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

Reference No.: UHDB/AN/02:21/A3

Contents

1. Introduction

Poor or non-engagement in routine antenatal care is associated with poor outcomes for both mothers and babies. The MBRRACE-UK report Saving Lives, Improving Mothers Care (NPEU 2016) identified that:

- 6% of women who died received no antenatal care.
- 23% of women who died booked later than 12weeks gestation.
- 60% of women who died did not receive the NICE recommended levels of antenatal care.

Failure to attend for antenatal Care, or the refusal of maternity care may in some cases be part of a wider pattern of neglect and indicate concerns for the safe care of infants.

Locally, a number of Serious Case Reviews have identified late booking and concealed pregnancy were factors in cases where children had gone on to experience abuse or neglect. In two cases, the mothers had themselves been victims of abuse, including sexual abuse by family members.

Poor or non-engagement in antenatal care may be described as where women: 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 individual women when they do not or have not engaged in care.

- Women who are young (aged < 20 years old).
- Women who have previous social care or safeguarding involvement.
- Women who are suffering or suffered domestic abuse.
- Women who abuse alcohol and or drugs.

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

There may be various reasons for women 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.
- They find it hard to communicate with or understand health care staff.
- Practical problems that make it difficult to attend appointments.
- Anxiety about the attitude of staff to them or their circumstances.
- Of fear of the involvement of the involvement of social care if they have experienced the removal of other children.
- They may be prevented from attending for care in situations of domestic abuse, modern slavery, forced surrogacy or in cultures where pregnancy outside marriage could bring shame on the family.
- Women may deliberately conceal a pregnancy as a means of coping with social stigma, shame or fear.
- In some case of concealed pregnancy women 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 care maternity staff should remain aware that every woman is an individual with her own set of needs, wishes and concerns that need to be evaluated and acted upon (NICE 2010). Staff should maintain an attitude towards these women that is supportive, compassionate, non-judgemental and professionally curious. The reasons for non-engagement should be explored sensitively and where possible reasonable effort should be made to remove blocks to women engaging in care or provide care in ways that meet their individual needs.

The improvement of clinical outcomes, awareness to the safeguarding implications of the women's personal circumstances and the importance of documentation in the Lorenzo / Meditech 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 who are not or have not engage in antenatal care.

3. Abbreviations

AN	-	Antenatal
ANC	-	Antenatal Clinic
CMW	-	Community Midwife
DNA	-	Did Not Attend
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 women who are not / have not engaged in care to ensure they follow the process for following up communicating with women who DNA and the appropriate team to ensure they are followed up appropriately.

5. Documentation

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

- Lorenzo Electronic Patient Record (EPR) / Meditech

- Maternity Hand Held Records
- Medical Records
- Baby notes

6. Women who decline all Antenatal Care

A woman has the legal right to refuse treatment on ethical, religious or personal grounds, whether this is deemed in her best interests or not, providing she has 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 Lorenzo and health records and there should be clear documented discussion with the consultant obstetrician. The woman's GP should be informed of her decision to decline antenatal care. Relevant maternity managers must be informed.

However, if there are issues which potentially impact on the woman's capacity (e.g. mental ill-health, 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.

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.

Any 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 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 Lorenzo EPR. 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 pre-birth protocol

A minimum of 1 announced home visit must be made within 2 weeks 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 (using the graded care profile) must be explained to the woman. 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 1 month a referral to children's social care will be made.

8. Non-attendance for Antenatal Appointments

The principles for the management of women 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 Lorenzo EPR / Meditech 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 with known social complexities.

Attempt must be made to make contact and speak to the woman by telephone within 24hrs 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 Lorenzo EPR / Meditech. If uncontactable by phone then a home visit is to be made within 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 10 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 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 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 with identified social complexities) in first instance. If telephone contact is unsuccessful send a letter to organise a further appointment and document on Lorenzo EPR (create AN visit and record non-attendance), Meditech and document in note section. The midwife should inform the GP surgery of the non-attendance.

When women 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 on Lorenzo / Meditech 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 Lorenzo / Meditech.

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 Lorenzo / Meditech.
- 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 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 Lorenzo / Meditech 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 Lorenzo / Meditech.
- Create alert on the record if appropriate.

Community Midwife:

- Follow up non-attendance as per plan agreed with ANC staff document actions taken on Lorenzo EPR / Meditech.

8.4 Non-attendance for other antenatal (follow up) appointments

Actions in event of non-attendance for community midwifery appointments

1ST and 2nd occasions of non-attendance.

- Consider if pregnancy is still ongoing, especially if woman is past Estimated Date of Delivery (EDD).
- Document non-attendance on Lorenzo EPR / Meditech 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 / Lorenzo / Meditech, the non-attendance, reason given by woman and discussion with woman regarding importance of antenatal care

3rd or subsequent non-attendance.

- Document non-attendance on Lorenzo EPR / Meditech 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 attending should be addressed. The importance of antenatal care should be discussed. The outcome of this home visit should be documented on Lorenzo EPR / Meditech and HHR.
- Undertake Early Help Assessment or referral to Children's Social Care if needed and document in safeguarding page in Lorenzo EPR / Meditech.
- 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 on Lorenzo / Meditech 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 Lorenzo / Meditech.

ANC midwife:
- Review Lorenzo / Meditech 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 Lorenzo / Meditech.
- 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 of 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 Lorenzo / Meditech.
- 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 has not booked prior to attending in labour or immediately after birth, whether or not the woman appears genuinely to not be / have been aware she is pregnant. This excludes:
- Women 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 who attend with no hand held records, but on contacting the booking unit it is confirmed that this is the case and there are no concerns.
- Women transferred from one maternity unit to another due to availability of NICU cots, when premature birth likely (Intra-uterine transfers)

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 / Lorenzo EPR / Meditech. 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 Lorenzo (Patient Administration System (PAS))

Meditech if not previously seen at the University Hospital of Derby and Burton NHS Foundation Trust Derby Hospitals NHS Foundation Trust, and allocate a hospital number. Eligibility for NHS treatment must also be assessed, but care given as a priority and private patients to be contacted after the event if necessary.

- 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 symphysio-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 bloods 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 Lorenzo / Meditech.

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 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.

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 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 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

Knight M, Nair M, Tuffnell D, Kenyon S, Shakespeare J, Brocklehurst P, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2016.

National Collaborating Centre for Women's and Children's Health (UK). Pregnancy and Complex Social Factors: A Model for Service Provision for Pregnant Women with Complex Social Factors (NICE CG110). London: RCOG Press; 2010 Sep.

National Institute for Health and Clinical Excellence. Antenatal care: Routine care for the healthy pregnant woman. CG62.London: NICE 2008.

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National Institute for Health and Clinical Excellence. Intrapartum care: Care of healthy women and their babies during childbirth (CG190). London: NICE 2014.

Appendix A

Derby Teaching Hospitals NHS
NHS Foundation Trust

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DE22 3NE

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www.derbyhospitals.nhs.uk
Follow us on Twitter @DerbyHospitals

Date

Name
[Address]
[Address]
[Address]
[Address]

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 08L:30 & 09:30 as soon as possible to rearrange

Yours sincerely

[Name of midwife]
Community Midwife

Cc GP records

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Follow us on Twitter @DerbyHospitals

Date

Name
Address
Address
Address
Address

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 [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

Documentation Control

Reference Number: UHDB/AN/02:21/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
Intended Recipients: All staff with responsibility for caring for women 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:	12/01/2021: Maternity Guidelines Group: Miss S Rajendran – Chair 14/01/2021: Maternity Development & Governance Committee/ACD- Miss S Raouf
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Key Contact:	Cindy Meijer