

## Appendix 1 – Concealment and Denial of Pregnancy and Birth

### Evidence from Research and Serious Case Reviews

The section outlines some of the key evidence, trends and findings in relation to concealed and denied pregnancy that has been found through research of a number of academic articles and serious case reviews.

From Academic Articles:

- Risk factors for denial of pregnancy may include:
  - age
  - intellectual limitations
  - social isolation
  - substance abuse
  - psychiatric disorder
  - irregular periods (Miller, LJ 2003 and Brockington I,1996)
- Concealment is perhaps one of the easier behaviours to understand. Such behaviour may be for social or cultural reasons and the woman may go to great lengths to conceal the pregnancy.  
This could include:
  - Fear of social services removing the child
  - Shame of an unplanned pregnancy
  - Fear ostracism in some social groups
  - Anticipate pressure to have an abortion (Conlon, 2006; Friedman et al, 2007).
- Physicians should consider the possibility of denial or concealment of pregnancy in young women presenting with complaints of nausea, weight gain, and abdominal symptoms, with or without the absence of periods. (Neifert PL, Bourgeois JA, 2000)

From Serious Case Reviews:

Within the last seven years there have been a number of Serious Case Reviews (SCRs) whereby concealment of pregnancy has been identified as an issue of relevance to the case. Of the 12 SCRs that are cited in the bibliography a child died in 10 of the cases: and in the remaining two a child was seriously injured. It should be acknowledged from the outset that not all of these tragic outcomes could have been predicted or prevented. Although each case has its unique characteristics, inevitably there has been learning identified as a consequence of each SCR from which some broad or general themes can be identified, as below:

- The Executive Summary of one SCR –Windsor and Maidenhead (9) concluded “Staff and professionals in all agencies involved failed to recognise the significance of concealed or denied pregnancy”. This is not an isolated occurrence, best reflected in another Serious Case review published in 2014-Bedford(10)- which concluded “Four recent reviews were examined and all made recommendations to the commissioning LSCB about the need to

develop, disseminate and raise professional awareness on the issue of concealed pregnancy.”

- The most fundamental of learning points here is to keep at the forefront of practice an **awareness of concealed/denied pregnancy** as a **significant risk factor** in respect of child safeguarding. Windsor and Maidenhead SCR (9) states: “Concealed pregnancy is in fact one example of any number of historic or static factors that might point to the need for a more in-depth assessment which professionals in all agencies and their supervisors need to be open to”
- Furthermore, professionals should also “be **flexible** in their thinking and develop their capacity to **recognise risk** when it arises in cases that fall outside the presentations that child protection professionals have been used to dealing with”, so stated Windsor and Maidenhead SCR(9). It added “if 87% of fatal and serious cases feature domestic abuse, mental illness or drug misuse, 13% feature none of them and professionals need to continue to be alert to unusual presentations”. A similar theme was reflected in Bedford SCR (10) .In addition this SCR points to the need to ask follow-up questions about a delay in presentation for ante-natal care “regardless of whether there are other obvious risk factors” in order to assess if the pregnancy has been thus far concealed. It comments upon the “paradox whereby women who delay booking for antenatal care –for whom there may be increased psychological or other risk factors-are less likely to have their emotional and psychological needs investigated and responded to due to the urgency of their medical needs”
- A further learning theme is the need to **engage and work with sexually active teenagers** – Suffolk (1)Northampton(3)Hertfordshire(4)Dorset(8)Lincolnshire(12) In some of these cases there were “missed opportunities” identified-albeit that these were sometimes brief touch-points – Suffolk (1) Northampton (3) Lincolnshire (12). In general, these missed opportunities were in relation to issues around engagement, attendance, eliciting disclosure, or identification of a pregnancy. Also raised is the need for **protocols** to be in place to follow up **unauthorised absences from school** –this was the learning from Suffolk SCR (1) and Lincolnshire SCR (12)-whilst Northampton SCR (3) points to the need of an **integrated teenage pregnancy pathway**.
- Beyond being open to the possibility of a concealed pregnancy, the professional qualities needed include a willingness to engage with the potential implications of a concealed pregnancy in relation to attachment between parent and child, the emotional well-being of both, and also the potential for neglect, rejection or injury of the child. Windsor SCR (9) states” mothers who have concealed their pregnancy are unlikely to seek help voluntarily and are likely to be a difficult client group for professional to engage”. This SCR, and others (10.11), point to the need for “**professional curiosity**”, and to persevere when low or superficial engagement with the parent is encountered.
- In addition, practitioners need to have **knowledge** and **confidence** when addressing **cultural and religious issues**. Bury SCR (7) commented “There are also important lessons about

cultural and religious issues in relation to pregnancy. It is important that practitioners and their managers feel confident enough to raise pertinent questions about the particular cultural and religious context of individual service users. It is also important that practitioners and their managers have a sufficiency of information about the specific values and beliefs of different religious and cultural groups towards issues such as pregnancy and termination of pregnancy ".Oldham SCR advocates the use of genograms : it also raises the issue of considering the potential impact upon those who have migrated to the UK of separation from extended families, of financial duress ,and competing expectations and responsibilities to family members living in another country.

- Pay explicit **attention** to the **health and well-being of children** born out of a **concealed pregnancy**. This beyond "the immediate period of the children's birth"- Windsor and Maidenhead (9).This SCR involved a child aged 11 months; whilst Dorset SCR (8) involved a child aged 6 months, Oldham SCR(11) a child 7 weeks and Bedford SCR(10) a child of 19 months. The latter refers to the importance of "good quality information sharing to form a holistic picture of a child's life". Be mindful also that Serious **Head Injury** in the child has been a feature of four recent Serious Case reviews where concealed pregnancy has been identified as an issue( 8,9,10,11).In one of these(8) there was evidence of **prior bruising** to the head before a serious Non accidental head injury. In other SCRs that was evidence of **neglect** of the child prior to serious injury -Hertfordshire (4)Dorset (8).In another case the child died as a consequence of neglect-Tarfaen (6)
- **Explore** with the mother the **reasons** for **current or previous concealment(s)**.This learning was identified in a number of SCRs -NE Lincolnshire (2),Windsor and Maidenhead (9),Oldham(11), Bedford (10).The latter(Bedford) notes that "the reality is that women may have a variety of reasons for their behaviour" Also, where a pregnancy has been concealed or denied, consider the need for further professional psychological assessment and support for the mother (Windsor and Maidenhead).
- Be especially **professionally curious** where there is a **history** of previous **concealment** of a pregnancy-" it is highly unusual for a mother to have two concealed pregnancies"-Windsor and Maidenhead( 9).This SCR also commented "the pattern of two concealed pregnancies should without doubt have led professionals to be curious about the mother's personality and mental health". A previous pattern of concealment was also identified in the following SCRs –NE Lincolnshire (2) , Lewisham(5) Bedford(10)
- In addition, ensure there are **protocols** to follow-up on **missed appointments**. Professionals also need to be **alert to patterns of missed appointments** .This was a theme raised in a number of SCRs-NE Lincolnshire(2)Northampton(3) Tarfaen (6). Another SCR-Suffolk(1) noted that "Missed appointments can be a general indicator of a deeper malaise and have the potential to mask a safeguarding issue"

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