

Clinical Guideline for the Management of Concealed or Undiagnosed Pregnancies

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Version	Date	Author	Reason/Change
V2.0	28/05/2021	Sue Holland	Updated phone numbers. Definition of denied pregnancy. Sentence re: IUD / safeguarding urgency of testing for HIV / hepatitis / treating neonate / Declining screening
V2.1	19/04/2023	Charlotte Aldous	Updated Antenatal and Newborn Screening email address, updated Appendix 2

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Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

This is a new guideline developed by the authors and during its development it has been circulated for comment to Alison Bailey, Named Midwife, Safeguarding Children, Florence Walston Consultant NICU. All Obstetric Consultants and the Safeguarding Team commented on the document and where possible their comments have been incorporated. The document was reviewed in May 2021 (see version control).

This version has been endorsed by the Maternity Guidelines Committee

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline to the Norfolk and Norwich University Hospital; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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1. Introduction

1.1. Rationale

(A **concealed** pregnancy is one where the mother deliberately conceals the fact she is pregnant from health care professionals and sometimes their family as well.

A **denied pregnancy** is when a woman is unaware of or unable to accept the existence of her 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 woman may be in denial of her pregnancy because of mental illness, substance misuse or as a result of a history of loss of a child or children

An **undiagnosed** pregnancy is one whereby the mother is not aware that she is pregnant until the onset of labour, or when the baby is born. Local research and practice experience shows us that babies born as a result of a concealed pregnancy are extremely vulnerable and not infrequently result in the death of, or harm to, the baby (Norfolk Iscb, 2018).

1.2. Objective

This guideline has been produced to reduce the risks associated with concealed or undiagnosed pregnancies and support staff in caring for a mother when she presents in late pregnancy or in labour.

1.3. Scope

The purpose of document is to provide direction on the management women who present in labour with a concealed or undiagnosed pregnancy. The scope of the document covers patients who present themselves at the Norfolk and Norwich Hospital. This guideline should be reviewed by all medical staff and implemented to prevent incidents occurring.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
BBA	Born Before Arrival of a health professional (Midwife or doctor)
CADS	Children's Advice and Duty Service
EDT	Emergency Duty Team
EFM	Electronic Fetal Monitoring
FBC	Full blood count
GP	General Practitioner
HIV	Human Immunodeficiency Virus
USS	Ultrasound scan

2. Responsibilities

All health care professionals to fully comply with this guideline to ensure timely review and management of results.

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3. Processes to be followed

3.1. History

To help implement an appropriate plan of care for mother and baby:

- Take a full history; complete antenatal notes (even if already post-natal) to obtain medical, family, social and obstetric history, allergies, smoking/alcohol/drug use and smear status.
- Assess gestation (by ultrasound scan if time allows) for presentation, confirm singleton pregnancy and locate placental site.

3.2. Screening blood tests advised (with consent)

Booking bloods:

- FBC.
- Blood Group and Antibody screen (If the laboratory has no previous blood group results on file; they will require two blood group samples – taken at different times as a safeguard for requiring blood products).
- Sickle cell and Thalassaemia.
- Serology screen including HIV, Syphilis and Hepatitis B - (**inform on call virologist and send as URGENT – see appendix 2**).
- The antenatal and newborn screening midwives MUST be informed when blood tests are requested and sent in these circumstances, even if the woman declines testing. An urgent email should be sent to antenatal.newbornscreening@nnuh.nhs.uk with all relevant information (See Appendix 2)

If the woman declines screening but has other vulnerabilities that place her at higher risk, a NICU alert should be completed so the Neonatologists can assess whether to test the baby after birth

It should be noted women presenting in labour/with spontaneous rupture of the membranes (SROM)/requiring delivery without a documented HIV/ hepatitis serology result should be offered an urgent HIV and hepatitis test. It is imperative that the on call virologist is informed of the need for urgent testing otherwise there will be delay (see Appendix 2 for process) A reactive/positive result HIV requires treatment with anti-retroviral therapy as soon as possible but within 4 hours of birth to prevent vertical transmission of HIV without waiting for further/formal serological confirmation (BHIVA, 2018 updated 2020).

The neonatal team need to be alerted of a positive Hepatitis B assay to allow timely neonatal immunisation in accordance with national guidance.

3.3. Women presenting for the first time in labour and immediate post-delivery care

- Consider ultrasound for placental localisation confirmation of number of babies prior to vaginal examination especially in the presence of vaginal bleeding.
- Perform Continuous EFM to assess fetal wellbeing.

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- **If an Intra Uterine Death (IUD) is diagnosed refer to:** [Trustdocs ID: 828](#)
- A Neonatologist will be required to attend the birth.
- **Do not** give Syntometrine until you are certain it is not a multiple pregnancy.
- Baby should be reviewed by a senior Neonatologist (tier two and above) to consider management plan (due to uncertain gestation / no antenatal care).
- If BBA mother and baby will need to be admitted to hospital for review and assessment.
- Consider the woman's psychological needs- does the woman need additional input from the Skylark team or the Perinatal Mental Health team?
- Please report as an incident on Datix.

3.4. Safeguarding considerations

- When a pregnancy is concealed whether the baby is alive or if an IUD diagnosed the midwife needs to undertake a thorough assessment including (this list is not exhaustive respecting each woman as an individual with individualised needs).
 - Housing, finances, family dynamics and relationships, drug and alcohol misuse, assessment of any learning disabilities or mental health issues, domestic abuse, what support does the woman have, where baby will be sleeping, equipment for baby, potential reasons for concealment and whether or not the woman wants to parent her baby.
- Following the assessment undertaken by the midwife a verbal consultation/ referral with Children's Advice and Duty Service (CADS) must be made **if** the midwife has any safeguarding concerns. Please follow the guidance in Appendix 1 to make this referral.
 - Notify Named Midwife for Safeguarding on extension 2833/3056 and also ensure the Band 7 Delivery Suite Coordinator is made aware when this occurs 'out of hours'.
- Children's Services will consult with the Named Midwife for Safeguarding or the Band 7 Delivery Suite Coordinator (if the Named Midwife is not available) in order that mum and baby are not discharged until there is assurance that they are safe.
- CADS, in liaison with those named above will reach a judgement as to whether a discharge planning meeting or social work assessment is required.

3.5. 'Free Birthing'

'Free Birth' is the term used when a woman decides to labour and birth without the care and support of a midwife or doctor. Some women may book and receive antenatal care and then 'free birth'. However, some may not and if these women present during labour the management would be the same as for concealed pregnancy.

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4. Related Documents

BHIVA guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update). Last Accessed 19/04/2023
<https://www.bhiva.org/pregnancy-guidelines>

5. References

1. BHIVA guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update). Last Accessed 19/04/2023
<https://www.bhiva.org/pregnancy-guidelines>
2. Norfolk Safeguarding Children’s Board. Pre-birth protocol. Accessed 27/08/2019 Updated Feb 2020 <https://www.norfolkscb.org/about/policies-procedures/5-21-pre-birth-protocol/>

6. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
The process are followed through the pregnancy in particular the blood tests and safeguarding	Review of notes both electronic and written.	Sue Holland	Obstetric Clinical Governance	3 yearly

The audit results are to be discussed at Clinic Governance meetings where the results and recommendations will be reviewed for further action and then sent to the relevant Sub-Board who will ensure that the actions and recommendations are suitable and sufficient.

The results will also be summarised, and a list of recommendations formed into an action plan, with a commitment to re-audit within three years, resources permitting.

7. Appendices

1. Process for Safeguarding Children Referral
2. Antenatal screening of un-booked women presenting in labour

8. Appendices

Appendix 1: Process for Safeguarding Children Referral

All referrals to CADS (Children’s Advice and Duty System) must be made by telephone – 0344 800 8021 between the hours of 08.00 – 20.00, or via EDT on 0344 800 8020 for all referrals made between 20.00 and 08.00 hours.

Before contacting the CADS team please ensure you have the following information: child’s name, date of birth and home address; parents details; specific details of your concerns; consent of the parent or young person (unless by seeking this information it would place the child at further risk by discussing your concerns); contact number for parent or young person.

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The Social Worker taking your call will provide a written summary detailing the concerns and what the plan/next steps are, when asked for an email address staff should give SafeguardingChildren@nnuh.nhs.uk

Staff making a telephone referral will then need to complete a DATIX stating that a Child Safeguarding Referral has been made, DATIX has been amended to enable staff to state that the actual adverse event was a Safeguarding Children Referral (see box below).

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Appendix 2: Antenatal screening of un-booked women presenting in labour

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9. Equality Impact Assessment (EIA)

Type of function or policy	Existing
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Division	Women and Children's	Department	Maternity and Gynaecology
Name of person completing form	Charlotte Aldous	Date	19/4/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	N/A	No
Pregnancy & Maternity	None	None	N/A	No
Disability	None	None	N/A	No
Religion and beliefs	None	None	N/A	No
Sex	None	None	N/A	No
Gender reassignment	None	None	N/A	No
Sexual Orientation	None	None	N/A	No
Age	None	None	N/A	No
Marriage & Civil Partnership	None	None	N/A	No
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?	N/A			

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.