v2 completed: 24 July 2020
review date w/c 24 August 2020

Topic: Virtual Consultations

Guidance on appropriate application for virtual consultations and practical tips for effective use.

N.B.: this guidance should be Read in conjunction with the RCM guidance on Antenatal and Postanal care during COVID-19 https://www.rcm.org.uk/media/4132/2020-06-18-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic.pdf

A 'virtual' consultation in this guidance refers to one that is undertaken over the telephone or via video as opposed to the traditional consultation format in person, normally referred to as 'face to face'.

Background

There has been a significant expansion in the provision of virtual consultations in the NHS and independent sector as a result of COVID-19, and we want to make sure our guidance is keeping up with the fast pace of change.

Providing maternity care remotely or virtually is not new, but it has become more common because of the COVID-19 pandemic and in some cases virtual consultations have replaced some in person consultations.

Virtual consultations have been used for some time to support maternity care for those living in remote and rural communities, for example in some areas in Scotland (Scottish Government, 2018). They have also successfully been introduced as part of 'remote monitoring' for women with diabetes or hypertensive disorders (Raman et al, 2017).

Increasing the use of virtual consultations was identified as a priority for the devolved nations of the UK prior to the pandemic, and many organisations had started to trial their use within both primary and secondary care settings and some calling for more investment in digital technology and better use of technology and data.

Maternity services may wish to use virtual consultations to support women's choices in how their maternity care is provided. It can also support the provision of maternity care where women are unable to attend in person appointments due to isolating requirements. Some units may also wish to reduce the number of in person appointments women need to attend in person to support social distancing advice during the pandemic.

Maternity units have also experienced staff absences of up to 20% during the pandemic, which is double previous staffing shortages, leaving many maternity units struggling to provide a normal level of service. Maternity teams also have staff who are required to work from home while shielding themselves and unable to provide maternity care in the traditional way.

Considerations for Virtual Consultations in Maternity

Virtual consultations via video or telephone may not be suitable for all women and some women will be at more risk from attending in person consultations. You must assess the individual risks for each woman to decide the most appropriate form of consultation at that time. Consider both her risks and personal preference to organise the most appropriate care for her personal circumstances. Some women may prefer virtual consultations, especially where partners cannot attend antenatal appointments, or they have travel long distances to attend a relatively short appointment.

Virtual consultations, like all care, should be planned in line with The Code: "You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern" (NMC, 2018:6).

All care provided during virtual consultations must adhere to the same standards of care that would be provided during in person consultations. The NMC Code applies to all forms of care and communication including, digital, virtual and electronic. Midwives need to be mindful that they always practice within The Code (NMC, 2018).

- When making an assessment on whether it is safe to conduct antenatal care remotely, midwives must consider if the woman has characteristics or life circumstances which may mean an in person appointment is preferable, these include but are not limited to:
- Mental health concerns
- Domestic abuse
- Availability of technology
- Complex social needs
- Women from a BAME background
- Previous pregnancy loss
- Any communication difficulties

Where an appointment requires asking questions about or discussing sensitive issues, it is best provided in person and not during a virtual consultation. It is important to ensure a private and safe space for these conversations as women may not feel safe to talk openly if they risk being overheard by other family members during a virtual consultation when they are at home. This includes routine enquiry questions about domestic abuse or childhood trauma, female genital mutilation (FGM), previous pregnancy history, sexually transmitted infections (STI's), social services involvement and mental health.

In person antenatal maternity care is an evidence-based intervention that is known to reduce adverse outcomes including maternal mortality and morbidity and fetal loss (Renfrew, McFadden, Bastos, et al. 2014). It should be maintained as per the NICE Antenatal Guidelines (2010, 2019). Where this is not possible, a minimum of six antenatal consultations should be provided in person, and virtual consultations can be provided to enhance care beyond this. WHO (2016) guidelines stipulate that women should have a minimum of eight antenatal visits.

Virtual consultations may also be a helpful tool in reducing unnecessary travel for women with transport and childcare complications or who live in remote and rural areas that require lengthy travel for short appointments. They can also be used to enhance care between in person appointments for vulnerable groups. However, this will be most effective when undertaken within a continuity of carer model, from a midwife who knows and is already known to the woman from personal interactions.

Practical advice for providing high quality virtual consultations

Prior to consultation

- Offer a choice in consultation format where appropriate and agree the most suitable method considering the above risks and individual circumstances.
- Ensure instructions on how the virtual consultation will be conducted have been sent to the woman in advance (does your organisation have an information leaflet?).
- If using remote monitoring equipment, such as BP or blood sugar monitors, ensure that the woman has been provided with appropriate training and instructions on how to use the equipment and how results will be conveyed.
- Try to ensure that the virtual consultation is provided within a continuity model and by a midwife the woman has met before, in person, where possible.

- If supported by your interpretation service, interpreters should be used for any virtual consultation where the woman does not adequately speak or understand English. If unable to use interpreters during virtual consultations, then an in person consultation with an interpreter will be necessary.

Antenatal consultation

- It can be assumed that if a woman joins the call by the agreed method, then she has consented to the consultation method.
- Introduce yourself and anyone who is in the room or on the call with you.
- Ask the woman to introduce herself (confirm identity) and anyone she has in the room with her.
- If the woman is not in a room alone where she has privacy, advise her to move to a more suitable space in her home if possible. If she has anyone else in the room with her, ask everyone in the room introduce themselves. Video calls are a great way to include the partner in the appointment.
- Sensitive conversations may be more appropriate in person to ensure the woman has privacy to talk openly. Consider how you can safely ask the routine enquiry questions.
- Advise of process if any technology issues e.g. poor video/sound quality. Have a back-up plan available, e.g. convert to phone call or in person consultation.
- Maintain professional standards (NMC, 2018) and do not be afraid of professional curiosity. Ask open ended questions and probe further if answers are unclear.
- Be wary of 'looking for normal' or closed questions. Instead use open questions, seek detail, clarification and open discussion.
- Check for understanding of anything discussed.
- Give time and opportunity for questions.
- If concerns arise during the consultation which require an examination or in person appointment for any other reason– triage urgently and re-book a suitable in person appointment.

Postnatal consultation

- As above.
- Ensure your virtual consultation follows the NICE Guidance for postnatal care (2015, 2020) and that you continue to support parents to understand what is 'normal' for the woman's recovery and the baby's development.
- Be mindful that first time parents may not have good reference points for 'normal'.
- Utilise video to see the baby on screen. Ensure room is well lit and be wary of screen affect. This may affect your ability to identify jaundice in the baby. Have a low threshold for an urgent in person consultation if there are any concerns or anything is unclear.
- Infant feeding support can be given via video and midwives may wish to have props or pictures to hand to facilitate information sharing during these consultations.

Documentation

- Document contemporaneously in the maternity record.
- If the maternity record is unavailable, then document on a continuation sheet and file within the maternity record at the next available opportunity.
- Be wary of documentation that is not filed in the maternity record.
- Document clearly within the records how the consultation was done e.g. via video, telephone or in person.
- Virtual consultations must <u>not</u> be recorded as standard. If recording is required prior consent must be sought including the justification of why the consultation should be recorded including explanation of how the recording will be used and stored.
- Always follow GDPR guidelines for record keeping and documentation.
- Any untoward incidents or near misses must be reported via your local incident reporting processes.

Current key guidance for this topic

Department of Health, Northern Ireland (2016) Health and Wellbeing 2026: Delivering Together https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

Department of Health and Social Care (2017) Domestic abuse: a resource for health professionals https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals

General Medical Council (2020) Remote Consultations GMC, London https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations

Information Governance Alliance (2016) Using Video Conferencing for service user consultations. https://www.igt.hscic.gov.uk/Resources/Using%20Video%20Conferencing.pdf

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NHS England (2019) Using online consultations in primary care – implementation toolkit. NHSE https://www.england.nhs.uk/wp-content/uploads/2020/01/online-consultations-implementation-toolkit-v1.1-updated.pdf

NHS England (2019) NHS long term plan https://www.longtermplan.nhs.uk/

National Institute for Health and Care Excellence (2008 updated 2019) Antenatal care for uncomplicated pregnancies Clinical guideline [CG62] February NICE https://www.nice.org.uk/Guidance/CG62

National Institute for Health and Care Excellence (2010) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors Clinical guideline [CG110] September NICE https://www.nice.org.uk/guidance/cg110

National Institute for Health and Care Excellence (2015) Postnatal Care [QS37] June NICE https://pathways.nice.org.uk/pathways/postnatal-care

National Institute for Health and Care Excellence (2020) Postnatal Care Overview June NICE https://pathways.nice.org.uk/pathways/postnatal-care#content=view-index

NHS (2019) Topol Review. Preparing the healthcare workforce to deliver the digital future https://topol.hee.nhs.uk/

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Nursing and Midwifery Council (2015 updated 2018) *The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates* NMC, London

Raman, P., Shepherd, E, Dowswell, T., Middleton, P., Crowther, C. A. (2017) Different methods and settings for glucose monitoring for gestational diabetes during pregnancy (Cochrane Review). (Assessed as up-to-date: 30 September 2016). The Cochrane Database of Systematic Reviews, Issue 10. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011069.pub2/abstract

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Scottish Government (2018) Scotland's digital health and care strategy: enabling, connecting and empowering. https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering

Welsh Government (2018) A healthier Wales: our plan for health and social care https://gov.wales/healthier-wales-long-term-plan-health-and-social-care

World Health Organisation (2016) WHO recommendations on antenatal care for a positive pregnancy experience WHO Geneva **https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=FB19147E5BE3783449FB26E597DB311D?sequence=1**