

## Guidance for Non-Attendance at Antenatal Clinics

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### Points to consider:

*Although the following guideline identifies a pathway for midwives to follow; individual circumstances and continuous risk assessment should be at the forefront of professional's decision making. For example, a patient with known significant vulnerabilities missing one appointment or not referring until a late gestation may need urgent action as opposed to waiting until a much later episode of non-attendance.*

*Contacting the midwife to frequently cancel appointments for various reasons should also be identified as a risk and further analysis should be considered.*

### Definition of non-attendance

Non-attendance is defined as any scheduled appointment missed without prior arrangement by the service user.

Antenatal care is crucial in assessing women's health and social needs and planning care effectively.

The MMBRRACE report (2019) highlights the importance of attending for antenatal care and continuity in same. There was noted to be double the number of direct or indirect deaths in women who received a minimum level of antenatal care (up to 3 antenatal appointments missed) compared with the women who received recommended antenatal care as per NICE guidelines (2019).

Non engagement may be higher in women with complex social factors such as child protection involvement, substance misuse, domestic abuse, recent migration to the UK and language barriers (Healthcare improvement Scotland, 2011).

Therefore, it is crucial that healthcare providers are actively following up persistent defaulters and keeping clear records of same.

As per NICE antenatal guidelines, midwives should endeavour to do the following:

At first point of contact or initial discussion with the woman:

- discuss the need for antenatal care
- offer the woman a booking appointment in the first trimester, ideally before 10 weeks if she wishes to continue the pregnancy

1.1.12 At the first contact and at the booking appointment, ask the woman to tell her healthcare professional if her address changes, and ensure that she has a telephone number for this purpose.

1.1.13 At the booking appointment, give the woman a telephone number to enable her to contact a healthcare professional outside of normal working hours such as triage

1.1.14 In order to facilitate discussion of sensitive issues, provide each woman with a one-to-one consultation, without her partner, a family member or a legal guardian present, on at least one occasion. (NICE, 2019).

### **Non-attendance at First Point of Contact (FPOC)/Booking Appointment**

- The midwife should access patient's Badger record, communicate with the GP/EPAS, access Clinical Portal, check Trakcare appointments to ascertain that this is an ongoing pregnancy and she hasn't received care elsewhere.
- If it appears that the woman has a continuing pregnancy then an appointment should be made for the earliest available clinic date and arranged with the woman, checking up to date demographics.
- Midwife should document non-attendance in the 'Did not Attend' note on Badger and record actions taken.
- Risk assess based on known gestation and known vulnerabilities, late booking is known to be associated with poorer outcomes for mothers and babies (ISD Scotland, 2018).

### **Non-attendance at Subsequent Return Antenatal Appointments**

#### **First non-attendance**

- The midwife should access patient's Badger record, check that the woman is not a current inpatient or receiving care elsewhere
- Attempt to contact the woman and agree the first available clinic date to rearrange if it is required
- Document the woman's non-attendance within the Did Not Attend note on Badger record, stating reason for non-attendance if known, and additional notes re actions taken
- Copies of any reappoint letters posted should be scanned to Badger record as proof of same

#### **Second non-attendance**

- Discuss with additional professionals/agencies involved in the woman's care. Ask if they are aware of any difficulties in regards to the woman being unable to attend the antenatal clinic, as they may be able to provide further information.
- Re-appoint the woman for the earliest available clinic.

- Document the woman's non-attendance within the Did Not Attend note on Badger record, stating reason for non-attendance if known, and additional notes re actions taken.
- Copies of any reappoint letters should be scanned to Badger record as proof of same.

### **Third non-attendance**

- It will be necessary at this stage for the midwife to make a home visit to ascertain the reason(s) for non-attendance at antenatal appointments. A joint visit should be considered, dependant on the individual situation and potential risk. Please refer to lone working policy for more information on safety around community visits.
- If direct contact is made, discuss with woman actions that would be considered if no improvement in attendance/engagement with Maternity Services, e.g. contacting social work.
- The woman should be re-appointed for the earliest available clinic.
- Document the woman's non-attendance within the Did Not Attend note on Badger record, stating reason for non-attendance if known, and additional notes re home visit findings.
- Re-appointment letter should be hand delivered. Copies of any letters should be scanned to Badger record.
- Inform and discuss with team leader/public protection midwife for further guidance and actions to be taken.

### **Fourth non-attendance**

- Midwife should consider discussing concerns around persistent defaulting at the local MAST/Early Years/Vulnerable Family meetings. Midwife should also contact Social Work Department and determine if social work have any pertinent family information.
- A further home visit is required to ascertain the woman's physical and emotional wellbeing and offer any assistance to the woman to attend the antenatal clinic.
- Midwife should discuss necessary arrangements for maintaining engagement, e.g. further home visits or antenatal care at a suitable location. Consider if a referral is required to additional service, e.g. LAMS, First Steps, FNP, PMHS for additional support.
- Information from social work, in addition to observations from visits/discussions with woman, should inform ongoing risk and needs assessment, e.g. consider Request for Assistance or Notification of Concern if appropriate. Document in Badger social plan and scan any referrals to maternity record.
- If regular engagement is not established, midwife should notify Public Protection midwife and agree further actions to be taken.
- Document continued non-attendance within the Did Not Attend note on Badger record and plan.

**A standard letter is available for the purpose of informing women of any re-appointments. (Appendix 1).**

This letter also presents the opportunity of stressing to women the importance of regular antenatal care

**Appendix 1** Letter to patient who has not attended Antenatal Clinic Appointment

Date: XXXXXX

Patient Address

Dear XXXXX,

Sorry you were unable to attend your appointment as arranged on XXXXXX. This is your XXXX missed appointment.

Hope you are well. It is important for the health and wellbeing of both yourself and your baby that you attend all your antenatal appointments. Therefore, I would like to offer you a further appointment for XXXXX at XXXXX

If you find this unsuitable, please inform me by telephoning XXXXX and I will make alternative/suitable arrangements to meet with you.

I look forward to hearing from you.

Yours sincerely,

Signature

Print Name

Community Midwife.

### **Unassisted Birth**

A woman may make an informed decision not to engage for antenatal or intrapartum care and this term is often described as 'free birthing'. It is legal in the UK to give birth without assistance and women may choose to decline certain antenatal investigations or treatment (Birthrights, 2017). Midwives should attempt to engage families and ensure discussions around care provision are evidence based. However, health professionals should respect, support and document a person's right to accept or refuse care and treatment. (NMC The Code, 2018). Senior midwives should be informed if any woman is planning to have an unassisted birth and submit a referral to consultant midwife for further consultation around patient's choices.

Exceptions apply if the woman lacks capacity to make own decisions, or if there are reasons to believe that the unborn baby will be at risk of significant harm (Birthrights, 2017). Consideration should however be given to the possibility of coercion or pressure being placed on the woman to have an unassisted birth (RCM, 2020).

**Please ensure staff are aware of seeking support from the Public Protection team for concerns in relation to child protection, adult support and protection and/or gender based violence: 01698 894124.**

## References

Birthrights (April 2017) Unassisted Birth Factsheet. Available at <https://www.birthrights.org.uk/factsheets/unassisted-birth/>

Birthrights (April 2017) Information about consenting to treatment and assessment of mental capacity: <https://www.birthrights.org.uk/factsheets/consenting-to-treatment/>

Healthcare Improvement Scotland. [Scottish antenatal parent education pack: Core syllabus for professional practice to support education for pregnancy, birth and early parenthood](#). 2011.

Information Services Division (ISD) Scotland. [Births in Scottish Hospitals -Year ending 31 March 2018](#). November 2018.

MMBRACE-UK: [Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK](#) (2019)

Nursing and Midwifery Council. [The Code; Professional standards of practice and behaviour for nurses, midwives and nursing associates](#). Updated Oct 2018.

National Institute for Health and Care Excellence, NICE (2008). [Antenatal care for uncomplicated pregnancies](#). Clinical guideline Last updated: 04 February 2019. <http://www.nice.org.uk/guidance/cg62>.

Royal College of Midwives (RCM) [RCM Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic](#) (2020).

Scottish Government. [Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance](#). January 2011.

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