## **Additional File 2: Data Observation Tool**

## **Observation of Maternity Handover CONFIDENTIAL**

Date:	Day of week: Sun Mon Tues Wed Thu Fri Sat			
Time of handover:	Duration (minutes):			
Location of handover:	Hospital:			
No. of patients handed over	No. of patients on ward			
No. of patients high-risk on ward	No. of patients with critical conditions on ward			
No. of staff present	No. of staff on ward			

Job titles of Health care professionals present:

	Please Circle:	Additional comments:
Handover delayed	YES/NO/NA	
Emergency during handover	YES/NO/NA	
Lead nominated (job role)	YES/NO/NA	
Information repeated to ensure accuracy	YES/NO/NA	
Access to lab results, notes, intranet	YES/NO/NA	

Communication method: Verbal Face-to-face / Verbal Phone / Written only / Mixed Verbal-Written

If handover notes provided: Handwritten / Electronic / Other

Any other comments:

## Answer with Y/N unless otherwise indicated

Patient numb	er	1	2	3	4	5
Patient is in a	ctive labour					
Patient is high	n risk*					
Reason for ad	mission (Labour/Observation)**					
	Woman's name					
Situation	Woman's age					
	Gravidity/Parity					
	Gestation					
	Leading consultant/nurse indentified					
	Patient Location					
	Vital Signs					
	Resuscitation Status					
	Specific concerns					
	Key patient values/needs					
	Total /10					
Pockarous d	Date of admission					
Background	Present chief complaint					
	Diagnosis/ active problems					
	Brief history					
	Current Medications					
	Allergies					
	Laboratory Results					
	Physical examination results					
	Progress during admission					
	Response to treatment					
	Other information from charts					
	Total /11					
Assessment	Clinical impression					
	Critical assessment of situation					
	Expression of concerns/problems					
	Total /3					
Recommen- dations	Management plan					
	Suggestions on requests/ tests					
	Suggestions on time frame					
	Critical management features recognised					
	Total /4					
Global Comm	ent ***					
Distractions/I	nterruptions					
Confidentialit	y maintained					
Questions ask	red					
Written notes	s provided					
Standardised	medical terminology					
*Please comp	llete reason for high-risk ** Please ans	wer as fo	ollows L=La	abour O=Ok	servation	

<sup>\*\*\*</sup>Specific comment require