



**Royal Cornwall Hospitals**  
NHS Trust

# **Concealed or Denied Pregnancy and Late Pregnancy Booking for Maternity Care Clinical Guideline**

**V2.1**

**October 2024**

# 1. Aim/Purpose of this Guideline

- 1.1. This Guideline is for use by Maternity staff who may encounter a person who conceals the fact that they are pregnant, or where a professional has a suspicion that a pregnancy is being concealed or denied. It is also for guidance when a person books late for Maternity care. Where a pregnant person books after 16/40 FASP screening appointments should be escalated as per 2.4.3 below. (NEW 2024).
- 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).
- 1.3. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.
- 1.4. This version supersedes any previous versions of this document.

## **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 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 cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto: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 person knows they are pregnant but deliberately conceals this from health professional and sometimes family or friends.

### **2.3. Denied Pregnancy**

2.3.1. A denied pregnancy is when a person is unaware of or unable to accept the existence of their 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, they may be in denial due to mental illness, substance misuse or as a result of a history of loss of a child.

2.3.2. There are a variety of reasons why people conceal their pregnancies. These may include:

- Mental illness.
- Substance misuse.
- Domestic abuse.
- Fear of disapproval of pregnancy.
- Conception following rape.
- Incestuous paternity.
- Learning disability.
- Religious / cultural disapproval or shame.
- Social services involvement – fear of removal of the child.
- Poor social network.

- 2.3.3. The implications of concealment and denial of pregnancy are wide-ranging. Babies born as a result of concealment can be extremely vulnerable and lead to poor outcomes, sometimes fatal, regardless of the pregnant persons intention.
- 2.3.4. Lack of antenatal care can mean that potential risks to parent 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 who is unaware of the pregnancy.
- 2.3.5. Circumstances leading to the concealment or denial of pregnancy need to be explored on an individual basis. There is the potential for serious safeguarding concerns around parents and babies where concealment or denial of pregnancy has occurred.
- 2.3.6. Information must be shared with other agencies to ensure the significance is not lost and future risk can be assessed and managed accordingly.
- 2.3.7. Consider a capacity assessment for people who book late or present in labour with learning disabilities or significant mental illness.
- 2.3.8. If the person is under 16, a criminal offence may have been committed and may need to be investigated by the police.

## **2.4. Responsibilities of the midwife: Antenatal**

Booking Appointment (For both concealed pregnancy and late booking).

- 2.4.1. Complete the routine Antenatal Booking and arrange a Consultant obstetric appointment to discuss timing of delivery and screening.
- 2.4.2. Discuss other options at first contact, i.e. Late termination and adoption may be considered.
- 2.4.3. Arrange the appropriate scans as soon as possible. Anyone who books >16/40 should have their dating and anomaly ultrasound scan (USS) escalated to ensure it is appointed / attended as soon as possible.

It is the responsibility of the community midwife to request an urgent dating USS via maxims. Additionally, an email (with a read request) should be sent to [rcht.fetalmedicine@nhs.net](mailto:rcht.fetalmedicine@nhs.net) requesting an urgent dating USS.

It is the responsibility of the antenatal booking administration team to ensure an urgent dating / anomaly USS is appointed.

Anyone who books >23+0 is not eligible for an anomaly USS. They should be informed that an urgent growth / placental location scan will be booked and informed a growth scan will provide limited information regarding the structural anatomy (NEW 2024).

- 2.4.4. Midwife to ensure that a GROW chart has been created after first scan and attached to the electronic patient record. (NEW 2024).
- 2.4.5. Refer to area Consultant for antenatal clinic.
- 2.4.6. Any person who books late in pregnancy [over 20/40 gestation] should be offered full screening for infectious diseases by the booking midwife. If they accept, 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 electronic health record within the screening section.
- 2.4.7. People 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.
- 2.4.8. 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 suitable arrangements for this to take place.
- 2.4.9. 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](mailto:rch-tr.screening@nhs.net) to provide the screening team with the details of the person screened to ensure the appropriate tracking and follow up takes place.

## **2.5. 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 person 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 (>25 centiles drop) referral should be made to the Fetal Medicine Unit for further assessment.

## 2.6. 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.

- 2.6.1. Discuss with the person what arrangements for on-going antenatal care would best suit their circumstances; consider offering home visits.
- 2.6.2. A plan of care should be initiated at this stage. Consider shortening the gap between contacts. Ensure all appointments have been received and can be attended, consider access to transport.
- 2.6.3. Organise an interpreter for people who do not speak English. Family members should not be used to relay information between the pregnant person and the health professional. Give screening information in their own language (NHS England, online).
- 2.6.4. When a pregnancy is concealed whether the baby be born alive or if an IUD is diagnosed, the midwife providing care at that time is to undertake a thorough assessment including social circumstances and onward referrals required. Housing, finances, family dynamic, assessment of learning needs/mental health/domestic abuse. The potential reasons as to why concealed the pregnancy, parenting preparation, what support is in place/available and safe sleeping arrangements should be asked and documented. Also, whether or not she does indeed wish to parent the child. (NEW 2022).
- 2.6.5. Commence the Initial Vulnerability/Safeguarding paperwork with the information from the assessment. Found on the TR11 shared drive, send to the community team leader and maternity safeguarding team.
- 2.6.6. Complete a Datix.

## **2.7. Responsibilities of the Midwife: Presenting in labour**

- 2.7.1. When a person presents un-booked in labour the midwife should follow local protocol for checking for a missing person alert & CP-IS. If an alert relating to that person is found, the relevant children's and families services should be informed as per the alert.
- 2.7.2. A full clinical risk assessment should be undertaken, and the person should be cared for under consultant care.
- 2.7.3. Bloods should be taken for FBC, Group and Save, Antenatal serology and sickle cell and thalassaemia (SCT) with a completed Family Origin Questionnaire (FOQ) and sent to the lab as an urgent sample.
- 2.7.4. Notes to be commenced and electronic records completed at point of contact with the pregnant/labouring person.
- 2.7.5. Ensure the delivery suite co-ordinator is aware of the situation (NEW 2022).
- 2.7.6. Notify the Maternity Safeguarding Team and commence the Initial Vulnerability/ Safeguarding paperwork and chronology, recording the social assessment and ongoing contacts and discussions and send to the maternity safeguarding team [rcht.maternitysafeguarding@nhs.net](mailto:rcht.maternitysafeguarding@nhs.net), if out of hours send to the delivery suite coordinator for uploading to the shared drive. (NEW 2022).
- 2.7.7. A referral to the Multi-Agency Referral Unit should be sent followed by telephone contact for urgent assessment. If it is out of hours, the Emergency Duty Team should be called via Bodmin Switchboard 01208 251300. Maternity Safeguarding Team to be copied into referral.

## **2.8. The Guidance - Late Booking**

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

- 2.8.1. If an appointment for antenatal care is made late (beyond 20 weeks), the reason for this must be explored, assessed and fully documented. 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 must be made. The person 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.
- 2.8.2. A referral to adult social care should be considered where there is concern that the person is at risk of abuse.
- 2.8.3. The community midwife will arrange an urgent appointment for the booking; this will be within two weeks of being contacted about the person's pregnancy and arrange a Consultant Obstetric appointment to discuss timing of delivery and screening.
- 2.8.4. Arrange the appropriate scan as soon as possible e.g. dating and anomaly USS.

- 2.8.5. If the woman has identified risks of possible poor attendance or a history of poor attendance, then discuss with the woman what arrangements would best suit her circumstances.
- 2.8.6. A plan of care can be initiated at this stage. If this is not achievable the midwife should note the date of the next appointment; this will allow increased surveillance of attendance. A home visit for the second appointment may be a better option.
- 2.8.7. 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.
- 2.8.8. Consider commencing 'cause for concern' paperwork on midwives shared drive on TR11.

In addition, if the person is from overseas:

- Arrange a medical examination in this country if this has not already happened. This should be arranged for her with her GP.
  - They may need to be directed to their 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.
  - People 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.
- 2.8.9. The community midwife should consider the gaps between appointments when a person has booked late, so that a relationship is formed, and support offered. The Midwife 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

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The audit will consider the record keeping by Midwives
Lead	Audit Midwives & Maternity Safeguarding
Tool	See Auditing Tool
Frequency	<ul style="list-style-type: none"> <li>• 1% or 10 sets, whichever is the greater, of all health records of women who have delivered and are either documented as late to book for Maternity Care or a concealed pregnancy.</li> <li>• This will be audited every 3 years or earlier if there is reason following an incident.</li> </ul>
Reporting arrangements	A formal report of the results will be provided 3 yearly at the Maternity Patient Safety or Clinical Audit Forum, in addition to the safeguarding children's board where requested.
Acting on recommendations and Lead(s)	<p>Any discrepancies identified on the report will be discussed at the:</p> <ul style="list-style-type: none"> <li>• Maternity Patient Safety or Clinical Audit Forum and an action plan developed.</li> <li>• Action leads will be identified and a time frame for the action to be completed.</li> <li>• The action plan will be monitored by the Maternity Patient Safety until all actions complete.</li> </ul>
Change in practice and lessons to be shared	<ul style="list-style-type: none"> <li>• Required changes to practice will be identified and actioned within a time frame agreed on the action plan.</li> <li>• A lead member of the forum will be identified to take each change forward where appropriate.</li> <li>• Patient Safety Newsletter.</li> </ul>

### 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 And Inclusion 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

Information Category	Detailed Information
<b>Document Title:</b>	Concealed or Denied Pregnancy and Late Booking for Maternity Care Clinical Guideline V2.1
<b>This document replaces (exact title of previous version):</b>	Concealed Pregnancy and Late Booking Clinical Guideline V2.0
<b>Date Issued/Approved:</b>	October 2024
<b>Date Valid From:</b>	October 2024
<b>Date Valid To:</b>	September 2025
<b>Directorate/Department responsible (author/owner):</b>	Sam Gale, Community midwife team leader Suzie Williams, Named Midwife for Safeguarding
<b>Contact details:</b>	07825521905 07917133286
<b>Brief summary of contents:</b>	Providing guidance to midwives and obstetricians on concealed pregnancies and people who book late for maternity care.
<b>Suggested Keywords:</b>	Booking, concealed pregnancy, late booker
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOB ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Director
<b>Approval route for consultation and ratification:</b>	Maternity Guidelines Group Safeguarding Operational Group
<b>Manager confirming approval processes:</b>	Caroline Chappell
<b>Name of Governance Lead confirming consultation and ratification:</b>	Tamara Thirlby
<b>Links to key external standards:</b>	None required
<b>Related Documents:</b>	1. Nirmal, D.Thijs, I. Bethel, J. Bhal, P. (2006). The incidence and outcome of concealed pregnancies among hospital deliveries: an 11-year population- based study in South Glamorgan. Journal of

Information Category	Detailed Information
	<p>Obstetrics and Gynaecology. Volume 26 (2) p. 118- 121.</p> <p>2. Wessel, J. Buscher, U. (2002) Denial of pregnancy: Population based study. British Medical Journal (International Edition) February 23rd. Volume 324, Issue 7335 p. 458</p>
<b>Training Need Identified?</b>	No
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet
<b>Document Library Folder/Sub Folder:</b>	Clinical/Midwifery and Obstetrics

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2019	V1.0	Initial Issue	Sam Gale, Team Leader North Cornwall.
May 2019	V1.1	Addition from the screening midwives re tests to be performed if a woman presents as a late booker or with a concealed pregnancy.	Sam Gale, Team Leader North Cornwall and Jenny Stevenson, Antenatal Screening Midwife. Suzie Williams, Safeguarding Midwife.
June 2019	V1.2	Change to the 'quick booking' section 2.14.4	Kim Hewlett, IT Midwife.
September 2022	V2.0	Guideline, Pathways and Appendices reviewed and updated to reflect current requirements and practice.	Holly Streeter, Safeguarding Support Midwife Suzie Williams Named Midwife for Safeguarding

Date	Version Number	Summary of Changes	Changes Made by
October 2024	V2.1	Addition of 2.4.3 and 2.4.4.	Sarah Bennett-Day Lead Screening Midwife

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

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy/policy/proposal/service function to be assessed:</b>	Concealed or Denied Pregnancy and Late Booking for Maternity Care Clinical Guideline V2.1
<b>Directorate and service area:</b>	Midwifery and Obstetrics
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Sam Gale, Community Matron Suzie Williams, Named Midwife for Safeguarding
<b>Contact details:</b>	07825 521905 07917133286

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure that all midwifery staff are aware of their roles and responsibilities when a person presents with a concealed pregnancy or is late booking for maternity care.
<b>2. Policy Objectives</b>	To explain the roles and responsibilities of staff when caring for a person with a concealed pregnancy or who is late booking for maternity care.
<b>3. Policy Intended Outcomes</b>	To ensure that all relevant aspects of necessary care are identified and acted on.
<b>4. How will you measure each outcome?</b>	Compliance Monitoring Tool.
<b>5. Who is intended to benefit from the policy?</b>	All people who have a concealed pregnancy or who are late booking for Maternity care.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/visitors: No</li> <li>• Local groups/system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Maternity Guidelines Group Safeguarding Operational Group
<b>6c. What was the outcome of the consultation?</b>	Guideline agreed.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</b> <b>No</b>

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

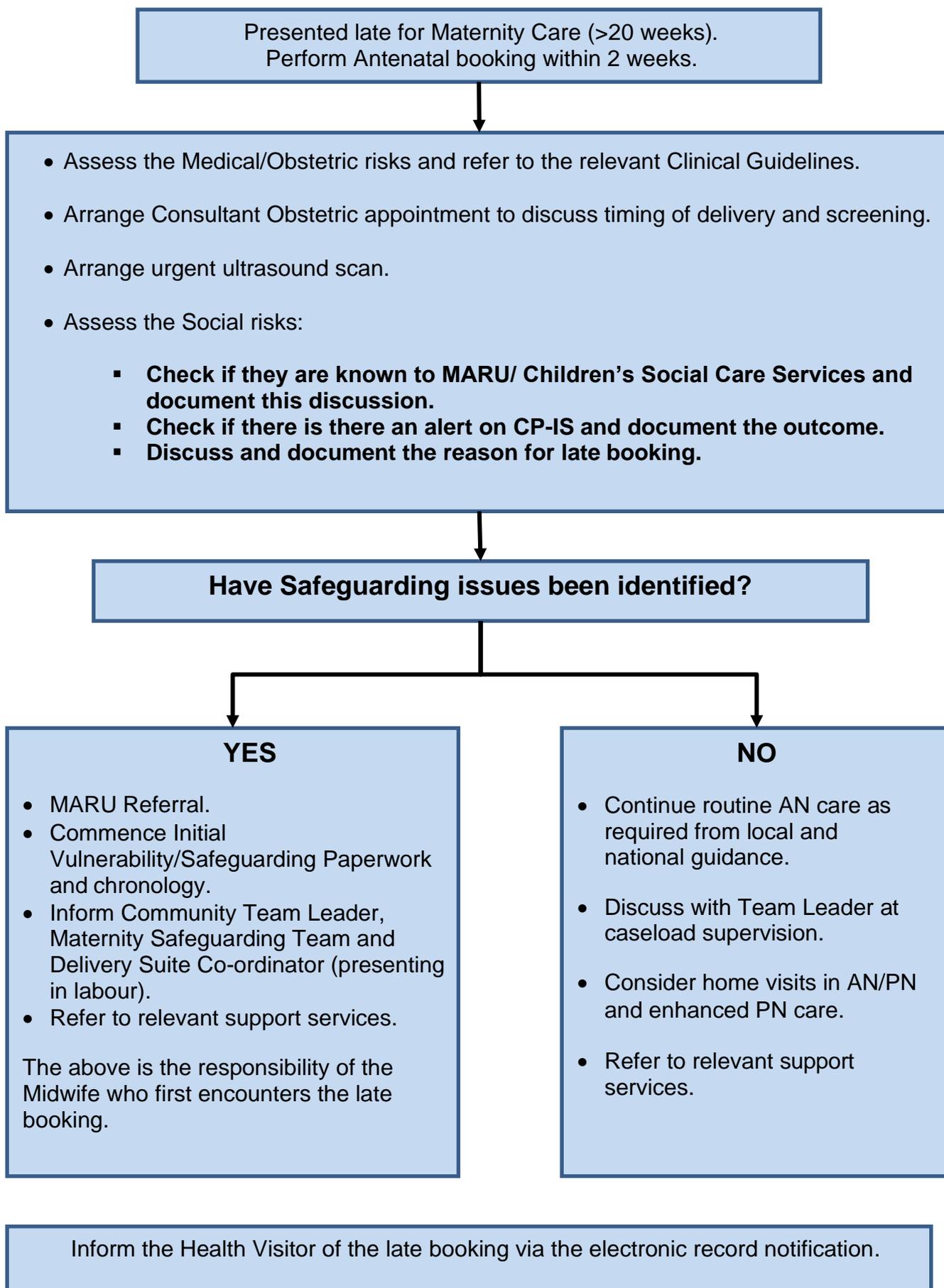
**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Catherine Wills, Practice Development Midwife.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)

## Appendix 3. Late Booking for Maternity Care Management Pathway



## Appendix 4. Concealed and Denied Pregnancy Pathway

**Presents in labour or following birth**

### **It is the responsibility of the attending Midwife to:**

- Undertake a clinical risk assessment – for obstetric led care/review.
- Offer/undertake antenatal screening blood tests – Can be discussed with the antenatal and newborn screening team on: 01872 253092.
- Undertake a full social assessment and commence the Initial Vulnerability/Safeguarding Paperwork / chronology.
- Undertake a CP-IS check (delivery suite co-ordinator/maternity safeguarding or community team leader have access).
- Inform delivery suite co-ordinator, maternity Safeguarding team and community team leader/team.
- Inform Children’s Social Care Services and completed a MARU referral, even if out of hours – if identified as a missing person you may need to inform the Police.
- Complete a Datix.
- Closely document observations of the interactions/relationship with others and the newborn.

### **Admit the parent and newborn to the Postnatal Ward**

- Ensure close observation of parenting skills and attachment; please use postnatal additional needs proforma to document and update the TR11 chronology.
- A NIPE check must be completed prior to discharge to the community.
- Consider a mental health or WREN team review for ongoing support.
- Consider referral to other services for additional ongoing support, i.e. WILD Young Parent.
- Not for discharge to the community until a multi-agency meeting/discussion has been held to assess the risk and plan ongoing care to ensure a safe discharge.

- **For enhanced postnatal care including day 1 home visit.**
- **Ensure HV is aware and updated.**
- **Regular chronology updates to include ongoing support accessed / required.**