

Title: Guidelines for the follow up of women who do not attend planned midwifery care  
Reference: PTHB / MAT 011  
Status: Final



## Guidelines for the follow up of women who do not attend planned midwifery care

<b>Document Reference No:</b>	PTHB / MAT 011	
<b>Version No:</b>	4	
<b>Issue Date:</b>	January 2024	
<b>Review Date:</b>	January 2027	
<b>Author:</b>	Lead Midwife for Safeguarding	
<b>Document Owner:</b>	Head of Midwifery and Sexual Health	
<b>Accountable Executive:</b>	Executive Director of Nursing and Midwifery	
<b>Approved By:</b>	Women and Children's Policy and Procedures Oversight Group	
<b>Approval Date:</b>	15 <sup>th</sup> January 2024	
<b>Document Type:</b>	Guidelines	Clinical
<b>Scope:</b>	PTHB Midwifery Staff	

The latest approved version of this document is online.  
If the review date has passed, please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching  
Local Health Board  
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol  
Addysgu Powys

Title: Guidelines for the follow up of women who do not attend planned midwifery care  
 Reference: PTHB / MAT 011  
 Status: Final

### Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Aug 2009
2	2 <sup>nd</sup> Issue – Reviewed. No significant changes	Nov 2017
3	3 <sup>rd</sup> Issue – Reviewed. Minor changes to update references and job roles.	Dec 2018
4	4 <sup>th</sup> Issue- Updated in line with PTHB 'Was Not Brought Policy', updated references, contact details and job titles. Added declining all midwifery care and safeguarding responsibility, Updated title of policy & Added template letters	Jan 2024

### Engagement & Consultation

#### Key Individuals/Groups Involved in Developing this Document.

Role / Designation
Lead Safeguarding Midwife
Head of Safeguarding
Lead Practitioner for safeguarding

#### Circulated to the following for Consultation.

Date	Role / Designation
Nov 2017	Powys Midwives
Nov 2017	Safeguarding team
12/12/2018	Midwifery Management & Leadership team
Oct 2022	Powys Midwives Safeguarding team Midwifery management and Leadership team
Dec 2023	Safeguarding Team Powys Midwives

#### Groups approved at

Date	Group
03/01/2024	Maternity guidelines Group
15/01/2024	Women and Children's policies and procedures group

<b>Evidence Base</b>
<p>Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?</p> <ul style="list-style-type: none"> <li>• Wales Safeguarding Procedures (2019)</li> <li>• Social Services and Wellbeing (Wales) Act 2014</li> <li>• Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 <ul style="list-style-type: none"> <li>• Health and Care Standards April 2015 Standard 2: Safe Care Standard 2.7 Safeguarding Children and Adults at Risk.</li> <li>• Working Together to Safeguard Children 2018</li> </ul> </li> </ul>

<b>Item No.</b>	<b>Contents</b>	<b>Page</b>
1.	Introduction	4
2.	Objectives	4
3.	Definitions/Abbreviations	5
4.	Role/Responsibilities & training	6
5.	Care for all women	7
6.	Process: If a woman does not attend for an appointment in the antenatal period	9
7.	Documentation	10
8.	Postnatal Period	10
9.	Safeguarding	11
10.	Monitoring Compliance/Audit	11
11.	Review and Change Control	11
12.	References/Bibliography	11
<b>Appendices</b>		
1	Draft Letter for 1 <sup>st</sup> DNA	13
2	Draft Letter for Disengagement from Midwifery	14
3	WNB Risk assessment	16

<b>1. Introduction</b>	<p>The importance of women engaging in antenatal and postnatal care is well known. Enquiries into maternal deaths continue to demonstrate that women who frequently neglect to attend for antenatal care or decline care are at increased risk of maternal death. The most recent MBRRACE report (MBRRACE, 2021) showed more than 60% of women who died between 2017-19 did not receive full recommended Antenatal care based NICE Antenatal Care Guidelines (National Institute for Health and Care Excellence, 2021). The number of women who avoided or disengaged from care in the time leading up to their death is striking and lessons can be learnt from this (MBRRACE, 2021). There are occasions where a patient's nonattendance is an indicator that they are at risk, so it is important this is recognized, and the risk is considered each time.</p> <p>This policy has been aligned with PTHB Was Not Brought policy (WNB), which outlines the management of children and adults at risk/ vulnerable adults when they are not brought to health appointments. Working Together to Safeguard Children' (2018) highlights that "Children failing to attend an appointment may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy" This applies to adults who have care and support needs (whether the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. There is a likelihood that these adults at risk/ vulnerable are also likely to be reliant on others to bring them to health appointments.</p> <p>Lord Laming (2003) recommended that following a missed appointment the responsibility for any assessment of the situation rests with the practitioner.</p>
<b>2. Objective</b>	<ul style="list-style-type: none"><li>• Midwives will be aware of the increased risk to women and their babies of <b>frequent</b> non-attendance for planned midwifery care.</li><li>• Midwives should offer women access to flexible midwifery care in the community and home visits if appropriate.</li><li>• Midwives should ensure that women who do not attend for <i>planned</i> care are identified, the risks of a lack of antenatal/postnatal care communicated to them, alternative access to care offered and clear records kept.</li><li>• That Midwives are aware of the PTHB Was Not Brought Policy, including when to complete relevant risk assessments, consider safeguarding</li></ul>

	<p>concerns, seek support from the PTHB Safeguarding Team and complete relevant safeguarding referrals.</p> <ul style="list-style-type: none"> <li>• This policy should not be used for women who decide they do not wish to access maternity care due to their birth rights. This is covered within <i>Mat 079- Informed Choice, Personalised Care and The care if women making choice outside of recommended guidelines</i></li> </ul> <p><a href="#">MAT 079 Informed Choice, Personalised Care and The Care of Women Making Choice Outside of Recommended Guidelines.pdf</a></p>
<p><b>3. Definitions / Abbreviations</b></p>	<ul style="list-style-type: none"> <li>• <b>PTHB</b> – Powys Teaching Health Board</li> <li>• <b>DGH</b> – District General Hospital</li> <li>• <b>Vulnerable Adult/Adult at risk</b> – refers to any adult who due to a lack of capacity, physical or cognitive disability is deemed unable to attend an appointment without the support of a family member or care provider.</li> <li>• <b>OTL</b> – Operational Team Lead – a Band 7 midwife who is a team lead and contactable 24 hours per day as accordance with a rota.</li> <li>• <b>NMC</b> – nursing and Midwifery Council</li> <li>• <b>WNB</b>- Was not brought - is defined as any scheduled appointment physical or virtual, to see an adult at risk/child, who, did not attend/was not presented/was not brought for their appointment. This refers to any prearranged contact with an adult/child, whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service. It is to be noted that this should also be considered if health appointments are frequently rearranged with health professionals, following all attempts to make appointments more accessible. In addition, this includes a failure to make an initial appointment when requested to do so.</li> <li>• <b>NAV</b>- No Access Visit - is an appointment made in advance, and when the health care professional attends their place of residence, or another setting within the community, at the pre-arranged time and place, they are not available, and no contact is made.</li> <li>• <b>DNA</b>- Did not attend - is defined as any scheduled appointment to see an adult who is not assessed to be at risk, who, without notifying the service, did not attend for their appointment.</li> <li>• <b>Disengagement</b> - is when an adult, family member, or carer, does not respond to requests from health professionals. The indicators of disengagement are usually cumulative and may include: - <ul style="list-style-type: none"> <li>• Disregarding health appointments</li> <li>• Not having a GP</li> <li>• Not being home for visits from professionals</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Not allowing professionals into the home</li> <li>• Agreeing to take an action but never seeing it through.</li> <li>• Hostile behaviour towards professionals</li> <li>• Manipulative behaviour resulting in no health care.</li> <li>• Actively avoiding contact with professionals</li> <li>• Attendance at urgent treatment centres, and emergency departments but not waiting to be seen/taking own discharge.</li> <li>• <b>Disguised Compliance</b> – involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals’ concerns. Patterns of this behaviour should be discussed with your line manager and/ or the safeguarding team.</li> </ul>
<p><b>4.</b></p>	<p><b>Role / Responsibilities/ Training</b></p> <p><b>Role</b></p> <p><b>Midwifery Managers</b></p> <ul style="list-style-type: none"> <li>- Ensure that all staff read &amp; understand this policy.</li> <li>- Regularly review compliance with this policy</li> <li>- Support clinical staff with the implementation of this policy.</li> </ul> <p><b>Midwives</b></p> <ul style="list-style-type: none"> <li>- Ensure they have read and are familiar with the contents of this document.</li> <li>- Follow the processes outlined in this policy when a woman does not attend for planned antenatal.</li> </ul> <p><b>Lead Safeguarding Midwife</b></p> <ul style="list-style-type: none"> <li>- Ensure all staff in midwifery are using this document when there are consent about non engagement.</li> </ul> <p><b>Responsibilities</b></p> <p>Women must be able to trust midwives with their health and wellbeing. Midwives must ensure that the wellbeing and health of women and their unborn babies are their first concern. Midwives must treat women as individuals and respect their dignity, whilst working with others to protect and promote the health and wellbeing of women in their care and their families (NMC 2021).</p> <p>Midwives are responsible for ensuring that services are accessible to women in the local community. Informing women and their families of the services available to them; this includes the provision of services outside of traditional working hours (09:00hrs-17:00hrs) and the opportunity to receive routine antenatal care within the home, especially for families where access to the birth Centre may be difficult.</p>

	<p>Midwives are responsible for ensuring those women who do not attend for appropriate care are followed up and given every reasonable opportunity to receive midwifery care. A schedule of visits must be outlined in the woman's handheld notes and contact telephone numbers clearly provided. The risks of not engaging with maternity care must be made clear as part of a conversation around the importance of attending appointments.</p> <p><b>Training</b>        All employees following this guideline will hold a current midwifery qualification and be on the NMC register.        They must be up to date with their L3 Safeguarding Childrens Training and competency Passport.        All midwives are expected to complete Mandatory safeguarding supervision twice per year.</p>
<p><b>5. Care for all women</b></p>	<ol style="list-style-type: none"> <li>1. All women who have agreed to midwifery care and subsequently do not attend for appointments, are followed up to explore the reasons for nonattendance. This should be as soon as possible to avoid delays in care.</li> <li>2. All women who are not at home for an agreed visit will be followed up to explore the reasons for the no access visit</li> <li>3. All women will be made aware of the importance of antenatal and postnatal care for the health and wellbeing of themselves and their babies at the booking appointment. A of Schedule of care should be discussed with women and documented during their initial antenatal booking appointment and the risks of not attending routine maternity care should be documented within the patient's records.</li> </ol> <p>It should be noted that patients who need to access our services may have multiple pressures and demands, including communication issues such as literacy, language and learning disabilities, issues regarding poverty, their mobility, discrimination or social exclusion, access to or ability to utilize the equipment required for virtual appointments. PTHB recognises the importance of modelling services, which are accessible, relevant, user friendly, engaging, and respectful. Therefore, when arranging appointments and home visits all services are expected to consider all necessary steps to prevent or reduce the potential for nonattendance wherever possible.        This will include offering choice and flexibility in relation to appointment times and location; offering clear, unambiguous, user-friendly information</p>

in an accessible format and translated into languages appropriate to local communities; employing the use of language line as necessary.

Any written communication offering an appointment should make it clear:

- The importance of booking/attending the appointment
- How to contact the service if there are any difficulties in attending the appointment at the date/time/venue offered

### **Women who decline all or some aspects of care**

A woman's right to autonomy and bodily integrity, is protected by Article 8 of the Human Rights Act (1998) and cannot be overruled even if there is a concern about an unborn baby's health/ recommendations for the birth, as a baby does not have legal rights until it is born.

In the UK it is legal for a woman to freebirth her baby and to decline some or all antenatal care. A woman cannot be forced to have anyone present at the birth, nor can she be forced to undergo medical interventions. A woman does not have to justify her decision, nor base it on a particular reason. In the relevant case law for this, Butler-Schloss stated that a woman may refuse medical intervention – which would include antenatal and postnatal care - 'for religious reasons, other reasons, for rational or irrational reasons or for no reason at all, if they have made an informed decision and been informed of the risks of their decision (AIMS, 2023)

RCM suggests that maternity services should seek to build a dialogue with women considering a freebirth or declining midwifery care. This should include a chance to "share what is important to her in relation to her psychological and physical safety", to give her time to "explore why she wants to have an unassisted birth" and the offer of support for previous birth trauma or physiological support she may need.

There are women who decline midwifery care who may be considered as vulnerable adults/adults at risk, such as those with a lack of capacity, or there are risk factors such as domestic abuse, drug or alcohol misuse, untreated mental health issues that may impact the wellbeing of the unborn. If you are aware of any potential risk factors then a risk assessment should be completed, and safeguarding processes followed if concerns are identified. PTHB Safeguarding Policy

If further advice or support is required, then a discussion with the safeguarding Hub should be arranged.



**6. Process:**

**If a woman does not attend for a planned appointment in the antenatal period:**

Whilst it is acknowledged that women are responsible for their own care, and that they may choose not to accept the care offered. Midwives have a responsibility to follow up women who do not attend for antenatal care to clarify whether they are declining services or failing to engage.

1. Midwives should contact the woman to discuss the reasons for non-attendance and arrange an alternative appointment. This contact should be within 3 working days. Where telephone contact cannot be made, further appointments should be sent by post and/or electronically- either via email or text message if possible.

2. If contact cannot directly be made with the woman, then midwives should review records, contact GP or DGH to clarify if there is any known reason for non-attendance or if the pregnancy has ended, and should check if the address and contact details are correct. The letter in appendix 1 should be sent to the pregnant person via post and a copy retained for the records with a follow up appointment outlined within.

3. If a second or subsequent appointment is missed, and no contact can be made then a home visit should be considered.

If no access/ contact is gained following that home visit, then the midwife should liaise with any other professionals including, DGH, GP or any other health professional including health visitor and school nurse, Local Authority (Powys front door) that are involved with the family to explore if any other action is required or any potential reasons for the lack of engagement.

If any child safeguarding concerns are identified, then a safeguarding report (MARF) may be required as per the PTHB safeguarding policy [Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf - All Documents \(sharepoint.com\)](#)

There are women who may not attend for planned midwifery care who may be considered as vulnerable adults/adults at risk, such as those with a lack of capacity, or there are risk factors such as domestic abuse, drug or alcohol misuse, untreated mental health issues that may impact the wellbeing of the unborn.

If you are aware of any of these vulnerabilities then a risk assessment should be completed as per PTHB 047 Was Not Brought [Policies & Written Control Documents - SGP 047 Policy for Children & Vulnerable Adult, Adult at Risk, who Was Not Brought to Health Appointments.pdf - All Documents \(sharepoint.com\)](#) and safeguarding processes followed if concerns are identified.

	<p><b>If you have any concerns or are unclear around whether threshold for safeguarding is met, please access advice and support via the Lead Midwife for safeguarding or the PTHB safeguarding hub. <a href="mailto:PowysTHB.safeguarding@wales.nhs.uk">PowysTHB.safeguarding@wales.nhs.uk</a> 01686 252806</b></p> <p>If subsequent attempts to contact the woman are unsuccessful, and no concerns have been identified. The woman should be sent a letter (Appendix 2) with the GP copied in.</p>
<p><b>7.</b></p>	<p><b>Documentation</b></p> <p>Midwives should keep accurate records of all attempts to contact, discussions held and appointments offered. Copies of all letters/ emails should be included in a woman’s internal hospital records. All failed appointments should be documented on the SIP2 tracker as a significant event. This information should be shared with the health visitor prior to handover to the health visitor.</p>
<p><b>8.</b></p>	<p><b>Postnatal Period</b></p> <p>If a midwife is unable to access a newborn baby or vulnerable adult to provide routine postnatal care:</p> <ol style="list-style-type: none"> <li>1.If direct communication through phone call or text message cannot be made to rearrange a further appointment. The midwife should firstly post a compliment slip through the woman’s door, asking her to contact maternity services. A subsequent attempt should be made to visit either later that day or the following day.</li> <li>2.If a woman fails to make contact; telephone contact by the midwife should be attempted again. The address and telephone number should be checked. In the case of a DGH birth, the discharging DGH should be contacted to confirm address and telephone number. A visit should be arranged for the following day.</li> <li>3.If contact still cannot be made the following day, the midwife should notify the OTL and consider seeking advice from PTHB Safeguarding Hub or Lead Midwife for Safeguarding.</li> <li>4.If there are continued no access visits, other relevant practitioners should be informed, and WNB &amp; No access <a href="#">Policies &amp; Written Control Documents - SGP 047 Policy for Children &amp; Vulnerable Adult, Adult at Risk, who Was Not Brought to Health Appointments.pdf - All Documents (sharepoint.com)</a> / Safeguarding policy <a href="#">Policies &amp; Written Control Documents - SGP 036 Safeguarding Policy.pdf - All Documents (sharepoint.com)</a> should be used.</li> <li>5.All attempts at access and communication should be documented clearly.</li> </ol>

	6. There should be robust communication and handover to the health visitor when there has been any concerns around accessing of care.
<b>9.</b>	<p><b>Safeguarding</b></p> <p>If any safeguarding concerns or significant risk factors are identified for a child or young person/vulnerable adult, practitioners must follow Wales Safeguarding Procedures (2019) and SGP036 Safeguarding Policy <a href="#">Policies &amp; Written Control Documents - SGP 036 Safeguarding Policy.pdf (sharepoint.com)</a> . Advice and support can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email <a href="mailto:PowysTHB.Safeguarding@wales.nhs.uk">PowysTHB.Safeguarding@wales.nhs.uk</a> (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847.</p> <p>All registered practitioners should access appropriate safeguarding supervision and training as per guidance. <a href="#">Safeguarding Supervision (sharepoint.com)</a></p>
<b>10.</b>	<p><b>Monitoring Compliance / Audit</b></p> <p>The number of women who do not attend for regular midwifery care will be audited through the midwifery SIP2 database/ significant events audit.</p>
<b>11.</b>	<p><b>Review and Change Control</b></p> <p>This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.</p>
<b>12</b>	<p><b>References / Bibliography</b></p> <p>Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021</p> <p>National Institute of Health and Care Excellence (NICE) (2021) CG62 – Antenatal Care in Uncomplicated Pregnancies. London: NICE</p> <p>Nursing and Midwifery Council (NMC) (2015) The Code: Professional Standards of Practice and Behaviour for nurses, midwives and nursing associates. London: NMC</p> <p>SGP 047 Policy for children and adults who was not brought (WNB) to health appointments, previously referred to as Did Not attend (DNA) health appointments, to include No Access Visits (NAV) Jan 2022, PTHB</p> <p>CYSUR 2019 Child practice review</p>

Title: Guidelines for the follow up of women who do not attend planned midwifery care  
Reference: PTHB / MAT 011  
Status: Final

<p>Lord Laming report (2003)</p> <p>Mid and West Wales Safeguarding Board Right Help at the Right Time Regional Threshold Document 2017 MWWSB Regional Adult Safeguarding Threshold Guidance (July 2018) Social Services and Wellbeing (Wales) Act 2014</p> <p>North Wales Safeguarding Board Extended Adult Practice Review NWSAB1/2017/FCC</p> <p>PTHB/HSP 005 Protecting Employees from Violence and Aggression</p> <p>Public Health Wales Learning from Reviews 01 April 2017 to 31 March 2018</p> <p>Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015</p> <p>Wales Safeguarding Procedures (2019)</p>
---

## Appendix 1

### Draft Letter for 1<sup>st</sup> DNA



Community Health Services  
Waterloo Road  
Llandrindod Wells  
Powys  
LD1 6BH

2023

Our Ref: Missed Antenatal Appointment  
**PRIVATE & CONFIDENTIAL**

Dear [INSERT NAME],

#### ***Missed Planned Antenatal Appointment***

We are writing to you regarding the missed planned Antenatal Appointment on [INSERT DATE OF APPT MISSED] with your midwife, [INSERT MW NAME] at [LOCATION OF APPT].

We understand that change of circumstances can arrive at short notice, however, please ensure that you notify your midwife if you cannot attend an appointment, to allow your appointment to go to another family. If you are unable to attend because of personal difficulties or challenges with appointment times/venues, please contact your midwife who will be able to offer you a flexibly timed appointment or a home visit if necessary.

Antenatal care has many benefits for you and your unborn baby. The aim of antenatal care is to monitor and support your ongoing pregnancy, identify any additional needs your or your baby may have. We also aim to provide you with evidence-based information around pregnancy, [birth](#) and the postnatal period so that you can have a safe and healthy pregnancy, birth and beyond.

We have booked you an alternative appointment on [INSERT DATE], [TIME], [VENUE]. Please contact us as soon as possible to let us know if this is a suitable time for you, or if you need to reschedule.

If you have decided you wish to withdraw from Antenatal care, then please call your named midwife to have a conversation around your decision.

Yours sincerely

[SIGNATURE]

[NAME]  
[ROLE]



## Appendix 2

### Draft Letter for Disengagement from Midwifery



Community Health Services  
Waterloo Road  
Llandrindod Wells  
Powys  
LD1 6BH

2023

Our Ref: Multiple Missed Antenatal  
Appointments  
**PRIVATE & CONFIDENTIAL**

Dear [INSERT NAME],

***Multiple antenatal appointments not attended leading to  
Discontinuation of midwifery care***

We are writing to you as you have not attended multiple planned Antenatal Appointments on [INSERT DATES OF APPT MISSED] with your midwife [INSERT NAME]. According to our records, this is the [3<sup>rd</sup>/ 4<sup>th</sup> etc] missed appointment in this pregnancy and we have been unable to contact you.

Antenatal care has many benefits for you and your unborn baby. The aim of antenatal care is to monitor and support your ongoing pregnancy, identify any additional needs your or your baby may have. We also aim to provide you with evidence-based information around pregnancy, birth, and the postnatal period so that you can have a safe and healthy pregnancy, birth and beyond. The MBRACE report highlights women who do not receive routine Antenatal appointments are at higher risk of complications arising and them becoming problematic. |

Routinely all pregnant women are offered 10 routine antenatal appointments and 2 ultrasound scans throughout their pregnancy to monitor yours and your unborn babies health, while also offering screening and health advice. Depending on your health and obstetric history you may be offered addition appointments, tests and scans.

The routine schedule of care that is offered is:

- Booking appointment (8-10 weeks) with midwife
- Dating Ultrasound Scan (12 weeks)
- 16 week midwife appointment
- Anomaly Ultrasound Scan (20 weeks)
- 25 week midwife appointment
- 28 week midwife appointment
- 32 week midwife appointment
- 34 week midwife appointment
- 36 week midwife appointment
- 38 week midwife appointment
- 40 week midwife appointment
- 41 week midwife appointment
- 



Title: Guidelines for the follow up of women who do not attend planned midwifery care  
Reference: PTHB / MAT 011  
Status: Final

We understand that change of circumstances can arrive at short notice, and it can be difficult to get to antenatal appointments- so please contact your midwifery team ASAP if you still wish to access maternity services.

Due to the difficulties contacting you around the provision of care, please feel free to contact us on the details below if you wish to access further antenatal care & we will aim to provide you an appointment that is at a time and location that is suitable for you. We have notified your GP of the disengagement of care.

Yours sincerely

[SIGNATURE]

[NAME]

[ROLE]

01874 622443- Ask for the on-call midwife for [TEAM NAME]

[MOBILE NUMBER]

[EMAIL]

## WNB Risk assessment

### Appendix 3

#### Points to consider when assessing the impact of any missed appointment and assist in identification of potential risk

- Are there existing safeguarding concerns?
- What is the person's health condition, diagnosis or vulnerability? Consider the consequences of this missed appointment on the individual. This is relevant to any service and any appointment.
- Why was the person referred to PTHB services?
- Review the referral details, was the referral made with the person's consent?
- Is there a history of failed visits / attendances? Consider the number and over what time period. Look at the chronology, are appointments with other professionals being attended?
- How long is it since the patient was last seen, under what circumstances and by whom?
- Have other services known to the patient been contacted, are they able to provide any information that assists in decision making (0-19 Team, Health Visitors, Adult Social Care etc.)
- Is there a history of falls/wandering/self-neglect?
- Was the patient in any danger or risk identified if/when they did not respond/attend on any previous occasions?
- Has there been a recent period of ill health/ hospitalisation / life event?
- In your opinion could the person be at risk of immediate harm if not located. If so, why?

