



Guideline for the management of concealed/undiagnosed pregnancies

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An undiagnosed pregnancy is when the mother is unaware of the pregnancy until the onset of labour.

A concealed pregnancy, is where the mother deliberately conceals the fact she is pregnant from health care professionals.

This guideline has been produced to support staff caring for these mothers and to assist in reducing risks associated with concealed and undiagnosed pregnancies

2.0 Objective

To provide staff with guidance on the necessary actions to take when a mother presents with an undiagnosed or concealed pregnancy.

3.0. Scope

This guideline is to be used by midwives who provide care to the woman presenting at Barnsley Hospital NHS Foundation Trust (BHNFT) with a concealed/undiagnosed pregnancy.

4.0 Main body of the document

4.1 Actions required in labour or immediately post birth

As soon as practically possible the following steps will be undertaken:

- Inform the on call obstetric team and ask for immediate review and plan of care
- Consider ultrasound scan to determine gestation, if required
- A full booking is to be undertaken within the EPR (electronic personal record)
- Booking bloods to be taken with consent, to include:
 - FBC (full blood count)
 - Blood group and antibody screen
 - Sickle cell and Thalassemia
 - Serology screen including HIV (human immunodeficiency virus), Syphilis, and Hepatitis B (inform on call virologist and send as urgent)
- Email the antenatal screening team barnsleyscreening@nhs.net to inform them that the booking bloods have been taken and sent

To request antenatal screening bloods on ICE:

1. Select “New Request”
2. Search “Antenatal Screen”
3. Select whether the woman has declined HIV screening.

To request Sickle cell and thalassaemia on ICE:

1. Select “New Request”
2. Search “eFOQ”



3. When prompted insert the gestation and family origin. If their family originates from multiple countries, press control and choose the appropriate countries.

4.2 Safeguarding

Telephone Children's Social Care as soon as practically possible to confirm whether there are any safeguarding concerns. Following this call, if required, complete all appropriate referral forms. All referral paperwork and policies can be found on [Safeguarding – Hospital Hub \(trent.nhs.uk\)](https://www.trent.nhs.uk/safeguarding-hospital-hub).

Escalate to the Manager on Call and the Safeguarding Team if the mother wishes to relinquish care of the newborn.

4.3 Discharge to community midwifery

Ensure that the mother has all necessary equipment at home prior to discharge.

At the point of discharge a midwife to midwife handover will take place.

Allow extra time for the first home visit, to enable full discussions regarding safe sleep, bonding, mental health, as these topics will not have been discussed in the antenatal period.

Liaise with the health visitor following the first home visit, and if required, arrange a joint follow up visit.

Follow the guideline for routine postnatal care [Guideline format \(trent.nhs.uk\)](https://www.trent.nhs.uk/guideline-format)

5.0 Roles and responsibilities

5.1 Midwives

To provide the best evidence-based care for women in accordance with the appropriate guidance from diagnosis to discharge.

5.2 Obstetricians

To provide the best evidence-based care for the women in accordance with the appropriate guidance from diagnosis to discharge.

6.0 Associated documents and references

This section should detail the references that have been used to develop the document. It should also detail references to any associated Trust policies, guidelines or procedures in place that impact on its implementation.

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.



8.0 Monitoring and audit

Any adverse incidents relating to the guideline will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for concealed/undiagnosed pregnancy will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



**Appendix 1
Equality Impact Assessment – required for policy only**

Please refer to Equality Impact Assessment Toolkit – found in Corporate Templates on PC desktop.

For clinical policies use Rapid Equality Impact Assessment Form

For all other policies use Equality Impact Assessment Blank Template

**Appendix 2
Glossary of terms**

EPR- Electronic Personal Record

FBC- Full Blood Count

HIV- human immunodeficiency virus

Appendix 3

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	
Reviewed at Women’s Business and Governance meeting	
Approved by CBU 3 Overarching Governance Meeting	
Approved at Trust Clinical Guidelines Group	
Approved at Medicines Management Committee (if document relates to medicines)	N/A



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Guideline for the management of concealed/undiagnosed pregnancies
Document author (Job title and team)	Maternity Matron
New or reviewed document	New
List staff groups/departments consulted with during document development	
Approval recommended by (meeting and dates):	WB&G 18/11/22 CBU3 B&G 21/12/22
Date of next review (maximum 3 years)	21/12/25
Key words for search criteria on intranet (max 10 words)	Unbooked, late booker
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Molly Claydon Designation: Governance Support Co-ordinator

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

<p>Approved by (group/committee): CBU3 Business and governance</p> <p>Date approved: 21/12/22</p> <p>Date Clinical Governance Administrator informed of approval: 22/12/22</p> <p>Date uploaded to Trust Approved Documents page: 22/12/22</p>
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