



Maternity / Newborn Did Not Attend Policy

1. Purpose

This policy aims to standardise the obligations of staff for follow-up of women or newborns who do not attend (DNA) scheduled maternity / newborn care outpatient appointments.

Appropriate follow-up of maternity/newborn DNAs will ensure:

- individual barriers to attendance are addressed
- women / newborns are offered access to care in clinically appropriate timeframes
- access to care pathways are transparent, efficient and woman focused
- the experience of vulnerable groups including culturally and linguistic diverse (CALD) and those with psychosocial risk factors
- clarity for clinicians on the duty of care expected in relation to follow-up of maternity DNAs.

2. Policy Statement

When a woman/newborn referred to a maternity/newborn service does not attend for care, the responsible clinician must assess the risks for that individual of not receiving that care. The risk assessment should be done in consultation with the referrer and any carers/ significant others and an appropriate follow-up plan made.

Discretion is to be exercised on a case-by-case basis to avoid disadvantaging those experiencing genuine hardship, misunderstanding and other unavoidable circumstances.

Potential at risk consumers:

- Women with any Category B or C conditions as per the ACM National Midwifery Guidelines for Consultation and Referral (ACM guidelines)
- Women or newborns with open case management by the Department of Communities – Child Protection and Family Support (CPFS)
- Women or newborns with a current or previous Child At Risk (CAR) Alert

All reasonable attempts must be made to contact the consumer and those efforts documented in the relevant medical record as per below [Table 1](#).

Table 1. Follow-up required for DNA

<p>1st and 2nd DNA</p> <p>Relevant clinician</p>	<ul style="list-style-type: none"> • Review the medical records to confirm the pregnancy is ongoing and that demographic details are correct. • Assess the woman's risk category against the ACM guidelines • Attempt to contact woman / parent by phone or SMS on two occasions at different times of the day and document outcome in the medical record. • Determine the urgency required for re-appointment based on individual risks (discuss with relevant medical practitioner if required). • Arrange and communicate with clerical staff to notify a new appointment time via SMS and letter to known address • For women with Category B or C conditions who are unable to be reached, contact their usual GP and advise any relevant support agencies i.e., Social worker, Aboriginal Liaison Officer, Community Midwife, Child Health, local Aboriginal Medical Service etc
<p>3rd DNA</p> <p>Relevant clinician</p>	<ul style="list-style-type: none"> • As per above, AND • Involve appropriate support agencies – particularly where there maybe child protection concerns. • Discuss and formulate an individual management plan with relevant maternity manager / Medical Practitioner • Contact usual GP/ referrer via letter and hand back responsibility for maternity care • Arrange to send letter to woman at known address with: <ul style="list-style-type: none"> ○ advice to attend GP for ongoing care and new referral to maternity service ○ contact details for local maternity service for concerns ○ removal from the current outpatient's appointment list

3. Roles and Responsibilities

The relevant clinician following a DNA, will arrange with the clerical staff, a plan for follow-up contact with the woman /parent. Where there are no clerical staff available at site, the clinician will follow-up directly with woman/parent.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

The site maternity manager, or delegate, will review the Health Information Manager generated DNA report to ascertain if there are any trends in the number of woman-initiated or clinician-initiated cancellations and will address any identified access barriers to accessing care.

4.2 Evaluation

The Midwifery Advisory Forum will address any identified access barriers to accessing care.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

1. Australian Government. Department of Health [Clinical practice Guidelines: Pregnancy care](#) [Internet]. 2020.
2. Australian Government. Department of Health and Aged care. [Pregnancy care for migrant and refugee women](#). [Internet]. 2020
3. Kildea S, Tracy S, Sherwood J, Magick-Dennis F, Barclay L. [Improving maternity services for Indigenous women in Australia: moving from policy to practice](#). Med J Aust [Internet]. 2016 Oct 17;205(8):374-79.

7. Definitions

Term	Definition
Responsible clinician	Clinician conducting the appointment – may be a Medical Practitioner, Midwife, Diabetes Educator, Social Worker, Aboriginal Liaison Officer etc.
Woman / mother	This policy uses the terms 'woman' or 'women' or 'mother' throughout which should be taken to include people who do not identify as women but are pregnant or have given birth.

8. Document summary

Coverage	WACHS wide
Audience	All clinicians involved with scheduled maternity care outpatient appointments
Records Management	Non Clinical: Records Management Policy Clinical: Health Record Management Policy
Related Legislation	Health Practitioner Regulation National Law (WA) Act 2010
Related Mandatory Policies / Frameworks	Clinical Services Planning and Programs Policy Framework Specialist Outpatient Services Access Policy
Related WACHS Policy Documents	WebPAS Child at Risk Alert Procedure Identifying and Responding to Family and Domestic Violence Policy Special Referrals to Child Health Services Policy
Other Related Documents	CAHS Guidelines for Protecting Children 2020 Australian College of Midwives – National Midwifery Guidelines for Consultation and Referral
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: No 2048
National Safety and Quality Health Service (NSQHS) Standards	1.02, 1.06, 1.07, 6.01, 6.06
Aged Care Quality Agency Accreditation Standards	Nil
National Standards for Mental Health	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	30 March 2023	30 March 2023	New policy.

10. Approval

Policy Owner	EDNMS
Co-approver	EDCE
Contact	Coordinator of Midwifery
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-23-49344
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