



**Aneurin Bevan University Health Board**

# **Guideline for Women and Pregnant People who Do Not Attend (DNA) Antenatal Appointments**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## 1. Introduction/Overview

The aims of antenatal care are to optimise maternal and fetal health, to offer women maternal and fetal screening, to make medical or social interventions available to women where indicated, to improve women's experience of pregnancy and birth and to prepare women for motherhood (National Institute for Health and Care (NICE), 2023). Despite these evidenced benefits of antenatal care, some women do not attend their arranged antenatal care appointments. Poor engagement with antenatal care is associated with increased maternal and fetal mortality and morbidity within the UK (Nair *et al.*, 2015; Nair *et al.*, 2016; Knight *et al.*, 2020).

This document provides guidance for the management of non-attendance at scheduled antenatal appointments. Maternity services should be provided using a woman-centred approach, which should take into consideration the various social, emotional and physical factors that may affect women's ability to access maternity care. If midwives are able to ascertain the reason for non-attendance through sensitive enquiry, individualised arrangements should be made to assist the woman in accessing antenatal care.

## 2. Policy Statement

The Health Board is committed to providing evidence-based, safe care for all pregnant women, in order to optimise outcomes. This document is designed to support safe and effective practice.

## 3. Aims/Purpose

To inform clinicians' decision making to standardise the management of missed antenatal appointments.

## 4. Objectives

This document will provide a series of actions to be taken in the event of:

- First missed appointment
- Second or subsequent missed appointments
- Women who decline antenatal care

## 5. Scope

This guideline applies to all clinicians working within maternity services.

## 6. Roles and Responsibilities

All clinicians working within maternity services are responsible for ensuring implementation of this guideline for women in their care.

## **7. Guidance**

### **7.1 General Principles**

Most women will attend their arranged antenatal appointments in line with the schedule of care defined by the NICE Antenatal Care guidelines (NICE, 2023). However, some women do not attend (DNA) antenatal care or choose to decline antenatal care. This can be attributed to a variety of reasons, including but not limited to:

- Miscarriage
- Early pregnancy complications
- Hospital admission
- Change in booking hospital / relocation to another area
- Misunderstanding of appointment
- Women making other arrangements for care (independent midwives/private care)
- Choosing to decline antenatal care

Midwives must discuss the importance and benefits of attending regular antenatal care and the usual schedule of care and document this in the BadgerNet Record. Midwives also need to ensure that they keep a record of non-attendance and document this within the woman's electronic record on BadgerNet.

Communication with the wider multidisciplinary team is essential in managing non-attendance at scheduled antenatal appointments. Women who are particularly vulnerable or at risk (e.g. safeguarding, substance misuse, perinatal mental health) should be followed up with appropriate involvement of and communication with the care team, which may include the Lead Midwife for Safeguarding, Lead Midwife for Substance Misuse, Perinatal Mental Health Team, GP, Obstetric/Gynaecology team, Antenatal Clinic and external agencies such as Children's Services if involved.

Management of non-attendance should be managed using a sensitive approach, particularly to avoid distress where women may have suffered early pregnancy loss or misunderstood the appointment, whilst reinforcing the importance and benefits of regular antenatal care.

### **7.2 Actions**

#### Early Pregnancy

1. If a woman fails to attend a scheduled antenatal appointment in early pregnancy, the antenatal administration staff should obtain confirmation of the ongoing pregnancy from the Early Pregnancy Assessment Unit (EPAU).
2. It is usual if the pregnancy has ended that the antenatal clinic staff are informed of this via gynaecology secretaries/EPAU staff. The antenatal clinic midwife will communicate with the named midwife to share this information to ensure no further contact is attempted. The midwife will close the open pregnancy record on the midwifery information system.
3. In cases where the pregnancy is ongoing, the antenatal appointment staff will reappoint the woman to the next available clinic.

#### First Non-Attendance at Scheduled Hospital Antenatal Appointment

1. The midwife responsible for the clinic/DAU/Triage will contact the woman by telephone to establish the reason for non-attendance. The non-attendance and reason should be documented on BadgerNet and an alert should be added with this information.
2. The midwife responsible for the clinic/DAU/Triage will contact the community midwifery team/community midwife to ensure they are aware.
3. The midwife responsible for the clinic/DAU/Triage will arrange the next appointment whilst on the telephone with the woman, ensuring she is aware. If the midwife is unable to contact the woman by telephone, the woman may be informed of her next appointment in writing via appointment letter

#### First Non-Attendance at Scheduled Community Antenatal Appointment

1. The named midwife will check GP and CWS records to ascertain if pregnancy is ongoing and that demographic details are correct.
2. The named midwife will attempt to contact the woman by telephone to establish the reason for her non-attendance. The non-attendance and reason should be documented on BadgerNet and an alert should be added with this information.
3. The named midwife will arrange the next appointment whilst on the telephone with the woman, ensuring she is aware. If the midwife is unable to contact the woman by telephone, the woman may be informed of her next appointment in writing via appointment letter.

#### Second Non-Attendance at Scheduled Hospital/Community Antenatal Appointment

1. The midwife responsible for the clinic/DAU/Triage will again make contact to determine if there is a reason for non-attendance. If successful, document this conversation on BadgerNet and rebook the appointment if the woman/birthing person consents.
2. If contact is unsuccessful, liaise with the named/community midwife, who should complete a wellbeing visit.
  - a. If successful, offer to perform an antenatal check at this contact in their home if appropriate.
  - b. If unsuccessful, consider liaising with the named Health Visitor (if they have one) and GP to establish any other reason for non-attendance.
3. The midwife responsible for the clinic/DAU/Triage will upload this information to BadgerNet and place an alert on the maternity information system as well as documenting in their work diary the reason for non-attendance, indicating any additional or alternative arrangements made with the woman to provide care. This may include, but is not limited to, requesting obstetric medical records staff to reappoint the woman to the next clinic. These actions provide an opportunity to discuss and formulate a plan for provision of continued care for the woman.
4. For a woman choosing to decline obstetric / joint obstetric medical ante natal care, the midwife reviewing the clinic should consider the clinical need to ensure care plans are followed with the consultant obstetrician / medical consultant in the woman's absence. The community midwife will visit the woman to perform an ante natal visit and encourage attendance at clinic.

**\*There is no requirement to refer to Childrens Services for non-attendance of antenatal care in isolation.** A referral should only be made when there are additional safeguarding concerns.

#### Women who decline Antenatal Care

1. The named/community midwife will inform the Community Lead Midwife of the woman's choice to decline antenatal care.
2. The named/community midwife should have a fully informed discussion with the woman about the importance and benefits of antenatal care, using the NICE (2023) Antenatal Care guidelines to inform the discussion. Ensure the woman is aware that she can seek care at any point should she change her mind, and ensure she has the contact details to enable her to do so.
3. If the woman is clear that she understands the benefits of receiving antenatal care and the risks of declining care, but still chooses to decline, this is her right to do so.

4. The named/community midwife should document this discussion and the woman's choice within the BadgerNet Record and place an alert on the maternity information system.
5. Where appropriate, support can be sought from the Community Lead Midwives, Senior Midwifery Manager for Community, Consultant Midwife, Specialist Midwife team and Clinical Supervisor for Midwives.
6. If the woman declines care in early pregnancy, she should be contacted at 28 and 36 weeks to re-offer care, by letter or email. This should be documented within the BadgerNet Record and place an alert on the maternity information system.

## **8. Resources**

All necessary resources are already available within the Health Board.

## **9. Training**

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

## **10. Implementation**

The recommendations in this guideline are already in clinical practice within the Health Board.

## **11. Further Information Clinical Documents**

The evidence for this document has been checked against relevant guidelines provided by RCOG and NICE. A full list of references is included below.

## **12. Health and Care Standards Wales**

This guideline complies with the Health and Care Standards Wales by providing guidance to support the provision of high-quality safe healthcare. This guideline promotes practice that is up to date, effective and consistent and can be used in day-to-day practice to encourage a consistent level of quality and safety across the Health Board. It supports a patient-centred approach, enabling women to contribute to and be involved in decisions regarding their own health and wellbeing.

## **13. Equality**

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human

Rights. Details of the screening process for this policy are available from the policy owner.

This policy promotes multidisciplinary working between all those involved in the care of women in pregnancy.

#### **14. Environmental Impact**

An Environmental Impact Assessment is not required and has not been carried out for this policy.

#### **15. Audit**

It is advised that the recommendations in this document be audited to ensure compliance by all staff.

#### **16. Review**

3 yearly – April 2027

#### **17. References**

Knight, M., Bunch, K., Tuffnell, D., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J.J. (Eds.) on behalf of MBRRACE-UK. (2020) *Saving Lives, Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries in to Maternal Deaths and Morbidity 2016-18*. Oxford: National Perinatal Epidemiology Unit (NPEU), University of Oxford. Available online: [https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/maternal-report-2020/MBRRACE-UK\\_Maternal\\_Report\\_Dec\\_2020\\_v10\\_ONLINE\\_VERSION\\_1404.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf) [Accessed 23/04/2021].

Nair, M., Kurinczuk, J.J., Brocklehurst, P., Sellers, S., Lewis, G., and Knight, M. (2015) Factors associated with maternal death from direct pregnancy complications: a UK national case-control study, *British Journal of Obstetrics and Gynaecology*, 122 (5), pp. 653-662.

Nair, M., Knight, M., and Kurinczuk, J.J. (2016) Risk factors and newborn outcomes associated with maternal deaths in the UK from 2009 to 2013: a national case-control study, *British Journal of Obstetrics and Gynaecology*, 123 (10), pp. 1654-1662.

National Institute for Health and Care Excellence (NICE). (2023) *Antenatal Care Quality Standard*. London: NICE. Available at:

<https://www.nice.org.uk/guidance/qs22/resources/antenatal-care-pdf-2098542418117> [Accessed 10/04/2024].

### 18. Appendix 1 Flow Chart

