

Porth Team Standard Operating Procedure

V1.0

June 2026

Table of Contents

1. Introduction.....	4
2. Purpose of this Standard Operating Procedure	4
3. Ownership and Responsibilities.....	4
3.1. Role of the Managers:	4
3.2. Role of the Community Governance Group:.....	5
3.3. Role of Porth Midwives:.....	5
4. Standards and Practice	6
4.1. Booking Allocation Process	6
4.2. Review and Allocation	7
4.3. Care planning and delivery	8
4.4. Referral and Signposting.....	8
4.5. Treating Tobacco Dependency (TTDS).....	8
4.6. Young Parents Pathway.....	9
4.7. Data Recording and Monitoring	9
4.8. Communication and Escalation:	9
4.9. Supervision:.....	9
4.10. Safeguarding:.....	9
4.11. Declining Porth Team offer:	10
4.12. Intrapartum Care:.....	10
4.13. Collating feedback from families:.....	10
4.14. Caseload size and capacity:	11
4.15. Documentation and Governance	12
4.16. Cross-boundary working:	13
4.17. Training and Competency	13
4.18. Lone working	13
5. Monitoring compliance and effectiveness	14
6. Updating and Review.....	14
7. Equality and Diversity	14
Appendix 1. Governance Information	15
Appendix 2. Quality and Equality Impact Assessment (QEIA) Form	17
Appendix 3. Porth Booking Allocation.....	18
Appendix 4. Porth Booking Capacity.....	19
Appendix 5. Porth Capacity Meeting Tool	20

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

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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

1. Introduction

- 1.1. The Porth Team Standard Operating Procedure (SOP) is to outline the processes, standards and responsibilities of midwives in delivering equitable, high-quality maternity care in alignment with the NHS Core20Plus5 framework.
- 1.2. The NHS Core20Plus5 approach provides a national framework for reducing healthcare inequalities. For maternity services, the priority focus is to improve perinatal outcomes through equitable access, continuity of care and targeted interventions.
- 1.3. The maternity element focuses on:
 - Reducing rates of preterm birth, stillbirth and maternal mortality
 - Ensuring that continuity of carer models are prioritised for women from the most deprived 20% of areas and from Black, Asian and Ethnic Minority backgrounds (refer to 2.2 for locally identified need).
 - Embedding strategies that address social determinants of health, including poverty, language barriers and access to care.

2. Purpose of this Standard Operating Procedure

- 2.1. The purpose of this SOP is to ensure that maternity services proactively address health inequalities by identifying and supporting women and birthing people from the most deprived communities and those belonging to locally identified “PLUS” groups who experience poorer outcomes.
- 2.2. Based on the locally identified need in Cornwall, the Porth Team offer enhanced continuity of care and midwife throughout antenatal and postnatal period for women and birthing people from women and birthing people from global majority and ethnic minority families in Cornwall and those experiencing homelessness.
- 2.3. Care provided by the Porth Team midwives is an enhancement of the universal care pathway, through continuity of midwife.

3. Ownership and Responsibilities

This section should give a detailed overview of the strategic and operational roles responsible for the development, management, and implementation of the procedure. It should include details of the groups or committees, as well as individuals, e.g.

3.1. Role of the Managers:

Line managers and/or Matrons are responsible for:

- Ensuring all staff are aware of and compliant with this SOP.
- Embedding Core20Plus5 priorities within local service delivery.
- Monitoring data and outcomes to identify and address inequalities.

- Supporting staff education and reflective practice related to health inequality.

3.2. Role of the Community Governance Group:

The Community Governance Group is responsible for:

- Incorporating Core20Plus5 priorities into strategic planning.
- Engaging with community partners and local health inequalities leads.
- Overseeing data reporting and quality improvement initiatives related to Core20Plus5.
- Agreeing any resources developed by the Porth team.

3.3. Role of Porth Midwives:

3.3.1. Core Principles of Care:

- Deliver safe, compassionate, and equitable care to all women and birthing people on the Porth caseload.
- Provide creative, evidence-based, and forward-thinking approaches to midwifery practice.
- Ensure Porth caseload is prioritised over universal care.

3.3.2. Identification and Assessment

- Identify individuals within Core20Plus5 target groups at booking and throughout the maternity pathway.
- Conduct comprehensive assessments that include social determinants of health and health inequality factors.
- Accurately record demographic information and relevant outcome data within the electronic maternity system.
- Making timely referrals to relevant support services (e.g., perinatal mental health, smoking cessation, safeguarding).

3.3.3. Translation and Communication Support

- Ensure translation support is arranged for all contacts from booking through to postnatal discharge.
- This is an opt-out service, with a translator provided to facilitate discussions as required.
- Translation support must be arranged in line with the Royal Cornwall Hospitals NHS Trust Interpreting and Translation Services Policy: [Interpreting and Translation Services Policy](#).

3.3.4. Personalised Care Planning and Continuity

- Develop and maintain individualised Personalised Care and Support Plans.
- Provide and facilitate culturally sensitive continuity of carer where possible for Core20Plus5 groups.
- Facilitate longer appointments at the convenience of the pregnant person to reduce barriers to accessing care.

3.3.5. Enhanced Antenatal and Postnatal Care

- Offer enhanced antenatal and postnatal care, personalised to the individual and their family.
- Ensure all families are seen as per the pathway for first pregnancies, as a MINIMUM standard.
- Offer all families at least one home visit in antenatal period.
- Provide a minimum of three postnatal home visits by a Porth Midwife.
- Ensure enhanced postnatal care for 28 days for all families on the Porth caseload.

4. Standards and Practice

4.1.Booking Allocation Process

- 4.1.1. Allocation Ward Clerks must forward all new pregnancy bookings to the Porth email address porthbookings@nhs.net when any of the following criteria are met:
- 4.1.2. Their ethnicity is:
- Mixed – White and black Caribbean.
 - Mixed – White and black African.
 - Mixed – White and Asian.
 - Mixed – Any other mixed background.
 - Asian or Asian British – Indian.
 - Asian or Asian British – Pakistani.
 - Asian or Asian British – Bangladeshi.
 - Asian or Asian British - Any other Asian background.
 - Black or Black British – Caribbean.

- Black or Black British – African.
- Black or Black British - Any other Black background.
- Other Ethnic Groups – Chinese.
- Other Ethnic Groups - Any other ethnic group.
- Gypsy/Traveller.
- They are recorded within a “White – Any other white background” ethnic category **AND** English is not their first language; or
- Their ethnicity field is blank or recorded as “Prefer not to say” (a Porth midwife will call and explore the details further using the patient contact form);

Housing:

- They are street homeless or have No Fixed Address (NFA).
- If any uncertainty, a Porth midwife will call and explore the details further using the patient contact form.

4.2. Review and Allocation

- 4.2.1. All qualifying bookings received via the Porth email inbox will be reviewed and allocated to the appropriate geographical area during the weekly Porth triage meeting. Porth midwives are responsible for reviewing the inbox and allocating bookings in line with service capacity and safety requirements.
- 4.2.2. To support fair and safe distribution of workload, all Porth midwives must provide weekly, up-to-date caseload numbers, including a breakdown of antenatal, booking, and postnatal women.
- 4.2.3. Access to the Porth email inbox is restricted to maintain consistency and accuracy in allocation. Only Maternity IT, two Porth midwives and Community Matron have access to this inbox.
- 4.2.4. The booking midwife must record:
 - Ethnicity.
 - First language.
 - Interpreter or translation needs.
 - Indicators of social vulnerability (e.g., housing instability, financial hardship, safeguarding concerns, see RAG for further indicators).
- 4.2.5. Bookings may be undertaken by the midwife in the woman’s locality, or a neighbouring Porth midwife where appropriate.

- 4.2.6. If a Porth midwife is at capacity: The booking must be completed and then presented at Monthly Triage for reallocation to another PORTH midwife. (Refer to Section 4.14 for detailed capacity procedures).
- 4.2.7. If the woman accepts Porth continuity, the pregnancy should be booked under the Porth Continuity of Care model and named midwife entered onto the electronic record.
- 4.2.8. If they do not wish to receive Porth continuity, they must be returned to Universal Care, and this decision must be clearly documented on the spreadsheet AND the electronic record.

4.3. Care planning and delivery

- 4.3.1. Develop an individualised Personalised Care and Support Plan (PCP) and provide written information in the pregnant person's chosen language. This must include, and is not limited to, the RCHT PCP.
- 4.3.2. Provide culturally sensitive communication and ensure translation support where required.
- 4.3.3. Offer enhanced monitoring and multidisciplinary appointments for women with complex obstetric and/or social needs. Porth Team midwives can attend these reviews with pregnant people if required, as well as ensuring translators are booked in advance or have the availability of an approved translation device.
[Interpreting and Translation Services Policy](#)
- 4.3.4. All appointments to be offered in the family home or a location suitable for the pregnant person.

4.4. Referral and Signposting

- 4.4.1. Refer appropriately to relevant services (mental health, smoking cessation, housing, substance misuse, safeguarding).
- 4.4.2. Support pregnant people to access services with local information re transport, organised interpreters and/or attending appointments with them if indicated.
- 4.4.3. Document referral and outcomes within the patient record.
- 4.4.4. Liaise with health visitors, social care and wider MDT on a regular basis.
- 4.4.5. Liaise with appropriate organisations to ensure families can access physical items required for the infant. This may include travelling to collect items.

4.5. Treating Tobacco Dependency (TTDS)

Porth Midwives will work closely with the TTDS team to identify eligible people for this service prior to booking and liaise with TTDS team to offer collaborative working to support early intervention.

4.6. Young Parents Pathway

- 4.6.1. Porth Midwives will continue to follow the Young Parents Pathway where indicated.
- 4.6.2. Porth Midwives will liaise closely with WILD to provide collaborative care to young, pregnant people that also fit the criteria for Porth Team.

4.7. Data Recording and Monitoring

- 4.7.1. Document contemporaneously and accurately to collect data on maternal and neonatal outcomes disaggregated by ethnicity and deprivation quintile.
- 4.7.2. Participate in audits and reviews to evaluate Core20Plus5 implementation and impact.
- 4.7.3. 4.8.3 Porth Midwives will record and document families eligible for care but are unable to access care due to the capacity of Porth Team and those that decline.
- 4.7.4. This decision should be recorded on the spreadsheet and the red bubble.

4.8. Communication and Escalation:

Concerns regarding access, safety or emerging inequality trends must be escalated to Midwifery Matrons and/or Operational/Strategic Leads.

4.9. Supervision:

- 4.9.1. Porth Team midwives are responsible for organizing supervision as required. This involves eight weekly caseload supervision with Team Leaders, which includes safeguarding supervision. However, for families with complex safeguarding concerns, the Maternity Safeguarding team can offer additional supervision to Porth Team midwives at request.
- 4.9.2. Porth Team midwives will access regular, scheduled PMA (Professional Midwifery Advocate) support in the form of Restorative Clinical Supervision.
- 4.9.3. Porth Team midwives will access supervision with PNMHT Clinical Leads as and when required.

4.10. Safeguarding:

- 4.10.1. Identify care and support needs in line with Maternity Safeguarding guidelines.
- 4.10.2. Refer to relevant support services, including Adult Social Care and Children's Social Care.

- 4.10.3. Document accurately and contemporaneously an in-depth chronology of events.
- 4.10.4. Liaise with services, including but not limited to, police, SWAST, fire service, First Light, We Are With You, MARU, Maternity Safeguarding, Jigsaw, Homelessness team, St Petroc's, WILD.
- 4.10.5. Have a broad understanding and experience of children's social care legal framework, i.e. differences between Section 17, Section 47, PLO, ICO.
- 4.10.6. Support families through separation of children into the care of the local authority whilst maintaining dignity, giving them the opportunity to make memories where possible and supporting mental health concerns associated with the separation of a child.

4.11. Declining Porth Team offer:

- 4.11.1. After A16 form is received, contact to be made by Porth Midwife to offer booking appointment and explanation of Porth Team care.
- 4.11.2. Porth Leaflet to be emailed (see [Appendix 3](#)).
- 4.11.3. If a pregnant person declines the offer of Porth Team care, they revert to universal care with community midwife team.
- 4.11.4. Document decision electronically on the red speech bubble and add to spreadsheet for auditing.
- 4.11.5. Support community midwives to ensure translation services continue to be in place in line with local Interpreting and Translation Services Policy.

4.12. Intrapartum Care:

- 4.12.1. Porth Midwives providing intrapartum care for their own caseloads must not occur at the detriment to the antenatal and postnatal care.
- 4.12.2. Porth Midwives will attend elective caesarean section's for their own caseloads, when workload allows.
- 4.12.3. Porth Midwives may attend community births for their own caseloads and be on call dependent on personal and professional capacity. This is all done with team leaders oversight.

4.13. Collating feedback from families:

- 4.13.1. Porth Midwives will collect feedback from families using the Friends and Family feedback QR code in the PCP, making it clear to mention care was by Porth team or naming their midwife.
- 4.13.2. Porth Midwives will work alongside Maternity Voice Partnerships to ensure the service user voice is heard and represented.

- 4.13.3. To make sure every family can share their feedback, an interpreter can be booked over the phone to complete this form together, ensuring all voices and viewpoints are heard.

4.14. Caseload size and capacity:

- 4.14.1. Caseload expectations are aligned with contracted hours as follows:

- 41 women for 34.5–37.5 hours per week.
- 30 women for 30 hours per week.
- 25 women for 22.5 hours per week.

- 4.14.2. Porth midwives are expected to maintain flexibility regarding geographical boundaries. This ensures safe and equitable service provision and supports colleagues who are approaching, or have reached, their caseload capacity.

- 4.14.3. Ongoing oversight and capacity monitoring is maintained through routine caseload supervision. The team leader ensures effective oversight of each Porth midwife's workload and identifies when a midwife is approaching, or has reached, her maximum safe caseload, supporting safe and sustainable service delivery. Escalation may happen with team leader or manager on call oversight if time-sensitive care is needed and a Porth midwife is judged as being the appropriate person to escalate to in order to provide this time-sensitive care.

- 4.14.4. A monthly Porth midwife triage must be held to provide a consistent and transparent review of caseload numbers, complexity, and geographical distribution within the team. The purpose of this triage is to ensure safe and equitable workload management, identify early capacity pressures and agree on any necessary adjustments or redistribution before risks escalate. This process strengthens clinical governance and supports sustainable continuity-of-care provision.

4.1.1.1 Weekly triage meeting:

A regular, structured space for the team to review everyone's caseload collectively to provide a more transparent and supportive way of working. With the full picture of each Porth midwife viewed as a team — including caseload numbers, new bookings, geography, and levels of need.

4.1.1.2 Escalation When Weekly Triage Does Not Resolve Capacity

If the Weekly Porth triage and local/neighboring review does not achieve a safe caseload plan, the following escalation process must be implemented.

Escalation Steps:

- **Escalation Meeting:** The Porth midwife and Team Leader must meet within 5 working days to review ongoing capacity pressures.

- **Risk Assessment:** The Porth RAG tool must be applied to all women on the caseload <32 weeks, considering clinical complexity, geography, safeguarding, inequalities, and continuity needs.
- **This can be found on the shared drive:**
S:\TR11\Midwives\Porth Community Midwives\Capacity meeting tool.
- **Decision-Making:** A joint decision is made regarding who must remain under Porth and who may be safely transferred to universal care, based on RAG outcomes and overall risk.
- **Documentation:** All decisions must be recorded on the Capacity Meeting Spreadsheet (TR11 → Midwives → PORTH Community) and escalated to the Community Matron for oversight.
- **Interpreting Results RED Category:** Any red factor (Columns B–F) → automatic red flag. These women must remain on Porth.
- **Non-RED (White) Category:** Total risk score auto-calculated in Column AK. Women with lowest scores are reviewed first for possible transfer. Decisions are made jointly by the Band 7 Team Leader and Community Matron.
- Outcomes must be clearly documented and defensible. This escalation process ensures that any transfer or retention decision is risk-based, transparent, and supported, preventing individual midwives from managing capacity concerns in isolation and maintaining safe, equitable case loading across the team.
- This decision is to be communicated to the family by a team leader.

4.15. Documentation and Governance

- 4.15.1. All decisions, risk assessments, and actions must be recorded in accordance with local governance and audit standards. Use of the risk-assessment tool, and the reasons for applying it, must be explicitly documented (e.g., “monthly triage completed; no safe solution reached”). Escalation pathways must be followed where risk remains high or unresolved.
- 4.15.2. For documentation made during home visits use RCHT iPhone hotspots or sim cards to support contemporaneous documentation.
- 4.15.3. Make a documented record of pregnant people not receiving care from Porth Midwives due to capacity on the red speech bubble and add to spreadsheet for auditing.

4.16. Cross-boundary working:

- 4.16.1. If a pregnant person moves locality during pregnancy, their initial midwife offers to continue to care for them if travel time to their home address is shorter than the furthest they would need to travel for others on their caseload.
- 4.16.2. Otherwise, care is handed over to the Porth Midwife that covers the locality in which they have moved to.
- 4.16.3. If a Porth Midwife is caring for someone outside of their locality, the locality's Team Leader must be aware.

4.17. Training and Competency

- 4.17.1. Porth Team midwives will be involved in the implementation of cultural competency training during Mandatory Training for all staff.
- 4.17.2. Porth Team midwives are responsible for disseminating information collated from training opportunities outside of Mandatory Training. External training opportunities should be actively sought and attended.
- 4.17.3. Porth Team midwives will share resources regarding new ways to implement evidence-based practice and innovative research specific to the role. Annual updates on safeguarding, perinatal mental health and continuity of carer principles must be completed.
- 4.17.4. Porth Team midwives will complete Core20Plus5 Health Inequalities Awareness training, cultural competency training and inclusive communication training where possible.

4.18. Lone working

- 4.18.1. Ensure that Maxims, TR11 and safeguarding flags have been checked prior to attending the home.
- 4.18.2. All employees have a responsibility to abide by the lone working policy and any decisions arising from the implementation of it.
[Lone Working Policy](#).
- 4.18.3. The use of the Lone Worker Policy by community midwives is actively encouraged and is a tool to support your lone working commitment. During the daytime, when making routine visits to known women and families at addresses known to you and because all of these will be planned visits that are in the work diary at your base and known to your colleagues, you may feel that you do not need to phone in every visit, though you are advised to do so.

5. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	• Were all non-White British and non-White Cornish pregnant people assessed for suitability for care by a Porth Midwife? • Number of non-White British and non-White Cornish people not receiving care from a Porth Midwife.
Lead	Sam Gale, Community Matron
Tool	• Regular audit of maternity data. • Review of complaints, incidents and patient feedback relating to equity of care. • Record of families eligible but not receiving care from Porth Team.
Frequency	• Monthly audit • Presented to Community Governance and to be included in community exception report at Obstetric business and governance.
Reporting arrangements	• Audit Review Team. • Community Governance Meeting. • Maternity and Obstetrics Business and Governance Meeting.
Acting on recommendations and Lead(s)	Community Governance Meeting.
Change in practice and lessons to be shared	SMART objective, if identified. • Porth Team to continue to provide mandatory training for maternity staff.

6. Updating and Review

This document will be reviewed every three years or earlier if indicated.

7. Equality and Diversity

7.1. 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](#).

7.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Porth Team Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	June 2026
Date Valid From:	June 2026
Date Valid To:	June 2029
Author / Owner:	Fiona Howard, Anna Sanders, Abbie Tomson – Porth Team. Samantha Gale, Community Matron.
Contact details:	Porthbookings@nhs.net
Brief summary of contents:	This Standard Operating Procedure is to ensure the reader understands the role of the Porth Team midwives and specifically, how the role differs from Community Midwives.
Suggested Keywords:	Porth team, community, midwives.
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:	Core20plus5

Information Category	Detailed Information
Related Documents:	- NHS England. Core20Plus5: An Approach to Reducing Health Inequalities (2023). - NHS England. Saving Babies' Lives Care Bundle Version 3 (2023). - NHS England. Better Births: Improving Outcomes of Maternity Services (2016). - NHS Long Term Plan (2019) - Royal Cornwall Hospital Trust Equality, Diversity and Inclusion Policy (2023).
Training Need Identified:	Yes - As detailed in section 4.19 of the SOP.
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
June 2026	V1.0	Initial Issue	Fiona Howard, Anna Sanders, Abbie Tomson (Porth Team). Sam Gale (Community Matron).

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. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

[E11 QEIA Policy](#).

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

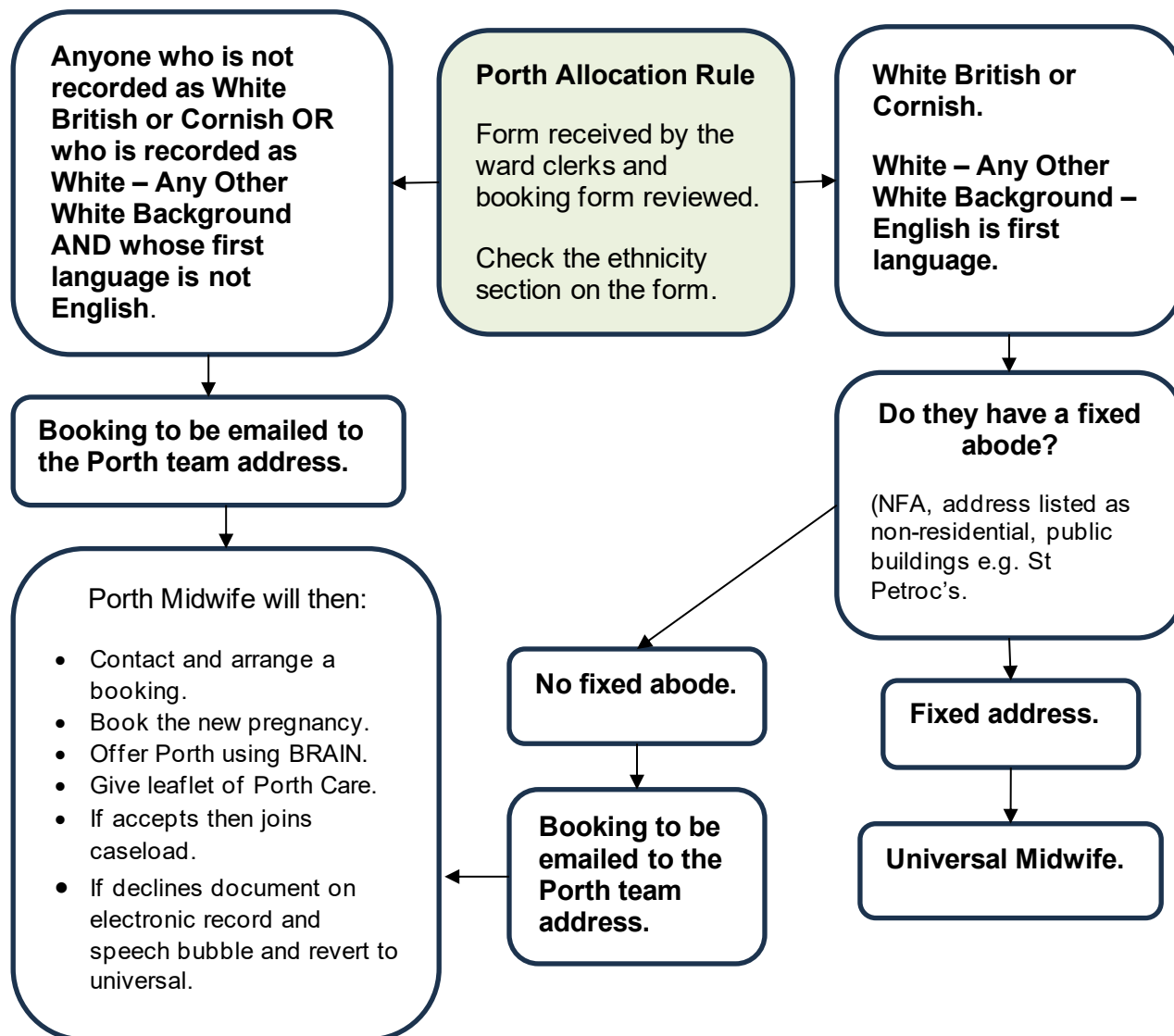
Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net.

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net

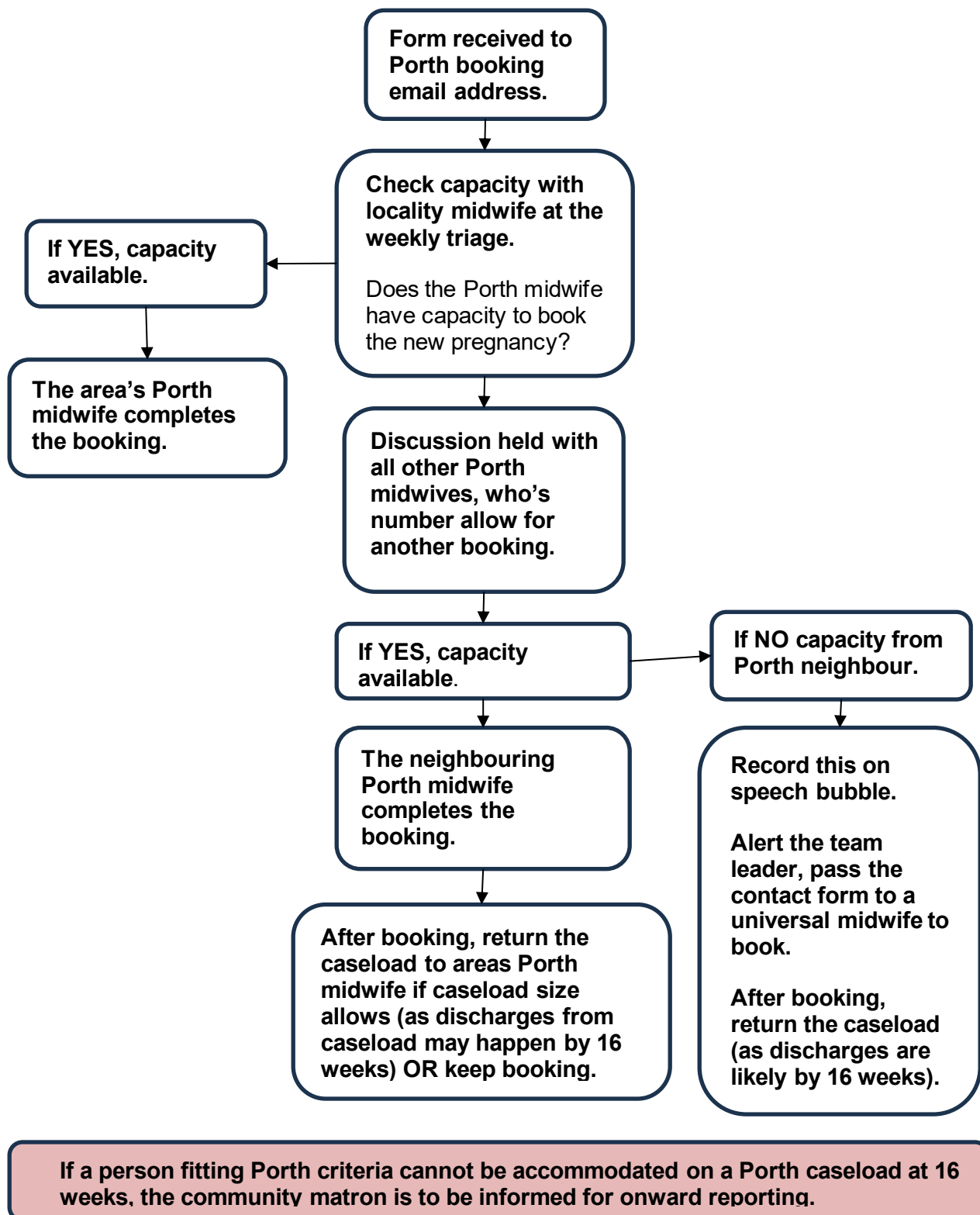
Appendix 3. Porth Booking Allocation

Ethnicity

- White – Any Other White Background AND whose first language is not English.
- Mixed White and black Caribbean.
- Mixed White and black African.
- Mixed White and Asian
- Mixed – Any other mixed background
- Asian or Asian British – Indian.
- Asian or Asian British – Pakistani.
- Asian or Asian British – Bangladeshi.
- Asian or Asian British – Any other Asian Background
- Prefer not to say.
- Black or Black British – Caribbean.
- Black or Black British – African.
- Black or Black British – Any other Black Background.
- Other Ethnic Groups – Chinese.
- Other Ethnic Groups – Any other ethnic group.
- Gypsy/Traveller.



Appendix 4. Porth Booking Capacity



Appendix 5. Porth Capacity Meeting Tool

Use S:\TR11\Midwives\Porth Community Midwives\Capacity meeting tool

Upon reaching Porth caseload capacity, the Porth midwife and the team leader must apply this tool to systematically identify individuals who may be at heightened risk of health inequalities.

People who identify their ethnicity with a Black community or ethnic group.	
People who identify as Gypsy, Roma or Traveller community or ethnic group.	
People who identify their ethnicity within an Asian community or ethnic group.	
People who speak little or no English and require any level of interpretation or translation support.	
People who are homeless.	

Additional considerations:

Migrated to UK last 12 months	Any ethnicity that is NOT White British or Cornish	
Born outside of the UK (anytime)	Concerns with bonding	
Most deprived areas (code 1-3) http://imd-bypostcode.opendatacommunities.org/imd/2019	Victim of hate crimes	
Refugee/asylum seeker	Self-neglect	
English not first language	No recourse to public funds	
Non-English speaking	Short of food, warmth and clothing	
Other communication barrier	BMI >30	
Frequent missed appointments	BMI <18	
Drug or alcohol issues	Unemployment	
Delayed booking >10 weeks	Minimal education	
Limited support network	Care experienced	
At risk of homelessness	ACES	
Recent bereavement	No transport	
History of sexual trauma	Previous pregnancy loss	
Birth trauma	MARU involvement	

This tool is NOT to be used as a screening instrument at booking. It is a risk-assessment tool to be applied only when Porth midwife has reached caseload capacity, and the issue cannot be resolved through the Porth monthly triage process.

Based on the RCM MATDAT tool.