

All health professionals conducting telephone consultations need to provide a consistent standard of care. The Maternity Call Record Clinical Template provides a proforma for accurate recording and data collection. With the application of this supporting guidance practitioners will be equipped to provide high quality, consistent Telehealth care to women.

Telephone Assessment and Triage

Telephone triage of women may include symptom assessment, counselling, home treatment advice, referral, information provision, disease management and crisis intervention. Consider the following:

- Influence of partners and relatives offering advice and the feeling of uncertainty being experienced
- The need for reassurance
- The need to be listened to

Competency

Safe and effective Telehealth requires a high degree of clinical expertise, critical thinking and sound clinical judgment.

Consultation Skills

Verbal Handshake:

State your name and if possible, speak directly with the woman. An empathetic manner will ensure that the caller is wholly engaged in the consultation.

Initial Assessment:

Open questions, active listening and detailed history taking are essential.

Appropriateness, Safety and Decision Support

A key concern in every telephone consultation is to assess whether the woman can be supported in self care or to consider if face-to-face assessment is required. This consideration must be revisited throughout the consultation and should be guided by the working diagnosis, severity of symptoms and woman's preference. Ease of access to local protocols, triage pathways and midwifery/obstetric colleagues will ensure evidence based care, clinical appropriateness and quality assurance.

Negotiation:

Frequent clarifying and paraphrasing will ensure accuracy of understanding both for the professional and caller. It is important to pick up cues such as pace, pauses, change in voice intonation, level of anxiety, and offer opportunities for the caller to ask questions.

Closing the Call:

If the woman does not require face-to-face care, she should be advised about call back, follow up and when she should be seen next. It is very important to give a '**call back statement**' so that the woman fully understands what she should do if symptoms persist, progress, worsen or she becomes more anxious or worried. The midwife should summarise the main points covered and request the woman/caller to repeat the advice given. Let the caller disconnect first.

Clinical Summary

This should be a short concise summary which highlights the key factors of the assessment e.g. If the woman describes a reduction in fetal movements it would be important to record when she had last felt movement

CALL BACK

Local policies should be developed, but close scrutiny must be made of women who make repeated calls to the service within a short period of time. Serious consideration should be given regarding face to face assessment.

Individual midwives are also encouraged to make call backs to women should they consider the need to reinforce advice given, or they wish to explore further questions that were not addressed during the consultation.

As the assessment is based solely on the history and information elicited, and the advice or management plan cannot be reinforced with non-verbal cues, being systematic in covering all issues is especially important.

RECORD KEEPING

You are personally accountable for your actions and omissions in your professional practice and must always be able to justify your decisions. Record all pertinent information e.g. if decision support is accessed, record what was used.