

Guidelines for Concealed Pregnancy & Late Booking

Document Reference No:	PTHB / MAT 075	
Version No:	2	
Issue Date:	April 2025	
Review Date:	April 2028	
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Document Owner:	Head of Midwifery and Sexual Health	
Accountable Executive:	Executive Director of Nursing, Quality, Women and Family	
Approved By:	Women and Childrens Policy and Procedures Governance Group	
Approval Date:	18/02/2025	
Document Type:	Guideline	Guideline
Scope:	PTHB Midwives	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

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Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	July 2021
2	Update version: 'Operational on call' updated to 'Bronze on call' Role and responsibilities section updated. Antenatal section updated to include information regarding Birthrights and choice to decline care. Appendix B updated in line with regional document.	30/04/2025

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Lead Midwife Safeguarding
Assistant Head of Midwifery and Sexual Health
Assistant Head of Health Visiting

Circulated to the following for Consultation

Date	Role / Designation
July 2021	Head of Midwifery and Sexual Health
July 2021	Head of Children's Public Health Nursing and Paediatric Services
July 2021	PTHB Midwives
July 2021	PTHB Health Visitors and School Nursing Team
July 2021	Women and Children Health Services Departmental Leads
July 2021	PTHB Safeguarding Team
December 2024	Head of Midwifery and Sexual Health
December 2024	Head of Children's Public Health Nursing and Paediatric Services
December 2024	PTHB Midwives
December 2024	PTHB Health Visitors and School Nursing Team

December 2024	Women and Children Health Services Departmental Leads
December 2024	PTHB Safeguarding Team

Groups Approved at

Date	Group
05/02/25	Maternity guidelines Group
18/02/25	Women and Children's policies and procedures group
18/02/2025	Executive Director of Nursing, Quality, Women and Family Approval

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

NICE Antenatal Care guidelines 2008
Wales Safeguarding Procedures 2019
Social Services & Wellbeing (Wales) Act 2014
Violence against Women, Domestic Violence and Sexual Violence (Wales) Act 2015
Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (2018) **(The Code)**

Health and Care Standards:
Theme 1 – Staying Healthy
Theme 2 – Safe Care
Theme 3 – Effective Care
Theme 4 – Dignified Care
Theme 6 - Timely Care
Theme 7 – Individual Care

Impact Assessments

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					Please remember policy documents are published to both the intranet and internet .
Age	x				
Disability	x				
Gender reassignment	x				The version on the internet must be translated to Welsh.
Pregnancy and maternity				x	
Race	x				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Human Rights	x				
Risk Assessment Summary					
Have you identified any risks arising from the implementation of this policy / procedure / written control document?					
No risks identified					
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?					
None identified					
Have you identified any training and / or resource implications as a result of implementing this?					
None identified					

1. Policy Statement / Introduction

This guidance is intended for professionals who may encounter women who conceal the fact that they are pregnant or where there is known previous concealed pregnancy.

A **concealed pregnancy** is described as one in which a woman knows that she is pregnant but does not tell anyone, or those who are told to collude and conceal the fact from health professionals.

Concealment of pregnancy may be revealed:

- Late in pregnancy
- In labour
- Following birth. The birth may be unassisted and may carry additional risks to the child and mother's wellbeing.

A **denied pregnancy** is when a woman is unaware of, or unable to accept the fact that she is pregnant. Although the woman may be intellectually aware that she is pregnant, she may continue to think, feel and behave as though she is not. Some women will deny they are pregnant until they give birth to the baby, whereas others acknowledge the pregnancy before birth.

'**Late booking**' is when a pregnant woman delays informing maternity services about her pregnancy or does not wish to inform maternity services before 20 weeks. For the purpose of this practice guidance, presenting for maternity services after 20 weeks is classed as a late booking. The reasons for the late booking need to be thoroughly explored.

2. Objective

For all Midwives and Health Visitors:

- To actively safeguard the health and well-being of both mother and unborn/baby.
- Be aware of the reasons for and potential risks of concealed pregnancy.
- Utilise multi-agency resources to recognise the signs of concealment.
- Take appropriate action at recognition to minimise potential risk to mother and unborn child.

- To promote a clear understanding of the parameters of duty of care and accountability within this area.
- To follow clear care pathways for the care of women recognised as concealing pregnancy and late booking.
- To promote information sharing with appropriate professionals.
- To provide staff with a detailed coordinated method of approach to concealed pregnancy and late booking.
- To support staff to respond quickly to concerns of possible concealment of pregnancy.

3. Equality Statement

Powys Teaching Health Board Maternity Services are committed to:

- The elimination of unlawful and unfair discrimination
- The active promotion of equal opportunities for women and their families and our workforce
- The protection of the human rights of women and their families and our workforce
- The promotion of inclusive relationships between groups who share protected characteristics and those who don't
- The valuing of the diversity inherent in the communities we serve and in our workforce.

The words 'woman' and 'women' have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility caring for a baby. It is recognised that there are many different family arrangements.

When translation services are required, there is the expectation that a face-to-face translator or digital interpretation services will be provided. The Language Line App is available to all maternity staff to use for this purpose.

Consideration is required with written documents and leaflets to be provided in a woman's preferred or 1st language.

For further support and advice contact PTHB Equality Team:
powys.equalityandwelsh@wales.nhs.uk.

4. Definitions

- **PTHB** – Powys Teaching Health Board
- **MW/HV/SN/GP** – Midwives/Health Visitor/School Nurse/General Practitioner
- **DGH** – District General Hospital
- **SIP** – Sharing information in Pregnancy
- **CIS** – Clinical Information Sharing

5. Responsibilities

5.1 Head of Midwifery & Sexual Health

The Head of Midwifery & Sexual Health must:

- Ensure all staff read and understand this procedure.
- Arrange regular review to monitor compliance with this procedure.

5.2 Midwives

All midwives working in Powys hold a recognised midwifery qualification.

Each Midwife has responsibility to:

- Ensure this guideline is followed.
- Maintain their own skills and knowledge in this area through mandatory training and supervision.

5.3 Antenatal Period

- When a woman presents for antenatal care after 20 weeks' gestation, the midwife should complete the booking information, urgently, obtaining a full medical and obstetric history, asking the Routine Enquiry (if seen alone) and ensure all routine screening tests offered as appropriate. The booking midwife should organise an ultrasound scan for the women within five working days and ensure an urgent request for a consultant appointment is sent to DGH. The

midwife should ensure the woman is seen within one week of the initial contact with PTHB Midwifery Services.

- Consideration should be given to the reason for the concealment (Appendix A). Professional curiosity (Appendix B) should be considered in order to build a trusting relationship and aim for engagement to continue.
- Full assessment should be carried out including considerations of why a woman may be declining all or some aspects of midwifery care. If information is shared by other services regarding a pregnancy and the woman has not registered for midwifery care, it is important that discussions are initiated to ensure the rationale for declining care are clear and documented. The rationale for regular appropriate antenatal care should be discussed with the woman to ensure full understanding of the benefits of accessing care as well as the risks of declining care (Appendix C).
- If there are other children within the family, discussion with the Health Visitor (HV)/School Nurse (SN)/General Practitioner (GP)/Local Authority is paramount to ensure consideration of social situation and to highlight any safeguarding concerns. As part of the booking process, midwives must complete a SIP1 to ensure good communication with other professionals.
- Professionals should be vigilant for signs of disguised compliance with regards to accessing services (see Appendix D).
- The Code (2018) is clear that midwives must ensure that they put the interests of women using their service first by always acting in their best interest. This includes ensuring women understand their rights in relation to childbirth and the law if they decide to decline any aspect of their care.
- It is not illegal for a woman to decline care by a midwife or healthcare professional. Women are not obliged to accept any medical or midwifery care or treatment during pregnancy and childbirth and cannot be compelled to accept care unless they are proven to lack mental capacity to make decisions for themselves (Birthrights, 2021). In the UK, unborn babies are not given legal recognition. However, the Wales Safeguarding Procedures (2019) must be

	<p>consulted if there is a reasonable belief that the baby will be at risk of significant harm when it is born.</p> <ul style="list-style-type: none">• It is not appropriate for healthcare professionals to refer an unborn baby to social services, solely on the basis that the mother has declined medical or midwifery support (Birthrights, 2021).
	<p>5.4 Presenting in Labour/Intrapartum care</p> <ul style="list-style-type: none">• If a woman presents in labour and has had no antenatal care, the midwife should transfer her to the nearest District General Hospital (DGH) as an emergency. If she gives birth in Powys, transfer mother and baby, as soon as possible, to DGH for review.• Midwife to inform Bronze on call regarding situation.• Contact PTHB Safeguarding Team to check whether there is a missing person alert for the woman/family. If an alert is identified, the relevant children's services department should be informed as per the alert.• If the woman has a registered GP, they should be contacted to establish whether any previous concerns have been recorded. Discuss with Health Visitor and/or School Nurse if there are other children in the family.• A Discharge Planning Meeting should be held prior to discharge to care of community midwives. Good communication between DGH and community team is paramount.
	<p>5.5 Postnatal Care</p> <ul style="list-style-type: none">• During the postnatal period, the woman and her baby should be observed closely for normal attachment. Offer postnatal support with infant feeding and adaptation to parenthood including discussions around safer sleeping.• Additional support will be offered if issues arise such as mental health issues, domestic abuse, substance misuse or other vulnerabilities such as housing or financial issues.• Liaison between Midwifery and Health Visiting is essential to promote a seamless transfer of care and complete face to face handover of

care. Consider joint postnatal visit to family home prior to midwifery discharge.

- Ensure that Health records of both mother and baby are updated with details of concealed pregnancy.
- Good communication between agencies is paramount to ensure safety of the baby and support for the family.

6. Safeguarding

If safeguarding issues are suspected or identified, the midwife should:

- Discuss concerns with the woman and her family.
- See Appendix C - Consequences of concealing a pregnancy, which may aid assessment and decision making.
- A report (referral) must be made to the local authority if safeguarding concerns are identified in respect of a concealed pregnancy or late booking.
- Contact the woman's GP and Health Visitor informing them of the concealed pregnancy and subsequent information sharing via SIP2 form. This should be recorded within her health record by the GP practice as it can indicate a risk of further concealed pregnancies in the future. If a previous concealed pregnancy has been identified, this increases the risk significantly and a safeguarding referral should be completed.
- Midwives should also consider if a referral to PTHB Perinatal Mental Health Service is required for assessment of the woman's mental health in order to offer appropriate support.
- If the midwife determines that there are no safeguarding concerns following full assessment, their rationale must be clearly documented.

There are some circumstances when there should always be a referral to Local Authority Children's Services in respect of an unborn baby. These are:

- When the pregnant young person is named on the child protection register.
- When the pregnant young person is 16 years old or younger.

- When there are concerns that the pregnant young person is at risk of child sexual exploitation (this includes young people aged 16 years to 18 years of age)
- When the pregnant young person is a looked after child.
- When there are other children in the same household as the pregnant young person who are on the child protection register, or who have been within the last six months.
- When it is known that a parent has previously had a child removed from their care.

In these situations, where there is a strong suspicion there is a concealed or denied pregnancy, then it is necessary to share this irrespective of whether consent to disclose can be obtained or has been given.

- If there are no safeguarding issues identified and the woman is making informed choice with regards to her care, midwives should share information via the process of discussion with Bronze on call/Consultant Midwife and complete a Clinical Information Sharing (CIS) form to ensure colleagues are aware of the birth plan.
- Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call.

7. Monitoring Compliance, Audit & Review

Cases to be reported through DATIX system and audited as part of annual review.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

8. References / Bibliography

Birthrights (2021) Information about consenting to treatment and assessment of mental capacity:

<https://www.birthrights.org.uk/factsheets/consenting-to-treatment/>

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Nirmal, D.Thijs, I. Bethel J. and Bhal, P. (2006) The incidence and outcome of concealed pregnancies among hospital deliveries: an 11 year population-based study in South Glamorgan. *Journal of Obstetrics and Gynaecology*. Volume 26 (2) p. 118-121

Nursing & Midwifery Council (2018) *The code: professional standards of practice and behaviour for nurses, midwives and nursing associates*.

Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> (Accessed 20/12/2024)

PTHB SGP 036 Safeguarding Policy

Social Care Wales (2019) Wales Safeguarding Procedures.

<https://www.safeguarding.wales/en/> (Accessed 20/12/2024)

Wessel J, Gauruder-Burmester A, Gerlinger C. (2007) Denial of pregnancy – characteristics of women at risk. *Acta Obstet Gynecol Scand* 86(5):542-6

Appendix A

Why do women conceal their pregnancies?

There are a variety of reasons which may include:

- Maternal choice to not access midwifery care for pregnancy and birth
- Mental illness
- Substance misuse
- Fear of disapproval of pregnancy
- Unwanted pregnancy
- Result of casual relationship
- Too late to terminate pregnancy
- Conception following rape
- Incestuous paternity
- Extra marital paternity
- Learning Disability
- Religious / cultural disapproval
- Previous Local Authority/Social Services involvement – fear of removal of child
- Poor social network
- Anti-medical/midwifery intervention
- Domestic Abuse
- Language Barrier

Appendix B

Professional Curiosity

Professional curiosity is a practice mindset and a communication skill. It is about keeping an open mind, considering alternative possibilities and working with families to better understand their circumstances. There are four key steps in the guidance to help practitioners identify and respond to possible abuse or neglect:

Be alert

- Know the indicators of abuse or neglect.
- Be alert to the way in which care and support needs and family/environmental factors come together.
- Consider information from different sources; the child/adult at risk, case history, family members, friends, neighbours, other professionals.
- Ascertain the child/adult's views - what is their lived experience?

Question behaviours

- Does the narrative fit with information from other sources? Adopt a position of respectful uncertainty and ask questions.
- Are there any patterns or connections?
- Consider all alternative hypotheses.
- Hold the child/adult at risk in mind. What is their experience? What are the potential risks to them?

Ask for help

- Discuss the case in supervision and be open to helpful challenge to provide further analysis.
- Use a Signs of Safety approach to help you reflect: What is going well? What are you worried about
- Identify gaps and recognise what you don't know.
- Talk through your worries with the safeguarding lead in your agency.

Refer

- Keep accurate records and provide additional dates and details where possible.
- Make clear distinctions between fact and opinion and clearly outline your worries or concerns.
- Be comprehensive and do not presume information is already known.
- Follow up your referral and report any new information.

Appendix C

Potential consequences of concealing a pregnancy

- Pregnant women may not receive important health and lifestyle advice that when implemented can optimise health outcomes and reduce associated risks e.g., drug/medication and alcohol use, smoking cessation, foods to avoid, vitamin supplementation etc.
- Underlying medical and/or obstetric problems in the women, many of which can present a risk to the unborn baby, may not be detected and managed/treated to reduce associated risks.
- The health and development of the unborn baby may not be monitored, fetal abnormalities may not have been detected and opportunities to reduce associated risks may be missed.
- Inappropriate medical advice may be given, potentially harmful medications may be prescribed and medical procedures that are not recommended in pregnancy (such as X-rays) may be undertaken by medical practitioners who are unaware of the pregnancy.
- Increased risk of maternal complications such as post-partum haemorrhage and neonatal complications such as premature birth and low birth weight
- Increased risk of maternal and neonatal death.
- Increased risk of emotional detachment and poor parent-infant bonding and attachment.
- Opportunities to receive professional advice, support and signposting can be missed.
- Routine enquiry about domestic abuse and referral to specialist domestic abuse support services may not occur. This is of particular importance as domestic abuse is more likely to begin or escalate during pregnancy.
- Parents can be unprepared for the birth of their baby and can find it more difficult to cope with the transition to parenthood.
- Professional opportunities to assess safeguarding need/risk and ensure appropriate support / intervention, such as an early help offer, can be missed.

Appendix D

Disguised Compliance

(Taken from PTHB Safeguarding Newsletter - December 2020)

Disguised Compliance

The following principles will help front line practitioners deal with disguised compliance more effectively:

- ✓ focus on the needs, voice and 'lived experience' of the child, young person or adult
- ✓ avoid being encouraged to focus to extensively on the needs and presentation of the adults or carers – whether aggressive argumentative or apparently compliant
- ✓ think carefully about the 'engagement' of the adult or carers and the impact of this behaviour on the practitioners view of risk
- ✓ focus on change in the family dynamic and the impact this will have on the life and well-being of the child or adult – this is a more reliable measure than the agreement of adults or carers in the professional's plan
- ✓ there is some evidence that an empathetic approach by professionals may result in an increased level of trust and a more open family response leading to greater disclosure by adults and children
- ✓ practitioners need to build close partnership style relationships with families whilst being constantly aware of the child or adult's needs and the degree to which they are met