

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6219

### **Title**

*Telehealth for Maternity Care: Qualitative Perspectives of Clinicians and Mothers*

### **Priority 1 (Research Category)**

Qualitative research

### **Presenters**

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### **Abstract**

#### BACKGROUND

The use of telehealth to mitigate the maternity care crisis is an area of great interest. Telehealth as an alternative to in-person health appointments gained prominence at the onset of the COVID-19 pandemic. Health institutions rapidly adopted video and voice consultations to limit viral transmissions. Importantly, the post-pandemic period has yet to slow the use of telehealth, with an increasing number of physicians integrating telehealth into their workflow.

Research has associated telehealth interventions with reduced self-reported smoking during pregnancy, reduced risk of gestational hypertension, and continuation of breastfeeding. However, health leaders have cautioned about expanding telehealth into maternal-fetal medicine. This concern is in part due to the risk of replacing in-person visits, which are beneficial for building rapport in the mother-infant-provider relationship. Furthermore, mothers' and maternity care providers' attitudes towards telehealth have not been fully explored, including their perspectives on the extent to which telehealth may be accepted for use.

#### METHODS

Twenty-eight interviews were conducted with clinicians and mothers to understand their experiences with maternal care in Utah, including telehealth use. Purposive sampling was used for recruitment and interview transcripts were analyzed using iterative thematic synthesis.

#### RESULTS

Participants reported that telehealth was acceptable for basic pregnancy check-ins, such as to monitor symptoms, discuss health concerns, and for information on medication safety. Clinicians practicing in

rural areas mentioned using telehealth for mental health care and finding it beneficial for specialist consultations on pregnancy complications. Participants also described challenges to expanding telehealth. For example, telehealth was not viewed as user friendly for clinical use. Also, telehealth can be a barrier to health equity, as it is sometimes limited to affluent populations. Further, lower insurance reimbursement rates can limit its clinical use. Ideal future of telehealth includes extensive infrastructure support, training on telehealth use, and research on telehealth for fetal heart health screenings.

## CONCLUSION

Telehealth is beneficial for rapid communication between providers and mothers. There are reservations about replacing large aspects of pregnancy care with virtual visits. More research is needed on best practices for integrating telehealth with maternity care.

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