Non-Engagement in Maternity Care - Management of - Full Clinical Guideline

Reference No.: UHDB/AN/02:24/A3

Contents

This guideline is intended for the use of all Maternity 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:

Most pregnant women/birthing people attend for antenatal visits and accept care following the standard visiting schedule outlined in the NICE Antenatal Care guidelines (2021).

However, a small number of women/birthing people do not attend (DNA antenatal appointments or choose to decline the offered 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, language line should be used when required and it is the clinician's responsibility to ensure that all appointments are understood)
- Alternative health beliefs leading to lack of engagement in offered antenatal care, including women who are clear that that do not to accept any antenatal care from the Trust.

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)

- According to the 2023 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 receiving antenatal care is clear in the information received both verbally and written, and that all incidences of non-attenders or women/birthing people 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 to avoid distress where women/birthing people have suffered early pregnancy loss or may have misunderstood the appointment whilst highlighting those women/birthing people 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.

- Definition of non-attendance is defined as any scheduled appointment missed without prior arrangement by the service user.
- Antenatal care is crucial in assessing the health and social needs and planning care effectively.
- 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).

Poor or non-engagement in antenatal care may be described where there is: delay accessing care, (Late Booking), repeated non-attendance of organised appointments (Non-Attendance) or do not access any antenatal care prior to labour (Concealed Pregnancy).

One or more of the complex social factors shown below are often present when women who do not engage in antenatal care. Consideration should be taken of the known social complexities of individuals when they do not or have not engaged in care.

- Women/ birthing people who are young parents under 18 or with limited support from family/friends.

- Women/ birthing people who have previous social care or safeguarding involvement.
- Women/ birthing people who are suffering or suffered domestic abuse.
- Women/ birthing people who abuse alcohol and or drugs.

- Women/ birthing people with severe psychological/mental health or mental disability issues needing specialist care.
- Women/ birthing people with no or limited English.
- Women/ birthing people who recently migrated to the UK.
- Women/ birthing people who are asylum seekers or refugees.

There may be various reasons for women/ birthing people not engaging in care. This may be because:

- They may not be familiar with antenatal care or may not understand its importance or the consequences of not attending appointments discussed with them.
- There are factors that make it difficult for them to understand clinical staff and information
- Practical problems that make it difficult to attend appointments.
- Anxiety about the attitude of staff to them or their circumstances.
- Fear of involvement of social care if they have experienced the removal of other children.
- Their access to care is impacted upon by situations of domestic abuse, modern slavery, forced surrogacy or in cultures where pregnancy outside marriage could bring shame on the family.
- Women/ birthing people may deliberately conceal a pregnancy as a means of coping with social stigma, shame or fear.
- In some case of concealed pregnancy women/ birthing people may be truly unaware they are pregnant; they may not understand or ignore the changes occurring in their body.

When dealing with poor or non-engagement in Trust care maternity staff should remain aware that every person is an individual with their own set of needs, wishes and concerns that need to be evaluated and acted upon (NICE 2019). Staff should maintain an attitude that is supportive, compassionate, non-judgemental and professionally curious. The reasons for nonengagement should be explored sensitively and where possible reasonable effort should be made to remove blocks to engaging in care or provide care in ways that meets individual needs. This can be recorded in the individuals personalised care plan.

The improvement of clinical outcomes, awareness to the safeguarding implications of the individual's personal circumstances and the importance of documentation in the IT electronic patient record are the underlying principles of this guideline.

2. Purpose and Outcomes

The purpose of this guideline is to provide health professionals with guidance and clear processes for caring for women/ birthing people who are not or have not engage in antenatal care.

3. Abbreviations

AN	-	Antenatal
ANC	-	Antenatal Clinic
CMW	-	Community Midwife
DNA	-	Did Not Attend
SSSCB	-	Stoke and Staffordshire Safeguarding Children Board
DSCB	-	Derbyshire Safeguarding Children Board.
EDD	-	Estimated Date of Delivery
GAU	-	Gynae Assessment Unit
GP	-	General Practitioner
GTT	-	Glucose Tolerance Test
MARAC	-	Multi-Agency Risk Assessment Conference.

NT - Nuchal Translucency
PAU - Pregnancy Assessment Unit

4. Key Responsibilities and Duties

It is the responsibility of every clinician, midwife, or healthcare professional involved in the care of those who are not / have not engaged in care to ensure they follow the process for following up communicating with women/ birthing people who DNA and the appropriate team to ensure they are followed up appropriately.

5. Documentation

Please ensure all assessments, appointments attended/offered and individual plans of care are documented clearly in the
appropriate records which may include some or all of those listed below.

- Electronic Patient Record (EPR)
- Maternity Handheld Records
- Medical Records
- Baby notes

6. Individuals who decline all Antenatal Care

An individual has the legal right to refuse treatment on ethical, religious or personal grounds, whether this is deemed in her best interests or not, providing they have mental capacity. Refusal of antenatal / midwifery care should not be presumed to indicate a lack of capacity.

The reasons for declining antenatal and midwifery care should be sensitively explored and all opportunities to maintain an open dialogue, alternatives and future options should be maintained. All discussions regarding refusal of treatment should be clearly and contemporaneously documented in IT system and health records and there should be clearly documented discussion with the consultant obstetrician. Documented in health records. The woman's GP should be informed of her decision to decline antenatal care. Relevant maternity managers must be informed.

link here to unassisted birth and individualised birth plans
Please click here for link

However, if there are issues which potentially impact on the woman's capacity (e.g. mental ill-health, neurodiversity, learning disability or other disturbance of the mind or brain), then staff should undertake a mental capacity assessment in accordance with the Mental Capacity Act 2005. The professional responsible for undertaking the capacity assessment is the professional responsible for carrying out the care and treatment in question (e.g. for midwifery care it will be the responsible midwife; for obstetric care it will be the responsible obstetrician). Where mental health issues are impacting on the woman's capacity then mental health professionals can support the responsible professional in undertaking the assessment, but it would not be a lawful assessment if they were to undertake the capacity assessment. For other potential issues impacting on capacity, professionals should contact the Trust Safeguarding Team. The Mental Capacity Act 2005 applies to all individuals over the age of 16yrs. Please click here for link to trust policy for Mental capacity and consent

Where the decision to decline antenatal / midwifery care is thought to arise from a basis of neglect or other safeguarding issues the safeguarding team must be informed of the case and a referral made to children's social care.

7. Late Booking for Antenatal Care.

Every woman booking after the 18th week of pregnancy should be asked as to her reasons for the late booking. Effort should be made to undertake a full booking as close to the time of presentation as possible. (E.g. if women/ birthing people present in acute setting the booking should be undertaken at that point). Full details of partner / father and any other children should be documented in IT system and shared with the local CSC. The pregnant woman should be informed that details will be shared with the relevant children's social care department for information sharing and alerted to the Named Midwife who will check systems to identify whether the woman / family have been discussed at MARAC. Where issues that may impact upon parenting capacity and safe care of the infant a referral must be made under the DSCB and SSSCB pre-birth protocol "The reason for the late presentation or concealment is key to determining the risk to the unborn baby and the additional support from children's agencies. If there are concerns about complex/ serious needs or child protection concerns a referral should be made to Children's Social Care. "

Consultant led care.

A minimum of 1 announced home visit must be made within 7 days s of the late booking appointment. The purpose of the visit, to identify preparation made for the baby and the home circumstances in terms of environmental neglect It must also be made clear that although cancellation and rebooking can be undertaken on one occasion, if a home visit is not achieved within 2 weeks a referral to children's social care will be made.

8. Non-attendance for Antenatal Appointments

The principles for the management of women/ birthing people who do not attend appointments apply regardless of the venue of care, these principles are:

- Exclude potential reasons for non-attendance. (E.g. miscarriage in early pregnancy / birth in later pregnancy)
- Review any social complexities that may provide context to the non-attendance.
- Re-schedule the appointment and communicate this to the woman.
- Communication with other health team members.
- Documentation of non-attendance in IT system and other health records.
- Appropriate referral to Children's Social Care in the presence of safeguarding concerns or 3 episodes of non-attendance.

8.1 Women/ birthing people with known social complexities.

Attempt must be made to make contact and speak to the woman by telephone within 24hrs As per DDSCP pre-birth protocol.
of missing an appointment (leaving a message on an answer phone is not acceptable). If this is successful and a new appointment is made follow the relevant instructions below and document the reason given for the non-attendance in the Maternity IT system If uncontactable by phone, then a home visit is to be made within 24-48 hours. If there is no access at the home visit a letter (appendix A) is to be left stating that if contact with the community team/community midwife within 7 days a referral to Children's Social Care will be made.

If it appears that the family has moved and there is no forwarding address the process for missing families and children should be followed (See appendix 1 of the Trust Policy: Management of Children, Young People and Neonates who are not brought for appointments).

8.2 Non-attendance for Initial Booking appointment or first appointment in Antenatal Clinic. When women/ birthing people do not attend for appointments early during their pregnancy the possibility of termination or miscarriage should be considered. Any communication with the woman should be sensitive to these possibilities.

When women/ birthing people do not attend for their booking appointment the Community Midwife should:

- Check with GP records and GAU to ascertain whether pregnancy still viable.
- Consider if there are any social complexities present.
- If there is no evidence that the pregnancy is not viable the woman should be contact directly by phone within 24 – 48 hours (within 24 hours for women/ birthing people with identified social complexities) in first instance. If telephone contact is unsuccessful send a letter to organise a further appointment and document on IT system (create AN visit and record nonattendance), and document in note section. The midwife should inform the GP surgery of the non-attendance.

When women/ birthing people do not attend for their first hospital antenatal appointment the following actions should be taken:

Health Records staff/Reception staff

- Check with GAU to ensure pregnancy still viable.
- Inform coordinating Midwife (MW) in Antenatal Clinic (ANC).
- If no longer pregnant: discharged woman from IT maternity system
- Send further appointment letters as requested by ANC staff.

Consultant (or senior member of team):

- Review notes and make management plan.
- Document plan in medical notes and IT system

ANC midwife:

- If social complexities identified attempt should be made to speak to the woman by telephone within 24 hours to arrange further appointment.
- Arrange further appointment as agreed with consultant team.
- Liaises with consulting team if no availability to accommodate plan.

- Inform Community Midwife of non-attendance and agree further follow up actions required.
- Document the non-attendance on IT system.
- Create alert on the record if appropriate.

Community Midwife:

- Follow up non-attendance as per plan agreed with ANC staff.

8.3 **Non-attendance for ultrasound appointment**:

If women/ birthing people do not attend for an antenatal ultrasound appointment the following actions will be taken:

The Ultrasound department staff:

- Notify ANC staff of non-attendance.

Health Records staff:

- Check with GAU to ensure pregnancy still viable.
- Inform coordinating Midwife (MW) in Antenatal Clinic (ANC).
- If no longer pregnant: discharged woman from IT system / maternity system, send further appointment letters as requested by ANC staff.

ANC midwife:

- If social complexities identified attempt should be made to speak to the woman by telephone within 24 hours to arrange further appointment.
- Arrange further appointment as agreed with consultant team.
- Liaises with consulting team if no availability to accommodate plan.
- Inform Community Midwife of non-attendance and agree further follow up actions required.
- Document the non-attendance on IT system.
- Create alert on the record if appropriate.

Community Midwife:

- Follow up non-attendance as per plan agreed with ANC staff document actions taken on IT system.

8.3**Non-attendance for other antenatal (follow up) appointments**
Actions in event of non-attendance for community midwifery appointments.

1ST and 2nd non-consecutive occasions of non-attendance.

- Consider if pregnancy is still ongoing, especially if woman is past Estimated Date of Delivery (EDD).
- Document non-attendance on IT system and community midwife record (Kardex).
- Review records for evidence of previous non-attendance and identify any social complexities that may impact on the woman's engagement in care.
- Attempt to speak to the woman by telephone within 24-48 hours, (24 hours if known social complexities), if successful explore reasons for non-attendance and offer further appointment.
- If unable to contact the woman undertake home visit within 48 hours if social complexities identified or send further appointment by letter in the absence of identified social complexities.
- Ensure a further appointment date is offered within a week of her missed appointment or offer a suitable alternative.
- At next appointment document in HHR and trust IT system, the non-attendance, reason given by woman and discussion with woman regarding importance of antenatal care.

3rd or subsequent non-consecutive non-attendance.

- Document non-attendance on trust IT system and community midwife record (Kardex).
- Inform GP surgery of non-attendance.
- Regardless of the presence/absence of identified social complexities the Community midwife should undertake home visit. If the home visit is successful, the reasons for non-attendance should be explored with the woman and where possible any blocks to women/ birthing people attending should be addressed. The importance of antenatal care should be discussed. The outcome of this home visit should be documented on IT system and HHR.
- Undertake Early Help Assessment or referral to Children's Social Care if needed and document in safeguarding page in maternity IT system.
- If it appears that the family has moved and there is no forwarding address the process for missing families and children should be followed (See appendix 1 of the Trust Policy: Management of Children, Young People and Neonates who DNA).

Non-attendance for a follow up appointment in Antenatal Services:

1ST and 2nd occasions of non-attendance. The following actions should be taken:

Health Records staff/Receptionist staff

- Inform coordinating Midwife (MW) in Antenatal Clinic (ANC).
- If no longer pregnant: discharged woman from IT maternity system
- Send further appointment letters as requested by ANC staff.

Consultant (or senior member of team):

- Review notes and make management plan.
- Document plan in medical notes or on IT system

ANC midwife:

- Review Maternity IT record for documentation of previous non-attendance and identified social complexities.
- If social complexities identified an attempt should be made to speak to the woman by telephone within 24 hours to arrange further appointment.
- Arrange further appointment as agreed with consultant team.
- Liaises with consulting team if no availability to accommodate plan.
- Inform Community Midwife of non-attendance and agree further follow up actions required.
- Document the non-attendance on IT system.
- Create alert on the record if appropriate.

Community Midwife:

- Follow up non-attendance as per plan agreed with ANC staff.

3rd or subsequent non-attendance

- All the above steps, plus letter to GP and referral to Children's Social Care from consultant team.

8.6 **Non-attendance for Postnatal hospital appointment**

- Document on PN record sheet in Maternity IT system.
- Consultant to review notes for regarding management plan.
- Inform GP and / or Community Midwife

9. Concealed Pregnancy

A concealed pregnancy is one where a woman/ birthing person has not booked prior to attending in labour or immediately after birth,

This excludes:

- Women/ birthing people who attend with their hand-held notes having booked elsewhere and no concerns are evidenced in the records. However, this should always be confirmed by contacting the booking unit.

- Women/ birthing people who attend with no handheld records, but on contacting a booking unit elsewhere, is confirmed as having booked their pregnancy at this unit it is confirmed that are no concerns.

9.1 On presentation in Labour with a concealed pregnancy

The following actions should be undertaken:

- The coordinating midwife on labour ward should be informed of the situation along with the Obstetric Registrar, NICU, Paediatric registrar, and safeguarding named midwife.
- A Datix should also be completed.

- Check maternity alerts folder on labour ward / Maternity IT system. If alert is found, contact the initiator of the alert and inform of current situation, identifying what the plan is regarding the baby following birth.
- If no alert is found, the relevant Children's Social Care department should be informed and followed up with a written referral.
- On admission to the labour ward, the woman should be allocated to the consultant on call.
  The woman should be registered on Trust IT system if not previously seen at the University Hospital of Derby and Burton NHS
- Full obstetric and medical history to be obtained by doctors, or condition permitting as much information as possible to enable appropriate medical care. (It is important that as well as the mother's history, we also consider the "Think Family" agenda (see Appendix B), in relation to adult risk factors pertaining to this unborn baby.)
- A full booking history including physical examination (think FGM) should be completed ideally on labour ward but prior to the woman leaving the maternity unit.
- Collate details; names, dates of birth, school attended, and whereabouts of any other children, and establish name/date of birth of who has caring responsibility for them whilst their mother in hospital and Confirm details; name, date of birth, and usual address of father of unborn and/or partner if, different.
- Estimation of gestation by measuring symphysis-fundal height, and ultrasound scan to exclude multiples, assess placental site and ascertain fetal wellbeing.
- Take and send routine booking bloods including HIV, HBV, Syphilis and Haemoglobinopathy screening if mother consents (see Antenatal screening guideline for full list of bloods required. Always inform the ANNSC as soon as possible.
- In the situation where either maternal blood cannot be obtained or the mother declines screening, they should still be offered the information and opportunity for the baby to be tested as soon after birth as possible.
- All screening blood results for mum & baby should be available prior to discharge if requested as rapid urgent.

It is important that accurate records are kept contemporaneously as possible of discussions with all parties, particularly Children's Social Care. The risk, communication and planning safeguarding documentation should be commenced, and a safeguarding file divider inserted into the woman records. Appropriate alerts need to be placed on Maternity IT system.

9.2 Following birth

Midwives must be alert to the level of attachment behaviour demonstrated in the early postpartum period and complete a personalised care plan, record observations and parenting abilities including basic care of, and emotional warmth towards the baby. The woman/ birthing person and baby must not be discharged from the hospital together until a strategy meeting or discharge planning meeting has been held and a home visit undertaken by the community midwifery team.

In the case of a concealed pregnancy if the mother attempts to leave with the baby before the strategy or discharge planning meeting is held, Children's Social Care and the police (via 999) must be called for them to assess whether the grounds are met for a police protection order. The Consultant on call should be contacted for advice re: management if medically unfit for discharge. Whilst it is acknowledged that the woman has legal right to refuse treatment, not accepting professional advice is a worrying pattern of behaviour and may indicate a lack of ability to prioritise the needs of the baby over her own.

At point of discharge the discharge summary from Maternity Service to Primary Care must report if a pregnancy was concealed. The 'Transfer of Care to HV summary' should be communicated verbally to HV and GP.

Where a baby is left at the hospital by the mother (abandoned baby) the police and social care should be contacted immediately to secure lawful authority for care of the baby and location of the mother

9.3 Future pregnancies

Where a woman has concealed one pregnancy it is likely that a future one may also be concealed and so, if she does at some point book with services again, then consideration of whether the DSCB /SSSCB Pre-birth protocol applies should be had in discussion with the Named Midwife.

10. Monitoring Compliance and Effectiveness

Audit compliance through Business Unit audit forward programme processes

11. References

NICE, 2023, Antenatal Care NG201, NICE, ISBN: 978-1-4731-4227-5

MMBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (2019)

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NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE
01332 340131

<Date>

PRIVATE & CONFIDENTIAL
<Name>
<Address 1>
<Address 2>
<Address 3>
<Postcode>

Dear

I am sorry you were unable to attend your scheduled antenatal appointment on <insert date> and < time > at < venue >.

Looking after yourself during pregnancy is important and your antenatal appointments are the best way we can help you by monitoring your health and that of your developing baby.

Another appointment has been made for you on < insert date > and < time > at < venue >.

If you are unable to attend, please contact your community midwife on telephone number? between 08:30 & 09:30 as soon as possible to rearrange.

Yours sincerely

[Name of midwife]
Community Midwife

Cc GP records

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE
01332 340131

<Date>

PRIVATE & CONFIDENTIAL
<Name>
<Address 1>
<Address 2>
<Address 3>
<Postcode>

Dear

You did not attend your scheduled Antenatal appointment on < insert date and time > at < insert venue >.

This is the second appointment that you have not attended. Your antenatal care is important so we can help you monitor your health and that of your developing baby.

Another appointment has been made for you on at .

I am concerned that you are not prioritising your health and that of your unborn baby, and I will have no alternative but to refer these concerns to Social care and other agencies if you continue not to attend your appointments.

If you are unable to attend, please contact your Midwifery Team Base on < insert telephone number > between 08:30 and 09:30 as soon as possible to rearrange.

Yours sincerely

Name of Midwife
Community Midwife

Cc GP records , ANC

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Queen's Hospital
Belvedere Road
BURTON UPON TRENT
DE13 0RB
01283 566333

<Date>

PRIVATE & CONFIDENTIAL
<Name>
<Address 1>
<Address 2>
<Address 3>
<Postcode>

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[Name of midwife]
Community Midwife

Cc GP records

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

<Date>

Queen's Hospital
Belvedere Road
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01283 566333

PRIVATE & CONFIDENTIAL
<Name>
<Address 1>
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Yours sincerely

Name of Midwife
Community Midwife

Cc GP records , ANC

Documentation Control

Reference Number: UHDB/AN/02:24/A3	Version: UHDB 1		Status: FINAL	
	Royal Derby prior to merged document:			
Version / Amendment	Version	Date	Author	Reason
	1	Feb 2002	Miss A Fowlie Clinical Director	Review
	2	Nov 2007	Miss A Fowlie Clinical Director	Review
	3	Dec 2009	D. Line Lead Midwife Antenatal Clinics Community Lead G. Taylor CNST Midwife	Merging of DNA appointments in the maternity services(D4) Symphysis fundal height measurement and referral for US scan (S9) Screening for PET in primary care (P6) Bp Measurement in Pregnancy (B9) Aspects from Home Birth (H5a)
	4	Nov 2011	Mrs Dent	Separation of Missed appointments guideline from main body of AN Guideline
	5	May 2015	E Lancashire Senior Clinical MW ANS	Review & update
	6	May 2017	Guidelines group	Early review following case review
	7	Nov 2017	T McAree Matron	Merging of DNA appointments in the maternity services Late antenatal booking, refusal of midwifery care or concealed pregnancy
	Burton Trust prior to merged document:			
WC/OP/117	6	May 2018	Annette Haynes, ANC Lead Emma Leech, MAU Lead	Routine review and update
Version control for UHDB merged document:				
UHDB	1	Jan 2021	Jo Wallace – Matron ANS	Addition of QHB specifics
UHDB	2	Jan 2024	Andrea Vanda Smith - Senior community lead midwife	Review and update
Intended Recipients: All staff with responsibility for caring for women/ birthing people in the Antenatal period				
Training and Dissemination: Cascaded through lead sisters/midwives/doctors; Published on KOHA; NHS Mail circulation list. Article in business newsletter				
To be read in conjunction with: Trust policy for management of children, young people and neonates who DNA				
Consultation with:	Obstetricians, Maternity Staff			
Business Unit sign off:	29/01/2024: Maternity Guidelines Group: exceptional ratification - Miss A Joshi – Chair			

	29/01/2024: Maternity Development & Governance Committee/CD- exceptional ratification - Mr Raymund Devaraj
Approval of governance process by division:	31/01/2024
Implementation date:	31/01/2024
Review Date:	January 2027
Key Contact:	Joanna Harrison-Engwell