

Optimising digital clinical consultations in maternity care: a realist review and implementation principles

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Abstract

Objectives

The COVID-19 pandemic has led to increased use of digital clinical consultations (phone or video calls) within UK maternity services. This project aimed to review the evidence on digital clinical consultations in maternity systems to illuminate how, for whom and in what contexts, they can be used to support safe, personalised and equitable care.

Design

A realist synthesis, drawing on diverse sources of evidence (2010–present) from OECD countries, alongside insights from knowledge user groups (representing healthcare providers and service users).

Methods

The review used three analytical processes (induction, abduction and retroduction) within three iterative stages (development of initial programme theories; evidence retrieval and synthesis; validation and refinement of the programme theories).

Results

Ninety-three evidence sources were included in the final synthesis. Fifteen programme theories were developed showing that digital clinical consultations involve different mechanisms operating across five key contexts: the organisation, healthcare providers, the clinical relationship, the reason for consultation and women. The review suggests that digital clinical consultations can be effective and acceptable to stakeholders if there is access to appropriate infrastructure/digital resources and if implementation is able to ensure personalisation, informed choice, professional autonomy and relationship-focused connections. The review found relatively less evidence in relation to safety and equity.

Conclusions

Due to the complexity of maternity systems, there can be 'no one-size fits all' approach to digital clinical consultations. Nonetheless, the review distills four 'CORE' implementation principles: C—creating the right environment, infrastructure and support for staff; O—optimising consultations to be responsive, flexible and personalised to different needs and preferences; R—recognising the importance of access and inclusion; and E—enabling quality and safety through relationship-focused connections. Service innovation and research are needed to operationalise, explore and evaluate these principles, particularly in relation to safety and equity.

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