



ARM@DA Project Summary for Stakeholders

Re-cap: What was this project about?

This project was funded by the National Institute for Health Research (NIHR). The aim was to understand when, where, and for whom digital (remote) consultations could be used in maternity care. Our project involved talking to women and healthcare professionals. We also looked at research evidence to get a better picture of how remote consultations should be used in the future. The project was also supported by an advisory group of senior leaders in the maternity field.

What has been my role?

Every stage of the project has been guided by two groups (one of women/community organisations and one of health professionals). As a member of one of these groups you have helped the research team to understand the most important things to consider – thank you for your input! It has made a difference!

What have we done?

The project had 3 Phases. In Phase 1, we had some excellent group meetings and looked at existing research. This gave us a lot of ideas (theories) about how digital consultations could work best. In Phase 2, we tested these theories in more depth by exploring all the available global evidence on digital consultations in maternity care. In Phase 3, we considered the quality and quantity of the evidence we had collected and found some gaps relating to safety and equity. To address this, we conducted extra consultations with women from under-represented communities and undertook additional literature searches to find more evidence. Finally, we combined all the evidence to produce an overall set of fifteen theories. These were organised into five domains.

What we found:

Digital consultations in maternity care work well when...

-  **Infrastructure and resources** are developed that make it easy for staff to add digital consultations into practice, onsite and offsite.
-  **Training and support for staff** is provided which includes protocols and guidance, to encourage uptake and sustained use of digital consultations.
-  **Personalisation and flexibility for women** supports informed choice and helps to meet individual needs, preferences and life circumstances.
-  **Women's access and inclusion** is facilitated by recognising and responding to their knowledge of maternity care, potential communication barriers and access to digital resources.
-  **Quality care through relationship-focused connections** promotes connection, safety and empowerment for more satisfying care.

The organisational infrastructure and resources (Domain 1) provided to support remote consultations have a major impact on how it is practically implemented and how staff respond. This includes access to digital resources, appropriate staffing and clinical systems to help women and staff feel motivated and confident in undertaking remote care. In addition, supporting staff (Domain 2) with training and protocols/guidance, as well as motivating them use remote consultations can help to optimise safety, staff uptake and sustained use of virtual approaches.

It is important to provide person-centred care (Domain 3) adapted to meet women's needs, preferences and life circumstances. This can provide women with a sense of reassurance, empowerment and safety, potentially improving acceptance of remote consultations, as well as clinical outcomes. Amidst an increasingly diverse population, considering equity, diversity and inclusion in remote care implementation is important to facilitate access and quality care (Domain 4). This can be done by supporting women's knowledge and navigation of services, and supporting those who face communication barriers, or difficulty accessing digital resources. This can enable empowerment, engagement and a sense of eligibility to care. Finally, quality care delivered through relationship-focussed connections (Domain 5) explores how women-professional interactions are changed by remote consultations and the impact this can have on patient safety and risk management. However, when there is understanding, connection and a pre-existing relationship, virtual consultations can provide a sense of safety, comfort, control and self-efficacy, contributing to greater satisfaction, engagement, access and clinical outcomes.

We have distilled these findings into four '**CORE**' principles to guide any future implementation of remote consultations:



What next?

- E-learning resource: we are in the process of developing an e-learning resource to support good practice principles for the use of DC-CON in maternity care. The intended audience is healthcare professionals, but it will be freely and publicly available to all. We will let you know when this is released.
- Mapping survey: we have started a small mapping survey of NHS England's maternity units to better understand current use of digital clinical consultations. This will help us to tailor the findings of the ARM@DA project in a more relevant way to NHS staff, digital leaders and service users.

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