

# Neonaticide & Suspicious Perinatal Death: Time for a New Perspective



## "Suspicious perinatal death" needs a new perspective

The death of a newborn child or late-term foetus is always a tragedy, and one that is incredibly difficult to prevent. Research suggests that women suspected of causing the death of an infant/foetus are incredibly vulnerable and have experienced a "crisis pregnancy". The crisis leads a woman to conceal/deny her pregnancy from herself and those around her, resulting in the child dying around the time of birth – in the perinatal period.

This briefing, written for professionals involved in the safeguarding of children, draws on research from Durham University. Key findings suggest that we need to reframe how we consider and approach the death of newborn children. "Neonaticide" has traditionally been used to describe such deaths. However, this term fails to adequately capture the experiences of affected women as well as the nature of the death of the child. Furthermore, while newborn child death is incredibly difficult to detect and prevent, supporting women and empowering them to seek help when they experience a crisis pregnancy will have the greatest impact.

### We recommend:

- The term "suspicious perinatal death" should replace "neonaticide" to more accurately label the deaths of late-term foetuses and newborn infants following a crisis pregnancy.
- Accurate description of the suspicious death of a newborn child is essential to support those responsible for the protection of children and vulnerable women, assisting them to identify the issues that surround these cases, and so, hopefully, prevent deaths.
- The best approach to preventing suspicious perinatal deaths is to increase community services for women: poverty relief, tackling domestic abuse, reproductive health education and provision of contraception, and easy access to abortion services, including telemedical abortion.



## Newborn child killing & "crisis" pregnancy

A child under the age of one year is most at risk of being a victim of homicide compared to all other age groups. [1] The first twenty-four hours after birth are particularly dangerous for infants born to vulnerable women who experienced a "crisis" pregnancy. "Crisis" pregnancy is the term that [Dr Emma Milne](#), Durham University, has developed to characterise women's experiences of pregnancy that cause them a crisis. [2] Durham University research indicates that while most women who discover they are pregnant and do not want to be, or feel they cannot be, take steps to end the pregnancy immediately, a small number of women find the news leaves them paralysed and unable to act. These women are incredibly vulnerable. It is the context surrounding them and their pregnancy that results in women facing a crisis that they feel they cannot address:

- poverty
- violence and abuse from a partner or family member
- limited social support
- a complicated obstetric history or a history of mental health problems.

Teenage girls may also experience a crisis pregnancy. For some of the most vulnerable teenagers, discovering that they are pregnant can be terrifying. Shame and distress still surround teen pregnancies, [3] sometimes leaving girls not knowing where to turn to receive support.

### Concealing/denying a pregnancy

A crisis pregnancy can lead a woman to conceal and/or deny her pregnancy from herself and the people around her. Evidence is inconclusive as to whether a woman can be completely unaware she is pregnant. Some research indicates that most women have some knowledge of the possibility they are pregnant, even if only fleetingly, while other women have no knowledge. [2] Furthermore, a woman's awareness of her pregnancy in such cases can be said to be undetermined and varying, changing in nature as the pregnancy progresses. The transient nature of a woman's perception of her pregnancy can be exacerbated by misinterpretation, significant reduction, or absence of the symptoms and bodily changes of pregnancy. [4]

### Newborn infant death

The killing of a newborn child is very likely to follow a concealed/denied pregnancy. However, it is the wider issues that lie behind the concealment/denial that are significant, rather than the concealment/denial itself. The circumstances that surround the woman and lead her to experience her pregnancy as a crisis are the same circumstances that result in her being fearful of revealing her pregnancy to others, including support services.

The consequence for such women is that often they are surprised by the birth of the child, having few or significantly reduced signs and symptoms of labour and delivery. The woman is often alone when she gives birth; delivering in the bathroom, and potentially into the toilet bowl due to the mistaken belief she is having a bowel movement. If the baby survives the unexpected birth, then he/she will often die post-birth either due to a lack of attention, or due to the violent actions of the mother. [2] Psychological and psychiatric research has found that women who actively kill the child are often in a dissociative state following the birth, and lack control of their actions. [5] Women have also been reported to have fallen unconscious after the delivery, waking up to find the child has died. [2] A small number of women take steps to illegally end their pregnancies in the late stages by purchasing medication via the internet from unofficial sources.



## Neonaticide

The term "neonaticide" has traditionally been used to describe instances when a child is killed within 24 hours of its birth. The term comes from the Latin *neos*, meaning "new", and *caedere*, meaning "to kill". Consequently, the term implies action, and possibly intent to kill a newly born child. Findings from Dr Emma Milne's research [2] shows that intent to kill is not the experience of the vast majority of women who suffer a crisis pregnancy, which results in the death of the foetus/newborn child. Thus, the term "neonaticide" fails to capture the experiences of affected women and the nature of the death of the child.

Firstly, in only a minority of the cases examined in the Durham University study did the death of a newborn child occur due to the woman taking decisive steps to end its life, after it had been born alive. In most cases, the foetus/child died either of unknown causes or due to neglect by the mother, which does not appear to have been intentional. For example, one woman is said to have fallen unconscious following the solo birth. When she regained consciousness, the baby had died.

Secondly, to fully understand the dynamics and nature of cases of newborn "infant" death following a crisis pregnancy, we must consider all deaths that occur around the time of birth. The cases range from instances where the foetus dies in utero, potentially due to the woman taking substances to illegally procure a miscarriage, or it dies in the process of birth, or following live birth. In England and Wales, a person must be born alive to obtain full legal protection, and therefore be able to be a victim of a crime of homicide or an offence against the person. Deaths that occur before live birth would not constitute a homicide offence for the woman. As the term "neonaticide" implies a form of homicide, it does not adequately capture the nature of the death of the foetus/newborn child.

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## Suspicious perinatal death

Dr Emma Milne has coined the term, "suspicious perinatal death" as it more adequately captures the nature of the death of a foetus/newborn child following a crisis pregnancy.

"Perinatal" refers to the period immediately surrounding birth. In the context of these cases, the perinatal period commences as a woman reaches the 24th week of gestation. 23 weeks + 6 days of pregnancy marks the point at which women can no longer request an abortion under the Abortion Act 1967 s1(1)(a), on the grounds that "the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman" or her family. The perinatal period ends 24 completed hours after live birth. The first 24 hours are critical in the life of a baby. If the child has survived the first day following birth, then it is unlikely that he/she will die in the circumstances outlined here.

The phrase "suspicious death" is used to indicate the range of circumstances in which the foetus/child could die during the perinatal period. Furthermore, the phrase reflects the variety of experiences of women and varying levels of culpability.

The term "suspicious perinatal death" should be adopted for use by professionals responsible for the safeguarding of children, replacing "neonaticide". Suspicious perinatal death more accurately labels the deaths of late-term foetuses and newborn infants in the circumstances outlined here. Accurate description of this type of suspicious death is essential to support those responsible for the protection of children and vulnerable women, assisting them to identify the issues that surround these cases, and so, hopefully, prevent deaths.

## Safeguarding Children

Suspicious perinatal deaths are notoriously difficult to prevent; often no one is aware the woman is pregnant, nor that her pregnancy is causing her a crisis. This reality has led some to argue that increased surveillance of all women and girls of childbearing age, with regular administration of pregnancy tests, is the best way to prevent newborn children from dying. [6] Such an approach is not only impractical, but also violates women's and girls' rights.

Instead, the best approach to attempt to reduce crisis pregnancies, and thus the number of deaths, is to:

- increase state support for women living in poverty
- increase support for women living in abusive situations, including counselling and assistance to support a woman to leave an abusive relationship
- increase community support services, providing women with spaces to seek assistance
- continue providing education about reproductive health, sex, and contraception, and easy and free access to contraception (including the morning after pill)
- provide easy access to abortion services, including continued provision of telemedical abortion services.

Sadly, there is no easy method of prevention of suspicious perinatal deaths. Supporting women and empowering them to seek help will have the greatest impact.

## About the research

Briefing based on research findings published in ***Criminal Justice Responses to Maternal Filicide: Judging the Failed Mother*** (Emerald Publishing, 2021). The research analysed court transcripts from 15 criminal cases of women heard in England and Wales between 2010 and 2019. These represent almost a complete sample of cases from the period. In each case, the woman's foetus/newborn child died in suspicious circumstances, and the mother of the child was convicted of an offence connected to its death. Cases were assessed to evaluate the nature of the death and the women's experiences.

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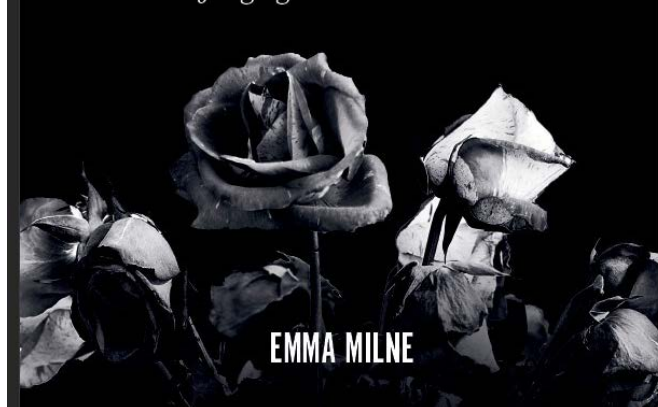
## References

- [1] ONS (2022) **Homicide in England and Wales: Year Ending March 2021**.
- [2] Milne E (2021) *Criminal Justice Responses to Maternal Filicide: Judging the Failed Mother*. Bingley: Emerald Publishing Limited.
- [3] Ellis-Sloan K (2014) Teenage Mothers, Stigma and Their "Presentations of Self". *Sociological Research Online*. 19(1): 16-28.
- [4] Brezinka C, et al (1994) Denial of Pregnancy: Obstetrical Aspects. *Journal of Psychosomatic Obstetrics & Gynecology*. 15(1): 1-8; Spielvogel AM and Hohener HC (1995) Denial of Pregnancy: A Review and Case Reports. *Birth*. 22(4): 220-6.
- [5] Spinelli MG (2001) A Systematic Investigation of 16 Cases of Neonaticide. *American Journal of Psychiatry*. 158(5): 811-3.
- [6] Jenkins A, et al (2011) Denial of Pregnancy: A Literature Review and Discussion of Ethical and Legal Issues. *Journal of the Royal Society of Medicine*. 104(7): 286-91; Kaplan R and Grotowski T (1996) Denied Pregnancy. *Australian and New Zealand Journal of Psychiatry*. 30(6): 861-3.

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# CRIMINAL JUSTICE RESPONSES TO MATERNAL FILICIDE

*Judging the Failed Mother*



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## Help and support

If you are pregnant and you need help and support, including advice about abortion, contact the British Pregnancy Advisory Service ([www.bpas.org](http://www.bpas.org)) or MSI Reproductive Choices UK ([www.msichoice.org.uk](http://www.msichoice.org.uk)).



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