter 1.2 Referral, Investigation and Assessment and pre-birth protocol - and inform all the health professionals, including the General Practitioner, involved in the care of the woman.

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.

Accident and Emergency staff or those in Radiology departments need to routinely ask women of childbearing age whether they might be pregnant. If suspicions are raised that a pregnancy may be being concealed, these staff should follow safeguarding procedures and discuss the case with the Hospital Safeguarding Team.

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 may be concealing or denying a pregnancy.

GP practices should record the concealed/denied pregnancy on both the mothers and baby's notes as this information could be of relevance in future safeguarding decision making.

Midwives and Midwifery Service

If an appointment for antenatal care is made late (beyond 24 weeks), the reason for this must be explored. If an exploration of the circumstances suggests a cause for concern for the welfare of the unborn baby, a referral to Children's Social Care must be made - see

Making Referrals to Children's Social Care Procedure / pre-birth protocol. The expectant mother should be informed that the referral has been made, the only exception being if there are significant concerns for her safety or that of the unborn child.

If an expectant mother arrives at the hospital in labour or following an unassisted delivery, where a booking has not been made, then an urgent referral must be made to Children Social Care. If this is in an evening, weekend or over a public holiday then the Children Social Care Emergency Duty Team must be informed.

If the baby has been harmed in any way or there is a suspicion of harm, or the child is abandoned by the mother, then the Police must be informed immediately and a referral made to Children's Social Care.

Midwives should ensure information regarding the concealed pregnancy is placed on the child's, as well as the mother's, health records. Following an unassisted delivery or a concealed/denied pregnancy, midwives need to be alert to the level of engagement shown by the mother, and her partner/extended family if observed, and of receptiveness to future contact with health professionals. In addition midwives must be observant of the level of attachment behaviour demonstrated in the postnatal period.

Neither baby nor the mother should be discharged until they have had full assessment of their needs, including identification of risks and a multi-agency discharge planning meeting held. A discharge summary from maternity services to the relevant GP must report if a pregnancy was concealed or denied or booked late (beyond 24 weeks).

Children's Social Care

Children's Social Care / Emergency Duty Team may receive a referral from any source, which suggests a pregnancy is being concealed or denied. Safeguarding processes must be implemented and consideration of an assessment should be made.

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 a 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.

If the baby is born at home the midwife or ambulance service (which ever professional is present), should ensure the baby is admitted to hospital even if the mother herself declines her own admission.

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 or denied pregnancy and unborn child. She should be provided with the opportunity to confirm the pregnancy by undertaking appropriate tests or to make plans for the baby. There may be significant reasons why a young person may be concealing a pregnancy from her family and a professional should consider speaking to her without her parent's knowledge in the first instance.

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

Regardless of the age of the expectant mother where there are additional concerns (i.e. as well as the suspected concealed or denied pregnancy) where risk factors are present, including ongoing/previous child protection concerns Social Care must undertake an appropriate safeguarding assessment.

If an expected mother has arrived at hospital either in labour or following an unassisted birth when a pregnancy has been concealed or denied, an Assessment of risks is made and Children Social Care are to undertake an appropriate safeguarding assessment. 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.

Accessing psychological services in concealment and denial of pregnancy may be appropriate and consideration should be given to referring an expectant mother for psychological assessment. There could be a number of issues for the woman, which would benefit from psychological intervention. A psychiatric assessment might be required in some circumstances, such as where it is thought she poses a risk to herself 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 woman's GP. The referral should make clear any issues of concern for the woman's mental health and issues of capacity.

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 expectant mother 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, died or expected to die it will be incumbent on the Police and Children's Social Care to work together to investigate the circumstances.

Process for all Un-booked Women Presenting in Labour

If a woman arrives at the hospital in labour or following an unassisted delivery, where a booking has not been made, these cases should be seen as high risk and an urgent referral must be made to Children's Social Care. If this is outside normal working hours then the Children’s Social Care Emergency Duty Team must be informed.

If the baby has been harmed in any way or there is a suspicion of harm, or the child is abandoned by the parent/s, then the Police must be informed immediately and a referral made to Children's Social Care.

Missing Unborn Notifications must be checked to see if the woman and unborn are known locally or to another Local Authority. The relevant Social Care Team must be notified immediately and any instructions on the notification followed.

Midwives should ensure information regarding the concealed pregnancy is placed on the child's, as well as the mother's, health records. Following an unassisted delivery or a

concealed/denied pregnancy, midwives need to be alert to the level of engagement shown by the mother, and her partner/extended family if observed, and of receptiveness to future contact with health professionals. In addition midwives must be observant of the level of attachment behaviour demonstrated immediately after the child is born.

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 and Children's Social Care to ensure the woman receives the appropriate support and guidance following the birth. Where the mother is under 18 years of age this should include an assessment of her as a vulnerable child. The assessment may identify that the woman needs to be referred for a mental health assessment. If required this should ideally be done while the woman is an inpatient.

Contact should also be made to the mother's GP to share information about the current pregnancy and any historical concerns the GP may be aware of.

The baby, and mother if under 18 years of age, must not be discharged until relevant assessments have been completed and a Multi-agency Strategy or Discharge Planning Meeting has been held.

The discharge summary from maternity services to the relevant GP must report if a pregnancy was concealed or denied or booked late (beyond 24 weeks). This information must also be communicated to the health visitor.

Educational Settings Including Early Help Services

In many instances staff in these settings may be the professionals who know a young person best. There are several signs to look out for that may give rise to suspicion of concealed pregnancy:

- Increased weight or attempts to lose weight;
- Wearing uncharacteristically baggy clothing;
- Concerns expressed by friends;
- Repeated rumours around school or college;
- Uncharacteristically withdrawn or moody behaviour;
- Missing from education, child sex exploitation and missing from home.

Staff working in educational settings, including Early Help, should try to encourage the pupil to discuss her situation, through normal pastoral support systems, as they would any other sensitive issue. Every effort should be made by the professional suspecting a pregnancy to encourage the young person to obtain medical advice. However where they still face total denial or non-engagement further action should be taken. It may be appropriate to involve the assistance of the Designated Lead Person for Safeguarding in addressing these concerns.
Consideration should be given to the balance of need to preserve confidentiality and the potential concern for the unborn child and the mother's health and wellbeing. Where there is a 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.

Staff may often feel the matter can be resolved through discussion with the parent of the young person. However this will need to be a matter of professional judgment and will be clearly depend on individual circumstances including relationships with parents. It may be felt that the young person will not admit to her pregnancy because she has genuine fear about her parent's reaction, or there may be other aspects about the home circumstances that give rise to concern, such as domestic or sexual abuse, honour based abuse, forced

marriage and Female Genital Mutilation (FGM). If this is the case then a referral to Children's Social Care should be made without speaking to the parents first.

If education staff engage with parents they need to bear in mind the possibility of the parent's collusion with the concealment/denial. Whatever action is taken, whether informing the parents or involving another agency, the young person should be appropriately informed, unless there is a genuine concern that in so doing she may attempt to harm herself or the unborn baby.

If there is a lack of progress in resolving the matter in the setting or escalating concerns that a young person may be concealing or denying she is pregnant, there must be a referral to Children's Social Care. Where there are significant concerns regarding the girl's family background or home circumstances, such as a history of missing from home, risk of CSE, abuse or neglect, a referral should be made immediately. As with any referral to Children's Social Care, the parents and young person should be informed, unless in doing so there could be significant concern for her welfare or that of her unborn child.

Action on presentation in labour or following an unassisted delivery of a concealed or denied pregnancy.

Action by Maternity Staff

In all cases where a child/young person/woman arrives at hospital in labour or following an unassisted delivery, as a result of a concealed pregnancy, an immediate referral must be made to children's social care – see Responding to Abuse and Neglect and Reporting Concerns.

The baby should not be discharged until a Strategy Meeting has been held and appropriate risk assessments undertaken. The Strategy Meeting must consider the initiation of a psychiatric assessment; mental health representation should be included in this strategy meeting.

Where the referral is received out of hours in relation to a baby born as the result of a concealed pregnancy, the Emergency Out of Hours Service will take steps to prevent the baby being discharged from hospital until children's social care have been informed and given their approval for discharge, in most instances this would be until after a Strategy Meeting has been undertaken. The baby should not be discharged out of hours.

Action by Children's Social Care Staff

In situations where a child/young person/woman presents during labour then consideration should be given to commencing a Section 47 Enquiry.

If a child/young person/woman presents following unassisted delivery at the end of a concealed pregnancy then a Section 47 Enquiry must commence.

Immediate Protective Actions

In normal circumstances this would be through a voluntary agreement, although clearly there could be circumstances in which it might be necessary to consider an application for an Emergency Protection Order, or to seek the assistance of the Police, e.g. Police Protection, in preventing the child from being removed from the hospital.

In both situations children's social care should consider allocating the assessment to a worker with mental health expertise.

Police must be notified of any child protection inquiries made by children's social care following a concealed pregnancy. Consideration must be given as to whether a joint investigation is needed. This will depend on whether an offence may have been committed or if the child is at risk of significant harm.

If the child has been harmed, has died or been abandoned, child protection procedures will apply and a joint investigation will be conducted with the relevant children's social care team.

Future Pregnancies

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

Where there is a known history of previous concealed pregnancy, consideration for a referral to Children's Social Care as soon as any subsequent pregnancy is known. Women who have already concealed a pregnancy are at an increased risk of doing so in the future. A referral should also be considered when a previous pregnancy was booked late into antenatal care; considering the reasons given and associated risks to the woman and unborn child.

Children's social care must convene a multi-agency Strategy Meeting and agree a plan to address any potential/identified risks resulting from a future pregnancy. Sharing information openly will be a critical factor in safeguarding the unborn child and professionals will need to accept this may be without the consent of the mother concerned.

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

Where there is a known plan in place, it must be activated as soon as professionals become aware of a subsequent pregnancy. The urgency of the meeting will depend on the stage of pregnancy. It is important that all key professionals working with the family are included. At any stage in the process, consideration must be given to the appropriateness of a full psychiatric assessment.

Evidence from Research and Serious Case Reviews

Research into concealment and denial of pregnancy is relatively recent, in the last 40 years, and this work has attempted to understand the characteristics of women who conceal or deny their pregnancy. Research has also been carried out to explore links between concealed pregnancy and infanticide (killing of a child in the first year of life). Local Safeguarding Children Boards have conducted reviews of cases where concealment or denial of pregnancy had been identified as a factor in the death or serious injury of a child. The issue of concealment and denial of pregnancy, and infanticide/filicide (the killing of a child by a parent) can be evidenced throughout human history and archaeology.

A summary of thirty-five major child death inquiries (Reder P, 1993) highlighted evidence of considerable ambivalence or rejection of some of those pregnancies and a significant number with little or no antenatal care. A follow-up study (Reder P. D., 1999) also identified a

small sub-group of fatality cases where mothers did not acknowledge that they were pregnant and failed to present for any antenatal care and the babies were born in secret.

Several studies (Earl, 2000); (Friedman S. M., 2005); (Vallone, 2003) highlight a well-established link between neonaticide - killing of a child by a parent in the first 24 hours following birth - and concealed pregnancy. A review of 40 Serious Case Reviews (DoH, 2002) identified one death was significant to concealment of pregnancy.

There are four studies that examine some of the psychological dimensions of concealed and denied pregnancy (Brezinkha, 1994); (Earl, 2000) (Moyer, 2006) (Spielvogel, 1995). In some cases a woman may be unaware that she is pregnant until late in the pregnancy due to a learning disability. Concealment may occur as a result of stigma, shame or fear as felt by the woman because the pregnancy is the result of incest, sexual abuse, rape or as part of a violent relationship. Moyer notes that the majority of women who deny pregnancy do not have a mental health assessment.

There are links between denial of pregnancy and dissociative states brought about by trauma or loss; or denial stems from a woman misusing drugs or alcohol which can harm the foetus or because of mental illness, such as schizophrenia. A number of studies have attempted to identify the frequency of concealment or denial of pregnancy (Nirmal, 2006); (Wessel, 2002).

They suggest concealment might occur in about 1:2500 cases (0.04%). A study by (Friedman S. H., 2007) showed a higher proportion with 0.26% of all pregnancies in their sample (approx 31000) to be concealed or denied. The characteristics of those in this study showed that 50% of those concealing the pregnancy and 59% of those denying the pregnancy were aged between 18 and 29 years. Only 40% of those concealing and 23% of those in denial of their pregnancy were under 18 years of age.

A recent study in France into the rate of neonaticide by looking back at judicial data (court cases and inquests) concluded that the rate was 2.1 per 100,000 births, a much higher rate that the official mortality statistics suggested. All of the pregnancies identified in the study were concealed but none were completely denied by the woman (no awareness of being pregnant). The characteristics of the women in the study were explored and over half of them lived with the child's father, and 13 of the 17 women identified were classed as professionally active with a status identical to that of the general population. The authors concluded that neonaticide appeared as a solution to an unwanted pregnancy that risked a family scandal or loss of a partner or lifestyle. (Tursz and Cook, 2010)

The majority of religious faiths traditionally expect pregnancy to follow after marriage. Dependent upon the culture and religious observance, a pregnancy outside of marriage may have serious consequences for the women involved. This can create a significant pressure on a woman to seek to conceal a pregnancy or for the psychological conditions to be present where a pregnancy is denied. In some local and national cases collusion between family and/or partners has occurred to facilitate and encourage concealment of the pregnancy from those outside of the family or wider culture/community.

Concealment of pregnancy can also be driven by a specific belief system, where a faith group for example believes that the western health care systems should not be accessed by their group member as any health issues including births should be handled within the group and addressed by the power of prayers. All assessments should explore the beliefs of the parents and any possible impact on the care of the child.

Some pregnant women, or their partners, who abuse drugs and /or alcohol may actively avoid seeking medical help during pregnancy for fear that the consequences of increased attention from statutory agencies can result in the removal of their child.

Adoption/Adaption of the Bury and Sussex Boards procedures