



# Concealed/Denied Pregnancy: Good Practice Guidance

**Maternity Services  
NHS North Highland/Highland Council**

**Warning – Document uncontrolled when printed.**

<b>Policy e library Reference No:</b>	<b>Date of Issue: November 2025</b>		
<b>Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti, and Sheena Russell-Greig</b>	<b>Due for Review: November 2028</b>		
<b>Lead Reviewer/Owner: Hazel Inglis- Midwifery Development Officer</b>	<b>Version: 1</b>		
<b>Ratified by: WCD Core Guidelines Committee</b>	<b>Date Ratified: 6<sup>th</sup> November 2025</b>		
<b>EQIA For Fairness: Yes</b>	<b>Date EQIA: 7<sup>th</sup> November 2025</b>		
<b>For official Use:</b>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Distribution</b>                      NHS Highland                     <ul style="list-style-type: none"> <li>• Board Nurse Director</li> <li>• Head of Midwifery</li> <li>• Lead Midwives</li> <li>• Lead Nurses</li> <li>• Lead AHPs</li> <li>• NMAHP Leadership Group</li> <li>• Obstetricians</li> <li>• Paediatricians</li> <li>• GPs</li> </ul> </td> <td style="width: 50%; vertical-align: top;">                     Highland Council                     <ul style="list-style-type: none"> <li>• Head of Health</li> <li>• Associate Lead Nurses</li> <li>• Lead AHPs</li> <li>• Principal Officer Social Care</li> <li>• Managers Children &amp; Families</li> <li>• Health Visitors/FNP</li> <li>• School Nurses</li> </ul> </td> </tr> </table>		<b>Distribution</b> NHS Highland <ul style="list-style-type: none"> <li>• Board Nurse Director</li> <li>• Head of Midwifery</li> <li>• Lead Midwives</li> <li>• Lead Nurses</li> <li>• Lead AHPs</li> <li>• NMAHP Leadership Group</li> <li>• Obstetricians</li> <li>• Paediatricians</li> <li>• GPs</li> </ul>	Highland Council <ul style="list-style-type: none"> <li>• Head of Health</li> <li>• Associate Lead Nurses</li> <li>• Lead AHPs</li> <li>• Principal Officer Social Care</li> <li>• Managers Children &amp; Families</li> <li>• Health Visitors/FNP</li> <li>• School Nurses</li> </ul>
<b>Distribution</b> NHS Highland <ul style="list-style-type: none"> <li>• Board Nurse Director</li> <li>• Head of Midwifery</li> <li>• Lead Midwives</li> <li>• Lead Nurses</li> <li>• Lead AHPs</li> <li>• NMAHP Leadership Group</li> <li>• Obstetricians</li> <li>• Paediatricians</li> <li>• GPs</li> </ul>	Highland Council <ul style="list-style-type: none"> <li>• Head of Health</li> <li>• Associate Lead Nurses</li> <li>• Lead AHPs</li> <li>• Principal Officer Social Care</li> <li>• Managers Children &amp; Families</li> <li>• Health Visitors/FNP</li> <li>• School Nurses</li> </ul>		

**Warning – Document uncontrolled when printed**

<b>Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance</b>	<b>Date of Issue: October 2025</b>
<b>Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig</b>	<b>Date of Review: October 2028</b>
<b>Lead Reviewer: Hazel Inglis, Midwifery Development Officer</b>	<b>Version: 1</b>
<b>Ratified by: NHS Highland WCD Core Guidelines Committee</b>	<b>Page 1 of 15</b>

## **Data Protection Statement**

*NHS Highland and The Highland Council is committed to ensuring all current data protection legislation is complied with when processing data that is classified within the legislation as personal data or special category personal data.*

*Good data protection practice is embedded in the culture of NHS Highland and The Highland Council with all staff required to complete mandatory data protection training in order to understand their data protection responsibilities. All staff are expected to follow the NHS and Highland Council policies, processes and guidelines which have been designed to ensure the confidentiality, integrity and availability of data is assured whenever personal data is handled or processed.*

*The NHS Highland fair processing notice contains full detail of how and why we process personal data and can be found by clicking on the following link to the 'Your Rights' section of the NHS Highland internet site.*

<http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx>

*Further details on The Highland Councils information management policies including data protection can be found here: <https://www.highland.gov.uk/directory/39/policies/category/235>*

Date	Author	Change
29/08/2025	Hazel Inglis	Comprehensive guidance developed including expert opinion and peer review. A review of national policies/guidance and literature search undertaken.

**Warning – Document uncontrolled when printed**

<b>Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance</b>	<b>Date of Issue: October 2025</b>
<b>Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig</b>	<b>Date of Review: October 2028</b>
<b>Lead Reviewer: Hazel Inglis, Midwifery Development Officer</b>	<b>Version: 1</b>
<b>Ratified by: NHS Highland WCD Core Guidelines Committee</b>	<b>Page 2 of 15</b>

## Table of Contents

1. Introduction .....	4
2. Scope and purpose of guidance .....	4
3. Definition of concealed/denied pregnancy .....	5
4. Unassisted Birth/Freebirth .....	5
4.1 Legal Rights of Women: .....	6
4.2 Consent and Autonomy: .....	6
4.3 Who Can Be Present: .....	6
4.3 Child Protection Considerations:.....	6
5. Impact of Concealed/Denied pregnancy.....	6
5.1 Background .....	6
5.2 Risks to Mother.....	6
5.3 Risks to baby.....	7
6. What action for professionals to take when concealed pregnancy suspected or confirmed .....	8
7. Child protection considerations .....	9
7.1 Information sharing.....	9
7.2 Adult Support and Protection .....	9
7.3 Capacity .....	10
7.4 The Human Trafficking and Exploitation (Scotland) Act 2015 .....	10
The Human Trafficking and Exploitation (Scotland) Act 2015 .....	10
8. Specific roles.....	11
8.1 Health Professionals (Health Visitors/FNP, GP/Practice Nurses, Mental Health Nurses, Drug and Alcohol Recovery staff etc..) .....	11
8.2 Education/School Nurse .....	11
9. Training/resources available .....	12
REFERENCES .....	13
Contributors .....	14

**Warning – Document uncontrolled when printed**

<b>Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance</b>	<b>Date of Issue: October 2025</b>
<b>Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig</b>	<b>Date of Review: October 2028</b>
<b>Lead Reviewer: Hazel Inglis, Midwifery Development Officer</b>	<b>Version: 1</b>
<b>Ratified by: NHS Highland WCD Core Guidelines Committee</b>	<b>Page 3 of 15</b>

## 1. Introduction

The concealment and denial of pregnancy presents a significant challenge to professionals working within NHS Highland to safeguard the welfare and well-being of both the unborn baby and woman. Such situations, by their nature, limit the scope of professional support, increasing risks during pregnancy, labour, and postpartum periods. This guidance is for anyone who may encounter a woman, child, or young person who conceals or denies their pregnancy, or where there is suspicion that a pregnancy is being concealed or denied.

This document should be used in conjunction with the following guidance and protocols:

- [The Women, pregnancy, and additional support: A trauma informed pathway of care \(Highland Council/NHS Highland 2024\)](#)
- [Getting it right for every child and young person in Highland: Interagency Practice Guidance & Child Protection Procedures, \(Highland Child Protection Committee 2024\)](#)
- [Domestic Abuse: Pregnancy and early years,](#)
- [Joint FGM Guideline,](#)
- [Best Practice Guidelines for supporting pregnant teenagers and their partners](#)
- [Highland Underage Sex Protocol](#)

An effective inter-agency approach is critical to achieving better outcomes. This begins when a concealment or denial of pregnancy is suspected or confirmed, and it extends to managing future pregnancies when prior concealment or denial is known or suspected. Coordinated action, driven by information sharing and collaboration, is essential to mitigate risks and provide the necessary support.

It is important to acknowledge that the concealment and denial of pregnancy remains an under-researched area, posing challenges to the development of comprehensive multi-agency guidance. NHS Highland aims to address this gap through heightened awareness and alignment with interagency practices, ensuring the best possible outcomes for all women and families.

## 2. Scope and purpose of guidance

This guidance provides a structured framework for identifying, assessing, and responding to cases of concealed or denied pregnancy across Highland. Its primary aim is to ensure that women experiencing such pregnancies, and their unborn child receive timely, proportionate, and coordinated support that prioritises safety, wellbeing, and dignity.

Concealed or denied pregnancy may indicate underlying vulnerabilities, including trauma, mental health concerns, coercion, or fear of stigma. It can pose significant risks to both the pregnant individual and the unborn child, particularly when antenatal care is delayed or absent.

This guidance seeks to:

- Promote recognition and sensitive intervention
- Support multi-agency collaboration
- Ensure child protection responsibilities are met in line with national and local frameworks

This guidance applies to all professionals working with children, young people, and families across Highland, including:

- Health services (e.g. midwifery, general practice, sexual health, mental health)
- Education and social work
- Police and justice services
- Third sector and community organisations

Whilst we use the term 'women'/'woman' throughout this document to preserve women-centred language we acknowledge that it is not only those who identify as women who require access to maternity services. The actions included within this pathway are underpinned by services being respectful and responsive to the individual needs of all women and birthing people.

### 3. Definition of concealed/denied pregnancy

#### Late Booking in pregnancy

For the purpose of this guideline late booking is defined as first scan of pregnancy with gestation of 20+0 or later. This is because screening can no longer be offered for Down's Syndrome, Edward's syndrome and Patau's syndrome, and the accuracy of dating the pregnancy reduces.

#### Concealed Pregnancy

When someone is aware of their pregnancy but chooses to hide it. They will not seek antenatal care and may also choose to conceal their pregnancy from other health professionals, friends and family.

#### Denied Pregnancy

When someone has some awareness of pregnancy but cannot accept it. They do not present as pregnant socially or through their behaviour, OR when someone is unaware they are pregnant (cryptic pregnancy)

A pregnancy should not be declared concealed/denied prior to 20 weeks gestation, and certainly not without careful consideration and sensitive enquiry.

It is important to note there are no consistent factors in concealed/denied pregnancy; therefore, there is no universal definition of the phenomenon. Previously this was viewed as a psychopathology event, however while mental illness can be reason for this, it is not common. (Murphy-Tighe et al 2018)

People may conceal/deny pregnancy due to a variety of vulnerable risk factors including but not limited to:

- Fear
- Shame
- Stigma
- Cultural expectations
- Socioeconomic circumstances
- Sexual Abuse/Rape
- Negative associations with paternity (including incestuous, infidelity, unknown)
- Refugee/Asylum Seeker
- Mental Illness
- Substance Misuse
- Learning Disability
- History of pregnancy/child loss
- Believes cannot conceive

It is important to note that in concealed/denied pregnancies women tend to be vilified. It is important for healthcare providers to note that concealed pregnancy can be a consequence of fear. Avoidance is a way to deal with stress that is too large to confront, so concealment/denial can be a coping mechanism. Therefore, a trauma informed approach is essential when caring for someone with a concealed pregnancy. (Murphy-Tighe et al 2015)

### 4. Unassisted Birth/Freebirth

Warning – Document uncontrolled when printed	
Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 5 of 15

Unassisted birth/Freebirth refers to a planned decision by a pregnant woman to give birth without the presence of a midwife or medical professional. It is distinct from an emergency/accidental birth e.g., born before arrival, where maternity support was intended.

All women should be supported to make an informed decisions about their care (RCM 2022). Staff should refer to [Principles for supporting women’s choices in maternity care](#) (NMC 2025) and [Birthplace decisions Information for pregnant women and partners on planning where to give birth](#) (Scot Gov 2025)

#### 4.1 Legal Rights of Women:

- It is legal for a woman to give birth without a midwife or medical professional present.
- Women with mental capacity (as defined by the *Mental Capacity Act Scotland*) have the right to decline any medical care during pregnancy or childbirth.
- No one can compel a woman to accept care unless she lacks capacity to make decisions.

#### 4.2 Consent and Autonomy:

- Medical or midwifery care requires consent; it cannot be imposed.
- Maternity services have no right to attend or intervene without the woman’s permission.
- The fetus has no legal status until birth.

#### 4.3 Who Can Be Present:

- Birth partners (e.g. family, doulas) may attend to offer support but must not provide clinical care e.g. monitoring progress of labour
- Under the *Nursing & Midwifery Order 2001 (Article 45)*, it is a criminal offence for anyone other than a registered midwife or doctor to provide clinical care to a woman in childbirth, unless it’s an emergency.

#### 4.3 Child Protection Considerations:

- Declining maternity care alone is not grounds for a child protection referral.
- Referrals should be made only if there are concerns about significant harm (e.g. domestic abuse, coercive control).

(Birth Rights 2025, AIMS 2025, RCM 2022, Scot Gov 2025, NMC 2025)

## 5. Impact of Concealed/Denied pregnancy

### 5.1 Background

Concealed or denied pregnancies can significantly compromise the health and wellbeing of both mother and baby, as the absence of antenatal care and support increases the risk of medical complications, emotional trauma, and safeguarding concerns. Early identification and intervention are essential to reduce harm and ensure appropriate care is provided.

### 5.2 Risks to Mother

- If a woman has not had her health monitored during pregnancy, underlying or emerging medical conditions will not be known or treated. Likewise, obstetric problems may go undiagnosed. Any potential risks to the mother and child may not be identified
- May increase the risk of complications in future pregnancies, such as the development of rhesus antibodies.

Warning – Document uncontrolled when printed

Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 6 of 15

- An unassisted delivery can lead to life threatening complications for both mother and baby, as complications or birth injuries can occur during labour and delivery
- If a woman is denying a pregnancy, the sudden effects of going into labour and giving birth could be traumatic
- The reasons for a concealed or denied pregnancy could present particular risks to a mother and could lead to a risk of harm when the pregnancy is revealed. This might be due to fear of violence or harm, or recrimination from others, for many reasons including paternity of the baby, sexual abuse or exploitation, trafficking
- A woman will be without support and information given during pregnancy, the opportunity to provide early intervention or support will not be possible

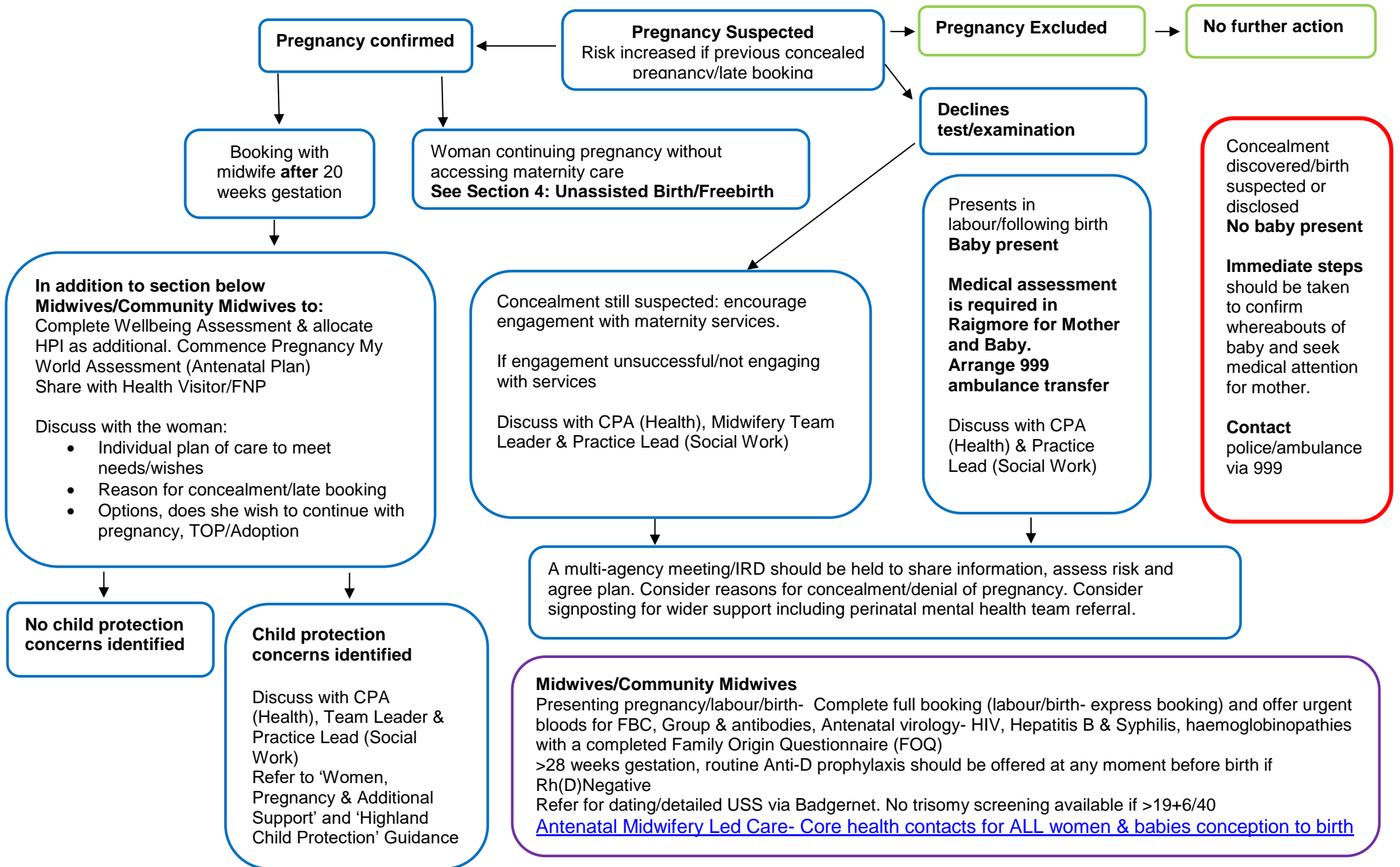
### 5.3 Risks to baby

- Concealment and denial of a pregnancy can lead to life threatening complications, regardless of a mother's intention. Some babies who are born with serious health issues will need to receive immediate medical care to avoid death or serious impairment of their health
- An unassisted delivery can be potentially harmful for both mother and baby, as complications or birth injuries can occur during labour and delivery
- If the health and development of the baby have not been monitored during pregnancy, fetal abnormalities or underlying medical conditions will be undetected
- If the health and development of the baby have not been monitored during pregnancy, this could lead to potentially harmful medications being prescribed by a medical practitioner who is not aware of the pregnancy. Some medication can affect an unborn baby's health and development
- If a mother drinks alcohol or uses drugs through a concealed pregnancy, support services will be unable to provide advice to reduce the use of substances which could affect the foetus's health or development. If alcohol or substance misuse has continued during pregnancy, this increases risks to a child's health following delivery
- When a pregnancy has been concealed or denied, this could indicate a lack of willingness or capacity to consider the baby's health needs. Parents are likely to be unprepared for pregnancy or birth. Bonding between parents and a baby begins before birth, and without this it may be more difficult for an emotional bond and parental attachment to develop.

Warning – Document uncontrolled when printed

Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 7 of 15

## 6. What action for professionals to take when concealed pregnancy suspected or confirmed



## 7. Child protection considerations

If a woman presents after 20 weeks of pregnancy AND there is a potential risk of significant harm, it is crucial to act promptly. Discussions with Social Work (SW) and Child Protection Advisor (Health) should not be delayed [Help & Advice Numbers - Highland Child Protection Committee](#). A summary of concerns should be conveyed via telephone and followed up with a Child Concern Form (CCF). Additionally, the Antenatal (A/N) plan should be completed and shared as soon as possible to ensure the safety and well-being of both the mother and the unborn child.

A concealed or denied pregnancy may result in a referral to Initial Referral Discussion (IRD). If there is reason to believe that a baby has been born but has not received appropriate medical attention, the case would be escalated to IRD.

**The children (Scotland) Act 1995** outlines the legislative framework for Scotland's child protection system. It covers parental responsibilities and rights, and the duties and powers of local public authorities in supporting and promoting the safety and welfare of children.

[The Women, pregnancy, and additional support: A trauma informed pathway of care \(Highland Council/NHS Highland 2024\)](#) guides staff on how to provide standardised timely and proportionate care to all parents and their families who are identified in need of additional support across North Highland. It aims to provide clear guidance for staff around roles and responsibilities and expected timescales for those who may need multi agency support. The guidance within should be applied in combination with the [National Child Protection Guidance for Scotland, \(Scottish Government 2021\)](#) and the [Getting it right for every child and young person in Highland: Interagency Practice Guidance & Child Protection Procedures, \(Highland Child Protection Committee 2024\)](#) Staff should also follow the framework of family centred care with the needs of the unborn/child at the centre, [Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022](#)

### 7.1 Information sharing

Healthcare staff have a duty to share information when an unborn baby, child or young person may be at risk of significant harm. This will always override a professional or agency requirement to keep information confidential. Information should be disclosed only for the purpose of protecting children and young people and therefore should be relevant and proportionate and shared promptly and effectively when necessary. Staff should seek advice if they are not confident about sharing information from their local Child Protection Advisor. The Information Commissioner's Office has a useful as well as [A 10 step guide to sharing information to safeguard children | ICO](#). Both the Scottish National Child Protection Guidance (Scottish Government 2021) and local Getting it Right for Every Child & Young Person in Highland: Interagency Practice Guidance & Child Protection Procedures (Highland Council 2024) have extensive chapters on best practice around information sharing. A summary of the guiding principles are below:

- The wellbeing of a child is of central importance when making decisions to lawfully share information with or about them.
- Children have a right to express their views and have them considered when decisions are made about what should happen to them. Implementation of Article 12 requires recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, drawing and painting, through which very young children demonstrate understanding, choices and preferences
- The reasons why information needs to be shared, and actions taken should be communicated openly and honestly with children and, where appropriate, their families

### 7.2 Adult Support and Protection

The **Adult Support and Protection (Scotland) Act 2007** exists to protect adults from harm. An Adult at Risk is defined by the Act as someone who:

- Is an adult aged 16 or over who is unable to protect themselves from someone harming them, or from exploitation and neglect, or to safeguard their own well-being, property, rights or other interests
- Is at risk of harm
- And because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected
- All three of the above criteria must be met.

If practitioners have any concerns around risk of significant harm or welfare of the parent, then appropriate referral to adult support and protection should be made via an Adult Concern Form to the appropriate social work team for the geographical area. to contact the 'out of hours' service – (overnight, at weekends, or public holidays) - phone 0808 175 3646 Or phone 01546 605517 in A&B. These forms along with the relevant contact details, legislation, further guidance and contacts for North Highland and Argyll and Bute can be accessed via the links below:

[North Highland Adult Support and Protection Internet Page](#)  
[Argyll and Bute Adult Support and Protection Internet page](#)

### 7.3 Capacity

Where there is a concern about a woman's ability to make an informed decision about proposed medical treatment, including obstetric treatment, in some circumstances legal action may be available to protect their health and the health of the unborn child. In Scotland, the **Adults with Incapacity (Scotland) Act 2000** provides a framework for decision-making on behalf of adults who lack capacity. The Act focuses on safeguarding the rights and welfare of individuals who lack capacity, ensuring decisions are made in their best interests. For cases like concealed or denied pregnancy, the assessment of capacity would depend on whether the individual is deemed to have an impairment of mind or brain that affects their ability to make decisions. Women choosing unassisted birth or making a decision that health professionals do not agree with does not mean that they do not have mental capacity.

### 7.4 The Human Trafficking and Exploitation (Scotland) Act 2015

The Human Trafficking and Exploitation (Scotland) Act 2015 is relevant in cases of concealed or denied pregnancy where there may be evidence of coercion, exploitation, or trafficking. The Act strengthens laws against human trafficking and exploitation, addressing offences such as slavery, servitude, and forced or compulsory labour, which could include scenarios where individuals are coerced into denying or concealing their pregnancies. It also ensures support systems for victims, enabling them to access medical care and other services without fear of their traffickers.

Scotland's Trafficking and Exploitation Strategy plays a key role in identifying victims, such as those who may conceal or deny pregnancy due to coercive control and disrupting the activities of perpetrators. The strategy also tackles systemic conditions that allow exploitation to thrive, offering pathways for vulnerable individuals to safely report their circumstances and seek protection.

Warning – Document uncontrolled when printed

Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 10 of 15

## 8. Specific roles

### 8.1 Health Professionals (Health Visitors/FNP, GP/Practice Nurses, Mental Health Nurses, Drug and Alcohol Recovery staff etc.,)

**Consider Pregnancy:** If a woman presents with symptoms like nausea or weight gain, you should consider the possibility of pregnancy and explore this sensitively.

#### Examples of symptoms that may suggest pregnancy

- Missed period
- Tender, swollen or leaking breasts:
- Gastrointestinal changes e.g. nausea, vomiting, heartburn/indigestion, constipation
- Fatigue
- Frequent urination
- Food cravings, aversions or heightened sense of smell
- Cramping/contractions
- Headaches
- Dizziness or faintness
- Bloating
- Back pain: Due to posture changes and weight gain.
- Fresh Stretch marks: Skin stretching around the abdomen, breasts, or thighs.
- Swelling: Especially in the feet, ankles, and hands.

**Refusal of Investigations or Referrals:** If you suspect pregnancy but the woman refuses investigations, you should discuss the case with Child Protection Advisor (Health) **01463 705828** [childprotectionadvice@highland.gov.uk](mailto:childprotectionadvice@highland.gov.uk) and Midwifery Team Leader [Community maternity contacts in Highland | NHS Highland](#) [Maternity and child health in Argyll and Bute | NHS Highland](#) Sharing information without consent is permissible when it is necessary to protect the wellbeing of the unborn child. A concealed or denied pregnancy may result in a referral to Initial Referral Discussion (IRD).

**Referral for Mental Health Assessment:** you may need to refer the woman for a mental health assessment if there are concerns about her mental health. This ensures that all aspects of the woman's health and wellbeing are considered.

#### Urgent Referral in Cases of Full Concealment or Denial:

If a woman delivers out of hours or the baby is seen out of hours, discussion with Labour Ward Co-ordinator **01463 704374/01463 704354** and urgent ambulance transfer to Consultant-led Unit at Raigmore is necessary.

## 8.2 Education/School Nurse

In some cases, staff in educational settings may be the professionals who have the closest and most consistent relationship with a young woman. They may also be among the first to notice when a pregnant parent with known vulnerabilities may need additional support.

There are several signs to look out for that may give rise to suspicion of concealed pregnancy:

- Increased weight or attempts to lose weight.
- Wearing uncharacteristically baggy clothing.
- Concerns expressed by friends.
- Repeated rumours around school.

Warning – Document uncontrolled when printed

Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 11 of 15

- Uncharacteristically withdrawn or moody behaviour.

Staff working in educational settings should try to encourage the pupil to discuss her situation, through normal pastoral support systems, as they would any other sensitive problem. Every effort should be made by the professional suspecting a pregnancy to encourage the young woman to obtain medical advice. However, where they still face total denial or non-engagement further action should be taken. Staff must discuss this with Child Protection Advisor (Health), Lead Person for Child Protection and Social Work to determine whether an IRD is required.

Consideration should be given to the balance of need to preserve confidentiality and the potential concern for the unborn child and the mother's health and wellbeing. Where there is a suspicion that a pregnancy is being concealed it is necessary to share this information with other agencies, irrespective of whether consent to disclose can be obtained.

Education staff/School nurses should use professional judgment to decide if discussing a young woman's pregnancy with her parents is appropriate, considering individual circumstances and relationships. If there are concerns about the young woman's fear of her parents' reaction or other home issues, education staff/school nurses should consult the child protection advisor (Health) or the Practice Lead for Social Work.

When engaging with parents, staff should consider the possibility of parental collusion. The young woman should be informed of any actions taken unless it poses a risk to her or her unborn baby. If the issue remains unresolved or concerns escalate, a referral to social work is necessary, especially if there are significant concerns about the girl's family background or home circumstances. Parents and the young woman should be informed of the referral unless it could significantly impact their welfare.

## 9. Training/resources available

Whilst there is no specific training/resources available for concealed/denied pregnancy, the following training programmes outlines essential knowledge and skills that health professionals require to support women.

### [National Trauma Transformation Programme](#)

*“A trauma informed and responsive nation and workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery and can address inequalities and improve life chances.” (NES 2025)*

### [Perinatal and Infant Mental Health Training Programme](#)

This framework outlines the essential competencies that professionals need to support maternal and infant mental health during the perinatal period, including early intervention for mental health challenges. Developed collaboratively with experts, stakeholders, and individuals with lived experience, it aims to guide training efforts that improve outcomes for families across Scotland.

**Child Protection and the Unborn** is a multi-agency workshop designed for professionals seeking to deepen their understanding of the *Women, Pregnancy and Additional Support* guidance, with a particular focus on risk assessment in unborn babies. To book- [Child Protection Training](#)

Warning – Document uncontrolled when printed	
Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 12 of 15

## REFERENCES

- AIMS (2025) *Freebirth, Unassisted Birth and Unassisted Pregnancy* [online]. Available from: [Freebirth, Unassisted Birth and Unassisted Pregnancy | AIMS](#) [Accessed: 4<sup>th</sup> August 2025]
- Birth Rights (2025) *Unassisted Birth* [online]. Available from: [Unassisted birth - Birthrights](#) [Accessed 4<sup>th</sup> August 2025]
- Dunkitt, K. (2023) 'Cryptic Pregnancy' *Case Reports in Women's Health* [online]. Available from: <https://doi.org/10.1016/j.crwh.2023.e00503> [Accessed 1st May 2025]
- Giudice, M. (2007) 'The evolutionary biology of cryptic pregnancy: A re-appraisal of the "denied pregnancy" phenomenon' *Medical Hypotheses* [online]. Available from: <https://doi.org/10.1016/j.mehy.2006.05.066> [Accessed 1st May 2025]
- Greater Glasgow and Clyde (2023) *Non attendance for maternity care* [online]. Available from: [Nonattendance for maternity care \(620\) | Right Decisions](#) [Accessed: 11<sup>th</sup> August 2025]
- Highland Child Protection Committee (2024) *Getting it right for every child and young person in Highland: Interagency Practice Guidance & Child Protection Procedures* [online] Available from [Getting it Right for Every Child & Young Person in Highland: Interagency Practice Guidance & Child Protection Procedures 2024](#) [Accessed: 11<sup>th</sup> August 2025]
- Highland Child Protection Committee (2012) *Highland Underage Sex Protocol* [online] Available from [Highland Underage Sex Protocol](#) [Accessed: 11<sup>th</sup> August 2025]
- Highland Council/NHS Highland (2024) *Women, Pregnancy and Additional Support: A trauma-Informed Pathway of Care* [online] Available from [The Women, pregnancy, and additional support: A trauma informed pathway of care \(Highland Council/NHS Highland 2024\)](#) [Accessed: 11<sup>th</sup> August 2025]
- Murphy-Tighe S. & Lalor J.G. (2016) 'Concealed pregnancy: a concept analysis' *Journal of Advanced Nursing* 72(1), 50–61 [online]. Available from: [10.1111/jan.12769](#) [Accessed 30th April 2025]
- Murphy-Tighe S, Lalor JG. (2019). Regaining agency and autonomy: A grounded typology of concealed pregnancy. *J Adv Nurs*. 2019; 75: 603–615. [online]. Available from: <https://doi.org/10.1111/jan.13875> [Accessed: 30th April 2025]
- NMC (2025) *Principles for supporting women's choices in maternity care* [online] Available from [Principles for supporting women's choices in maternity care](#) [Accessed: 25<sup>th</sup> August 2025]
- Norfolk Safeguarding Children Partnership (2025) *Concealed/Denied Pregnancy* [online]. Available from: [Concealed/Denied Pregnancy Policy | NSCP](#) [Accessed: 11<sup>th</sup> August 2025]
- RCM (2022) *Care outside guidance: Caring for those women seeking choices that fall outside guidance* [online]. Available from: [care\\_outside\\_guidance.pdf](#) [Accessed: 11<sup>th</sup> August 2025]
- Royal Cornwall Hospitals (2024) *Concealed or Denied Pregnancy and Late Pregnancy Booking for Maternity Care* [online]. Available from: [concealedpregnancyandlatebookerclinicalguideline.pdf.pdf](#) [Accessed 11<sup>th</sup> August 2025]

Warning – Document uncontrolled when printed

Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 13 of 15

Scottish Government (2025) *Birthplace Decisions: Information for pregnant women and partners on planning where to give birth* [online]. Available from: [Birthplace decisions Information for pregnant women and partners on planning where to give birth](#) [Accessed: 4<sup>th</sup> August 2025]

Scottish Government (2022) *Getting it right for every child – Practice Guidance 1 – Using the National Practice Model* [online] Available from [Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022](#) [Accessed: 11<sup>th</sup> August 2025]

Scottish Government (2021) *National Guidance for Child Protection in Scotland 2021 - updated 2023* [online] Available from [national-guidance-child-protection-scotland-2021-updated-2023.pdf](#) [Accessed: 11<sup>th</sup> August 2025]

Stenton, S., Cohen, M.C. (2020). 'Assessment of neonaticide in the setting of concealed and denied pregnancies' *Forensic Sci Med Pathol* 16, 226–233. [online]. Available from: <https://doi-org.knowledge.idm.oclc.org/10.1007/s12024-019-00212-4> [Accessed 30th April 2025]

Tees Safeguarding Children's Partnerships' Procedures (2025) *Concealed Pregnancy Procedure* [online]. Available from: [Concealed Pregnancy Procedure - Tees Safeguarding Children Partnerships' Procedures](#) [Accessed: 11<sup>th</sup> August 2025]

## Contributors

Name	Job	Email
Claire MacPhee	Midwifery Development Officer	Claire.macphee@highland.gov.uk
Hazel Inglis	Midwifery Development Officer	Hazel.inglis@highland.gov.uk
Morven Fioretti	Midwifery Team Leader	Morven.fioretti@nhs.scot
Sheena Russell-Greig	Community Midwife	Sheena.russell-greig@nhs.scot
Jocelyn Reid	Lead Midwife Sonographer	Jocelyn.reid@nhs.scot
Ayleen Austin	Lead Midwife	Ayleen.austin@nhs.scot
Nancy Healy	Associate Lead Nurse- Child Protection	Nancy.healy@highland.gov.uk
Lorna Renwick	Associate Lead Nurse- School Nursing	Lorna.renwick@highland.gov.uk

### Warning – Document uncontrolled when printed

Policy Reference: Concealed/Denied Pregnancy: Good Practice Guidance	Date of Issue: October 2025
Prepared by: Hazel Inglis, Claire MacPhee, Morven Fioretti and Sheena Russell-Greig	Date of Review: October 2028
Lead Reviewer: Hazel Inglis, Midwifery Development Officer	Version: 1
Ratified by: NHS Highland WCD Core Guidelines Committee	Page 14 of 15

