



Diogelu Gwent
Gwent Safeguarding

Multi Agency Guidance for Responding to
Risk and Need for Unborn Babies, including
Concealed Pregnancies



Ratified by Board
18.11.20

Protocols & Procedures
Sub Group

Review Date
November 2022

Contents

Page No

1. Introduction	4
2. Definitions	4
3. Principles	5
4. Recognition of Need and Making Referrals	5
5. Response to Referral to Children Services	6
6. Pre-Birth Assessments	7
7. Planning, Intervening and Review	8
8. References, Useful links and Sources of Information	10
Appendix 1: Children Services Safeguarding Pre-Birth Plan	11

1. Introduction

- 1.1 This practice guidance applies to all partner agencies of the Gwent Safeguarding Children Board and has been drawn up by a multi- agency group. Its aim is to ensure that all agencies know what to do and how to exercise safeguarding responsibilities in respect to risk and need of unborn babies including concealed pregnancies.
- 1.2 This practice guidance should be read in conjunction with the Wales Safeguarding Procedures.
- 1.3 This practice guidance supports individual agency policies for safeguarding and promoting the welfare of children.

2 Definitions

- 2.1 An unborn baby in respect of this practice guidance is: Any pregnancy from 8 weeks gestation until birth and is called the fetus.
- 2.2 'Late booking' is when a pregnant women delays informing maternity services about her pregnancy. For the purpose of this practice guidance, presenting for maternity services after 20 weeks is classed as a late booking. The reasons for the late booking need to be thoroughly explored.
- 2.3 It is recognised by maternity services that some women present late in pregnancy or labour as they have not realised, they are pregnant. In this instance liaise with Children's Social Services to establish if there are any known concerns.
- 2.4 A **concealed pregnancy** is when a pregnant woman knows that she is pregnant but does not present for maternity services.

Concealment of pregnancy may be revealed late in pregnancy, in labour or following birth. In exceptional circumstances the mother may not reveal she has given birth and may conceal the baby even when it has been born, or if the baby has died.

There could be a number of reasons why a pregnant woman decides to conceal a pregnancy including situations of domestic abuse, sexual abuse, religious/cultural stigma, previous intervention with Children Services etc:

A referral should be made to Children Services for any identified concealed pregnancy under this guidance.

3 Principles

3.1 This practice guidance is underpinned by the following key principles:

- That the needs of the unborn baby are paramount.
- That early intervention during the antenatal period is desirable in order to minimise risk to vulnerable babies.
- That proactive engagement with expectant mothers and fathers contributes to a positive outcome for the unborn baby, parents and family.
- That effective inter-agency working is the foundation for the identification of need, risk assessment and the implementation of any planned interventions.

4 Recognition of Need and Making Referrals

It is important that any concerns during a pregnancy are reported as soon as they come to the attention of practitioners (Wales Safeguarding Procedures 2019).

- 4.1 It is the responsibility of all agencies working with pregnant women to recognise the need for intervention if there are concerns about any lack of support or ability to provide safe and effective care for the baby.
- 4.2 Midwives, health visitors, obstetricians and general practitioners are well placed to identify concerns and additional needs of pregnant women. Where concerns and additional needs are identified, professionals will need to consider the level and nature of concern for the unborn baby.
- 4.3 Practitioners may want to discuss any identified risks or safeguarding concerns for an unborn baby with their lead professional for safeguarding, and the outcome of these discussions should be recorded in line with individual agency policies.
- 4.4 There are some circumstances when there should always be a referral to Children's Services in respect of an unborn baby. These are: -
1. When the pregnant woman/child herself is named on the child protection register.
 2. When the pregnant woman/child is a 13-year-old child or younger.
 3. When the pregnant woman/child is a child looked after herself.
 4. When there are other children in the same household as the pregnant woman/child who are on the child protection register, or who have been within the last six months.
 5. When it is known that a parent has previously had a child removed from their care.
 6. Where there is a known domestic abuse.
 7. Where substance misuse is already impacting on the health of the unborn child.
 8. Where cognitive functioning impacts on their own daily life.
 9. Where there is a known person who poses a risk of sexual harm to children.

- 4.5 Other risk factors may require a referral to be made to Children's Services. These may include situations relating to the pregnant woman/father or any other household members:- refer to [Wales Safeguarding Procedures Section 2](#)
- 4.6 For a pregnant child/young person under the age of 18 years, consideration should be given as to whether a referral to Children's Services is required for the mother in her own right depending on her circumstances, level of need or vulnerability.
- 4.7 If a decision is reached to refer the unborn baby to Children's Services then the Wales Safeguarding Procedures, section 2 (2019) should be followed. All referrals should be made without delay and whenever known, should always include the estimated date of delivery (EDD).
- 4.8 If in certain situations a decision is reached by practitioners not to refer to Children's Services but to other support agencies. This will be recorded in the pregnant handheld record.
- 4.9 Support plans should be monitored and reviewed (by any service who is working with the expectant mother), including a review of the decision not to refer to Children's Services. If significant harm or risk of significant harm is identified during the period of support a further referral should be made to Children's Services.
- 4.10 When a referral is made to Children's Services under Wales Safeguarding Procedures the pregnant woman should be informed about the concerns and the referral, **unless in doing so could put the unborn baby, or the pregnant woman, at risk of significant harm.** This may be particularly pertinent in cases of concealed pregnancy.

5 Response to Referral to Children Services

- 5.1 All referrals to Children's Services will be managed in accordance with Wales Safeguarding Procedures Section 3 (2019)
- 5.2 Where there is evidence of concern for the welfare of an unborn baby a proportionate assessment must be undertaken. The proportionate assessment will incorporate views from all the relevant practitioners including:
- Midwife
 - GP
 - Obstetrician
 - Referrer if appropriate
 - Health Visitor (if already involved with family)
 - Any specialist services with involvement, (for example Adult Mental Health Services (AMHS), Women's Services, Child and Adolescent Mental Health Services (CAMHS), Youth Offending Services, Housing).
- 5.3 The referrer should always be notified in writing of the LA decision following the proportionate assessment. If safeguarding concerns are not identified, the referrer if appropriate should also be informed with a view to establishing alternative support, this may include a brief intervention under a Care and Support Plan (CASP) or referral for single agency support as per 4.9 above.

5.4 If the proportionate assessment indicates that the unborn baby is at risk of significant harm, or that once born, the baby would be at risk of significant harm, then a multi-agency strategy discussion should be convened, and Section 47 enquiries commenced following Wales Safeguarding Procedures Section 3 (2019)

5.5 Following the conclusion of the Section 47 enquiries, a Children's Services Manager will make the decision about future actions taking into account other agencies involved in the safeguarding process. This may involve a further strategy meeting as per Wales Safeguarding procedures (2019).

Where there is a concern about the likelihood of significant harm to the unborn baby, and section 47 enquiries are agreed, an ongoing assessment is undertaken.

6 Pre-birth Assessments

6.1 A pre-birth assessment is fundamentally an assessment of the risk to the future safety of the unborn baby with a view to making decisions in respect of future planning for the child and the family.

6.2 All pre-birth assessments, at any level of intervention, should consider:
same sex couples and surrogacy

- The pregnant woman and partner's (where appropriate) feelings about the pregnancy
- Family history
- Personal circumstances and levels of support
- Any specific risks and how these would impact on the unborn baby and new-born baby once born.
- If the father is known to the pregnant woman, and she shares his information, then background checks on the father should be made to ascertain any known risks to the pregnant woman and unborn baby.

6.3 The aim of the pre-birth assessment is to consider fundamental questions:

- Will the new-born baby be safe in the care of the parents?
- Is there a realistic prospect of the parents being able to provide adequate and safe care immediately and throughout childhood?

6.4 In respect of a pre-birth assessment timing is crucial, for family members to contribute to the process and a multi-agency plan and interventions to minimise risk.

6.5 The pre-birth assessment:

- Provides parents with the opportunity to evidence change and to engage with services.
- Enables key agencies to make clear and structured plans for the baby's future.
- Allows support services for the parents to be established.

6.6 Early assessment can help to:

- Ensure that vulnerable parents are offered support as early as possible rather than when difficulties occur.
- Establish a working partnership with parents prior to the baby's birth.
- Assist parents with any problems that may impair their parenting capacity.

6.7 A pre-birth assessment of the pregnant woman and partner should specifically consider:

- A chronology of significant events.
- Their experience of parenting.
- Their expectations and preparation for parenting.
- Their support networks – both ante-natally and post-natally.
- Relevant historic and current information from key agencies with statutory responsibilities for safeguarding.
- The circumstances pertaining to removal of any other children born to the pregnant mother, or any partners.

6.8 A pre-birth assessment in respect of an unborn child where the pregnancy has been concealed should specifically consider:

- Exploration of the reasons for the concealed pregnancy and any specific issues and / or risks this may represent for the pregnant women and / or unborn child;
- Consideration of the pregnant woman's access to maternity services;
- The pregnant woman's potential not to alert practitioners to the onset of labour and any additional need in respect of accessing obstetric care;

6.9 Consideration of any further specialist assessments regarding the concealment including possible referral to mental health services. There are specific risk management issues associated with pregnant women who have concealed a pregnancy including:

- Any risks to the pregnant woman if the concealed pregnancy is exposed i.e. if concealed from ex-partner.
- The issue of a pregnant woman being a flight risk and not accessing maternity services for the birth of the baby which may result in a compromised mother and baby.
- Where there is a local flight risk it is the responsibility of Children's Services to request that the safeguarding midwife alerts Welsh hospitals and Welsh Ambulance and if the flight risk is further afield then Children's Services should instigate a national alert to other local authorities.

7 Planning, Intervening and Review

7.1 When planning for the birth please note whilst there is an EDD it is possible that birth can occur before 37 weeks gestation.

7.2 If the pre-birth assessment does not indicate that the baby will be at risk of significant harm when born, but there may be a care and support needs then planning and provision of services may continue under Section 37 Social Services and Wellbeing Act (2014).

7.3 If the pre-birth assessment indicates that the baby will be at risk of suffering significant harm when born, the Child Protection Processes under Wales Safeguarding Procedures Section 3 must be followed.

7.4 If a pre-birth Child Protection Conference is convened and registration is agreed following birth, the name (baby's mother's name) and EDD should be entered on the Child Protection Care and Support Plan for the unborn baby and on all electronic records.

The unborn baby's Children Services record should be linked with the mother's record. When the baby is born the Midwife should inform the allocated Social Worker, Emergency Duty Team if out of hours for Children's Services records to be updated.

7.5 The Child Protection process including the convening of Core Groups will proceed as Wales Safeguarding Procedures Section 3

- At birth the baby's name will be entered onto the Child Protection Register.
- A Core Group should be held within 10 days of the baby's birth and a review Child Protection Conference held 3 months after the EDD.

7.6 Child Protection Planning

An outline Child Protection Care and Support plan will be identified during the pre-birth conference. The Core Group will then be responsible for completing and implementing the plan. The child protection care and support plan will be based on the pre-birth assessment and should include:

- Parenting capacity, parenting skills.
- Any areas of risk and concern.
- Support for parents to understand the baby's physical and emotional needs.
- Any other issues identified in the assessment.

7.7 If the child is to be registered at birth, a comprehensive safeguarding pre-birth plan must also be drawn up (Refer to Appendix 1).

7.8 In the event that the Local Authority plans to remove the baby at birth then a legal planning meeting must be convened.

It is recognised that women may give birth at 37 weeks gestation or earlier if known to be misusing substances.

7.9 All pre-birth Child Protection Care and Support Plans must be shared with health professionals and the South East Wales Emergency Duty Team.

7.10 In situations where a decision has been made to register an unborn baby at birth and where a pregnant mother moves out of the originating area on a temporary basis the originating area will alert the receiving area in writing to the Local Authority, setting out the relevant key information and contact details. If the pregnant mother comes to the attention of services in the receiving area, then notification must be sent to the originating area.

7.11 Where a pregnant woman moves into an area on a permanent basis then transfer-in arrangements will be followed in accordance with Wales Safeguarding Procedures and a transfer-in conference for the unborn will be convened within 15 working days.

7.12 In situations where a decision has been made to register an unborn baby at birth, and the pregnant woman subsequently goes missing or cannot be located by services then a strategy discussion will be held in order to:

- Assess and clarify risk of harm to unborn / pregnant woman.
- Consider a plan for locating the pregnant woman including alerts / notifications needed to be sent to other agencies / areas;
- Agree the plan for responding to the pregnant woman once she is located including potential transfer arrangements;
- Consideration of any legal advice in order to safeguard the unborn

8 References, Useful links and Sources of Information

Hart, Di (2000), "Assessment Prior to Birth" in Horwath, Jan (Ed) (2000) *The Child's World: assessing children in need - Reader*, Department of Health, NSPCC, University of Sheffield,

Corner, Reginald (1997) *Pre-Birth Risk Assessment in Child Protection Social Work Monographs*, UEA, Norwich

Wales Safeguarding Procedures 2019

The Children Act 1989

Social Services and Well Being Act (Wales) 2014

Children's Services Safeguarding Pre-Birth Plan

Date of Plan	
Unborn – Mother's surname	
EDD	
Mother's name and DOB	
Mother's Address	
Father's/Partner's name and DOB	
Father's/Partner's Address	

Has this plan been shared with parents prior to the birth? Yes/No

Background information:

--

Agreed Plan of Care	
<p>Summary Plan <i>To include:</i></p> <p><i>Summary Plan following birth, Removal at Birth, Placement in foster care, Legal advice, EPO, PPP, Police incident number/log number. Current legal status if any.</i></p>	
<p>Antenatal <i>To include:</i> Action required by professionals, Midwife, Social worker, Foster carers, WAST SEWEDT</p> <p><i>Who needs to have a copy of this Alert?</i></p> <p><i>This plan needs to be shared with relevant midwifery clinical team, ABUHB Maternity Services.</i></p> <p><i>If there is a risk of flight Welsh Ambulance Services Trust Safeguarding Team needs to be notified. National alert will need to be forwarded by Children's Services.</i></p>	
<p>Labour <i>To include:</i> Where is place of birth Who may/may not be present at birth Who needs to be informed when pregnant woman is admitted to hospital in labour Who needs to be informed of birth</p>	

<p>Post-natal in hospital <i>To include may mother/father/partner care for baby on ward?</i></p> <p><i>Is supervision required and by whom?</i></p> <p><i>N.B. Maternity Services or EDT staff cannot supervise contact.</i></p>	
<p>Visiting <i>To include: Please specify who can/cannot visit ward</i></p>	
<p>Security <i>To include: Relevant plans in place e.g. Identity band Supervision Contingency should any person attempt to leave hospital with baby contact Police</i></p>	
<p>Observation of parenting skills <i>To include: Midwifery to support, assess, and record any observations in relation to parental interaction with, and care of the baby whilst on the ward. Any concerns need to be shared with social services via the social worker/team manager as appropriate.</i></p>	

<p>Discharge <i>Where and to whose care will mother and baby be discharged? Names addresses and phone numbers. Is pre discharge planning meeting required. Yes/No Who needs to attend? Children's Services to extend invitations if required.</i></p>	

Birth plan formulated by:

Signed..... Dated.....
Social worker:

Signed..... Dated.....
Children's Services Team Manager

Signed..... Dated.....
Community midwife

Parent's agreement:

Mother Yes / No

Signed..... Dated.....

Father/Partner Yes / No

Signed..... Dated.....

Professional Contact Telephone numbers

Children Services Social Worker:
/Team Manager

Emergency Duty Team: 0800 328 4432

Lead Midwife for Safeguarding: 07854932695

Please note there is always a Midwifery
Manager on-call 24 hours via ABUHB
switchboard: 01633234234