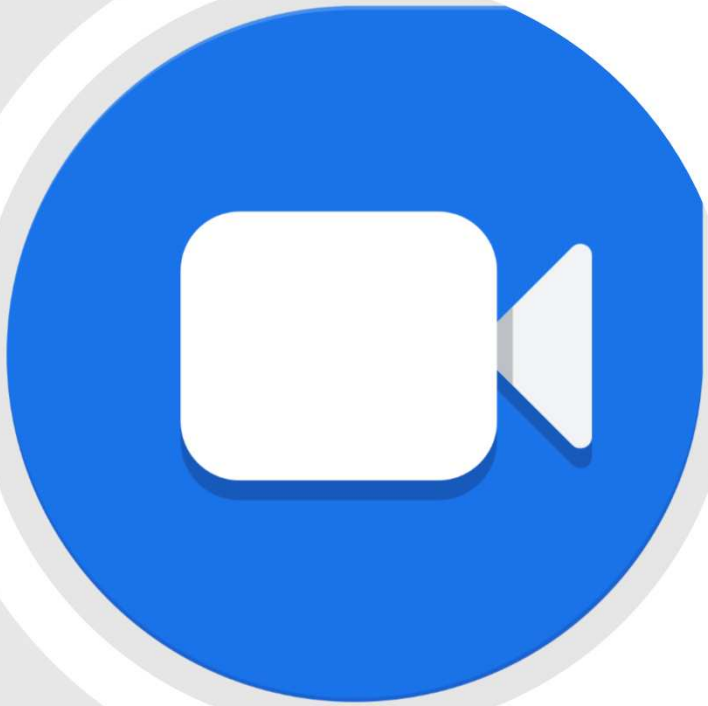

MIDWIVES' AND MOTHERS' PERSPECTIVES ON THE POTENTIAL USE OF VIDEO-CALLING DURING EARLY LABOUR IN THE UK AND ITALY: A QUALITATIVE STUDY

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BACKGROUND

- **UK**: childbearing women usually phone maternity unit when they feel labour is starting (Nolan and Smith, 2010) and do not always find these calls satisfactory (Spiby et al., 2012).
- **Italy**: women access directly the maternity unit without previously phoning; labour ward midwives may be available to answer queries over the phone (Iannuzzi and Borrelli, 2014; Cappelletti et al., 2016).
- Midwives answering early labour calls must **make an accurate diagnosis of labour onset without the visual and non-verbal cues used in face-to-face care** (Cheyne et al., 2006), relying on subtle cues such as tone of voice or breathing patterns (Spiby et al., 2006).
- Calls to labour units and numerous journeys to the hospital without confirmation of established labour are sources of **dissatisfaction** for women, who are encouraged to **delay attendance**, but they find this difficult **without appropriate professional support** (Janssen and Desmarais, 2013; Cappelletti et al., 2016).

BACKGROUND

- Midwives are **generally positive about video-calls** and using visual cues to make more accurate assessments and to enhance trust, with some **concerns about privacy and issues of accessibility**. Strategies for implementation and further research are suggested, e.g. need for a private space in birth facilities, training for staff and preparation for service users (Spiby et al., 2019).

- The Covid-19 pandemic has triggered drastic changes in maternity care pathways, with **alternative ways of communication** needing to be further explored.

STUDY AIM

To explore midwives' and mothers' perspectives and expectations of the potential for video-calling during early labour in the UK and Italy

METHODOLOGY AND METHODS

RESEARCH DESIGN

- MULTI-CENTRE **QUALITATIVE** STUDY
- **DURATION**: 12 MONTHS
- **RESEARCH SITES**: UK AND ITALY
- **RECRUITMENT** VIA SOCIAL MEDIA PLATFORMS AND ITALIAN COLLEGES OF MIDWIVES

- **PARTICIPANTS**: 36 qualified midwives practicing in the UK or Italy; 37 mothers who gave birth in UK or Italy
- 13 **VIRTUAL FOCUS GROUPS** (Oct 2021 – Jan 2022)
- **THEMATIC ANALYSIS**

PATIENT AND PUBLIC INVOLVEMENT

5

FINDINGS - MOTHERS

Theme 1: Women's expectations of video-calls' content and features

Theme 2: Technological challenges and solutions

THEME 1: WOMEN'S EXPECTATIONS OF VIDEO-CALLS' CONTENT AND FEATURES

VIDEO-CALL CONTENT: GUIDANCE AND REASSURANCE

You're going to get some reassurance, and then that person will see your face and then probably understands which type of pain you're going through. (UK-FG3).

The fact of seeing someone's face […] that makes you feel the intervention and help of the professional closer, more human. (IT-FG3).

It could be of great help […] for husbands […] they are a very valuable support but often they don't know what to do (IT-FG1).

7

THEME 1: WOMEN'S EXPECTATIONS OF VIDEO-CALLS' CONTENT AND FEATURES

LENGTH OF CONVERSATION AND AGREED RE-ASSESSMENTS

I think around five minutes can be really helpful, but if it goes beyond the five minutes, it can start becoming so cumbersome and you might end up even not getting the help that you required. It should be brief and to the point (UK- FG1).

Although I had attended antenatal classes at the hospital, I had read all the human knowledge, however, until you're there in that moment and that person who tells you, 'no, look, it's not' or 'yes, look, it is so', I felt very much the need to rely on someone. (IT-FG1).

The midwife can tell you, depending on the situation, stay at home and call me in an hour or stay calm, there is no need, you can go tomorrow morning or, anyway, let's talk again in two hours, so that you can update me and let me know how you are doing. (IT-FG2).

THEME 1: WOMEN'S EXPECTATIONS OF VIDEO-CALLS' CONTENT AND FEATURES

CONTINUITY OF CAREGIVER

I would prefer to be consistent, to have one person who I can consistently access so that I am assured that what I am sharing with this person just stays between the two of us. (UK-FG1).

DESIGNATED AND SKILLED MIDWIVES

I imagine that there is a specific training for this and not only a simple call centre where you can call because otherwise it is similar to a call to the emergency room that you can do even now. (IT-FG3).

TARGET POPULATION AND CRITERIA FOR A VIDEO-CALL SERVICE

I think it should be clear that this is an additional service, more to reassure, to help, but it does not replace the emergency room. (IT-FG3).

THEME 2: TECHNOLOGICAL CHALLENGES AND SOLUTIONS

ACCESSIBLE, RELIABLE, USER-FRIENDLY AND TAILORED TECHNOLOGY

Personally, I would also prefer the video calling via *WhatsApp because it is quick and it's fast compared to maybe Zoom or the Teams, which requires you to set up the password, meeting ID, and the link, but with WhatsApp it will be quick. Because you are in pain, you will need the quickest option (UK-FG1).*

I think software will be tailored specifically for this, for video calls, for the women, so that it will be easier, and straightforward for these women. (UK- FG3).

The App should have maybe something whereby when the doctor or the professionals in the App talks, it types itself, and it describes itself, such that if I didn't get something right whoever is with me can read through and say, 'Ah, the doctor said you should do this'. (UK-FG2).

THEME 2: TECHNOLOGICAL CHALLENGES AND SOLUTIONS

USING DEVICES WHEN EXPERIENCING EARLY LABOUR PAIN: TEST-CALL AND IMMEDIATE ANSWER

it would be useful to advise maybe moms to do a test of how to connect just to avoid when there are pains and they want to use this service, find themselves in trouble. Even if it's just to see if you have all the technology you need. (IT-FG3).

If, on the other hand, there is a fairly immediate response, even if it is not on the first ring, but maybe within five minutes, then I can say, 'Okay, I'll wait, I'll get an answer'. Maybe a telephone queue. Not that the number is busy, but maybe you stay in the queue and then you know that after two calls it's your turn. (IT-FG2).

PRIVACY AND CONFIDENTIALITY

We've got used to it for work, too, and if we had to think about these things, we probably wouldn't do anything anymore. So I don't see it as a problem at all. (IT-FG3).

I'd prefer the person I'm speaking to be in like a more private room and alone. That will make me feel more comfortable. (UK-FG2).

THEME 2: TECHNOLOGICAL CHALLENGES AND SOLUTIONS

SMARTPHONES, INTERNET CONNECTION AND LANGUAGE BARRIERS: EQUITABLE ACCESS CONCERNS AND MITIGATION STRATEGIES

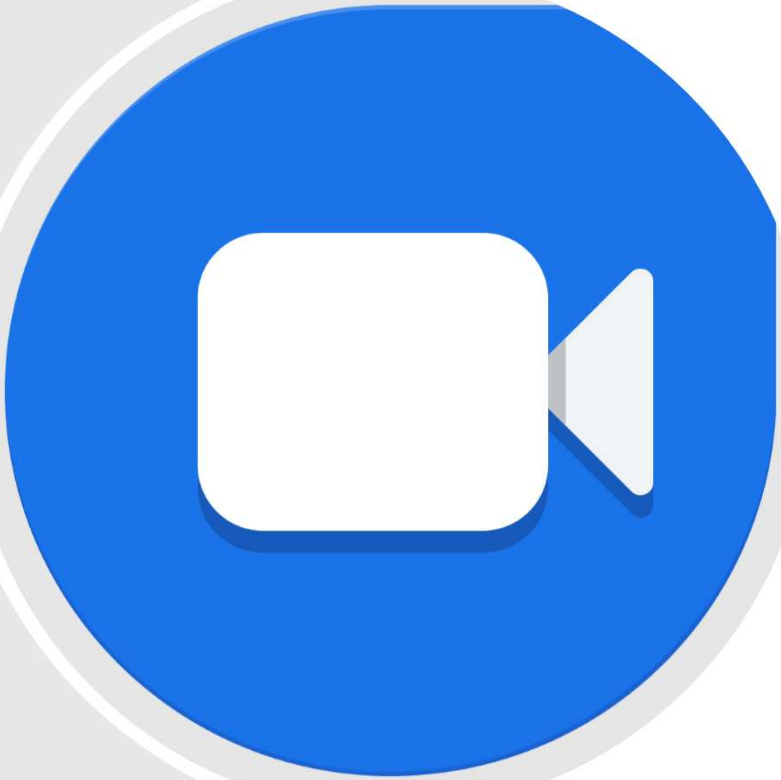
If the internet connection breaks and there is no constant communication, then you will be stranded. So, this can be quite disadvantageous for the video call. (UK-FG1).

This equality, diversity and inclusion issue, what is going to happen if someone doesn't have a smartphone?

Also possibly a cultural mediator, because obviously […] there are many people who maybe need to access the service and maybe don't speak our language. I mean, I happened to go to the emergency room and see women who maybe didn't understand what the midwives were saying. (IT- FG3).

CONCLUSIONS

- Mothers **responded positively** to the concept of video-calling in early labour.
- **Receiving guidance, information on coping with pain and advice on timely access** in early labour was perceived as key.
- **Equitable access, technological literacy and acceptability** were considered as challenges to implementation, with solutions proposed to overcome disparities.
- **Guidance and training** should be provided to midwives, with **designated resources** to build a service that is **accessible, acceptable, safe, individualised and respectful** for mothers and birth companions.
- Further research should explore **feasibility, acceptability, clinical and cost-effectiveness**.



PUBLICATION

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