

# **Safeguarding Concerns - Pre-birth, Including Concealed and Denied Pregnancies**

## **Introduction**

Pregnancy is a unique window of opportunity to make a lifelong difference and to reduce future harm. Learning from Safeguarding Practice Reviews is that, although there are areas of improvement in practice having been achieved, there are still areas of learning:



Although various practice tools have been developed for pre-birth work, such as the neglect toolkit, there was no evidence that these are being used



There had in several cases been a lack of curiosity and information gathering about fathers and partners whose role and involvement with the children was marginalised and not given full consideration.



In cases where the pre-birth concerns had been identified there was significant delay and a lack of focus on the new baby



When new partners arrived their involvement with the child was in some cases not explicitly considered.



Not all professionals were clear about what is, or should be covered, in pre-birth assessments and how they should be contributing



The likely contact with fathers or new partners was not fully considered.

## **Possible pre-birth safeguarding concerns**

Risk of :

- Injury/miscarriage/stillbirth
- Preterm delivery/in utero growth retardation
- Neurological damage – Incl. subtle changes to behavioural and emotional pathways
- Disorders of Embryological development
- Blood borne virus infection

From:

- Domestic violence
- Self-harm/suicidal attempts
- Fabricated or induced injury
- Drugs/smoking /'legal highs'/alcohol
- Self-neglect: nutritional, medical non-compliance, no antenatal care
- Risk-taking behaviour
- STIs – gonorrhoea, syphilis, HIV, herpes, Chlamydia, Hep B/C

## **Key considerations for safeguarding unborn children**

- Never too early to take action
- Early Intervention
- Refer when threshold of risk of significant harm met
- Relationship building with both 'parents', not just the birth mother
- Pre-birth planning
- Birth plan

## **A concealed pregnancy is when:**

- An expectant mother knows she is pregnant but does not tell any professional; or
- An expectant mother tells another professional but conceals the fact that she is not accessing antenatal care, or;
- A pregnant woman tells another person or persons and they conceal the fact from all health agencies

The potential risks to a child through the concealment of a pregnancy are difficult to predict and wide-ranging. One key implication is that there is no obstetric history or record of antenatal care prior to the birth of the baby. Some women may present late for booking (after 24 weeks of pregnancy) and these pregnancies need to be closely monitored to assess future engagement with health professionals, particularly midwives whether or not referral to another agency is indicated. In a case of a denied pregnancy the effects of going into labour and giving birth can be traumatic.

## **Additional Risk**

Factors in the following circumstances of a pregnancy, a referral to Children's Social Care may be appropriate in order that a multi-agency assessment of risk can be determined:

- Children under the age of 13 (a referral is required in all circumstances where the child is under 13);
- Children between the ages of 13 and 16 years;
- Abuse of drugs/alcohol by the pregnant woman (or partner);
- Mother not thought to be able to care for the child;
- Unable to provide for herself or her baby;
- Subject of Domestic Abuse including Coercion and Control;
- Women who may be involved in sex work;
- Victim of Modern Slavery;
- Learning Disabilities/Physical Disabilities where she is unable to care/provide for the child and has little or no support. If the mother is 18 and over and has a Learning Disability or Mental Ill Health problems a referral to Adult Social Care should be considered. If the mother has care and support needs and is/has suffered significant harm, then a Safeguarding Adults Referral should be made.

The reason for the concealment will be a key factor in determining the risk to the child and that reason will not be known until there has been a systematic multi-agency assessment.

## **Possible implications:**

- Concealment of a pregnancy can lead to a fatal outcome (for both mother and/or child), regardless of the mother's intention;
- Concealment may indicate uncertainty towards the pregnancy, immature coping styles and a tendency to dissociate, all of which are likely to have a significant impact on bonding and parenting capacity;
- Lack of antenatal care can mean that any potential risks to mother and child may not be detected. It may also lead to inappropriate advice being given, such as potentially harmful medications prescribed by a medical practitioner unaware of the pregnancy;
- The health and development of the baby during pregnancy and labour may not have been monitored and foetal abnormalities not detected;
- Underlying medical conditions and obstetric problems will not be revealed;
- An unassisted delivery can be dangerous for both mother and baby, due to complications that can occur during labour and the delivery;
- Lack of maternal willingness/ability to consider the baby's health needs, or lack of emotional attachment to the child following birth;
- Where concealment is a result of alcohol or substance misuse there can be risks for the child's health and development in utero as well as subsequently;
- There may be implications for the mother revealing a pregnancy due to fear of the reaction of family members or members of the community;
- Risks to the unborn baby from prescribed medications. There may be risks to both mother and child if the mother has concealed the pregnancy due to fear of disclosing the paternity of the child, for example where the child has been conceived as the result of Sexual Abuse, or where the father is not the woman's partner.

For further information, please refer to the procedures section of the Safeguarding Children Partnership website:

<https://lrsb.org.uk/lrscp> - Leicestershire and Rutland

<http://www.lcitylscb.org> - Leicester