City of York Safeguarding Children Partnership and North Yorkshire Safeguarding Children Partnership

Joint Multi-agency Practice Guidance: Concealed, Denied or Late Presentation of Pregnancy Guidance

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Document Updates and Approvals

Revision	Group or Person	Date	Comments
1	Designated Nurses and Doctors for Safeguarding Children North Yorkshire and York Place, Humber and North Yorkshire Lynda Fairclough, Named Midwife for Safeguarding York and Scarborough Teaching Hospitals NHS Foundation Trust Vanessa Corrigan, Named Midwife for Safeguarding, Harrogate and District NHS Foundation Trust		
2	Designated Nurses Safeguarding Children and Designated Doctors York and North Yorkshire Humber and North Yorkshire Integrated Care Board	12.11.2025	Revision and update
3	NYSCP Practice Development Sub-Group	Nov 25	Revision and update
4	CYSCP Safeguarding and Professional Practice Sub-Group	Nov 25	Revision and update

Definitions/Terminology

Concealed Pregnancy: A concealed pregnancy is when a pregnant person knows they are pregnant but does not tell any health professional or avoids accessing antenatal care. Telling other people (e.g. friend, teacher, social worker) about the pregnancy does not exclude it from being concealed.

Denied Pregnancy: A denied pregnancy is when a pregnant 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, a pregnant person may be in denial of their pregnancy because of mental illness, ongoing substance misuse or because of the previous loss of a child or children (Spinelli, 2005).

Late Presentation of Pregnancy: When a pregnant person does not inform a health professional of pregnancy until 20 weeks or over.

Please note the above presentations are different from a pregnant person who chooses to 'Free Birth' or a baby who is born before arrival (BBA).

Free Birth: is where a pregnant person chooses to give birth without the assistance of health professionals. Free birthing is not a safeguarding issue per se, as pregnant people do have the right not to engage with maternity care and, in many instances, do engage. However, if there are concerns for the wellbeing of the baby after it is born or elements such as coercion, domestic abuse, honour-based abuse, avoiding detection from authorities, maternal autonomy, and capacity may require further exploration.

Born Before Arrival (BBA) is when a pregnant person who has every intention of either having a hospital or planned home delivery and has engaged with maternity services in the planning of either, but where the birth of the baby has happened so rapidly that one of two scenarios happens:

- Firstly, the pregnant person does not make it to the hospital setting/place of birth.
- Secondly, and in the case of a planned home birth the Midwife does not arrive at the home to support and witness the delivery as the birth has happened so rapidly.

For the purpose of this practice guidance the term concealed pregnancy will be taken to include concealed, denied, or late presentation of pregnancy. Additionally for this guidance, a pregnancy will not be considered to be concealed or denied until it is confirmed to be at least 24 weeks gestation; this is the point of viability. However, by the very nature of concealment or denial it is not possible for anyone suspecting a pregnant person is concealing or denying a pregnancy to be certain of the stage the pregnancy is at.

1. Introduction

1.1 The concealment of a pregnancy presents a significant challenge to professionals in safeguarding the welfare and wellbeing of the unborn child and the pregnant person. While concealment, by its very nature, limits the scope of professional assessment and support, better outcomes can be achieved by coordinating an effective multiagency response once the pregnancy is confirmed and/or the child is born.

1.2 Many of the pregnancies concealed to health are known about or suspected by workers in other agencies therefore it is important to ensure the management of these cases is recognized by and responded to by all multi-agency partners.

1.3 Concealed pregnancies make it difficult for agencies to work together effectively, therefore effective multi-agency information sharing and timely liaison between professionals is key.

1.4 Many Local Safeguarding Children Partnerships nationally have conducted reviews of cases where concealment or denial of pregnancy has been identified as a factor in the death or significant injury of a child.

1.5 Concealment of a pregnancy may be identified by professionals late in pregnancy, during labour, or following birth. The birth may be unassisted and may carry additional risks to the child and the pregnant person's welfare.

2. Aim:

2.1 The aim of this guidance is to provide practitioners from all agencies, including independent/private healthcare, with clear direction regarding the appropriate safeguarding response when they are suspicious or become aware that a pregnant person is concealing a pregnancy.

3. Why might a pregnancy be concealed and what are the implications?

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

3.2 Lack of antenatal care can mean that potential risks to pregnant person and child may not be detected.

3.3 The health and development of the baby during pregnancy and labour may not have been monitored or foetal abnormalities identified. 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.

3.4 An unassisted delivery can be very dangerous for both the pregnant person and baby due to complications that can occur during labour, the delivery and during the immediate postnatal period.

3.5 It is acknowledged that there are situations where a pregnant person

appears to have been unaware of their pregnancy until the unexpected arrival of a baby but adjust quickly to the arrival of a new baby and can parent safely and effectively.

3.6 Professionals need to consider any potential vulnerability of the pregnant person and their families and impact on their baby. However, Children's Social Care history should always be considered when seeking to understand reasons for concealed or denied pregnancy and assessing level of safeguarding need/risk.

3.7 Refugees, asylum seeking, and undocumented migrant pregnant persons face multiple barriers to accessing maternity care which should be considered as part of a wider holistic safeguarding assessment in the event of concealed pregnancy. This includes differing expectations of maternity care from their country of origin, language barriers, having care refused or delayed due to immigration status, being charged for maternity care despite having no ability to pay and multiple moves within asylum system accommodation.

3.8 Persons who are homeless also may face significant barriers to accessing maternity care. Additionally, families who move frequently may have increased vulnerabilities, this may be because they are trying to avoid statutory services or may be because they are homeless and are moved to places outside of their control for example.

3.9 Possible underlying reasons for concealment must be fully explored as this will be a key factor in determining the potential safeguarding risk to the unborn baby or new-born child. These factors will not be fully understood until there has been a holistic assessment involving all relevant practitioners/ agencies.

3.10 Reasons for concealment of pregnancy may include:

- Mental health issues/ illness
- Current or history of substance misuse
- Conception following rape
- Incestuous paternity
- Extra marital paternity
- Learning disability
- Religious / cultural disapproval

- Previous Children's Social Care involvement or Child in Care
- Poor social network
- Anti-medical intervention and desire to be 'natural'
- Domestic abuse within a relationship; domestic abuse can escalate in pregnancy therefore a person may deny a pregnancy to try and protect themselves from further/additional abuse, or the pregnant person may be being prevented from accessing healthcare as part of the abuse
- Person who may have been trafficked or exploited with subsequent denial of access to antenatal care
- Fear of disapproval of the pregnancy e.g., maternal age perceived as too young or too old, or a transgender person.
- Should you become aware the pregnancy was conceived when a young person was under the age of 13 years, this must lead to an automatic referral to Children's Social Care via North Yorkshire Multi-Agency Screening Team or City of York Multi-Agency Safeguarding Hub.

(The Sexual Offences Act 2003 provides specific legal protection for children aged 12 and under who cannot legally give their consent to any form of sexual activity.)

Note this is not an exhaustive list and professional judgement may determine a level of concern that requires exploration.

3.11. Concealment may indicate ambivalence towards the pregnancy, previous or current grief, immature coping styles, a tendency to dissociate, or serious mental illness (e.g. psychosis) all of which are likely to have a significant impact on bonding and parenting capacity.

3.12 Concealed pregnancies make it difficult for agencies to work together effectively, therefore effective multi-agency information sharing and timely liaison between professionals is key. Sharing information with 'health' must include GP, Midwife and Health Visitor as well as any other relevant health professionals such as mental health, drug and alcohol services and any independent healthcare involved (which could be Midwife, GP, Obstetrics).

4. Response to Concealed Pregnancy

4.1 If a pregnancy is suspected of being concealed or denied, the suspected pregnant person should be strongly encouraged and supported to undertake a pregnancy test, directed to maternity services if appropriate or to seek support from the GP/ sexual health clinic, so the existence of a pregnancy can be determined.

4.2 If the pregnancy is confirmed the pregnant person should be strongly encouraged and supported to contact the Maternity Services to access antenatal care.

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

4.4 Where there is strong suspicion of a concealed or denied pregnancy, it is necessary to share this irrespective of whether consent to disclose can be obtained or has been given. In these circumstances the welfare of the unborn child will override the right to confidentiality of the person suspected to be pregnant. A referral should be made to Children's Social Care about the unborn child.

4.5 If the person suspected of being pregnant is under 18 years, consideration will be given to whether they are a Child in Need if other vulnerabilities are identified. In addition, if they are less than 16 years old then a criminal offence may have been committed and this needs to be investigated. If the pregnant person was under 13 years old at conception a crime **has** been committed. The Sexual Offences Act 2003 states that for children aged 12 and under cannot legally give their consent to any form of sexual activity, and the Police should be informed.

4.6 The reason for the concealment or denial of pregnancy will be a key factor in determining the risk to the unborn child or newborn baby. The reasons may not be known until there has been a multi-agency assessment. If there is a denial of pregnancy, consideration must be given at the earliest opportunity to a referral to enable the pregnant

person to access appropriate mental health services for an assessment.

4.7 Adult safeguarding should also always be considered. A referral to adult safeguarding should be considered if the person suspected to be pregnant or their partner has care and support needs and there are any concerns that they may be experiencing abuse or neglect such as domestic abuse, criminal or sexual exploitation, modern slavery or trafficking or there are concerns about self-neglect.

5. Legal considerations about concealment and denial of pregnancy

5.1 A pregnant person who makes an informed decision to not access maternity care should not be considered to be denying or concealing their pregnancy, but safeguarding should still be considered.

5.2 A pregnant person is not obliged to accept any medical or midwifery care or treatment during pregnancy and childbirth and cannot be compelled to accept care unless they lack mental capacity to make decisions for themselves. Healthcare professionals should not refer a pregnant person to Children's Social Care solely on the basis that they have declined medical support, as they are legally entitled to do so. Children's Social Care referrals ought to be based on an assessment of whether there is a significant risk of harm to the child after it is born.

5.3 The threat of referral to Children's Social Care should never be used to intimidate, bully or coerce a parent into accepting maternity care or treatment. Article 8 of the European Convention guarantees the right to private life, which the courts have interpreted to include the right to physical autonomy and integrity.

5.4 United Kingdom law does not legislate for the rights of unborn children and therefore an unborn baby is not a legal entity. 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.

5.5 In certain instances, legal action may be available to protect the health of a pregnant person, 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.

5.6 Professionals should be competent in assessing mental capacity, when necessary, particularly in situations where there are safeguarding concerns such as coercive control.

5.7 The Mental Capacity Act 2005 states that a person must be assumed to have capacity unless it is proven that they do 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 person 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.

5.8 There are no legal means for a local authority to assume Parental Responsibility over an unborn baby. Where the pregnant person 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 person in relation to medical help.

6. When a Concealed or Denied Pregnancy is Revealed

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

6.2 When a pregnancy is revealed the key question is 'why has this pregnancy been denied or concealed'? The circumstances in each case need to be explored fully with the pregnant person and appropriate support and guidance given to the pregnant person. Where possible a full pre-birth assessment should be undertaken by Children's Social Care and if necessary, a Strategy meeting convened to manage any concerns regarding the safety of the unborn baby

6.3 When a pregnancy is concealed or denied until birth, a referral must be made by the Midwife to Children's Social Care - see Making Referrals to Children's Social Care Procedure and a referral for mental health assessment should be considered.

7. Educational Settings

7.1 In many instances staff in educational settings may be the professionals who know a young person/adult best. These settings include educational settings for young adults with SEND up to the age of 25 years.

7.2 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.

7.3 Staff working in educational settings should try to encourage the pupil to discuss their situation, through normal pastoral support systems, as they would any other sensitive problem. Every effort should be made by the professional suspecting pregnancy to encourage the young person/ adult 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 Child Protection/Safeguarding in addressing these concerns.

7.4 Education staff may often feel the matter can be resolved through discussion with the parents/ carers of the young person/adult. However, this will need to be a matter of professional judgment and will clearly depend on individual circumstances including relationships with parents/carers. It may be felt that the young person will not admit to their pregnancy because they have genuine fear about their parents'/carers' reaction, or there may be other aspects about the home circumstances that give rise to concern. If this is the case then a referral to Children's

Social Care should be made without speaking to the parents/carers first however, the young person should be informed of the referral.

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

7.6 If there is a lack of progress in resolving the matter in the setting or escalating concerns that a young person/adult may be concealing or denying they are pregnant, there must be a referral to Children's Social Care.

7.7 Where there are significant concerns regarding the young person's/adult's family background or home circumstances, such as a history of abuse or neglect, a referral should be made immediately. As with any referral to Children's Social Care, the parents/carers and young person/adult should be informed, unless in doing so there could be significant concern for their welfare or that of their unborn child.

8. Health Professionals

8.1 If a health professional suspects or identifies a concealed or denied pregnancy and there are significant concerns for the welfare of the unborn baby, they must refer to Children's Social Care and inform all the health professionals, including the General Practitioner, involved in the care of the pregnant person.

8.2 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.

8.3 If there is a suspicion that a person is pregnant but denying possible treatment/investigations should be limited to those that are safe during pregnancy until it has been established if there is a pregnancy.

8.4 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, this should be recorded and an appropriate note made to the referring physician or GP for follow up with the patient.

8.5 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 person may be concealing or denying a pregnancy.

8.6 If the person has a learning disability, referral should be made to the learning disability team.

9. Midwives and Midwifery Service

9.1 **Late presentation:** If an appointment for antenatal care is made late (beyond 20 weeks), the reason for this must be thoroughly explored with the pregnant person. The practitioner must also discuss the case with the safeguarding lead within their organisation. If an exploration of the circumstances suggests there may be a safeguarding concern for the unborn baby a referral to Children's Social Care must be made via North Yorkshire Multi-Agency Screening Team or City of York Multi-Agency Safeguarding Hub. The pregnant person should be informed of the reason for the referral. The only exception being if there are significant concerns for her safety or that of the unborn child.

9.2 **Concealed or denied pregnancy:** If a practitioner suspects that a person is pregnant, and they are concealing or denying the pregnancy they should make every effort to support the person to access appropriate antenatal care. Should the person continue to deny the pregnancy and the practitioner believes the pregnancy is ongoing the practitioner must seek advice from the safeguarding lead in their organisation and make a referral to Children's Social Care via North Yorkshire Multi-Agency Screening Team or City of York Multi-Agency Safeguarding Hub. Consideration should be given to if the pregnant person needs a mental health assessment and referral to mental health.

9.3 **Presentation in labour or unassisted delivery:** If a person arrives

at hospital with an unbooked pregnancy and is in labour or following an unassisted delivery, the health care practitioner must contact the safeguarding team in the Trust for advice. The Child Protection Information Service (CP-IS) must be checked. If the presentation is out of hours, you must contact the Children's Social Care Emergency Duty Team (EDT) on 0300 131 2 131 to discuss the case, seek advice and agree actions.

9.4 During this conversation the Health Practitioner must:

- Be clear why they are calling
- Request a review of any previous or current children's social care involvement
- Share all concerns regarding the presentation
- Consideration must be given whether a child protection strategy meeting is required and document the outcome of these discussions
- Share any information and advice relevant to determining whether it is safe to discharge the person who gave birth and baby from hospital, including any plans for home visiting by maternity services in the immediate postnatal period.

9.5 The Practitioner must clearly and accurately document the time, date, and name of the person that they have liaised with and how the decisions for management of the situation have been reached.

9.6 The details of the case and actions taken must be shared with the Trust Safeguarding Children Team at the earliest opportunity.

9.7 It should be noted that no health care professional can prevent a person with capacity from discharging themselves. However, if there are concerns about the immediate safety and welfare of the child and the person attempts to remove the child from the hospital, Children's Social Care and the Police, need to be contacted as emergency protection of the child may be indicated.

9.8 If the person concealing the pregnancy is under 18 years, consideration must be given to the safeguarding needs of the young person as well as the unborn/newborn baby. It may be appropriate to refer both the young person as well as the unborn/newborn baby to Children's Social Care.

9.9 In all subsequent communication regarding the birth, including with the GP, Community Midwife or Health Visitor, you must ensure you clearly describe the circumstances around the delivery and any safeguarding concerns. If a mental health practitioner is involved the information must be shared with them too. The Community Midwife and Health Visitor must undertake a home environment assessment prior to or at the point of discharge from hospital. The Early Help Assessment is a tool to engage with the child, young person and their family to effectively identify needs, strengths and possible solutions working in partnership with both the family and other services. The lead practitioner to complete the Early Health Assessment should be identified.

9.10 Health Visitors should ensure that information regarding the concealed pregnancy is placed on the child's records, as well as the pregnant person's records. Given that a previous concealed pregnancy indicates increased risk of further concealment, where this has been the case it should be highlighted in the GP, midwifery, mental health and health visiting records. Enhanced targeted support should be provided by the Health Visiting service as per internal agency procedures.

9.11 Following a concealed pregnancy professionals should be alert to potential increased level of professional engagement required for the mother, difficulties in bonding attachment and post-natal mental health issues.

9.12 The new / pregnant person may display behaviours that would be concerning e.g. behaviours which appear cooperative but are used to prevent engagement, allay concerns, and undermine intervention, such as ignoring advice, making excuses, or not attending appointments, whilst working to understand and address any barriers.

9.13 Where it is known that there is a history of previous concealed pregnancy professionals must discuss the case with their agency safeguarding team as soon as they are aware of a subsequent pregnancy and consider a referral to Children's Social Care.

10. Police

10.1 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 any multi-agency Strategy Meeting and consider the circumstances and to decide whether a joint Child Protection investigation should be carried out.

10.2 Factors to consider will be the age of the person who is suspected or known to be pregnant, and the circumstances in which they are living to consider whether they are a victim or potential victim of criminal offences. In all cases where a child has been harmed, been abandoned or died it will be incumbent on the Police and Children's Social Care to work together to investigate the circumstances. Where it is suspected that neonaticide or infanticide has occurred then the Police will be the primary investigating agency.

11. Other Relevant Agencies (including the Voluntary Sector)

11.1 All professionals or volunteers in statutory or voluntary agencies who provide services to persons of childbearing age should be aware of the issue of concealed or denied pregnancy and follow this procedure when suspicion arises.

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

12. Children's Social Care

12.1 If information is shared with Children's Social Care that there is information to suggest a pregnancy is concealed or denied, then a decision will be made as to what assessment and intervention is required. This will be based on the nature of the concerns, the information provided within referral and any known vulnerabilities.

12.2 If there are already other siblings open to Children's Social Care then the allocated social worker should undertake an assessment in relation to the unborn baby. This may be progressed under Section 17 of the

Children Act 1989 (Child in Need) or via a multi-agency Strategy Discussion under Section 47, depending on the level of concern. The assessment will involve information sharing with relevant agencies to determine the necessary support and safeguarding actions.

12.3 Where there are no other children currently open to Children's Social Care, any new referral will be screened by the Multi-Agency Screening Hub (MASH). Based on the information received, a decision will be made regarding the appropriate response, which may include initiating a Strategy Discussion or progressing to a Child in Need assessment under Section 17.

12.4 Practitioners are advised to consult the Pre-Birth Assessment Protocol for detailed information regarding the scope, structure, and expectations of pre-birth assessments. This guidance outlines the key areas to be explored when assessing the needs and risks associated with an unborn child, including parental capacity, environmental factors, and any indicators of potential harm. The protocol supports a consistent and evidence-informed approach to safeguarding, ensuring that assessments are thorough, timely, and aligned with statutory responsibilities.

13. Associated Procedures and Guidance

13.1. This guidance must be read in conjunction with:

- North Yorkshire Safeguarding Children Partnership procedures (www.safeguardingchildren.co.uk)
- City of York Safeguarding Children Partnership Procedures (https://www.saferchildrenyork.org.uk/resources/cyscp-documents-resources)
- Safeguarding Unborn Babies Multi-Agency Practice Guidance