

# Learning from Audits Series

## 7 Minute Briefings

**Title: 5. Concealment and Denial of Pregnancies:** There is a policy and procedure for anyone working with children and families who suspect that an expectant mother may be concealing and/or denying their pregnancy. (The policy and procedure should be read with the Northumberland Safeguarding Children board procedures for safeguarding children).

1

Research and serious case reviews highlights that concealment or denial of pregnancy presents significant challenges to safeguarding the wellbeing of the unborn baby expectant mother. The risks of a lack of antenatal care mean potential foetal abnormalities are not detected, and potential health issues are missed for both the unborn and mother, particularly if there is ongoing poor nutrition, use of medications, alcohol or drugs. The risks from an unassisted delivery can also result in serious complications and potentially death. Better outcomes can be achieved through an effective inter-agency approach which is reflected in NCC's "Concealment and Denial of Pregnancy and Birth" procedures.

2

Reasons for women concealing a pregnancy can be complex but may be influenced by factors or issues such as: mental illness (including dissociative states due to the traumatic loss of a child), substance misuse, incest or rape. The intellectual capacity of the expectant mother may be a relevant factor. Cultural issues such as pressures from families may contribute to attempts to conceal or deny pregnancy. Mother's and/or their partners may abuse drugs and /or alcohol and actively avoid seeking medical help during pregnancy, fearing the consequences of increased attention from statutory agencies which could result in the removal of their child. Similarly some expectant mother might seek to conceal their pregnancies where they have previously had children removed from them by statutory services.

3

This audit is being completed due to what appeared to be an increase in the number of concealed/denied pregnancies with 6 referrals during 2018 & a need to understand reasons for this number (more pregnancies, improved identification). A total of 8 cases was audited. 5 of the 8 babies born had been concealed until they were delivered full term. 2 pregnancies were identified as being concealed at 27 weeks and 34 weeks. This audit considered: age of mother; relationship status; employment status; gestation of pregnancy. In addition the audit considered if the mother was also vulnerable as a result of the following: learning disabilities, mental health issues; alcohol/drug misuse issues; domestic abuse issues, at risk of sexual exploitation or sexual abuse; and a history of children's social care involvement. The audit considered whether there was evidence that the inter-agency procedures for responding to concealed/denied pregnancies had been followed and supported effective safeguarding.

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Midwives made the majority of referrals with concerns about concealed pregnancy (62.5%), with social workers, health visitors and anonymous referrals being 12.5% each. In every audit, where a referral was made, the appropriate procedure was followed. This included 87.5% of these cases having a follow up strategy meeting during the process. In all cases, a Children and Families Assessment was triggered, some involving Section 47 investigations & 62.5% also involving the Local Authority seeking legal advice. There was evidence of the value of consistent use of the Signs of Safety format within the follow up strategy meetings ensuring information was collated in a comprehensive, informed evidence based way with clear danger statements, taking into account past harm with assessment and planning considering worries, strengths, complicating factors and developing the appropriate plan to safeguard.

5

Findings indicated pregnancies were concealed for a number of reasons with one concealed due to drug misuse & fear of the child being removed; a second case where a previous child was removed through care proceedings. There was evidence that 80% of the mother's were experiencing mental health issues; 60% had issues with alcohol or substance misuse; and domestic abuse was a factor for 40% of the women. 60% also reported having Children's Social Care involvement themselves.

6

In line with research, a previous concealed pregnancy increased the risk of further concealment. Mothers in this audit were aged from 14 year old 37 year old. Two mothers were 30 year old with one of these mother's having previously concealed a pregnancy. The majority of expectant mother's were not in a relationship (62.5%). Most expectant mothers were also employed at the time (62.5%)

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It is important to ensure that all professionals (Police, GPs, Midwives, Health visitors, Probation, etc., ) continue to attend multi-agency strategy meetings. Consideration of mental health/capacity issues in consultation with mental health/learning disabilities services, addictions services and/or domestic violence reps are key. Information from any previous children's social care histories to ensure opportunities to offer further assessment and support services are considered at the earliest point to improve outcomes.