CONCEALED PREGNANCY is a situation where a woman actively hides her pregnancy and keeps it secret from her family and social network and can lead to tragic consequences such as maternal or neonatal death. Concealed pregnancy may lead to delayed or no antenatal care, which impacts on health outcomes. In many cases, GPs are the first healthcare professional a woman confides in when concealing a pregnancy.

What is concealed pregnancy?

A review of the concept of concealed pregnancy has identified a lack of clarity around the definition. Concepts of concealment and denial are often used interchangeably. Concealment refers to a situation where a woman is aware of the pregnancy but consciously chooses to hide it from others.1

Berns2 stated that a continuum of behaviours exists, ranging from simple concealment to professed unawareness. Conlon3 proposed three typologies to consider when women book late for antenatal care: concealed pregnancy; conscious denial of pregnancy; and undetected pregnancy.

Tragic cases of concealed pregnancy

This year marks the 30th anniversary of the death of Ann Lovett and her baby7 and the Kerry babies case.4 In 1984, Ann Lovett, a 15-year-old girl, and her newborn son died after birthing alone in a grotto having concealed her pregnancy. Irish historical accounts of concealed pregnancy and infanticide are reminders of a sad legacy involving women and childbirth in Ireland.5,6,7 Concealed pregnancy is not just an Irish phenomenon. In September 2013, a 19-year-old student and her baby were found dead in her dorm following a concealed pregnancy in California.8

Why is concealed pregnancy serious?

Concealed pregnancy has significant implications for maternal and fetal wellbeing (see Table 1). Confidential enquiries into maternal deaths have highlighted the risks to women associated with concealed pregnancy. Women who conceal their pregnancies experience complex psychological distress, embarrassment, stigma, and isolation.1,9,10

Delayed or absence of antenatal care may lead to serious pregnancy-related complications such as pre-eclampsia. Childbirth complications such as postpartum haemorrhage and death may occur, and unassisted birth is a risk.10

Implications of concealed pregnancy for the infant are significant. Risks for the infant include no opportunity to detect foetal anomalies amenable to treatment, risk of mal-presentations, prematurity, low birth weight (LBW), small for gestational age babies (SGA) and birth injuries.10,11 The impact of concealed pregnancy on maternal-infant attachment is unknown.

Neonaticide and abandonment are closely associated with concealed pregnancy.14,16,20 An association between concealed pregnancy and abandonment exists; therefore a focus on supportive services for women and children is necessary.14 Serious case reviews into child deaths in the UK have found that concealed pregnancy has been a precursor in some cases.

Prevalence rates

Determining the incidence of concealed pregnancy is difficult because data are recorded in an ad hoc manner.1 Prevalence rates of concealed pregnancy have been reported, but few involving large sample sizes. A small Irish case control study found a prevalence of 1 in 148 births.15 Conlon1 found a prevalence of concealed pregnancy (20 weeks gestation) of one in 403 births in the West of Ireland and one in 625 births in Dublin. Wessel et al17 found a prevalence of one in 2,500 births (up to birth) in Berlin.

Who conceals a pregnancy?

The notion that only teenagers conceal their pregnancies is incorrect. The literature reports that women who conceal

Table 1: Risks of concealing pregnancy

<table>
<thead>
<tr>
<th>Risks of concealment for the woman</th>
<th>Risks of concealment for the infant</th>
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<tbody>
<tr>
<td>Inadequate or absence of antenatal care</td>
<td>No opportunity to detect fetal anomalies amenable to treatment</td>
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<tr>
<td>Hard to detect estimated date of delivery, unprepared for birth</td>
<td>Risk of prematurity, LBW, SGA</td>
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<tr>
<td>Previous concealed pregnancy</td>
<td>Birth injuries</td>
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<tr>
<td>Precipitous or unassisted birth</td>
<td>Admission to NICU</td>
</tr>
<tr>
<td>Maternal death (Lovett case)</td>
<td>Neonaticide, infanticide and abandonment</td>
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<tr>
<td>Immense psychological distress, isolation, feeling judged, sense of stigma, shame</td>
<td>Higher perinatal mortality than comparison groups</td>
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<tr>
<td>Poor obstetric outcomes: increased risk of breech presentations, pregnancy and childbirth complications</td>
<td>Infants often raised by grandmothers or given up for adoption</td>
</tr>
<tr>
<td>Poor adaptation postpartum</td>
<td>Effect on maternal-infant attachment unknown</td>
</tr>
</tbody>
</table>
have no clear typology, come from all social classes, with varying educational backgrounds. Women who conceal a pregnancy range primarily from 18 to 26 years, but may be older or younger, married or single. Variations in the duration of concealment are reported and recurrence of concealed pregnancy warrants further investigation.

**Reasons for concealing a pregnancy**

Reasons for concealing a pregnancy are complex, but in many cases functional aspects include taking time to weigh up options and make decisions. Other reasons for hiding a pregnancy include social factors such as stigma of lone motherhood, financial insecurity and religious beliefs regarding abortion. Complex familial/relational situations can impact on a woman’s decision-making with a crisis pregnancy. Keeping a pregnancy secret can be a coping strategy that enables women to maintain control over the outcome of a pregnancy.

In *Motherhood Silenced*, accounts of concealed pregnancy in Ireland illustrated how families were complicit in the concealment process. Pregnancies were concealed by elaborate plans and arrangements that sometimes involved the religious, social services and families. Thynne’s thesis identified that among a sample of women who concealed their pregnancies, six out of eight families were unsupportive of the woman’s decision to parent her child. One woman continued to conceal the existence of her baby due to paternal pressure to keep the birth a secret, and indicates a temporal aspect to concealment. A powerful radio interview highlighted a case of concealed pregnancy due to incest. Some women may have safety needs and this indicates the necessity for care pathways and supportive services.

**The importance of the study and what we can do**

Understanding the concept of concealed pregnancy is important for practice, for developing research, healthcare policy and maternity services. The findings may assist in the development of care pathways for women who choose to conceal their pregnancies.

**Conclusion**

Concealed pregnancy is a public health issue of national and international significance. Sexual attitudes are more conservative in Ireland than in other European countries. Concealed pregnancy is not rare and impacts on maternal and neonatal outcomes. GPs are a vital first point of contact for women accessing antenatal care and who are concealing their pregnancies. It is important that women who are in such situations have access to supportive care.

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How you can help: The authors are undertaking a study entitled Keeping It Secret, The KISS Study: Your story of concealed pregnancy. If you are interested in finding out more about our research or assisting in recruiting women to this study, please email Sylvia at Email: smurphyt@tcd.ie or call 087-9817340.

References on request