

Audit ID	Date of Call (dd/mm/yyyy)	Time of Call (24 hr clock hh:mm)	Call ID	1. Was the reason for the call documented?
----------	------------------------------	-------------------------------------	---------	--

2. Were contact details address and telephone numbers recorded?	3. Was appropriate identification information obtained for the mother?	4. Was clinician caller and Trust identified?
---	--	---

5. Were timings appropriately documented?	6. Was medical, obstetric, and social history obtained if required?	7. Were any risk factors identified, clinical or non-clinical?
---	---	--

8. Had there been appropriate AN care and advice?	9. Was there evidence of the woman's assessment?	10. Was the woman spoken to directly?
---	--	---------------------------------------

11. Was there effective communication between agencies documented or achieved?

12. Was there evidence of an agreed scheduled plan of care?

13. Was the plan arranged appropriate and meeting Trust guidelines and protocols?

14. Were appropriate actions and referrals made?

15. Were the recommendations and prompts completed appropriately?

16. Was there evidence that the patient understood the advice?

17. Any further comments