University Hospitals Sussex
NHS Foundation Trust

DNA Appointments

Maternity Protocol: MP017

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Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be used in the application of a protocol.

Scope

This protocol applies to:

- Women and people who do not attend appointments

Responsibilities

Midwives & Obstetricians:

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol
-

Management:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to all relevant staff

1 Introduction

Studies have shown that women and people who do not access care are at higher risk of maternal & fetal complications and death (less than a third (30%) of women and people who received antenatal care, received the recommended level of care according to NICE antenatal care guidelines). Therefore, practitioners should personally and actively follow up regular non-attendance or 'no access'.

This document applies to all maternity staff and provides guidance on how to care for women who are not accessing maternity care either in the antenatal or postnatal period.

2 Principles

To develop pathways to facilitate antenatal and postnatal care for childbearing women and people who do not actively engage with maternity services, paying particular attention to Appendix A.

2.1 Guidelines for care

2.1.1 The table 'Identification of vulnerable groups' (see Appendix A) highlights those women and people who are less likely to access maternity care. It is important that appropriate referral/liaison with the multidisciplinary team/specialist agencies (where they exist) is facilitated in each case

2.1.2 Each woman should have a flexible and individual care plan drawn up at booking which reflects their own circumstances and needs (and involves close liaison with appropriate statutory/specialist /voluntary agencies). Contact and access arrangements should be discussed and agreed at the outset together with any transport/travel issues.

2.1.3 Practitioners should be aware of alternative venues in the locality where women may prefer to be seen i.e. Home, Children's centres, Community Drug Team base, Day Assessment Unit

2.1.4 Interpreting Services should be accessed where necessary by contacting switchboard. (Family members should not be used for interpreting).

3 Responsibilities of Relevant Staff Groups

3.1 Midwives

3.1.1 To follow the process set out in Appendix B

3.1.2 To complete the appropriate documentation on badgernet and audit forms.

3.1.3 Refer to all areas appropriate ie: team leader, Manager, Labour ward leads or specialist team.

3.2 Clinic lead Midwife or MCA allocated to ANC

3.2.1 To follow up women and people who have not attended clinic appointments at the maternity unit

3.2.2 To ensure another appointment is made.

3.2.3 Refer to all areas appropriate ie: team leaders, Manager, Labour ward leads or specialist team.

3.2.4 To document actions on Badgernet.

3.3 Area Manager or Team Leader or Appropriate Specialist

3.3.1 To receive referrals about concerns or repeated missed appointments

3.3.2 Ensure correct process is followed and referrals made

3.3.3 To provide support for midwives

3.3.4 Co-ordinate care planning and multi-agency management as required

3.3.5 To document discussions, referrals and plans on Badgernet

3.4 Ward Clerks

3.4.1 To ensure missed appointments are logged on the maternity IT system

3.4.2 To generate another appointment and ensure this letter is sent out to the correct address.

4 Process for Ensuring that Women and People who Miss any Type of Antenatal Appointment are Followed-Up and Seen (Including Documentation)

4.1 Community Antenatal Clinic or visit

4.1.1 It is the responsibility of the midwife who notes the DNA of an appointment to action that DNA by following the agreed process outlined below and in Appendix B

4.1.2 If Midwife has specific concerns they should contact the on call Manager and a plan of action agreed. All referrals and discussion should be documented on Badgernet.

4.1.3 First DNA:

- The community midwife responsible for the clinic should attempt to make direct contact by telephone/mobile and rearrange the appointment. Do **not** leave messages on answer phones as these are not confidential and in some circumstances could place the woman in danger.
- Missed appointment form is completed by the midwife. This should be placed in a folder kept for each clinic location at RSCH and for each team at PRH

4.1.4 Further DNAs:

- If further DNAs, a letter must be written by the midwife to the woman setting another appointment date and time as well as making telephone contact.
- Inform the Community Midwifery team leader and any other specialists involved in the provision of antenatal care
- If there is no evidence that the woman has left the area, you should continue to attempt to make contact on a regular basis
- Update missed appointment form in folder

4.1.5 High risk/second DNA:

- The community midwife should visit the woman and persons home.
- If at home provide care then or arrange a further date/time/venue.
- If not at home the community midwife should leave a letter/appointment in a sealed envelope and attempt another home visit at a later date (consider a weekend visit).
- Update missed appointment form in folder

4.1.6 If unable to make contact at home on two consecutive occasions the Community Midwife must:

- Refer to all areas appropriate ie: team leader, Manager, Labour ward leads or specialist team.
- Document the plan and communication on Badgernet
- Inform team leader

- Inform any other specialist involved e.g. Social Services
- Complete information on Badgernet
- Update the Health Visitor of concerns in either the antenatal or postnatal period.

4.2 Antenatal Clinic in Hospital

	RSCH	PRH
DNA x 1	• Another appointment is made • Clerk sends standard letter to woman and people including new appointment date • Computer entry is made in Careflow by clerk to log DNA and new appointment date	**Early pregnancy / booking:** Lead MW in clinic rings: • CMW midwife (and/or GP if midwife cannot be contacted) to determine if any reason woman did not attend e.g. miscarriage • Computer system see if appt elsewhere e.g. USS • If no reasons identified then CMW asked up to follow up with woman **After 12/40 scan:** • Lead MW in clinic contacts woman directly • The Lead midwife documents her actions on badgernet
DNA x 2	• As above	• Lead MW contacts the CMW to discuss reasons/issues for persistent DNA • Will consider referral to Child Protection MW lead
DNA x 3	• 3DNA form completed • form sent to CMW office • CMW follows up on letters by visiting /contacting the woman and person	• Lead MW contacts the CMW to discuss reasons/issues for persistent DNA • Will consider referral to Child Protection MW lead

4.3 Missed DAU/Triage/Labour ward appointment
Women and people who are invited or booked to attend either DAU, Triage or labour ward antenatally but who do not arrive:

4.3.1 Midwife in charge of the area should check the Maternity IT database to see if the woman or person has given birth or is an in-patient

4.3.2 If not in-patient or given birth the Midwife in charge of the area should call the woman or person on the contact numbers documented in the hospital notes. These calls should be documented in the DAU/Triage work diary and badgernet.

4.3.3 If Midwife is unable to contact and speak to the woman or person after several attempts they should contact the woman's community midwife (or midwife on duty from that team) and ask them to do a community visit. This visit should be logged on Badgernet in the visits book by the community midwife.

4.3.4 If the midwife has any urgent concerns (e.g. clinical concerns or child protection concerns) they should contact Team leader/labour ward lead or appropriate specialist of area in working hours or on call Manager when out of hours if appropriate.

4.3.5 All attempts at communicating with the woman or person, any discussion and referrals made should be documented on Badgernet and in any relevant communication book.

4.3.6 The community midwife should then proceed as per Appendix B

5 Missed Obstetric Scan Appointment

5.1 The ultrasonographer will inform the A/N clinic lead midwife of any women or person who miss their scan appointments. They will document this on their appointment system. The midwife will then follow due process as per 4.2

6.0 References

Confidential Enquiry into Maternal Deaths in the United Kingdom (2010) Saving Mothers Lives; reviewing maternal deaths to make motherhood safer; 2006-2008. BJOG supplement.

MBRRACE-UK - Saving Lives, Improving Mothers' Care 2017.

Appendix A - Identification of vulnerable groups

Vulnerable Group	Multi agency liaison
Women and people with psychiatric/mental health disorder See MP014: Mental Health Problems and Perinatal Depression guideline	GP Perinatal Mental Health Team Perinatal mental Health Team Consultant Obstetrician Consultant psychiatrist Community Mental Health Worker
Teenage Women and People	Young Persons Specialist Team Health visitor. Housing Association Social Services Education re-integration officer YOT : Youth offending Team YAC : Youth Advice Centre
Women and persons from black or minority ethnic groups	Interpretation services Maternity Care Access Advice service
Women and persons with substance/alcohol misuse See MP015: Substance Misuse guideline.	One Stop and Enhanced Care Team GP Health Visiting Service Drugs/alcohol outreach teams Children's Services
Women and persons who are experiencing domestic violence see CO16 Domestic Violence guideline	Victim Support (RSCH Brighton) Worth (Princess Royal Hospital) RISE /Womens Aid(Refuge) IDVA : Independent Domestic Violence Advocate MARAC: Multi agencies risk assessment conference
Women and persons living in poverty/effected by unemployment	Children's centres Social Services Citizen Advice Pelican Parcels (Brighton)
Women and People who are Refugees or Asylum Seekers	GP Specialist Health Visitors Children's Services if appropriate
Women and persons with identified child	Named Safeguarding Midwife Maternity Safeguarding Team

protection issues/previous child in care	Social Services Health visitor GP

Appendix B - Flowchart for Maternity DNA Process

	Missed one appointment	Missed second appointment	Missed third appointment
Low risk for medical & social issues	Check GP records Check still pregnant Check if moved Phone woman at home and make contact	Check still pregnant Send letter to reappoint Contact by phone/text Inform team leader Complete social form	Check still pregnant Send letter to reappoint Contact by phone/text Visit home Inform team leader & Refer to all areas appropriate ie: team leader, Manager, Labour ward leads or specialist person/team.

	Missed one appointment	Missed second appointment	Missed third appointment
High risk for medical or social issues	Check GP records Check still pregnant Check if moved Contact by phone/text Send letter to reappoint	Check still pregnant Send letter to reappoint Contact by phone/text Visit home Inform team leader & Refer to all areas appropriate ie: team leader, Manager, Labour ward leads or specialist person/team. Ensure DNA's recorded on badgernet	Check still pregnant Send letter to reappoint Contact by phone/text Visit home Inform team leader & refer to all areas appropriate ie: team leader, Manager, Labour ward leads or specialist person/team. Ensure DNAs recorded on Badgernet Inform multidisciplinary team involved with family: Which might involve a national alert. Safeguarding team to be alerted and will liaise with neighbouring hospitals.

Appendix C - Missed appointment form process and form

Audit forms process:

1. Top copy is initially kept in the surgery so this can be put into the woman's notes when she next attends.

2. Middle copy kept in clinic as alerts midwife as someone who has DNA'd before, also team leader informed and reviews in case any other concerns – mostly women have already re-appointed by then

Bottom copy left in DNA file for audit

Please Note: The form below is designed and printed to make a 3 sheet carbon copy form with 2 carbon layers. The form below is a template to show you what the form looks like and should not be printed and used unless you print out and copy 3 times and distribute as above.

Brighton and Sussex University Hospitals NHS Trust

Missed Appointment Form

Clients Name

Hospital Number

First appointment missed Date of appointment Location of appointment Gestation Name of midwife	**Action taken**
Second appointment missed Date of appointment Location of appointment Gestation Name of midwife	**Action taken**
Third appointment missed Date of appointment Location of appointment Gestation Name of midwife	**Action taken**

At next appointment attended please secure top page in the *antenatal pages of the maternal notes*, the carbon copy to be submitted to team leader for activity audit

If 3 appointments missed please inform team leader and submit carbon copy for activity audit