



Royal Cornwall Hospitals
NHS Trust

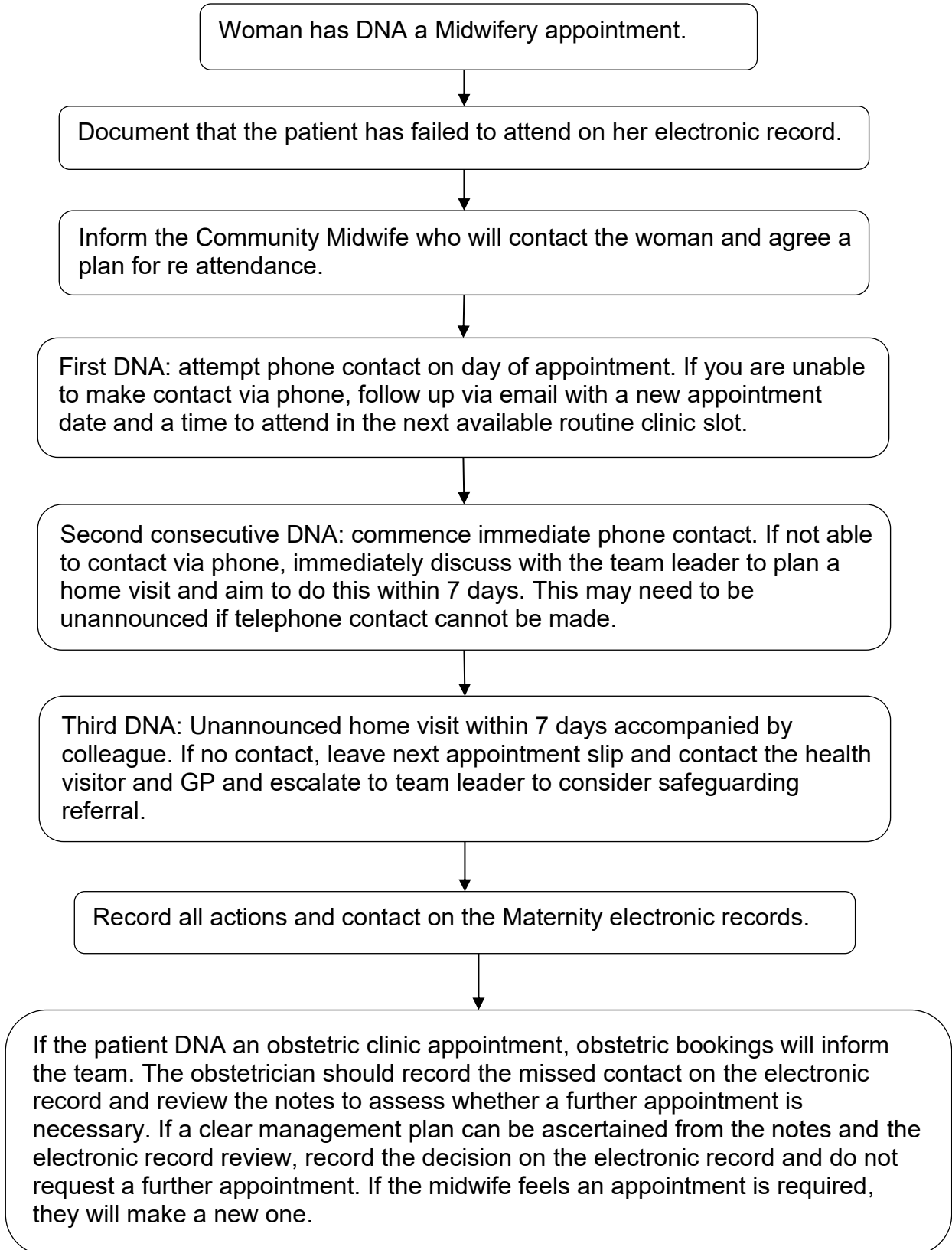
Did Not Attend (DNA) Clinical Guideline

V4.0

December 2025

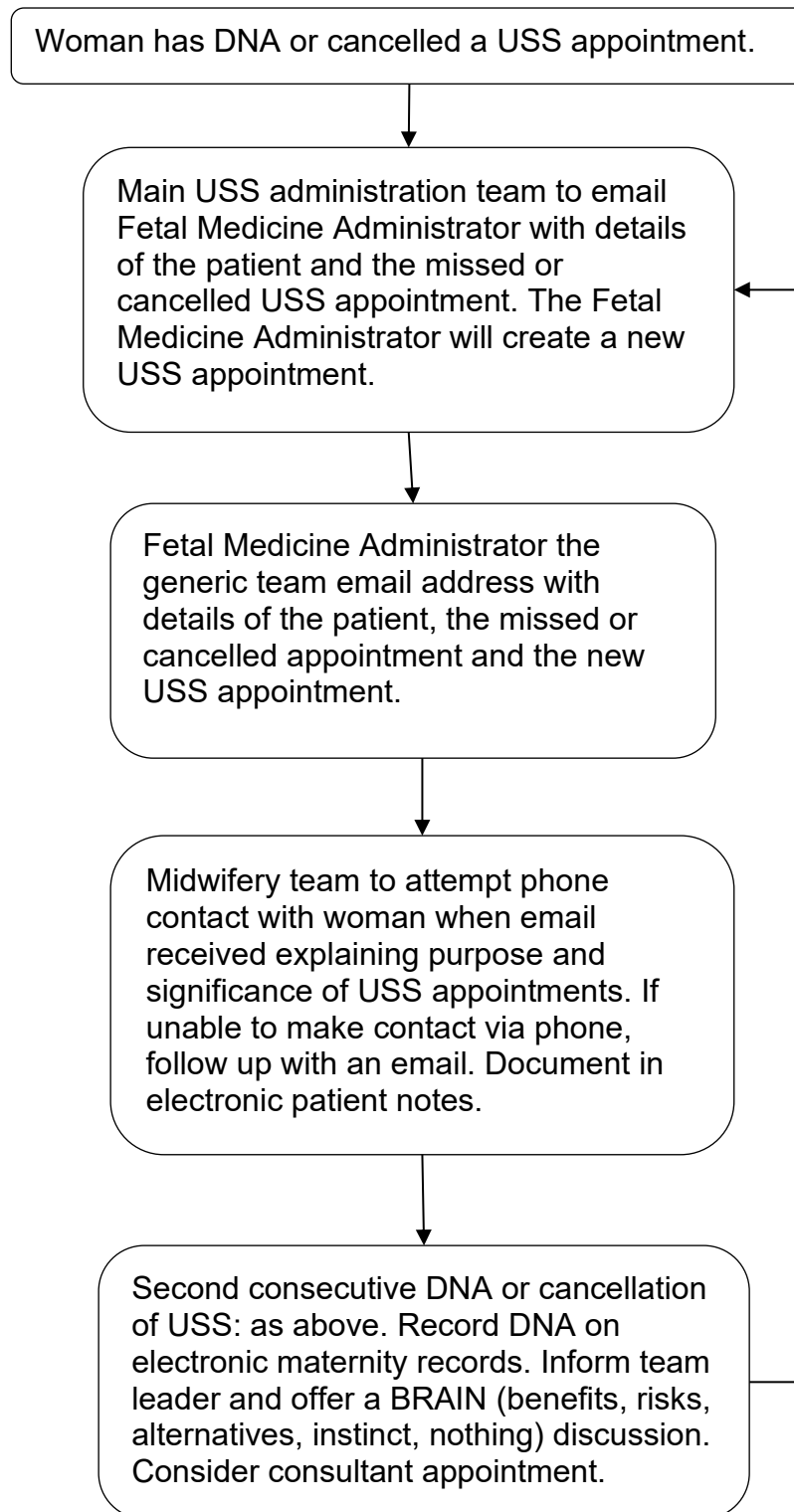
Summary – DNA of Midwifery Appointment Pathway

Maternity appointments: Record all actions and contacts on the patient electronic notes for the woman.



Summary – DNA of Ultrasound Scan (USS) Appointment Pathway

Scanning administration team to email community team with patient details if woman does not attend (DNA) or cancels an ultrasound scan (USS) appointment.



1. Aim/Purpose of this Guideline

- 1.1. This gives guidance to Midwives and Obstetricians in the identification of women who have booked late or women who do not attend for ante natal care or ultrasound scan(s). It gives guidance on the follow up and support of these women.
- 1.2. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.
- 1.3. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Background

MBRRACE (2014) UK: Mothers and Babies; Reducing Risk through Audits and Confidential Enquiries across the UK. Saving Lives, Improving Mother's Care (2014) reported that more than two thirds of women who died did not receive the nationally recommended level of antenatal care. Access to antenatal care remains an issue and ensuring access to appropriate care for all groups must remain part of service planning. Of the women that died two thirds of the women were suffering from medical and mental health problems.

2.2. Main characteristics of women that are poor attenders, non- attenders or book late:

- Nomadic or chaotic lifestyles: homeless or constantly changing their address (Core 20 +).

- Has children in care.
- Refugee or asylum seekers.
- Domestic abuse.
- Spoke little or no English.
- Substance misuse.
- Extreme poverty.
- Previous or on-going severe psychiatric illness.

2.3. DNA follow-up for Midwives (ensure each attempt to contact is documented on the electronic record)

- 2.3.1. Document on the electronic record that she has failed to attend.
- 2.3.2. Follow DNA flowchart on page 2 of the guideline.
- 2.3.3. If the consultant clinic takes place in a midwife hub, the supporting health care worker will report and DNAs to the midwifery team and obstetric bookings department.

2.4. DNA at Ultrasound Scan

- 2.4.1 A daily report of all patients who did not attend or cancelled USS will be generated by the Main ultrasound clerical officer and emailed to the Fetal Medicine Administration.
- 2.4.2 Follow flowchart in page 2.
- 2.4.3 Non-attendance or cancellation of Fetal Medicine ultrasound scans will not be included in the daily report and follow up will be managed by the Fetal Medicine Team but will still follow the same DNA referral process.
- 2.4.4 The Imaging Access Lead will ensure that the Ultrasound clerical team are aware of this protocol.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The audit will take into account record keeping by Midwives.
Lead	Audit Midwives.

Information Category	Detail of process and methodology for monitoring compliance
Tool	<ul style="list-style-type: none"> • When a woman has failed to attend for the first time, was all appropriate action detailed in 2.4.2 taken? • When a woman has failed to attend for the second consecutive time, was all appropriate action detailed in 2.4.3 taken? • When a woman has failed to attend for the third consecutive time, was all appropriate action detailed in 2.4.4 taken? • Where a woman has failed to attend an obstetric clinic appointment, has the obstetrician recorded the missed contact on electronic record? • Where a clear management plan has been determined by the obstetrician following a missed clinic appointment, has the midwife taken appropriate action to follow up the appointment by initiating contact with the woman to discuss the management plan? • Where a clear management plan has not been determined by the obstetrician following a missed clinic appointment, has the midwife taken appropriate action to follow up the appointment by initiating contact with the woman and re referring to the obstetric clinic as appropriate? • Was any concern about DNA or late booking raised with the Maternity Safeguarding Team? • Have all actions taken by the midwife been clearly recorded on electronic record?
Frequency	<ul style="list-style-type: none"> • 1% or 10 sets, whichever is the greater, of all health records of women who have delivered and have missed any type of antenatal care. • This will be audited every three years or earlier if there is reason too following an incident.
Reporting arrangements	A formal report of the results will be received annually at the Maternity Patient Safety or Audit review team (ART).
Acting on recommendations and Lead(s)	<ul style="list-style-type: none"> • Any deficiencies identified on the annual report will be discussed at the Maternity Patient Safety or ART and an action plan developed. • Action leads will be identified and a time frame for the action to be completed. • The action plan will be monitored by Maternity Patient Safety until all actions complete.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	<ul style="list-style-type: none"> • Required changes to practice will be identified and actioned within a time frame agreed on the action plan. • A lead member of the forum will be identified to take each change forward where appropriate. • Patient Safety Newsletter.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Did Not Attend (DNA) Clinical Guideline V4.0
This document replaces (exact title of previous version):	Did Not Attend (DNA) for Antenatal Care Clinical Guideline V3.0
Date Issued/Approved:	December 2025
Date Valid From:	December 2025
Date Valid To:	December 2028
Directorate/Department responsible (author/owner):	Sam Gale, Community Matron.
Contact details:	01872 252684
Brief summary of contents:	This gives guidance to Midwives and Obstetricians in the identification of women who have booked late or women who did not attend for ante natal care. It gives guidance on the follow up and support of these women.
Suggested Keywords:	DNA, attend, fail, late, ante, natal, care, appointment, booking.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None required
Related Documents:	<ul style="list-style-type: none"> MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries

Information Category	Detailed Information
	<p>across the UK(2014) Saving Lives, Improving Mother's Care.</p> <ul style="list-style-type: none"> National Institute for Health and Care Excellence (NICE) (2008) Clinical guideline CG62: Antenatal Care. Safeguarding Children Maternity Clinical Guideline
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
December 2006	V1.0	Initial document.	Jan Clarkson, Maternity Risk Manager
June 2009	V1.1	Updated CMACH recommendations.	Teresa Phillips, Midwifery Matron for Community and Outpatients Services
June 2011	V1.2	Reviewed and compliance monitoring added.	Teresa Phillips, Midwifery Matron for Community and Outpatients Services
September 2012	V1.3	Changes to compliance monitoring only.	Jan Clarkson, Maternity Risk Manager
September 2015	V1.4	Reviewed, no changes. Format now includes summary of guideline in a flow chart and updated MBRRACE supporting evidence.	Teresa Phillips, Midwifery Matron for Community and Outpatients Services
October 2018	V2.0	Reference to the electronic Maternity notes system.	Trudie Roberts Maternity Matron Community

Date	Version Number	Summary of Changes	Changes Made by
September 2020	V2.1	Addition of flowchart and pathway for women who DNA or cancel a USS appointment.	Rachel Mullins, Practice Development Midwife
September 2022	V3.0	Review of document. Altered title and removal of booked late paragraph as detailed in Concealed Pregnancy and Late Booker Clinical Guideline. Additions of 2.3.8, 2.3.9 and 2.3.10 made following patient safety incident.	Samantha Gale, Community matron
December 2025	V4.0	Removal of reference to late booker as this is a separate guideline. Removal of reference to caseload card and inclusion of electronic records.	Samantha Gale, Community matron and team leaders.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Did Not Attend (DNA) Clinical Guideline V4.0
Directorate and service area:	Obstetrics and Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sam Gale, Community Matron.
Contact details:	01872 252684

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This gives guidance to Midwives and Obstetricians in the identification of women who have booked late or women who did not attend for ante natal care. It gives guidance on the follow up and support of these women.
2. Policy Objectives	To ensure that all women who book late or do not attend for appointments receive appropriate care.
3. Policy Intended Outcomes	Improve pregnancy outcomes for women and babies.
4. How will you measure each outcome?	Compliance Monitoring Tool.
5. Who is intended to benefit from the policy?	All pregnant women.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Maternity Guidelines Group.
6c. What was the outcome of the consultation?	Guideline agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sam Gale, Community Matron.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)