

Cutting Edge

The use of video during birth



PAPER | Perceptions of women, nurses, midwives and doctors about the use of video during birth to improve quality of care: focus group discussions.

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In the Netherlands, this study investigated the attitudes of women and healthcare providers regarding the use of video capture in the delivery room for quality improvement, prior to its implementation. Focus group discussions were used to obtain qualitative in-depth information about perceived advantages and disadvantages of using video during birth. Four group discussions were conducted between May and July 2008. Each group included a midwife, a nurse, a junior doctor and a maternal and fetal medicine specialist, plus one pregnant woman and one woman who had recently experienced a difficult birth, representing all possible members of the delivery team.

The discussions were directed by an independent psychologist/communication expert who used a list of open-ended questions. These were: How do you feel about being videotaped? What are the reasons for you to allow the use of video? For what purpose could the video be used? Should the video be available to the patient? What would be a circumstance in which you would want to stop the video? Would you want access to the tapes yourself? How long can the tapes be stored? Who can have access to the tapes and who is the owner? For what purpose can the tapes be used?

Several areas of potential benefit were mentioned in all four groups, including quality of care, research, teaching, legal issues and provision of care in general. Quality of care aspects, which were perceived as likely to improve through the use of video capture included patient safety, communication with patients and between healthcare professionals, logistical problems and guideline adherence. All the healthcare professionals considered the use of video a potentially important instrument for evaluation of teamwork, self-evaluation and self-reflection. Also, in cases of

disagreement between colleagues, objective video images could provide a record to aid discussion.

The overall comments from the women and their partners were positive, although infringement of privacy was mentioned. Delivery room staff were concerned regarding the use of videotape for the purpose of professional evaluation, especially their colleagues or supervisors viewing and criticising their clinical practice.

The authors feel that based on their results after thoughtful planning, video capture can be used as a data collection method in patient-oriented clinical research relating to quality of care issues in acute obstetrics. It represents an unbiased record of reality, is objective and independent of personal interpretations and may be an important tool for quality improvement during labour and delivery. Its introduction is being hampered by fear of litigation and breach of privacy, but this study reveals that this fear may not be justified. The use of video during birth is considered useful and seems acceptable if specific conditions are met. **M**

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“THE USE OF VIDEO MAY BE AN IMPORTANT TOOL FOR QUALITY IMPROVEMENT DURING LABOUR AND DELIVERY”

OVERVIEW

All the healthcare professionals considered the use of video during birth to be of potential benefit for evaluation of teamwork, self-evaluation and self-reflection.

Overall, comments from women and their partners were positive, although there was some concern regarding infringement of privacy.