

How can digital consultations best be used in maternity care?

AIMS Journal, 2024, Vol 36, No 1

By Dr Georgia Clancy and Professor Catrin Evans

Since the publication of Better Births in 2016, maternity services in England have been undergoing changes. Overseen by the Maternity Transformation Programme, the aim has been to create safer and more personalised care. To achieve these goals, the Maternity Transformation Programme developed 10 core work streams. One of these workstreams was 'harnessing digital technology'.^[1] In recent years the Covid-19 pandemic accelerated this digital policy imperative. One of the most commonly reported Covid-related changes to maternity services has been an increase in the use of digital (remote) consultations. In particular, the use of telephone or video-calling.^{[2],[3]}

As digital clinical consultations have become more widespread in maternity services, national guidance has quickly been developed. However, the ways in which digital consultations can best be used remains unclear. A particular concern is to ensure that the increased use of digital consultations is safe and does not lead to inequalities in care.

The ARM@DA project^[4] explored the use of digital consultations in maternity care. As a realist review,^[5] the aim was to understand when, where, and for whom digital consultations could be used to ensure safe, effective and acceptable care. To do this, the project carried out a review of the existing evidence on digital consultations. It also conducted consultations with stakeholders (service users, community organisations and maternity healthcare professionals).

What we found

The study found that there are some key factors to consider in order for digital consultations to work well. The first was the organisational infrastructure and resources provided to support digital consultations, for example, healthcare professionals need to have access to the necessary technology (e.g. digital devices and WiFi) when working onsite and in the community, appropriate workspaces in which to conduct digital consultations (e.g. private and quiet), and NHS systems set up to support hybrid care. This can impact how digital consultations are put into practice and how staff respond to the change.

The second consideration is training and support for staff. This can help to optimise safety, uptake and sustained use of digital consultations. This means providing ongoing access to clinical, administrative and technical support to keep things running smoothly. It is also important to communicate with staff about how and why they could be using digital consultations, as well as providing guidance to aid decision-making.

Third is providing personalisation and flexibility for women. This is so that digital consultations can better adapt care to meet individual needs and life circumstances. Key here is supporting choice and empowerment, and meeting individual needs. This can help digital consultations to be viewed as a valuable addition to traditional maternity care.

Fourth is recognising some of the challenges a diverse population of women might face in accessing digital consultations and what can be done to overcome these challenges. For example, increasing women's knowledge of maternity services can help them to navigate

care more easily. Supporting those who face language and communication barriers can facilitate access to services. It is also important to consider the best way of interacting with service users if they have limited access to digital resources.

Finally, the review found that relationship-focussed connections are central to delivering quality digital care. Managing relationships and building rapport between professionals and service users digitally can be difficult. Evidence shows that digital consultations can be used most effectively and safely when the relationship between the woman and health professional is already established. This can provide women with a sense of support, comfort and control in their care (potentially including at-home monitoring), in turn, improving satisfaction and clinical outcomes.

The size and complexity of the maternity care system means that there is no one-size fits all approach to using digital consultations in maternity care. However, based on our findings we have developed some 'CORE' implementation principles:



As part of the ARM@DA project we have developed a free e-learning resource based around these CORE principles. The e-learning resource is suitable for anyone interested in best practice principles for digital consultations, but particularly healthcare professionals. Access it here: www.nottingham.ac.uk/helmopen/rlos/practice-learning/midwifery/telehealth/armada/index.html

The ARM@DA project: The ARM@DA project was led by Professor Catrin Evans at the University of Nottingham. Dr Georgia Clancy was the research fellow on the project. ARM@DA was supported by colleagues from the University of Nottingham, University of Sheffield, University of Bradford and the [Nottingham Maternity Research Network](#).⁶¹ The project also drew on the expertise of a range of stakeholders including maternity healthcare professionals, service users and third sector organisations (Sister Circle and the National Autistic Society). For more information about ARM@DA please visit the project [website](#)⁴ or follow [@ARMADA_Project1](#).¹⁷¹

This work is supported by the UK National Institute for Health Research (NIHR), Health and Social Care Delivery Research (HSDR) Programme, grant number: NIHR134535. The views

expressed are those of the authors and not necessarily those of the NIHR or the UK Department of Health and Social Care.

^[1] NHS England. Maternity Transformation Programme, www.england.nhs.uk/mat-transformation

^[2] Jardine J, Relph S, Magee LA, et al. Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care. *BJOG* 2020 2020/09/30. DOI: [10.1111/1471-0528.16547](https://doi.org/10.1111/1471-0528.16547)

^[3] Sanders J, Blaylock R and WRISK Study Team. *Users' experiences of COVID-19 maternity service changes (Version 2)*. 2020

^[4] The ARM@DA project (2024) A realist inquiry into maternity care at a distance <https://armada-project.co.uk>

^[5] WONG G. Realist reviews in health policy and systems research. *Evidence synthesis for health policy and systems: a methods guide*. World Health Organization, 2018

^[6] Nottingham Maternity Research Network: www.nottsmaternity.ac.uk

^[7] Follow the ARM@DA Project on Twitter: https://twitter.com/Armada_project1