

## Concealed pregnancy

Presenting later than 20 weeks of pregnancy is classed as a concealed pregnancy regardless of whether or not mum was aware that she was pregnant.

This always requires a safeguarding referral to First Contact. The Safeguarding Midwife should be informed as this is frequently an attempt to evade services.

CP-IS systems should be checked in accordance with procedures which would clarify any local or national risk and identity.

There should always be a strategy meeting or pre-discharge planning meeting to identify risk, allow safe discharge, ensure all professionals are aware and develop a support plan if required. [multi-agency procedure concealed pregnancy](#)

## Previous proceedings

Assessment to be complete as soon as possible and case presented to legal panel for consideration of public law outline proceedings alongside child protection conference.

Seek agreement for Section 20 if plan is for removal or seek ICO at birth

## Birth Response Plans

The safeguarding midwife must complete a birth response plan for the hospital of confinement, in collaboration with LA plan, well before EDD (considering early delivery in cases with associated risks and vulnerabilities).

This should be initiated at strategy meeting and confirmed at ICPC enabling staff and midwives to plan for safety of both staff and baby.

## No Previous Proceedings

Families First complete pre-birth single assessment and shared with parents. Assessment will indicate next steps i.e. to child protection conference or legal procedures.

Where removal of child is necessary, Section 20 consent will be sought from parents for Interim Care Order (ICO).

## When to refer

Refer to First Contact/ Pre birth team if previous public care proceedings exist at 16 weeks of pregnancy

Safeguarding concerns should be referred to First Contact for single assessment between 16 and 20 weeks of pregnancy

If a vulnerable family would benefit from early help/support support during pregnancy refer to First Contact for an assessment by One Point.

Follow the links below for guidance and procedures on the following areas:

Concealed pregnancies: <https://tinyurl.com/yadkfdhr>

Neglect: <https://tinyurl.com/yayfuny3>

Parental Substance misuse: <https://tinyurl.com/yantejz2>

Pre-birth assessments: <https://tinyurl.com/yblzrjqp>

## Introduction

- Young babies are vulnerable to abuse, early intervention in the antenatal period is essential. Some cases will need a co-ordinated response by agencies to provide appropriate support during pregnancy.
- When considering a referral, professionals should consider whether the new born baby will be safe in the parents' care and if there is a realistic prospect of parents providing adequate care during childhood.

## Early Referral Rationale

- Practitioners should
- work with families
  - focus on the unborn baby
  - offer early help
- identify and understand impact of risks/vulnerabilities at earliest stage
    - agree safety planning options,
    - assess family ability to parent,
    - identify pre -birth assessments,
    - avoid delay when legal process required.

## Never assume other professionals have made a referral

## Risk Factors

- Substance misuse,
- Mental illness,
- Learning disability/difficulties,
- Domestic abuse,
- Risk to children status,
- History of violence,
- Sexual exploitation,
- Historical safeguarding issues, currently open case,
- Parental involvement with LA as a child/ historic abuse,
- Looked after status/care leaver
- Lack of engagement with services, concealed pregnancy
- Any other circumstances that cause concern

## Timeliness Of pre-birth referrals