



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 Postnatal care during COVID-19: <https://www.rcm.org.uk/media/4393/2020-10-21-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-v3.pdf>

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

Background

There has been significant expansion in the provision of virtual consultations in the NHS and independent sector because of COVID-19, and we want to ensure safety for women, babies and families receiving care this way.

Providing maternity care remotely or virtually is not new but has increased because of the pandemic and in some cases virtual consultations have replaced some in-person consultations. In most cases, in-person care is the most appropriate, and therefore maternity services should prioritise the provision of in-person care for all routine midwifery appointments.

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

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

Maternity services are using virtual consultations to support women's choices in how their maternity care is provided. It also supports the provision of maternity care where women are unable to attend in-person appointments due to isolating requirements. Some units were required to reduce the number of in-person appointments to support social distancing 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 normal levels of service.

Considerations for virtual consultations

Virtual consultations via video or phone may not be suitable for all women and some women will be at more risk from attending in-person consultations. Assessing individual risks for each woman ensures the most appropriate form of consultation with consideration of both her risks and personal preference. Some women may prefer virtual consultations, especially where partners cannot attend appointments, or they have long distances to travel to attend short appointments.

All care provided during virtual consultations must adhere to the same standards of care provided during in-person consultations. The NMC Code applies to all forms of care and communication including, digital, virtual and electronic (NMC, 2015).

When making an assessment on whether it is safe to conduct antenatal care remotely, consideration of the woman's characteristics or life circumstances 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 virtually. 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 family members during a virtual consultation in their home.

In-person antenatal care is an evidence-based intervention known to reduce adverse outcomes including maternal mortality, 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 provided to enhance care beyond this. WHO (2016) guidelines stipulate that women should have a minimum of eight antenatal visits.

Virtual consultations can be useful in reducing unnecessary travel for women with transport and childcare complications or living in remote and rural areas that require lengthy travel for short appointments. They can also enhance care in-person appointments for vulnerable groups. This will be most effective when undertaken within a continuity of carer model, from a midwife known to the woman.

Antenatal classes and breastfeeding workshops are important aspects of antenatal care (NICE 2019). Video calling/conferencing technology can be used to provide these classes to a group of women safely. It is important that confidentiality is maintained during group sessions as it would be in-person and that women are aware they are joining group sessions (NHSX 2020(i)(ii)).

An in-person postnatal visit at home should be provided for all women following discharge from hospital, or day 1 following a homebirth. Individual vulnerabilities should be considered when planning follow up care. Maternity services should prioritise fully resuming in person postnatal care when possible as pandemic restrictions and risks are reduced. See '**Postnatal Care for women without suspected or confirmed COVID-19 and living in a symptom free household**' guidance.

Practical advice for providing high quality virtual consultations

Prior to consultation:

- Offer 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 use of the equipment and how results are 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 interpretation services, interpreters should be used for any virtual consultation where the woman does not speak or understand English. If unable to use interpreters during virtual consultations, then an in-person consultation with an interpreter will be necessary.
- Ensure you have a private space where confidentiality can be maintained, as you would for any in-person consultation.

Antenatal consultation:

- If a woman joins the call by the agreed method, then she has consented to the consultation method.
- If multiple women are joining a video consultation, for example for an antenatal class, ensure all women are aware it is a group session in advance and set out ground rules to protect confidentiality.
- Introduce yourself and anyone who is in the room or on the call with you.
- Confirm identity by asking the woman to introduce herself and anyone in the room with her.
- If the woman is not in a room alone where she has privacy, recommend that she move to a more suitable space if possible. 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 and do not be afraid of professional curiosity. Ask open ended questions and probe 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.
- An in-person home visit from a midwife is required for all women the first day home following birth.
- Ensure your virtual consultation follows the NICE Guidance for postnatal care (2021) 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 the room is well lit and be wary of screen affect. This may affect your ability to recognise 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, but in-person feeding support should be prioritised. Props or pictures can help information sharing during these consultations.

Documentation:

- Document contemporaneously in the maternity record.
- If maternity records are unavailable, then document on a continuation sheet and file within the records at the next available opportunity.
- Be wary of documentation that is not filed in the maternity record.
- Document clearly how the consultation was done i.e. via video, phone or in-person.
- Virtual consultations must not be recorded as standard. If recording is needed, prior consent must be sought including the justification of why it 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>

NHS England (2016) Accessible Information Standard – Using email and text message for communicating with patients. NHSE <https://www.england.nhs.uk/wp-content/uploads/2016/04/Using-email-and-text-messages-for-communicating-with-patients.pdf>

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 (2021) Postnatal Care April NICE <https://www.nice.org.uk/guidance/ng194>

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

NHSX (2020(i)) Using video conferencing and consultation tools. https://www.nhsx.nhs.uk/information-governance/guidance/using-video-conferencing-and-consultation-tools/?utm_source=twitter&utm_medium=social&utm_campaign=ig_staff

NHSX (2020(ii)) Covid-19 Information Governance advice for staff working in health and care organisations. <https://www.nhsx.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-health-and-care-professionals/>

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>

Renfrew, M.J., McFadden, A., Bastos, M.H., et al., (2014) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet* published online June 23.

[http://dx.doi.org/10.1016/S0140-6736\(14\)60789-3](http://dx.doi.org/10.1016/S0140-6736(14)60789-3)

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>