



**Guideline for Non-attendance in maternity care**

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## **1.0 Introduction**

Safe and effective care should be provided to all women and their families. Statistically women who have a poor attendance are in a high-risk group for maternal and fetal complications (CMACE 2011). Planning of maternity care must be women centred and must consider social, emotional and physical factors which may affect pregnancy and the ability to access maternity care. If the reason why the woman was unable to attend an appointment is ascertained through routine enquiry, then alternative arrangements may be made to suit the circumstances of the individual.

The reason could include:

- The woman is unclear about the value of appointment attendance
- She may not have the capacity to consent or there is a language barrier
- The pregnancy is being concealed from others
- She may be avoiding contact from professionals
- She has moved out of the area
- The appointment has been sent to the wrong address

## **2.0 Objective**

To provide clear guidance for maternity and medical staff of action required for non-attendance at appointments. Midwives should ensure that women who do not present for care are identified; clear records kept and alternative access to care is offered in both community and hospital settings. Where a woman is identified as not accessing appropriate antenatal care, midwives and the obstetric team should communicate with all involved agencies.

## **3.0 Scope**

This guideline applies to all medical, nursing and midwifery staff working in Women and Children's Services.

## **4.0 Main body of the document**

Poor attendance is associated with poor outcomes. Women with complex social factors are at increased risk of poor attendance for antenatal care. (NICE 2010).

Women at risk include:

- All women with complex social factors such as:
  - those living in poverty or homeless
  - Those with substance misuse
  - Recent migrants or women with difficulty speaking or understanding English
  - Women suffering domestic abuse
  - Asylum seekers
- Women aged under 20
- Women with complicated pregnancies or maternal health conditions
- Women who have been assessed as lacking capacity (University Hospitals of Leicester, 2019)



#### **4.1 In area women**

The community midwife is the named midwife and on completion of the booking appointment the midwife will document on the Maternity Medway System the type of care required and the woman's choice of place of birth.

#### **4.2 Out of area women**

It is the responsibility of the midwife in Antenatal Clinic to inform the respective trust's Community Midwife where the woman is resident regarding any DNAs.

#### **4.3 Women who do not speak English as their first language**

Pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English, may not make full use of antenatal care services. This may be because of unfamiliarity with the health service or because they find it hard to communicate with healthcare staff (NICE, 2010).

In addition, passport checks in hospitals and the likelihood of incurring large debts make many women too afraid to attend antenatal appointments (European Network to Reduce Vulnerabilities in Health, 2017). Healthcare professionals should help support these women's uptake of antenatal care services by:

- Using telephone translation services for women who do not speak English.
- Explaining the importance and schedule of antenatal care through translation services

#### **4.4 Antenatal care**

##### **4.4.1 Booking**

If a woman fails to present for an initial booking appointment, the community midwife will review the GP records in full, check the investigation results to confirm ongoing pregnancy and ensure the contact details are correct.

- The midwife will contact the woman to rearrange the appointment
- The midwife will liaise with any other agencies involved
- Where telephone contact is not possible, the first DNA letter will be sent with new appointment details (Appendix 4).
- If a second consecutive appointment is missed, the second DNA letter will be sent out to encourage the woman to contact maternity services (Appendix 5).

If the woman fails to contact maternity services within one week, the midwife will contact the GP and team leader to raise concerns and will document this as narrative within the Electronic Patient Record (EPR). The midwife will attempt to determine if this is still an ongoing pregnancy.



#### **4.4.2 Community**

All midwives should ensure that women on their caseloads are seen regularly for antenatal care.

##### **1<sup>st</sup> DNA**

- Check GP records/ICE to confirm the pregnancy is still ongoing and that the demographic details are correct
- Review any safeguarding background information and liaise with any relevant agencies if needed.
- Attempt to contact the woman by telephone
  - Leave a message if there is a personal voicemail and send a text confirming a new appointment
  - If there is no personal voicemail leave a message to say that an appointment has been missed but don't mention maternity or midwife.
- Arrange next midwifery appointment to take place within 2 weeks.
- Send standard letter (appendix 4)
- Document on the EPR the missed appointment and actions taken

##### **2<sup>nd</sup> DNA**

Repeat steps above and arrange another appointment within seven days. The midwife must send the second missed antenatal appointment letter (Appendix 5).

##### **3<sup>rd</sup> DNA**

This now requires active follow up

- The midwife must attempt a home visit to try and engage with the woman
- If unable to make contact, hand deliver the third missed antenatal appointment letter (Appendix 6)

If the CMW is unable to trace the woman, the missing family procedure should be followed. <http://bdghnet/Departments/Protection/6934.html>

#### **4.4.3 Antenatal Clinic (hospital)**

At the end of the clinic the midwife must identify any women who did not attend.

##### **1<sup>st</sup> & 2<sup>nd</sup> DNA**

- Possible reasons for non-attendance should be established before a further appointment is sent out. The midwife should review the records for any safeguarding background information and liaise with any relevant agencies and the safeguarding team if appropriate



- A new appointment should then be sent out for the next available clinic with their named Consultant
- The named community midwife or specialist midwife involved in the woman's care should be informed of the non-attendance by email, and the EPR updated. For non-attendance at a specialist midwife clinic, the specialist midwife will rearrange this appointment.

### **3<sup>rd</sup> DNA**

In addition to the steps above:

- Request community midwife undertakes a home visit and encourages the women to access care
- Notes to be reviewed by the Consultant responsible for care, or on call consultant if MLC (midwife led care). The Consultant will write to the woman's GP to alert them of her failure to access care
- The named community midwife (if out of area the responsibility will be with the antenatal clinic midwife) will inform and liaise with the safeguarding team

#### **4.4.4 Ultrasound Appointments**

If ANY obstetric ultrasound appointment is missed, a sticker will be placed in the designated DNA diary by the admin team. The Antenatal Clinic Midwife or Midwife Sonographer will investigate if the woman has:

- Miscarried
- Given birth or is a hospital inpatient
- Moved out of area
- Changed the appointment or has an appointment elsewhere

Follow guidance for non-attendance at Antenatal Clinic appointment.

#### **4.4.5 Antenatal Day Unit (ANDU)/Maternity Assessment Unit (MAU)**

If any woman fails to attend, the midwife will contact the woman to rearrange. If contact with the woman is not possible the original referrer should be informed (if applicable). If it is necessary for the women to attend the same day and contact is not possible, the community midwife should be informed to perform a home visit to ascertain the reason for non-attendance and to discuss the importance of attendance

#### **4.5 Women who decline Antenatal care**

- Midwife to inform Team Leaders and Matron
- Offer appointments/home visits for discussion of options for care
- Provide the woman with a copy of the NICE Antenatal Care guidelines (2019)
- If the woman is clear that she understands the benefits of receiving antenatal care and the risks of declining care but is insistent that she wishes to decline this she has a right to do so
- Seek support from appropriate Specialist Midwife team



- Involve appropriate agencies, particularly where there may be safeguarding concerns or mental capacity concerns
- Speak with the Named Midwife for safeguarding and consider a local safeguarding referral
- Ensure the woman is aware she can seek care at any point should she change her mind and has contact details to do so
- Document within the EPR all discussions and plans made
- If care is declined early in pregnancy, contact at 28 and 36 weeks to re-offer care, this can be by letter, and it must be documented in the EPR.

#### **4.6 Intrapartum care**

There are a number of reasons why women may not attend when they are in labour:

- Precipitate labour
- The urgency of the situation may not have been recognised by the woman or the hospital
- The woman may intentionally plan an unassisted birth

Any woman who states an intention to decline intrapartum care will be offered meetings incorporating birth planning, with a Consultant and senior midwives (matron level or above). The circumstances of this decision must be fully investigated and support will be offered to the woman throughout the pregnancy.

Inform and liaise with the Safeguarding team. Ensure all conversations are documented within the EPR.

##### **4.6.1 Freebirth**

In the United Kingdom it is legal for a woman to choose to freebirth her baby. A woman cannot be forced to have anyone present at the birth.

#### **4.7 Postnatal care**

##### **4.7.1 Community**

###### **1<sup>st</sup> Ineffective visit**

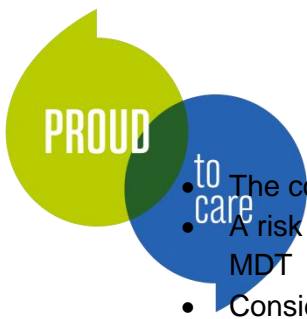
The community midwife will:

- Check whether the appointment was changed by the woman
- Phone, text, or hand deliver a letter to the woman with another appointment for the following day.
- Any communication must explain the value of postnatal care and document this (Appendix 7)
- Review the records for any safeguarding background information and liaise with any relevant agencies and safeguarding team if appropriate

###### **2<sup>nd</sup> ineffective visit**

This now requires active follow up.





- The community midwife will escalate to the lead midwife and the safeguarding team
- A risk assessment will be formulated to plan future appointments and consider the MDT
- Consideration will also be given to the “was not brought” policy.

If the community midwife is unable to trace the woman, the missing family procedure should be followed.

#### **4.7.2 Hospital Setting**

Attendance for postnatal care on the ANPN (Antenatal Postnatal) ward when the baby is in the Neonatal Unit (NNU) will be planned, and if the mother does not attend this will be followed up, liaising with NNU in the first instance.

If she does not attend, the woman’s community midwife will be informed to discuss ongoing care in the community.

If there is a failure to attend a 6-week postnatal clinic appointment, the notes will be reviewed by the named Consultant and a letter sent and follow up appointment if applicable.

#### **5.0 Roles and responsibilities**

All midwives and the obstetric team have a responsibility to ensure that women who miss any type of appointment are followed up and seen. Also, to ensure there is clear documentation of the missed appointment and any action taken.

#### **6.0 Associated documents and references**

#### **7.0 Training and resources**

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

#### **8.0 Monitoring and audit**

Any adverse incidents relating to non-attendance at maternity appointments 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.

#### **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**

**Appendix 2**  
**Glossary of terms**

DNA - Did Not attend  
ANDU - Antenatal Day Unit  
MAU - Maternity Assessment Unit

**References**  
**Appendix 3**

Centre for Maternal and Child Enquiries: Reviewing maternal deaths to make motherhood safer (2006 -2008) 2011

National Institute of Clinical Excellence : Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (2010)

<https://www.nice.org.uk/guidance/cg110/resources/pregnancy-and-complex-social-factors-a-model-for-service-provision-for-pregnant-women-with-complex-social-factors-pdf-35109382718149>

<https://www.aims.org.uk/information/item/freebirth#post-heading-2>



Maternity Services  
Barnsley Hospital NHS FT  
Gawber Rd  
Barnsley  
S75 2EP  
Tel: 01226 435369

Date:

Dear

I'm sorry you were unable to attend your scheduled Antenatal appointment.

On (date)                      At (time)                      At (venue)

We hope that you are well. Sometimes missed appointments can mean that you haven't been well or that other issues have arisen that prevented you from attending. If this is the case please let us know how we can help you. Looking after yourself during pregnancy is important and your antenatal appointments are the best way we can help you by monitoring your health and that of your developing baby.

**Another appointment has been made for you**

On (date)

At (time)

At (venue)

If you are unable to attend, please contact your community midwife or GP surgery to rearrange

Community Admin Team: 01226 435369  
Antenatal Hospital appointment: 01226 433985

Yours Sincerely

Barnsley Maternity Services  
cc GP records  
Antenatal Clinic [barnsley.anclinic@nhs.net](mailto:barnsley.anclinic@nhs.net)







**APPENDIX 7**

Maternity Services  
Barnsley Hospital NHS FT  
Gawber Rd  
Barnsley  
S75 2EP  
Tel: 01226 435369

Date:

Dear

I'm sorry you were unable to attend your postnatal appointment  
On (date)                      At (time)                      At (venue)

We hope that you are well. Sometimes missed appointments can mean that you haven't been well or that other issues have arisen that have prevented you from attending. If this is the case, please let us know how we can help you.

**Another appointment has been made for you**

On (date)

At (time)

At (venue)

If you are unable to attend or you need any further advice, please contact the  
Community Midwifery Office on 01226 435369 9am-5pm  
Or the ANPN Ward 01226 432242 (24 hours)

Yours Sincerely

Community Midwife  
cc: GP Records



**Appendix 8**

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
Maternity Guideline group	04/03/2021
Women’s Business and Governance meeting	19/03/2021
CBU 3 Overarching Governance Meeting	28/04/2021
NICE Trust guideline meeting	13/05/2021





**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.

<b>Document type (policy, clinical guideline or procedure)</b>	Guideline
<b>Document title</b>	Guideline for Non-attendance in maternity care
<b>Document author</b> (Job title and team)	K Bushell K Turner, D Gibbon, Maternity Guideline Group
<b>New or reviewed document</b>	New
<b>List staff groups/departments consulted with during document development</b>	Senior midwives, lead safeguarding midwife, consultant obstetricians
<b>Approval recommended by (meeting and dates):</b>	Maternity guideline group 04/03/2021 Women's Services Business & Governance meeting 19/03/2021 CBU 3 Business and Governance meeting 28/04/2021
<b>Date of next review (maximum 3 years)</b>	28/04/2024
<b>Key words for search criteria on intranet (max 10 words)</b>	DNA, did not attend, non-attendance
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>	
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	Name: Charlotte Cole Designation: Practcie Educator Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

<p><b>Approved by (group/committee):</b>      CBU3 Overarching Governance Meeting</p> <p><b>Date approved:</b> 28/04/2021</p> <p><b>Date Clinical Governance Administrator informed of approval:</b> 13/05/2021</p> <p><b>Date uploaded to Trust Approved Documents page:</b> 03/06/2021</p>
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