Concealed Pregnancy and Late Booker Clinical Guideline

V1.2

May 2019
Summary

Late Booker Management Pathway

Late Booking (>20wks)

Assess medical & social risk
Discuss reasons for late booking, was she aware?

Refer to Consultant care and arrange urgent USS

YES
MARU referral
Inform Safeguarding Midwife & Commence paperwork

Safeguarding concerns identified

NO
Continue routine Antenatal Care

Inform GP & HV
Ensure all professionals are aware and social risks around late booking

Concealed Pregnancy and Late Booker Clinical Guideline V1.2
Page 2 of 16
Concealed Pregnancy Pathway

Presents in labour or post delivery

Clinical Risk Assessment
Consultant Care
Screening bloods (see attached)

Is the woman a missing person?
Check the out of county folder & CP-IS
Inform children’s social care and police if advised.

INFORM

Inform children’s social care
03001231116
MARU referral

Safeguarding midwife
Named midwife for her area

GP
Health Visitor

Admit woman and baby to the postnatal

Ensure close observation of parenting skills and attachment; please use postnatal additional needs proforma to evidence care.

A senior paediatric review and a NIPE check must be completed prior to discharge

Do not discharge until a multi-agency meeting/discussion has been held to assess risk and plan ongoing care, consider a mental health review

Enhanced Postnatal Visits, 1st to be a home visit.

DATIX
1. **Aim/Purpose of this Guideline**

1.1 This Guideline is for use by midwives and obstetricians 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. It is also for guidance when a woman books late. Women will fit into these categories after 20 weeks of pregnancy.

1.2 This guidance should be read in conjunction with the Cornwall and Isles of Scilly safeguarding children partnership procedures. [https://www.proceduresonline.com/swcpp/cornwall_scilly/p_concealed_preg.html](https://www.proceduresonline.com/swcpp/cornwall_scilly/p_concealed_preg.html) (New 2019)

1.3 **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can’t rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the ‘information use framework policy’, or contact the Information Governance Team rch-tr.infogov@nhs.net

2. **The Guidance**

2.1 **Background**
Mothers and Babies; Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE 2014 UK): Saving Lives, Improving Mother’s Care (2014) reported that more than two thirds of women who died did not receive the nationally recommended level of antenatal care. Access to antenatal care remains an issue and ensuring access to appropriate care for all groups must remain part of service planning. Of the women that died two thirds of the women were suffering from medical and mental health problems.

2.2 **Concealed Pregnancy**
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.

2.3 **Denied Pregnancy**
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.
2.4 There are a variety of reasons why women conceal their pregnancies but these may include:

- Mental illness e.g. Psychosis, conversion disorder, PND.
- Substance misuse
- Domestic abuse
- Fear of disapproval of pregnancy
- Conception following rape
- Incestuous paternity
- Extra marital paternity
- Intellectual disability
- Religious / cultural disapproval – shame
- Social services involvement – fear of removal of the child
- Poor social network
- Anti-medical intervention and desire to be ‘natural’

2.5 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.

2.6 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 fetal 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.

2.7 Circumstances leading to concealment need to be explored on an individual basis, there may be potentially serious safeguarding concerns for the mother and baby.

2.8 Information must be shared with other agencies to ensure the significance is not lost and future risk can be assessed and managed accordingly.

2.9 Consider a capacity assessment for women who book late or present in labour with learning disabilities or significant mental illness.

2.10 If the woman is under 16, a criminal offence may have been committed and may need to be investigated by the police.

2.11 **Responsibilities of the midwife: Antenatal**

2.11.1 **Booking Appointment** (For both concealed pregnancies and late bookers)

2.11.1.1 Complete the routine Antenatal Booking and arrange a Consultant obstetric appointment to discuss timing of delivery and screening.
2.11.1.2 Discuss other options at first contact, i.e. Late termination and adoption may be considered as an option.

2.11.1.3 Arrange the appropriate scans as soon as possible e.g. dating and anomaly USS

2.11.1.4 Refer to area Consultant for antenatal clinic

2.11.1.5 Any woman who books late in pregnancy [over 20/40 gestation] should be offered full screening for infectious diseases by the booking midwife. If she accepts, the bloods should be taken as soon as possible and marked as urgent on the lab request form. The results should be accessed by the midwife as soon as available and uploaded to the E3 electronic record in the screening section.

2.11.1.6 Women who present in labour without screening results for infectious diseases should be offered testing for Hepatitis B, HIV and Syphilis by their attending midwife. Screening for Infectious Diseases testing should be arranged urgently by telephone with the laboratory or through the on call microbiologist if out of hours. However, a result for Syphilis serology may not be available until the next working day.

2.11.1.7 If it is not possible to offer screening during labour, the attending midwife should offer the opportunity to screen in the post-natal period and make arrangements for this to take place.

2.11.1.8 If screening takes place on delivery suite or the antenatal or postnatal ward, the attending midwife should contact the ANNSC by email rch-tr.screening@nhs.net to provide the screening team with the details of the woman screened to ensure appropriate tracking and follow up takes place

2.12 Ultrasound management of a pregnancy diagnosed >20 weeks’ gestation

- At the first scan the estimated EDD should be calculated using head circumference
- Umbilical artery Doppler and amniotic fluid assessment should be performed to exclude significant placental dysfunction
- An anomaly scan should be performed and the woman informed that identification of abnormalities is less reliable at later gestations
- A repeat scan should be booked at an interval of 2 weeks to check for normal growth velocity
- If there is impaired growth velocity (>25th centiles drop) referral should be made to the Fetal Medicine Unit for further assessment

2.13 Obstetric Clinic assessment

- The EDD should be agreed, based upon the first scan biometry. Explain that this might be inaccurate by +/- 2 to 3 weeks
depending upon whether the pregnancy is in the second or third trimester

- Explain that the repeat scan will help exclude the possibility of the pregnancy being much more advanced and being smaller than it should be due to a placental problem
- A full risk assessment should be undertaken and management individualised accordingly
- There is no indication for serial scans in the absence of other risk factors provided that the first two scans show normal growth velocity
- A ‘post-dates’ date for induction of labour should be individualised taking into account maternal views and the understanding that the ‘true’ EDD (if it had been available from a 12 week dating scan) might be 2-3 weeks earlier

2.13.1 Discuss with the woman what arrangements for on-going antenatal care would best suit the woman's circumstances; consider offering home visits.

2.13.2 A plan of care should be initiated at this stage. Consider shortening gap between contacts. Ensure all appointments have been received and can be attended i.e. ensure access to transport.

2.13.3 Organise an interpreter for women who do not speak English via Big Word or Face to Face. Family members should not be encouraged to relay information between the woman and the health professional. Give screening information in the women’s own language (NHS England website)

2.13.4 Commence Initial Cause for Concern' paperwork on midwives safeguarding shared drive on TR11.

2.14 **Responsibilities of the Midwife: Presenting in labour**

2.14.1 When a woman presents unbooked in labour the midwife should follow local protocol for checking for a missing person alert & CP-IS (New 2019) for that woman. If an alert relating to that woman is found the relevant children’s and families services should be informed as per the alert.

2.14.2 A full clinical risk assessment should be undertaken and the woman should be cared for under consultant care.

2.14.3 Bloods should be taken for FBC, Group and Save, Antenatal serology and sickle cell and thalassaemia (SCT) with a completed Family Origin Questionnaire (FOQ) (New 2019) and sent to the lab as an urgent sample.

2.14.4 Notes to be commenced and Euroking completed at point of contact with woman

2.14.5 MARU referral to be sent followed by telephone contact for urgent assessment and if it is out of hours the Emergency Duty Team should be called. (New 2019)
2.14.6 In addition the Maternity Safeguarding Team should be informed and commence the initial paperwork and chronology to record contacts and discussions. (New 2019)

2.14.7 Inform the woman’s GP and HV.

2.14.8 The woman and her baby should not be discharged home until a strategy meeting or multi-disciplinary discussion has occurred with children’s and families services. Recommended inpatient stay for a minimum of 24hrs to assess parenting. (New 2019)

2.14.9 Consider a senior paediatric review, NIPE to be completed prior to discharge.

2.14.10 During the postnatal period the woman and her baby should be observed closely for normal attachment and these observations should be documented on E3.

2.14.11 All women who have concealed a pregnancy should have a mental health assessment by the midwife using the screening tools and referred as required. Obtain mental health history and monitor for estrangement from the baby. Any immediate concerns regarding the mother’s mental health should be assessed by psychiatric liaison (acute) and referral made to the perinatal mental health team. (New 2019)

2.14.12 Involve the community midwife in the area that the women and baby will be discharged to in the discharge planning. Ensure support networks are in place. First day home visit required to assess home environment an appropriate requirements for baby are in place to meet their needs. (New 2019)

2.14.13 Community midwives to provide enhanced postnatal care and ensure robust handover to health visitors, including exceptional reporting form via Euroking (New 2019)

2.15 The Guidance - Late Booker

Definition: a woman accessing maternity for the first time on or after 20 weeks of pregnancy.

2.15.1 If an appointment for antenatal care is made late (beyond 20 weeks), the reason for this must be explored and fully documented. Midwives and Obstetricians should consider whether a mental health referral is indicated. If an exploration of the circumstances suggests a cause for concern for the welfare of the unborn baby, a referral to Children’s and families service 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 the safety or that of the unborn child. (New 2019)

2.15.2 A referral to adult social care should be considered where there is concern that the woman is at risk of abuse. (New 2019)
2.15.3 The community midwife will arrange an urgent appointment for the booking; this will be within two weeks of being contacted about the woman’s pregnancy. See antenatal 2.3 Booking Appointment. In addition:

- If the woman is from overseas and has not had a medical examination in this country this should be arranged for her with her GP.
- She may need to be directed to her local GP and encouraged to register there.
- A consultant referral should be made ASAP and if not available within 2 weeks then email the area consultant directly for advice.
- Women who book late and have not received any maternity care within the UK will need a scan. The community midwife will need to book this through MAXIMS and mark as urgent.
- The Health Visitors will need to be informed.

2.15.4 The community midwife should consider the gaps between appointments if a woman has booked late, so that a relationship is formed and support offered. She also needs to ensure that all appropriate appointments have been received and attended. A home visit, to check preparations and readiness for a newborn should be considered a priority.

### 3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The audit will take into account record keeping by Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Audit Midwives</td>
</tr>
<tr>
<td>Tool</td>
<td>See Auditing Tool</td>
</tr>
<tr>
<td>Frequency</td>
<td>1% or 10 sets, whichever is the greater, of all health records of women who have delivered and have missed any type of antenatal care. This will be audited every 3 years or earlier if there is reason too following an incident.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>A formal report of the results will be received annually at the Maternity Patient Safety or Clinical Audit Forum</td>
</tr>
</tbody>
</table>

**Acting on recommendations and Lead(s)**

Any deficiencies identified on the annual report will be discussed at the Maternity
- Patient Safety or Clinical Audit Forum and an action plan developed
- Action leads will be identified and a time frame for the action to be completed
- The action plan will be monitored by the Maternity Patient Safety until all actions complete

**Change in practice and lessons to be shared**

Required changes to practice will be identified and actioned within a time frame agreed on the action plan
- A lead member of the forum will be identified to take each change forward where appropriate
- Patient Safety Newsletter
4. **Equality and Diversity**

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

4.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Concealed Pregnancy and Late Booker Clinical Guideline v1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>June 2019</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>June 2019</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>June 2022</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Sam Gale Community midwife team leader. Suzie Williams, Safeguarding Midwife</td>
</tr>
<tr>
<td>Contact details:</td>
<td>07825521905</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Providing guidance to midwives and obstetricians on concealed pregnancies and women who book late.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Booking, concealed pregnancy, late booker</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>May 2019</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>New Document</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Maternity Guidelines Group Obs and Gynae Directorate Policy Review Group Safeguarding Children Operational Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Debra Shield, Care Group Manager</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Name and Signature of Divisional/ Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Name: Caroline Amukusana</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
</tbody>
</table>
Related Documents:

References


Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2019</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Sam Gale, Team Leader North Cornwall.</td>
</tr>
<tr>
<td>May 2019</td>
<td>V1.1</td>
<td>Addition from the screening midwives re tests to be performed if a woman presents as a late booker or with a concealed pregnancy.</td>
<td>Sam Gale, Team Leader North Cornwall and Jenny Stevenson, Antenatal Screening Midwife. Suzie Williams, Safeguarding Midwife.</td>
</tr>
<tr>
<td>June 2019</td>
<td>V1.2</td>
<td>Change to the ‘quick booking’ section 2.14.4</td>
<td>Kim Hewlett, IT Midwife.</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Concealed Pregnancy and Late Booker Clinical Guideline V1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Obs and Gynae</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Is this a new or existing Policy?</td>
</tr>
<tr>
<td>Sam Gale, Team Leader North Cornwall.</td>
<td>Existing</td>
</tr>
<tr>
<td>Suzie Williams, Safeguarding Midwife</td>
<td>Telephone:</td>
</tr>
<tr>
<td></td>
<td>07825 521905</td>
</tr>
<tr>
<td></td>
<td>07917133286</td>
</tr>
</tbody>
</table>

1. **Policy Aim**

   **Who is the strategy / policy / proposal / service function aimed at?**

   To ensure that all midwifery staff are aware of their roles and responsibilities when a woman presents with a concealed pregnancy or is a late booker.

2. **Policy Objectives**

   To explain the roles and responsibilities of staff when caring for a woman with a concealed pregnancy or who is a late booker.

3. **Policy – intended Outcomes**

   To ensure that all relevant aspects of necessary care are identified and acted on.

4. **How will you measure the outcome?**

   Compliance Monitoring Tool

5. **Who is intended to benefit from the policy?**

   All women who have a concealed pregnancy or who book late.

6a **Who did you consult with**

   a) Workforce
   
   b) Please identify the groups who have been consulted about this procedure.

   b) Please record specific names of groups
   
   Maternity Guidelines Group
   Obs and Gynae Directorate
   Policy Review Group

5. **What was the outcome of the consultation?**

   Guideline agreed.
## 7. The Impact

Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Sex (male, female, trans-gender / gender reassignment)</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Marriage and Civil partnership</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td></td>
<td>X</td>
<td></td>
<td>Pregnant women who have a concealed pregnancy or who book late</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

### 8. Please indicate if a full equality analysis is recommended.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>X</th>
</tr>
</thead>
</table>

### 9. If you are not recommending a Full Impact assessment please explain why.
This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust’s web site.