Our Vision
To provide every patient with the care we want for those we love the most

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Clinical Guideline for the Management of Concealed or Undiagnosed Pregnancies

For Use in:	Maternity Services
By:	Maternity Health Professionals
For:	Management of Concealed or Undiagnosed Pregnancies
Division responsible for document:	Women and Children's Services
Key words:	Concealed pregnancy, undiagnosed pregnancy, freebirth, denied pregnancy
Name of document author:	Sue Holland
Job title of document author:	Clinical Effectiveness Midwife
Name of document author's Line Manager:	Kelly Stevens
Job title of author's Line Manager:	Deputy Head of Midwifery
Supported by:	Alison Bailey, Named Midwife, Safeguarding Children; Florence Walston, Consultant NICU
Assessed and approved by the:	Maternity Guidelines Committee (MGC) If approved by committee or Governance Lead Chair's Action; tick here ☐
Date of approval:	28/05/2021
Ratified by or reported as approved to (if applicable)**:**	Clinical Guidelines Assessment Panel (CGAP)
To be reviewed before: This document remains current after this date but will be under review	28/05/2024
To be reviewed by:	Sue Holland
Reference and / or Trust Docs ID No:	16848
Version No:	2
Compliance links: *(is there any NICE related to guidance)*	NSCB Pre-Birth Protocol
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

Clinical Guideline for the Management of Concealed or Undiagnosed Pregnancies

Version and Document Control:

Version Number	Date of Update	Change Description	Author
2	28/05/2021	Updated phone numbers. Definition of denied pregnancy. Sentence re: IUD / safeguarding urgency of testing for HIV / hepatitis / treating neonate / Declining screening.	Sue Holland

This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

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.

Introduction

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 lscb, 2018).

Definitions

BBA	Born Before Arrival of a health professional (Midwife or doctor)
FBC	Full blood count
GP	General Practitioner
USS	Ultrasound scan
EFM	Electronic Fetal Monitoring

CADS	Children's Advice and Duty Service
EDT	Emergency Duty Team
HIV	Human Immunodeficiency Virus

Processes to be followed

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.

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. This can be done via their email nnu-tr.ANS@nhs.net or using the form below.

If the woman declines screening but has other vulnerabilities that place her at higher risk, a NICU alert should 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.

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.
- **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.

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.

'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.

Clinical audit standards

The Maternity Services are committed to the philosophy of clinical audit, as part of its Clinical Governance programme. The standards contained in this clinical guideline will be subject to continuous audit, with multidisciplinary review of the audit results at one of the monthly departmental Clinic Governance meetings. 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.

Summary of development and consultation process undertaken before registration and dissemination

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

References

Norfolk Safeguarding Children's Board. Pre-birth protocol. Accessed 27/08/2019Updated Feb 2020

https://www.norfolklscb.org/about/policies-procedures/5-21-pre-birth-protocol/

BHIVA guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update). Accessed 07/11/2019 https://www.bhiva.org/pregnancy-guidelines

Appendix 1

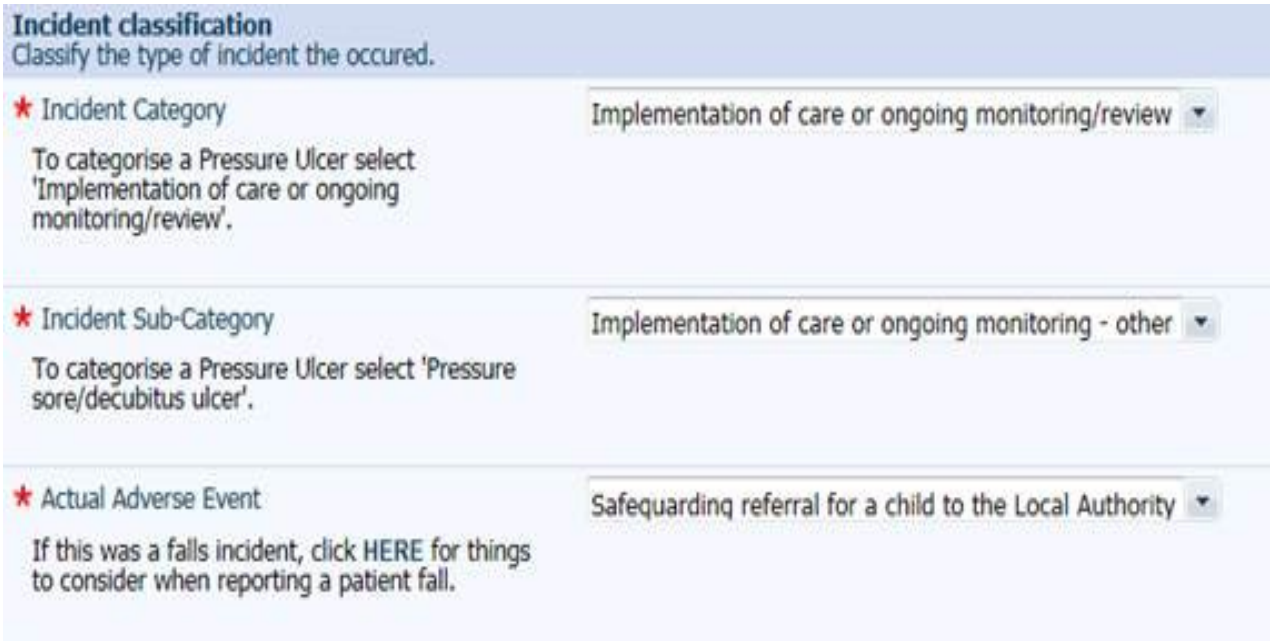
Process for Safeguarding Children Referral

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.

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).



Appendix 2

Antenatal screening of un booked women presenting in labour

Pink Form – tick "URGENT (PRESENTING IN LABOUR)" box

Tick "CONSENT OBTAINED"

Infectious diseases: - HIV - Hepatitis B - Syphilis (1 x yellow bottle)

Inform

1. On call virologist via switchboard – will decide plan

2. On call microbiology biomedical scientist via switchboard when sample dispatched.
3. May need sample couriered from West Atrium – d/w path reception Extension 2946

Sickle Cell and thalassaemia plus full blood count: (1 x 3mL purple bottle)

You must complete the family origin on the form

Blood group and antibodies: (1 x 6mL pink bottle)

Complete slip below and send to Antenatal Screening Midwives

✂----------

Patient addressograph

Approximate gestation:

Delivered: Yes / No

Accepted / Declined screening (delete as appropriate)

Clinical Guideline for the Management of Concealed or Undiagnosed Pregnancies

Please complete and send to Screening Midwives, Antenatal clinic