



Aneurin Bevan University Health Board

Guideline for Women who Default Antenatal Clinic 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 This is to avoid the risk of out of date printed versions of the document.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 on the document.

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1 Executive Summary

This document is a clinical guideline designed to support safe and effective practice.

1.1 Scope of guideline

This guideline applies to all clinicians working within maternity services.

1.2 Essential Implementation Criteria

Auditable standards are stated where appropriate.

2 Aims

To provide support for clinical decision making.

3 Responsibilities

The Maternity Management team.

4 Training

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

5 Monitoring and Effectiveness

Local service Improvement Plan will guide monitoring and effectiveness.

6 Appendices

Appendix 1

Guideline for Women who default Antenatal Clinic Appointments

Liaison and communication between health professionals and other agencies involved in the provision of antenatal care will be maintained throughout the pregnancy. All staff should consider women who default an ante natal appointment in the context of women with complex needs, hard to reach groups, and women with communication challenges.

If a woman fails to attend an antenatal appointment in early pregnancy, the midwife needs to obtain confirmation of the ongoing pregnancy from the General Practitioner and gynaecology department. In cases where the pregnancy is ongoing, the midwife and obstetric medical records staff will reappoint the woman to the next available clinic.

If the pregnancy has ended, the ante natal clinic midwife will cross check the gynaecology miscarriage list and ensure all further pregnancy related invitations and visits are cancelled eg dating / anomaly scans. The midwife will also close the open pregnancy record on the midwifery information system.

During the pregnancy, if a woman defaults an arranged clinic appointment, the midwife responsible for the clinic will contact the community midwifery team / community midwife to ensure they are aware of the situation. The midwife responsible for the clinic will contact the woman to establish the reason for her non-attendance, this information should be uploaded to documents on CWS and alert on the maternity information system, re appoint the woman to the next available and appropriate clinic. An appointment letter will be sent to the woman.

On a second or subsequent occasion of defaulting ante natal clinic, the midwife responsible for the clinic will liaise with the community midwife who will visit the woman and establish her reason for non-attendance. The midwife responsible for the clinic should upload this information to documents on CWS and place an alert on the maternity information system. The community midwife will upload this information to documents on CWS and alert on the maternity information system and document in her work diary the reason for non-attendance, indicating any additional or alternative arrangements made for effective provision of antenatal care. This

may include requesting obstetric medical records staff to reappoint the woman to an ante natal clinic, and consideration of referral to social services in instance of persistent defaulting. It is good practice to inform the woman's GP of persistent defaulting. These actions provide an opportunity to discuss and formulate a plan for provision of continued care for the woman.

On any occasion of a woman defaulting 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.

Appendix 2

Flow Chart

