

# Non-Attendance/No Access for Planned Antenatal and Postnatal Care

<b>Classification :</b>	Guideline		
<b>Authors Name:</b>	Carrie Tyas, Miss Swati Velankar		
<b>Authors Job Title:</b>	Lead Midwife for Safeguarding and Vulnerable Families, Consultant in Obstetrics and Gynaecology		
<b>Authors Division:</b>	Women's and Children's Health		
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<b>To be read in conjunction with the following documents:</b> Milton Keynes University Hospital NHS Foundation Trust. <i>Antenatal care pathway. MIDW/GL/137.</i> Version 8, 2016.  Milton Keynes University Hospital NHS Foundation Trust. <i>Maternity multidisciplinary confidential communique. MIDW/GL/116.</i> Version 7, 2017.  Milton Keynes University Hospital NHS Foundation Trust. <i>Postnatal care pathway. MIDW/GL/136.</i> Version 3, 2017.  Milton Keynes University Hospital NHS Foundation Trust. <i>Safeguarding children policy and procedures. ORG/GL/25.</i> Version 10.1, 2016			
<b>CQC Fundamental standards:</b> Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 14 – Meeting nutritional and hydration needs Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

## Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual. The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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## Guideline Statement

To enable staff to take the appropriate action when there is non-attendance or no access for planned antenatal and postnatal care.

## Executive Summary

The World Health Organisation recommends an Antenatal Care Model of a minimum of eight contacts to reduce perinatal mortality and improve women's experiences of care. If the quality of antenatal care is poor and women's experience of it is negative, the evidence shows that women will not attend Antenatal Care (WHO, 2016)

The 2017 MBRRACE-UK report into maternal deaths recognized that improvements in care could have made a difference to the outcome for 41% of women who died. It was seen as the responsibility of all health professionals to facilitate opportunistic pre- and post-pregnancy counselling and appropriate framing of the advice for women with pre-existing conditions and early referral in pregnancy for the appropriate specialist advice and planning of antenatal, intrapartum and postnatal care. (Knight, 2017)

Inadequate utilisation of antenatal care services have been shown to be independently associated with increased risk of maternal death in the UK (Nair et al., 2015; Knight et al., 2016) The prevalence of these risk factors among women who died in 2013–15 did not differ from that noted in the previous reports and use of recommended antenatal care still remains low. Less than a third (30%) of women who received antenatal care, received the recommended level of care according to NICE antenatal care guidelines (booking at 10 weeks or less and no routine antenatal visits missed) (NICE CG62, 2008, updated 2018)

## 1.0 Roles and Responsibilities

### 1.1 Named Midwife

It is the role of the Named Midwife to take responsibility for the care offered to the woman and to maintain contemporaneous records of care offered and provided. Where the provision of care is delegated to a Maternity Care Assistant (MCA), it remains the responsibility of the Named Midwife to plan the care in collaboration with their client's (woman's) wishes the agreed care and follow up of any identified problems including non-attendance or no access for planned care.

### 1.2 Consultant Led Care

Where women are considered to be high risk and accessing Consultant Led Care in the hospital, it is the responsibility of the Doctors in Antenatal Clinic, to inform the Midwives facilitating the Consultant Led Antenatal Clinic of the woman's Non-attendance in Clinic. The ANC Midwives will then have a responsibility of informing the Community Midwife of any repeated non-attendances so that these women can be followed up in line with the guidance contained in this document.

### 1.3 Maternity Care Assistant

The Maternity Care Assistant has a responsibility to discuss and seek advice from the supervising Named Midwife responsible for the woman's care, the agreed care plan or any interventions implemented and any non-attendance or no access to provide care as per plan.

## 2.0 Implementation and dissemination of document

The document can be accessed from the Trust intranet.

## 3.0 Processes and procedures

### 3.1 Antenatal

Antenatal care can be provided in a variety of settings from the GP Surgery, Children's Centre or the Woman's home with a named Community Midwife being allocated. It is the responsibility of this Midwife to co-ordinate the care of the women, whether they are Midwife-led or Consultant-led care. Tracking forms should be used for all women to help identify any missed antenatal contacts. Please refer to Antenatal Care Pathway.

#### 3.1.1 Non Attendance

There may be many reasons why women do not attend visits and appointments to access their care as planned. Every non-attendance is not always indicative of high-risk of maternal and fetal complications, but all non-attendances should be personally and actively followed up by the Community Midwife to ascertain the reasons for non-attendance as some of these women are often at a higher risk of maternal and fetal complications. At all missed contacts please refer to Appendix 1 in order to make an assessment. It is important to explore any barriers to engagement to ensure adequate care is not compromised. The Early Help Assessment can be used as a tool in determining the impact of non-engagement and help explore if there are any social issues that may be affecting engagement.

Non-attendance for routine antenatal care is also a recognised risk factor for safeguarding. This includes non-attendance to Antenatal Clinic appointments and also the rescheduling of appointments.

Where women have missed a planned antenatal appointment the flow chart appendix 2 or 3 should be implemented to ensure the wellbeing of mother and baby.

#### 3.1.2 Missed Scans

Ante natal/new-born screening administrator/ Failsafe officer will:

- Check scan system CRIS to see if there is any documentation regarding non attendance
- Check ECARE for documentation
- If no documentation then the woman will be contacted
- After TWO failed attempts to make contact the community Midwife will be contacted

#### 3.1.4 Declining Maternity Care

Women with capacity have the right to make a choice regarding their care and birth even if it might result in an adverse outcome for the mother or baby. All attempts should be made to maintain open communication with the family and to understand the concerns and barriers families may have around accessing maternity care.

Staff must never use the threat of a referral to Children's Social Care to make a woman choose treatment or care that they do not want. It is agreed locally that a Multi-Agency Safeguarding Referral Form (MARF) will be completed to the Multi-Agency Safeguarding Hub (MASH), who can be considered if any assessments are needed to help understanding if there is any additional support required and also explore if there are any existing safeguarding concerns. The Maternity Management Team and Named Midwife for Safeguarding should be made aware of any women choosing not to access maternity care, to ensure a clear plan is in place for the service should the woman attend the unit or a midwife is called to attend the home.

Guidance on completing a Multi-Agency Safeguarding Referral Form (MARF) can be found here - [Making a referral to the MASH - MKUH - Intranet](#)

### 3.2 Postnatal

Postnatal care is provided by the Community Midwifery Team which consists of Midwives, Student Midwives and Maternity Care Assistant's (MCA). Care is provided in the home, in the Maternity Clinics and at the Postnatal Weekend Clinic. Please refer to the Postnatal Care Pathway.

Whilst routine postnatal care is designed to provide mother and baby with appropriate care and support in the early postnatal period it also gives practitioners the opportunity to assess any deviation from a woman's or baby's normal recovery from birth, or any adverse changes in health and wellbeing, and thus plan, implement and evaluate appropriate care (NICE GC37, 2006, updated 2015)

#### 3.2.1 No Access / Was Not Brought

No access for postnatal care is a recognised risk factor for safeguarding children. Where the visit was carried out by a MCA and no access visits should be escalated to a Midwife for additional support.

Where women have declined professional access to provide care for the baby and the midwife or MCA is unable to make a suitable assessment regarding any safeguarding concerns regarding a new baby a Multi-Agency Referral Form should be discussed to ensure assessments can take place for the newborn.

Please refer to the Safeguarding Children Policy and the step by step guide to completing a MARF on the Intranet. Where women have missed a planned postnatal visit please refer to flow chart in Appendix 3 outlining the process for management.

### 3.3 Documentation

Ensure a clinical note is created on eCare to record the missed contact and all actions are documented on an existing Confidential Communicate or raise a new one, if not present. If postnatal, update the Postnatal Discharge Form and any actions added to the Confidential Communicate as appropriate.

Print appropriate flow chart and attach to tracker/Postnatal Discharge form to ensure appropriate actions are taken.

Please ensure that the process of sharing the Confidential Communicate is followed – [see SOP for processing Confidential Communicates.](#)



## 4.0 Statement of evidence/references

### References:

Centre for Maternal and Child Enquiries (CMACE) (2011) Saving mothers' lives: reviewing maternal deaths to make motherhood safer – 2006-2008: the 8<sup>th</sup> report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. *BJOG* **118** (S1).

Available from: <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/j.1471-0528.2010.02847.x> (accessed 11 January 2019)

Draper, E.S., Kurinczuk, J.J. and Kenyon, S. (eds) on behalf of the MBRRACE-UK collaboration (2017) *MBRRACE-UK Perinatal Confidential Enquiry: term, singleton, intrapartum stillbirth and intrapartum-related neonatal death*. Available from: <https://www.npeu.ox.ac.uk/mbrance-uk/reports/perinatal-mortality-and-morbidity-confidential-enquiries> (accessed 11 January 2019)

Knight, M., et al. (2016) Beyond maternal death: improving the quality of maternal care through national studies of near-miss maternal morbidity. *Programme Grants for Applied Research* **4** (9). Available from: <https://www.journalslibrary.nihr.ac.uk/pgfar/pgfar04090/#/full-report> (accessed 11 January 2019)

Knight, M., et al. (eds) (2017) *Saving lives, improving mothers' care: lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013-15*. Available from: <https://www.npeu.ox.ac.uk/mbrance-uk/reports/confidential-enquiry-into-maternal-deaths> (accessed 11 January 2019)

Knight, M., et al. (eds) (2016) *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*. Available from: <https://www.npeu.ox.ac.uk/mbrance-uk/reports/confidential-enquiry-into-maternal-deaths> (accessed 11 January 2019)

Nair, M., et al. (2015) Factors associated with maternal death from direct pregnancy complications: a UK national case-control study. *BJOG* **122** (5), pp.653-62. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4674982/> (accessed 11 January 2019)

National Institute for Health and Care Excellence (2012, updated 2016) *Antenatal care. Quality Standard [QS22]*. Available from: <https://www.nice.org.uk/guidance/qs22> (accessed 11 January 2019)

National Institute for Health and Care Excellence (2014, updated 2018) *Antenatal and postnatal mental health: clinical management and service guidance. Clinical Guideline [CG192]*. Available from: <https://www.nice.org.uk/guidance/cg192> (accessed 11 January 2019)

National Institute for Health and Care Excellence (2008, updated 2018) *Antenatal care for uncomplicated pregnancies. Clinical Guideline [CG62]*. Available from: <https://www.nice.org.uk/guidance/CG62> (accessed 11 January 2019)

National Institute for Health and Care Excellence (2010) *Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical Guideline [CG110]*. Available from: <https://www.nice.org.uk/guidance/cg110> (accessed 11 January 2019)

National Institute for Health and Care Excellence (2013, updated 2015) *Postnatal care. Quality Standard [QS37]*. Available from: <https://www.nice.org.uk/guidance/qs37> (accessed 11 January 2019)

National Institute for Health and Care Excellence (2006, updated 2015) *Postnatal care up to 8 weeks after birth. Clinical Guideline [CG37]*. Available from: <https://www.nice.org.uk/guidance/cg37> (accessed 11 January 2019)

National Maternity Review (2016) *Better births – improving outcomes of maternity services in England: a five year forward view for maternity care*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf> (accessed 11 January 2019)

World Health Organization (2016) *WHO recommendations on antenatal care for a positive pregnancy experience*. Available from: [https://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/anc-positive-pregnancy-experience/en/](https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/) (accessed 11 January 2019)

How do women with social risk factors experience United Kingdom maternity care? A realist synthesis (2019) BIRTH Issues in Perinatal Care Available from: <https://onlinelibrary.wiley.com/doi/10.1111/birt.12446> (assessed 28/06/2021)

[Human rights in maternity care: the key facts - Birthrights](#)

[Social Services and Maternity Care - Birthrights](#)

[Mental Capacity Act - NHS \(www.nhs.uk\)](#)

[Quality statement 5: Women with no antenatal care | Intrapartum care: existing medical conditions and obstetric complications | Quality standards | NICE 2020](#)

## 5.0 Governance

### 5.1 Record of changes to document

Version number: 5		Date: 06/2018		
Section Number	Amendment	Deletion	Addition	Reason
3.2	Postnatal Week day & Weekend Clinic			Update
Appendix 1	Flowchart amended – time scales added			Update
Appendix 2	Flowchart amended – time scales added			Update
Appendix 3	Flowchart amended– time scales added			Update
Appendix 4	Letter amended – phone numbers updated			Update
Appendix 5	Letter amended– phone numbers updated			Update
6.0	Flow charts amended.			
7.0	Executive Summary - More current references			Updated
8.0	References - More current			Updated
9.0	Roles And Responsibilities - Updated to Maternity care assistance (MCA)			Updated
10.0	Reworded - Tracking forms should be used for all women to help identify any missed antenatal contacts.			Updated
11.0	DNA scan - Included scans process			Updated
12.0	MARF - Internet link added			Updated
13.0	Non-attendance as a risk factor for safeguarding - Included the rescheduling of appointments and reworded			Updated
14.0	MARF Link Update			Updated
15.0			Exploring barriers to engagement using Early Help Assessment and Appendix 1	
16.0	Language used changed			
17.0			Included an assessment to be completed at all missed contacts	
18.0			Included a section on women who decline any maternity care	
19.0	Removal of Welfare Check as police are no longer completing			
20.0	Letters reworded			
21.0			Actions signed	
22.0			ADAU included	
23.0			Added reference birth rights and MCA	



## 5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Oonagh Moriarty	MASH operational manager	19/01/2022		Made change to appendix 6	Yes
Maternity guideline meeting	Maternity Staff	26/02/2022		Discussion on incorporating comments	Yes
Maternity Voice partnership	MVP	26/02/2022		Changes to wording	Yes

## 5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
A ) number of Confidential Communiqués completed with no access/non attendance B) no of DNAs at antenatal clinics C) no of 'No access' home visits D) Compliance with process	a) stats b) Datix c) Statements of Concern d) Audit	Community Midwives and Community Matron	Annual	Community midwifery teams, Maternity CIG

## 5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

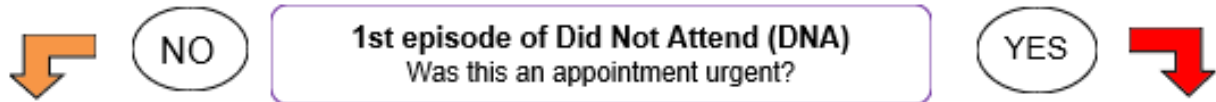
Equality Impact Assessment			
Division	Women and Children's	Department	Maternity
Person completing the EqIA	Erica Puri	Contact No.	
Others involved:	Carrie Tyas	Date of assessment:	
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?		Yes	
If staff, how many/which groups will be affected?		Community midwives, midwives,	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
<i>Consultation via email and the guideline review group meeting</i>			
How are the changes/amendments to the policies/services communicated?			
<i>Via email</i>			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA	2025		

## Appendix 1: Missed Contact Assessment

- Any changes to phone numbers and address.
- Are there any Family, Social or Environmental factors e.g. Miscarriage? Domestic Abuse? Child Care Issues?
- Moved Out of Area?
- Surgery Informed of Cancelled Appointment?
- Fear of charges?
- Any inpatient episodes?
- Are there any communication concerns/language barriers?
- Transport issues?
- Is there an email address that can be used to make contact?
- Is there an identified emergency contact that can be used? Is it safe to use?

## Appendix 2: Flowchart: Non-Attendance - Planned Antenatal Care

Be mindful of those that may be showing disguised compliance and reschedule visits. Record all attempts to contact and actions on eCare, Tracker, Confidential Communicate and SystemOne as appropriate. Any client that has not been seen for **1 month or has missed 2 routine appointments** (whichever comes first) should be discussed with the Named Midwife for Safeguarding and MARF completed.



Attempt to make contact by phone and arrange a visit for **1 weeks time**. If phone contact unsuccessful send a letter and back up with a text.

Attempt to make contact by phone and arrange a visit for **2 days time** and back up with a text message. If phone contact unsuccessful carry out visit as planned.

Date actioned:  
By who:

### 2nd episode of failed contact?

Attempt to make contact by phone and arrange a home visit for **2 days time** Back up with a text message. home visit in 2 days..

Discuss with Named Midwife Safeguarding. Update eCare & Confidential Communicate

Date actioned:  
By who:

### 3rd episode of failed contact on home visit?

Attempt to make contact by phone. Arrange a home visit for **2 days time**. Back up with a text message. If phone contact unsuccessful leave letter Appendix 5..

Notify Named Midwife for Safeguarding and discuss the individual's circumstances. Discuss with Health Visitor

Date actioned:  
By who:

### 4th episode of failed contact?

Attempt to make contact by phone. If phone contact unsuccessful leave letter (Appendix 6)

Update eCare & Confidential Communicate

Discuss Named Midwife for Safeguarding and update the Health Visitor

Contact the MASH to discuss completing a MARF (Multi Agency Referral Form)...

Date actioned:  
By who:

## Appendix 3: Flowchart: Non Attendance - Antenatal Clinic (ANC)/Antenatal Day Assessment Unit (ADAU)

Be mindful of those that may be showing disguised compliance and reschedule visits. Record all attempts to contact and actions on eCare r, Confidential Communicate as appropriate.  
Any client that has not been seen for **1 month or has missed 2 routine appointments** (whichever comes first) should be discussed with the Named Midwife for Safeguarding.

### 1st episode of Did Not Attend (DNA)

ANC /ADAU Midwife to inform Community Midwife within **24 hours**.

Send letter with rescheduled appointment for ANC/ADAU.

Community Midwife to attempt contact by phone, back up with a text message. Review when next due to be seen.

Update on Update on eCare & Confidential Communicate.



Date actioned:  
By who:

### 2nd episode of failed contact

Inform Community Midwife within **24 hours**.

Community Midwife to attempt contact by phone. Back up with a text message and visit at home within **2 days** with a letter of rescheduled appointment in ANC/ADAU.

Discuss with Named Midwife Safeguarding. Update on eCare & Confidential Communicate



Date actioned:  
By who:

### 3rd episode of failed contact

Community Midwife to attempt to make contact by phone and arrange a home visit for **2 days** time and back up with a text message. If contact unsuccessful leave letter (Appendix 5) and carry out a further home visit within 2 days.

Check if the Health Visitor has made contact. Discuss with Named Midwife for Safeguarding. .  
Update Confidential Communicate.



Date actioned:  
By who:

### 4th episode of failed contact

Inform community Midwife within **24 hours**.

Community Midwife to attempt contact by phone, back up with a text message and visit at home within **2 days**  
If contact unsuccessful leave letter (Appendix 6)

Check if the Health Visitor has made contact Discuss Named Midwife for Safeguarding  
Contact the MASH to discuss completing a MARF (Multi Agency Referral Form).

Date actioned:  
By who:

## Appendix 4: Flowchart: No Access—Planned Postnatal Care

Be mindful of those that may be showing disguised compliance and reschedule visits. Record all attempts to contact and actions on eCare, Postnatal Discharge Tracker and Confidential Communicate as appropriate. Any client that has not been seen for **1 week or has missed 2 postnatal visits** (whichever comes first) should be discussed with the Named Midwife for Safeguarding.

### 1st episode of no access/Was not brought to Postnatal Clinic

Attempt to make contact by phone and arrange a visit **for the following day**. If phone contact is unsuccessful leave a no access slip and back up with a text.



Date actioned:  
By who:

### 2nd episode of no access

Attempt to make contact by phone and arrange a visit **for the following day**. If phone contact is unsuccessful leave a no access slip and back up with a text.  
Update Confidential Communicate and discuss with Named Midwife Safeguarding.



Date actioned:  
By who:

### 3rd episode of no access

Attempt to make contact by phone and arrange a visit **for the following day**. If phone contact is unsuccessful leave letter (Appendix 4) and back up with a text.  
Update Confidential Communicate.  
Discuss with Named Midwife Safeguarding. Discuss with Health Visitor.



Date actioned:  
By who:

### 4th episode of no access

Check if Health Visitor has been successful in making contact. Attempt to make contact by phone and arrange a visit **for the following day**. If phone contact is unsuccessful leave letter (Appendix 5) and back up with a text.  
Update Confidential Communicate.  
Discuss with the Named Midwife for Safeguarding.  
Contact the Hospital Liaison Social Worker/MASH to discuss completing a MARF (Multi Agency Referral Form).



## Appendix 5 4: Template Letter to Client – Initial Letter Non Attendance/No Access

Milton Keynes University Hospital   
NHS Foundation Trust

Date: .....

Name  
Address

Dear

A Midwife attempted to visit you at home today as we are concerned about the wellbeing of you and your baby. You have missed a number of planned antenatal / postnatal appointments and we have been unable to reach you by phone.

It is important to attend appointments to ensure that you receive the appropriate care for yourself and your baby, please could you call to let us know that you and your baby are well, and to confirm that the appointment below is suitable or to discuss further.

Time:  
Date:  
Location:

You can contact your GP practice to leave a message for the Midwife or phone directly on:

.....  
You can also contact Antenatal Clinic if this is regards to a hospital appointment via the hospital switchboard on 01908 660033.

On weekends or after 4pm if you are unable to contact your Midwife, contact the Labour Ward on 01908 996471 to leave her a message.

If you have received this letter and the addressee is no longer at this address please contact the Community Midwives office on 01908 996484 or Maternity Bleep Holder on 01908 660033.

Many thanks

Yours sincerely

**Midwife**

## Appendix 6: Template Letter to Client – Follow up Letter Non Attendance/No Access

Milton Keynes University Hospital   
NHS Foundation Trust

Date: .....

Name  
Address

Dear

A Midwife called today as we are concerned about the wellbeing of you and your baby. You have now missed a number of planned antenatal/postnatal appointments and have not responded to the letter dated .....

It is important to attend appointments to ensure that you receive the appropriate care for yourself and your baby please could you call to let us know that you and your baby are well, and to arrange a further appointment..

If we do not hear from you, on receiving this letter, a referral will be made to Children's Social Care, as we are concerned about the well-being of you and your baby. A social worker may contact you to explore what support you may need.

You can contact your Midwife directly on:

.....

You can also contact Antenatal Clinic via the hospital switchboard on 01908 660033 if this letter is with regards to missed hospital appointments.

On weekends or after 4pm if you are unable to contact your Midwife, you can call the Labour Ward on 01908 996471 and they will be able to arranged for a Midwife to call you back..

If you have received this letter and the addressee is no longer at this address please contact Community Midwives office on 01908 996484 or Maternity Bleep Holder on 01908 660033.

Many thanks

Yours sincerely

**Midwife**