Missed Antenatal Appointments and Women Declining Antenatal Care Management Guideline

NHS
University Hospitals of Leicester
NHS Trust

Trust ref: C81/2005

"Currently UHL utilises the terms 'woman' and 'women' within their obstetric and maternity guidelines but these recommendations will also apply to people who do not identify as women but are pregnant or have given birth."

Contents

1. Introduction and who the guideline applies to: 1
2. Guidance for missed appointments 3
2.1 Antenatal care in community settings – actions to be taken: 3
2.2 Hospital Care – actions to be taken: 4
2.3 Actions for any woman not attending for ultrasound scan: 6
2.4 Actions for any woman declining Antenatal care: 6
3. Education and Training: 7
4. Monitoring criteria 7
5. References 7
6. Key Words 7
Appendix : Standard letter for Community 9
Appendix 2: Copy of standard letter for 3 missed community appointments: 10
Appendix 3: Copy of standard letter for 3 missed Hospital Consultant Clinic appointments: 11
Appendix 4: Copy of standard letter for 4 missed community appointments 12

1. Introduction and who the guideline applies to:

This guideline is intended for the use of all Maternity Unit staff in both hospital and community settings.

This guideline is designed to standardise the management of missed antenatal appointments and outline appropriate documentation to capture the actions taken by staff.

Background:

The majority of pregnant women attend for antenatal visits and accept care without any difficulty, following the standard visiting schedule outlined in the NICE Antenatal Care guidelines (2021). However a small number of women do not attend (DNA)

antenatal appointments or choose to decline antenatal care. This may be for a variety of reasons which can range from the benign to the suspicious:

- Miscarriage
- Early pregnancy complications and admission (e.g. hyperemesis)
- Change in booking hospital / relocation to another area
- Misunderstanding of appointment (particularly where there are language problems or learning difficulties)
- Alternative health beliefs leading to lack of engagement in antenatal care, including women who are clear that that do not to accept any antenatal care

Potential at risk women:

- Women with complicated pregnancies or maternal health conditions

- Women who have been assessed as lacking capacity

- All women with complex social factors such as those living in poverty, homeless women, those with substance misuse, women who are recent arrivals as migrants, women with difficulty speaking or understanding English, women suffering domestic abuse, asylum seekers and women aged under 20. (NICE 2021)

- Be aware that, according to the 2020 MBRRACE-UK reports on maternal and perinatal mortality, women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring and additional support. The reports showed that:
- compared with white women (8/100,000), the risk of maternal death during pregnancy and up to 6 weeks after birth is:
    - 4 times higher in black women (34/100,000)
    - 3 times higher in women with mixed ethnic background (25/100,000)
    - 2 times higher in Asian women (15/100,000; does not include Chinese women)
  - compared with white babies (34/10,000), the stillbirth rate is
    - more than twice as high in black babies (74/10,000)
    - around 50% higher in Asian babies (53/10,000)

- women living in the most deprived areas (15/100,000) are more than 2.5 times more likely to die compared with women living in the least deprived areas (6/100,000)

- the stillbirth rate increases according to the level of deprivation in the area the mother lives in, with almost twice as many stillbirths for women living in the most deprived areas (47/10,000) compared with the least deprived areas (26/10,000). (NICE 2021)

It is essential that the importance of attending for antenatal care is clear in the information women receive, and that all incidences of non-attenders or women declining care are clearly documented. Further appointments must be easily available and non attenders who are considered 'high risk' should be followed up with appropriate involvement of other agencies.

Management of non attenders should be sensitive enough to avoid distress where women have suffered early pregnancy loss or may have misunderstood the appointment whilst highlighting those women whose non attendance should trigger further action. It is for this reason that the following guidance uses the number of episodes of non attendance to differentiate the appropriate action.

Women who DNA hospital appointments and USS appointments 2 consecutive times within a 14 day period are reported on weekly and their circumstances investigated and acted on appropriately.

2. Guidance for missed appointments

2.1 Antenatal care in community settings – actions to be taken:

Potential at risk women (as per list on page 1) – any missed community appointment	**Community Midwife** • Check GP records to see if pregnancy remains ongoing and that demographic details are correct • Attempt to contact woman by telephone if these details are available, on two occasions, at different times of the day. • If unable to contact, Midwife to attempt to make home visit within 7 days. Notify woman in writing (Standard Letter) of date and time of proposed visit. (Appendix 1) • Seek support from appropriate Specialist Midwife team. • Involve appropriate support agencies – particularly where there may be safeguarding concerns – complete local safeguarding form for welfare issues • Complete ' E3, and task GP

ALL OTHER WOMEN

1st DNA:	**Community Midwife** • Check GP records, E3 and patient centre to see if pregnancy remains ongoing and that demographic details are correct • Attempt to contact woman by telephone. • Arrange next midwifery appointment to take place within 2 weeks.Send text from system 1 or GP text.

	• Send standard letter if required. (Appendix 1)
2nd DNA:	**Community Midwife** • Check GP, E3 and patient centre records to see if pregnancy remains ongoing and that demographic details are correct • Attempt to contact woman by telephone. • Arrange next midwifery appointment to take place within 2 weeks and send Standard Letter (Appendix 1) and text from system 1 or GP text to patient if required • Complete E3, and task GP
3rd DNA:	**Community Midwife** • **As per at risk group guidance above** • Send standard letter in Appendix 2 if required

Home visit attempt - successful	**The midwife is visiting to try and engage with the woman. If she is allowed access to the home she will:** • Perform an Antenatal check with consent • Discuss why regular Antenatal care with the midwife is required and the implications of continued non attendance for mum and baby • Ask about the woman's reasons for non attendance, trying to offer solutions if possible • Document all the above in the hand held notes and E3
Home visit attempt - unsuccessful	• CompleteE3, and task to GP • Complete local safeguarding form • Send standard letter in Appendix 4

2.2 Hospital Care – actions to be taken:

Women with complex social factors (as per list on page 1) – any missed hospital appointment	**Antenatal records** • Check E3/patient centre to see if pregnancy remains ongoing and that demographic details are correct. If no change pass notes to Specialist Midwife or Antenatal Core Midwives for review. **Antenatal Core Midwife** • Attempt to contact woman by telephone if these details are available, on two occasions, at different times of the day • Contact Community Midwife to enquire if attending Community

NB: Specialist Midwives will often review their DNA's at during the relevant clinic and make a plan.	appointments. • If unable to contact notify Community Midwife or Specialist Midwife and ask to attempt home visit within 7 days. • Document in electronic records. **Specialist Midwife** • Arrange and notify patient in writing (Standard Letter – Appendix 1)) of date and time of proposed visit if this has been requested by the Antenatal Core Midwives. • Involve appropriate support agencies – particularly where there may be child protection concerns – complete local safeguarding form for welfare issues • **Follow process as for home visits above**
1st and 2nd Hospital Consultant Obstetric Clinic DNA:	**Antenatal records** • Check in-patient activity to see if patient has miscarried (check on ICE) • Review notes if specialist clinic not attended and discuss with specialist team **Antenatal Core Midwives** • Attempt to contact woman by telephone if these details are available, on two occasions, at different times of the day • Send further 2 week appointment • Document in electronic records
3rd Hospital Consultant Obstetric Clinic DNA:	**Consultant team / Antenatal Core Midwives to initiate further action to include:** • Contact Community Midwife for any information she can provide • Formulate individual plan of management with Obstetric team • Attempt to contact woman by telephone if these details are available and inform her of further appointment • If unable to contact woman notify Community Midwife or Specialist Midwife and ask to attempt home visit within 7 days. • Involve appropriate support agencies – particularly where there may be child protection concerns – complete local safeguarding form for welfare issues • Send standard letter if required (Appendix 3) • Complete electronic records (see missed contacts)

2.3 Actions for any woman not attending for ultrasound scan:

Ultrasound scan (dating / screening / detailed) DNA:	**Antenatal records** • Check in-patient activity to see if patient has miscarried (check on ICE) • Check E3/Patient centre records to see if pregnancy remains ongoing and that demographic details are correct • Send further 2 week appointment
Ultrasound scan for growth DNA:	**Antenatal records** • Check in-patient activity to see if patient has miscarried • Check electronic health record /Patient centre records to see if pregnancy remains ongoing and that demographic details are correct • Send further appointment and complete electronic scan form in case scan can be brought forward

2.4 Actions for any woman declining Antenatal care:

Women declining Antenatal care	• Community midwife to inform Team Lead and Community Matron • Offer appointments / home visits for discussion of options for care • Provide woman with copy of the NICE Antenatal Care guidelines (2021) • 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. • Offer Consultant midwife birth choices review and planning • Involve appropriate support agencies – particularly where there may be safeguarding concerns such as substance/alcohol misuse, mental capacity concerns • Complete local safeguarding form for information only (unless specific welfare concerns) • 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 hand held and add to electronic records alert all discussions and plans made • If declines care early in pregnancy, contact to be made at 28 and 36 weeks to re-offer care – this can be by e mail or letter and again must be documented in the electronic health record.

3. Education and Training:

None

4. Monitoring criteria

None

5. References

2020 MBRRACE-UK reports on maternal and perinatal mortality

NICE Aug 2021: Antenatal care. https://www.nice.org.uk/guidance/ng201(accessed 15/08/22)

NICE Sept 2010: Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors https://www.nice.org.uk/guidance/cg110/chapter/1-Guidance (accessed 15/08/22)

6. Key Words

DNA Missed appointments, at risk women, attendance at antenatal appointments.

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

<table>
<tr><th colspan="4">Contact and review details</th></tr>
<tr><td colspan="3">Author / Lead Officer:
Management of missed antenatal appointments Author: L Payne, L Matthews – reviewed by L Robinson and L Payne</td><td>Executive Lead
Chief Nurse</td></tr>
<tr><td>Reviewed by:</td><td colspan="3">Reviewed by: F Cox –Matron & F Ford - Matron</td></tr>
<tr><td>Approved by:</td><td colspan="2">Guidelines Group and Maternity Service Governance Group</td><td>Date Approved: September2022</td></tr>
</table>

REVIEW RECORD

Date	Issue Number	Reviewed By	Description Of Changes (If Any)
20.07.15	1	L Payne	Minimal changes. Vulnerable groups list minimised to just incorporate ALL vulnerable groups
July 2018	2	L Robinson and L Payne	Emphasis on scan of any gestation requiring 2nd appointment on DNA of the 1st scan appointment and new guidance on DNA of growth scans
August 2018	3	L Payne and Community Team leads	Guidance for when women decline all antenatal care More detailed record of action from Insertion of letter when safeguarding notified
August 2019	4	S Taylor	Incorrect version uploaded previously as section on women declining all antenatal care missing. Correct version uploaded
August 2022	5	F Cox E Wakelin Maternity guidelines group	Removed action form and replaced with electronic health record Added to send text from system 1 or GP Added statement regarding monitoring of DNA in hospital Added refer to Cons RM for declining care

Appendix : Standard letter for Community

University Hospitals of Leicester NHS

NHS Trust

Dear …………………………………………….

I am writing to you as you did not attend your antenatal appointment.
I understand that it can sometimes be difficult to attend for your antenatal care, and would like you to have the opportunity to discuss this and make sure that you and your baby are in good health. It is important that you have regular assessments with your midwife, so that the health of you and your baby can be monitored.

I have therefore made a further appointment for us to meet as below:

Date ………………….. Time ………………

Venue ……………………………………………………………….

Please could you try to attend for this appointment? If the date or time is not convenient please telephone the GP surgery to rearrange it.

Yours sincerely

Community Midwife

Appendix 2: Copy of standard letter for 3 missed community appointments:

University Hospitals of Leicester NHS
NHS Trust

Dear ……………………………………………

I am writing to you as you have not attended for your last three antenatal appointments.

I have written to you in the past to explain that it is important that you have regular assessments so that the health of you and your baby can be monitored.

In case it has just not been possible for you to get to your appointments at the surgery I plan to visit you at home on:

Date: Time:

Please could you try to ensure you are at home and if the date or time is not convenient please telephone the community office on: 0116 2584834 to rearrange it.

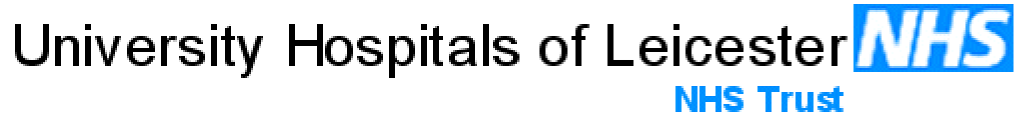
During this visit I will ask for your consent to check your blood pressure and urine and examine you to make sure that your baby is growing. I would also like to discuss with you the need for these checks and explain why it is vital that you have them regularly and to explore if there is any help you may need in order to attend in the future.

I look forward to seeing you when I call and hope that you are well. If I am unable to see you at this visit and you have not been in contact to make other arrangements it will be necessary to complete a Safeguarding form.

Yours sincerely

Community Midwife

Appendix 3: Copy of standard letter for 3 missed Hospital Consultant Clinic appointments:



Dear ……………………………………………

I am writing to you as you have not attended for your last three Hospital Consultant Clinic appointments.

Women are only offered Antenatal care in the hospital clinics when it is important that their pregnancy is monitored closely by a Consultant team to ensure the health and wellbeing of Mother and baby. This is usually because of factors such as a family history of problems or because the Mother has a medical condition that could affect the pregnancy.

We will be arranging for a Midwife to visit you at your home.

If there is anything I can do to enable you to attend for care or if you would like to discuss this please contact me on:

0116 ……………….

Name………………………………..
Job title………………………………

Consultant team

Appendix 4: Copy of standard letter for 4 missed community appointments

University Hospitals of Leicester NHS
NHS Trust

Dear ……………………………………………………

I wrote to you recently informing you of a planned home visit as you had not attended for your last 3 antenatal appointments.

I visited on…………………………………………………but you were not available.

It is important that you have regular assessments with your midwife, so that the health of you and your baby can be monitored and I am concerned that this has not been done.

As I have been unable to contact you at this visit and you have not been in contact to make other arrangements a safeguarding form will be completed as mentioned in my previous letter.

I will not send you any further appointments. However maternity services will always be available to provide care for you should you wish. I can be contacted via the community office on: 0116 2584834 (Monday to Friday).

Yours sincerely

Community Midwife