

Guideline For The Management Of Women Who Do Not Attend for Antenatal Appointments

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Approval Body: Antenatal Forum

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Objective

This guideline should assist clinical decision making for all Health Care Professionals working within Maternity services, for women that default scheduled maternity appointments (Antenatal Clinic, community appointments, scan appointments, specialist appointments, ADAU).

To note – there is separate guidance for the failure to attend appointment to the Antenatal Assessment Unit.

Background

The MBRRACE report (2024), identified that women that book late or who were poor attenders at antenatal clinic were at a higher risk of maternal and fetal complications.

Maternity services must be women centred and consider social, emotional, and physical factors that may affect their ability to access maternity care. If the reason a woman has not attended an appointment is ascertained through sensitive enquiry, then alternative arrangements may be made to suit the circumstances of the individual.

Suggested Routine Antenatal Visits (NICE Clinical Guideline Antenatal Care, August 2021).

- Booking Visit – Should be undertaken by the 10th week of pregnancy.
- Early pregnancy scan – 11+2 – 14+1 weeks (screening tests)
- 16 Weeks gestation – Antenatal Check with community Midwife
- Anomaly Scan – 18 – 20+6 weeks gestation

Primigravida Visits – 25, 28, 31, 34, 36, 38, 40 and 41 weeks' gestation.

Multiparous Visits – 25 (if previous PET), 28, 31, 34-, 36-, 38- and 41-weeks' gestation. Appointments should also be in line with Gap/grow i.e. 2-3 weekly measurement of SFH.

Non-attendance at Antenatal Appointments

There may be many reasons why women are unable to attend scheduled antenatal appointments. As Health Care professionals, it is important to be aware of women's rights to receive and to refuse antenatal care, to ensure women are fully informed regarding the benefits of receiving antenatal care and explore with women the reasons or barriers they experience for non-attendance at antenatal appointments.

Declining Antenatal Care

It is not a legal requirement for women to attend for antenatal care (unless there is known safeguarding involvement). In accordance with Birthrights UK, the Human Rights Act, Article 8 '**protects the right to respect for private and family life**' – *Women have the right to make choices about childbirth including the right to right to make choices about what medical care they will and will not accept even if this means they choose to decline all medical care offered to them.*

If a woman chooses not to receive antenatal care during her pregnancy, it is important to ensure they are fully informed. Antenatal care provides women (and their partners) with support and information about pregnancy, birth, and the postnatal period, and assesses their risk of complications. Even in fit and healthy women,

concerns and complications can still arise, and good quality antenatal care can enable women to identify and manage potential problems, to reduce the chance of poor outcomes for both the woman and the baby, and to enhance the woman's (and her partner's) experience of pregnancy and childbirth (NICE, routine antenatal care for women and their babies, BMJ 2021;375:n2484). Health care professionals should utilise the NICE, routine antenatal care guidance to inform women of the importance of antenatal care.

To ensure conversations provide information on the benefits, risks, and the alternatives, Health Care Professionals should document discussions regarding antenatal care using the 'BRAIN' acronym. The proforma is available on WISDOM to document records of discussion.

If a woman chooses to decline routine antenatal care, they must be informed of the right to change their mind at any point in their pregnancy and be provided with contact details to be able to access maternity services. Women should be informed that they have the right to opt in or out of any aspect of antenatal care—for example, they may choose to receive community-based antenatal care while declining ultrasound scans. For women who choose to opt out of antenatal scans, please refer to the ***Guidance for women choosing to opt out of the Antenatal Screening Wales ultrasound protocol***, which can be located on WISDOM.

If a woman chooses not to engage in antenatal care, the named Community Midwife must inform their Team Manager and add an alert to WPAS to reflect this.

Exploring barriers in attendance of Antenatal Care

Through clinical incident reviews, national reports, and feedback from women, we recognise that barriers to accessing antenatal care do exist. As healthcare professionals, it is our responsibility to explore social, physical, and emotional factors that may impact access, and to proactively identify any potential barriers faced by women within our communities.

Potential barriers to be explored by Health Care Professionals

- Lack of awareness of the importance of antenatal care – misunderstanding of the purpose of appointments or screening tests which can lead to missed opportunities for early intervention.
- Transport - are the appointments difficult to attend on a particular day or time? Can they be arranged when the woman is able to access transport?
- Language barriers – does the woman understand the appointment schedule and when their next appointment is arranged? Have we used an interpreter to explain the location and purpose of the appointment?
- Number of appointments– has the woman got numerous appointments to attend? Where possible, appointments should be consolidated to assist the woman in attending. (For example – GTT and antenatal check in the Day Assessment Unit)
- Childcare – is the woman unable to attend due to childcare?
- Routine Enquiry – is the woman at risk of Domestic Abuse? Has the routine enquiry been asked?

This list is intended as a guide and is not exhaustive. It is designed to support Health Care Professionals in applying clinical curiosity to explore and address barriers for women in accessing antenatal care.

Sharing information in Pregnancy (SIP2)

If a pregnant person chooses to decline antenatal care, as stated above, this is their right and will not automatically generate a safeguarding concern or referral. However, if the pregnant person has an active Sharing information in pregnancy (SIP) file, all missed appointments should be documented on the file within the shared drive and the process below followed.

Social Services Involvement

If the Unborn's name has been placed on the Child Protection register and the family have a Named Social Worker, then every appointment missed should also be reported to the Named Social Worker who will be in regular contact with the family as part of the Child Protection process and the Named Social Worker will encourage compliance with antenatal care and offer solutions to any barriers preventing the pregnant person attending.

The Named Midwife for Safeguarding should be informed of all pregnant people actively involved in the Child Protection process who do not attend for antenatal care. The Named Midwife for Safeguarding should be informed by email.

Women who do not attend scheduled antenatal appointment in pregnancy.

This guidance applies to all scheduled antenatal appointments including ultrasound scans, antenatal clinics, community care, and day assessment unit visits. Non-attendance does not need to be consecutive. This guideline should be followed when a woman misses any three scheduled appointments at any point during her pregnancy.

1st time non-attendance

If a woman does not attend a scheduled antenatal appointment, confirmation of an ongoing pregnancy should be verified by checking Welsh Clinical Portal and WPAS. If the pregnancy is confirmed to be ongoing, the woman must be contacted by phone, a new appointment arranged, and the appointment details sent via her preferred method of communication—letter, email, or text message. All contact attempts must be documented in the SBAR section of the woman's WPAS record. This documentation should include details of the conversation, including any reasons the woman provides for missing the appointment, to help explore and address potential barriers to accessing care."

2nd time non-attendance

If a woman does not attend a second scheduled antenatal appointment, she must be contacted by phone and a further appointment arranged. The appointment details should be sent via her preferred method of communication—letter, email, or text message. In addition, the Community Midwife must be informed, and a note made in the SBAR section of the woman's WPAS record. The community Midwife should then make an opportunistic visit to the woman between the hours of 08.00-20.30 the same day or the following day, aiming to establish the reason for non-attendance and offer appropriate support. Any discussion regarding additional or alternative arrangements made for effective provision of antenatal care should also be documented in the All-Wales Handheld Maternity Record.

3rd time non-attendance

If a woman does not attend a third scheduled antenatal appointment, attempts should be made to contact her by telephone.

- **If contact is successful**, the conversation must be documented in the SBAR section of the woman's WPAS record, including a summary of the discussion.
- **If contact is unsuccessful**, all attempted communications must be recorded in the SBAR section of the woman's WPAS record.

The community Midwife should then undertake an opportunistic visit between the hours of 08.00-20.30 the same day or the following day to try to establish the reason for non-attendance. If the woman is not at the home address, the community Midwife should make a further opportunistic visit to offer antenatal care. During these visits, the importance of antenatal care should be discussed, and any barriers to accessing maternity services should be explored.

The named Midwife should inform their Team Manager of the woman's continued non-attendance for antenatal care, and a one-to-one meeting should be arranged to provide support and facilitate further discussion.

Additionally, the named Midwife should share information regarding the woman's non-attendance with her named Consultant (if Obstetric Led Care), General Practitioner and Health Visitor. This approach will provide an opportunity to discuss and identify an action plan for the provision of antenatal care to the woman.

It is important that communication between health professionals and other agencies involved in the provision of antenatal care is maintained throughout.

Women who do not attend for Antenatal appointments

1st time non-attendance

- Check pregnancy is ongoing on WPAS and WCP
- If the pregnancy is ongoing – contact the woman by phone. Explore reason for non-attendance for antenatal care
- Check for Sharing Information in Pregnancy (SIP)
- Arrange another appointment.
- Confirm appointment by post, email or text (depending on preferred contact method as determined by the woman, and her access to communication tools.
- Email named Community Midwife to inform of non-attendance.
- Record conversation and actions in WPAS under SBAR section

2nd time non-attendance

- Contact the woman by phone. Explore reason for non-attendance for antenatal care
- Check for Sharing Information in Pregnancy (SIP)
- Arrange another appointment.
- Confirm appointment by post, email or text (depending on preferred contact method as determined by the woman, and her access to communication tools.
- Email named Community Midwife to inform of non-attendance.
- Record conversation and actions in WPAS under SBAR section
- Inform named Community Midwife or Team of non-attendance.
- Community Midwife to attend home address for opportunistic visit, same day or next day between the hours of 08.00 and 20.30 hours. Explore reason for non-attendance.
- Antenatal check to be performed and documented in handheld maternity record

3rd time non-attendance

- Contact the woman by phone.
- Explore the reason for non-attendance for antenatal care
- Check for Sharing Information in Pregnancy (SIP)
- Arrange another appointment. Confirm appointment by post, email or text (depending on preferred contact method as determined by the woman, and her access to communication tools.
- Inform named Community Midwife or Team of non-attendance.
- Record conversation and actions in WPAS under SBAR section
- Community Midwife to attend home address for opportunistic visit, same day or next day, between the hours of 08.00 and 20.30 hours. Explore reason for non-attendance.
- Antenatal check to be performed and documented in handheld maternity record
- Named Midwife to escalate to Team Manager. 1:1 meeting to be arranged to offer support and facilitate discussion and plan.
- Team Manager to escalate to Community Matron, if appropriate.
- Named Midwife to explore possible non-attendance with General Practitioner and Health Visitor - to ensure communication between professionals.

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Guideline for the Management of Women who fail to attend for Antenatal Appointments
Name(s) of Author:	Rhiannon Griffiths, Kate Bannister
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	Update to policy regarding non-attendance for Antenatal care
Details of persons included in consultation process:	Antenatal Forum
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	2
Please list any policies/guidelines this document will supersede:	Guideline for the Management of Women who fail to attend for Antenatal Appointments 2018
Date approved by Group:	16 October 2025
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Please indicate key words you wish to be linked to document	DNA, ANC, fail, clinic, appointment, attend
File Name: Used to locate where file is stores on hard drive	