



## Elective CS Day 7 follow-up – Audit tool

1. Unit number.....

2. Time of LSCS.....AM/PM

3. Day of week LSCS undertaken

Monday

Tuesday

Wednesday

Thursday

Friday

4. Hospital readmission

Yes

No

5. If readmitted, why?

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.....

6. Overall patient satisfaction

7. Any additional comments relating to overall satisfaction (*include reasons for dissatisfaction*)

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8. Would you recommend to a friend?

Yes

No

9. If you had a repeat LSCS would you be happy to be managed on the same pathway?

Yes

No

N/A

Any other comments?

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