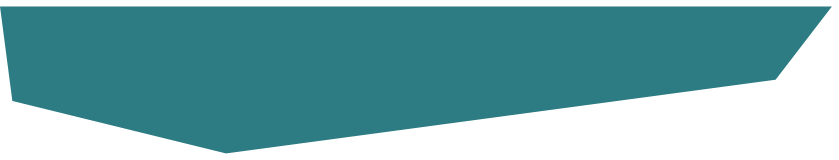
[](http://www.kpho.org.uk)

**Video & phone vs Face to face health visits - Literature Search**

**February 2021**



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# 1. Introduction

## 1.1 Description of search:

As a result of the Covid-19 pandemic and subsequent national lock down, many health services are having to find and adapt to new ways of working. Many services have had to move to remote (telephone or video) services. Health visits which are conducted after the birth of a newborn baby also have to adapt to new ways of working. The purpose of this literature search is to identify any evidence of literature which addresses the training for staff regarding new approaches to health visits (i.e. newer methods may mean staff need training on how to pick up subtle cues on the telephone / video) and also how effective remote methods are in identifying vulnerabilities. The search will also highlight the benefits and disadvantages of remote compared to face to face visits.

## 1.2 Databases searched:

NICE Evidence; LAPH Discovery Service, Cochrane library, relevant healthcare databases (Pubmed, AMED, Trip pro database), Google site/ Google advance, Journal of Child Health Care, BMC Pregnancy & Childbirth and references from relevant literature.

## 1.3 Key terms:

Health visiting service, health visitor/ health visiting, healthy child programme, contact visits, antenatal care, newborn visit, 9 – 12 month development check, 2 – 2.5 development check, specialist nurse, specialist public health nurse, staff training, identifying vulnerabilities remotely, safeguarding, maternal health, maternal mental health, remote/virtual contact, video visit/contact/appointment, phone visit/contact/appointment, face-to-face visits, convenience, pros/cons, benefits, advantages/disadvantages, benefits.

**|**

# 2. Search Results

|  |  |
| --- | --- |
| **2.1 Evidence** | |
| Galle, A. et al (2020) [A double-edged sword - Telemedicine for maternal care during COVID-19: Findings from a global mixed methods study of healthcare providers](https://www.medrxiv.org/content/10.1101/2020.11.25.20238535v1.full)  \*\* This article is preprint and so not yet peer reviewed | The objective of this study was to document the experiences of healthcare professionals globally with the provision of telemedicine for maternal and newborn healthcare during the COVID-19 pandemic.  They gathered results from a global, online survey of maternal and newborn health professionals.  Challenges reported technological barriers, lack of technological literacy, financial and language barriers, lack of nonverbal feedback, and distrust from patients. Maternal and newborn health providers considered telemedicine to be an important alternative to in-person consultations to maintain care provision during the COVID-19 pandemic. However, they also emphasized the lower quality of care and risk of increasing the already existing inequalities in access to healthcare. |
| Early intervention foundation (2020)  Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery <https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery> | This report is about general interventions for children and young people and virtual delivery. In response to the Covid-19 crisis and its impact on public services across the UK, the Early Intervention Foundation (EIF) has conducted a rapid review of the evidence relating to the virtual and digital delivery of interventions for children and young people.  The review sets out the evidence on virtual and digital delivery of interventions across a range of relevant domains, highlighting the challenges and risks associated with virtual and digital delivery. |
| Holcomb, D. et al (2020) <https://pubmed.ncbi.nlm.nih.gov/32544144/> Patient Perspectives on Audio-Only Virtual Prenatal Visits Amidst the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Pandemic  (US study) | This study aimed to evaluate patient satisfaction after integration of audio-only virtual visits into a pre-existing prenatal care schedule within a large, county-based system during the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic.  They concluded that audio-only virtual prenatal visits-as a complement to in-person prenatal visits-have specific and distinct advantages compared with video-enabled telehealth in a vulnerable population of women and offer a viable option to increase access to care. |
| Ames, H. M. R. et al. (2019) “[Clients’ perceptions and experiences of targeted digital communication accessible via mobile devices for reproductive, maternal, newborn, child, and adolescent health: A qualitative evidence synthes](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013447/full)is,” Cochrane Database of Systematic Reviews. John Wiley and Sons Ltd. doi: 10.1002/14651858.CD013447. | The aim of this Cochrane qualitative evidence synthesis was to explore clients' views and experiences of being communicated with by the health system through their mobile phone. Our synthesis looked at communication about pregnancy, newborn, and child health, sexual health, and family planning. By synthesis we mean the bringing together and synthesising of results from primary qualitative studies into a larger whole. We collected all relevant studies and included 35 studies in the synthesis.  Many clients like receiving messages from the health services by mobile phone. However, some clients have problems receiving messages due to lack of network access, internet, or phone, or language, reading, or privacy issues. Clients' experiences are also influenced by message timing, frequency, content, and sender. |
| Pflugeisen, Bethann M; McCarren, Christ; Poore, Stephen; Carlile, Malinda; Schroeder, Richard (2016) Virtual Visits: Managing prenatal care with modern technology; MCN: American Journal of Maternal & Child Nursing; 2016; vol. 41 (no. 1); p. 24-30 | Purpose: To implement and evaluate a novel model of prenatal care for low-risk pregnant women that intersperses in-person physician visits with nurse practitioner visits conducted via videoconference. Methods: This Quality Improvement initiative gave low-risk pregnant women the option of enrolling in a Traditional (N = 941) or Virtual Visit (N = 117) track for their prenatal care. Traditional patients had 14 physician visits and a postpartum visit. Virtual Visit patients had nine physician visits, five prenatal videoconference visits, and a 2-week postpartum videoconference visit. Measured outcomes include demographic variables, pregnancy and birth outcomes, and use of the health system. Logistic regression was used to assess demographic factors affecting track enrollment decisions. Multivariate logistic regression and ANCOVA methods were used to evaluate pregnancy and birth outcomes, adjusting for relevant confounding variables. Results: Women enrolling in the Virtual Visit track were twice as likely to be partnered (p = 0.03) and not enrolled in government supplemental nutrition assistance (p = 0.01). They were seven times as likely to have been pregnant at least once before this enrollment (p < 0.001). Although a significantly higher percentage of Virtual Visit patients had a preeclampsia diagnosis (p = 0.02, N = 10 Virtual Visit patients), no other differences were observed between the groups in pregnancy/birth outcomes or health system use. Clinical Implications: The Virtual Visit program provides low-risk pregnant women with a new model of prenatal care that does not appear to demonstrate increased risk for mother or baby compared to a traditional model. This program may be especially appealing to middle-/high-income mothers who are partnered and already have children. |
| Chawla D; Thukral A; Kumar P; Deorari A. (2021) ‘Harnessing mobile technology to deliver evidence-based maternal-infant care’ Seminars in fetal & neonatal medicine; Feb 2021 ; p. 101206 | Abstract: mHealth, the use of wireless and portable communication technology to improve the health status of the population, has seen widespread adoption in low- and middle-income countries. It has been used to increase awareness and knowledge of healthcare, to collect health-related data, to deliver healthcare information such as results of investigations or appointment reminders, to aid decision-making by healthcare providers, and to improve communication between various stakeholders of the health system. Developing countries face an immense challenge of periodically updating the professional knowledge of their huge pool of community and facility level healthcare workers. Nearly universal possession of mobile phones, low-cost internet data, and high growth rate of smartphones has facilitated the use of mHealth in delivering evidence-based guidelines and decision-aids to frontline healthcare workers. This review describes the current evidence on the use of mHealth educational interventions targeting maternal and neonatal healthcare providers in low- and middle-income countries. Recent efforts of the National Neonatology Forum of India in integration of mHealth for development and dissemination of clinical practice guidelines are also presented. |
| Montagnoli C; Zanconato G; Ruggeri S; Cinelli G; Tozzi AE (2021) Restructuring maternal services during the covid-19 pandemic: Early results of a scoping review for non-infected women Midwifery; Mar 2021; vol. 94 ; p. 102916 Available at [Midwifery](https://doi.org/10.1016/j.midw.2020.102916) - from Unpaywall | Abstract:  INTRODUCTION AND OBJECTIVE: The novel coronavirus outbreak has caused substantial changes in societal norms as well as adjustments in health systems worldwide. To date the impact of these pandemic-related variations has yet to be fully understood also in the field of maternal health for which continuity of care is a proven life-saving preventive measure.  DESIGN: Following the PRISMA guidelines for reviews, a literature search was carried out to assess different approaches that combine quality of maternal care with the imposed social-distancing rules. Nine studies were included in the scoping review.  FINDINGS: Reduction of in-person visits is the preferred overall solution. Yet, fewer consultations can still guarantee essential services and appropriate care through integration with telemedicine. Referral to epidemic-free community centres is an alternative option and new paths need to include the interdisciplinary contribution of medical consultants and IT experts, among others. In this context, delaying access for symptomatic expectant mothers is still debated since it carries the potential risk of untimely detection of pregnancy complications.  KEY CONCLUSIONS: Preliminary experiences provide an overview of the different attempts put in place to reshape health services to contain the pandemic hazards.  IMPLICATIONS FOR PRACTICE: These early prototypes may inspire future innovative health solutions compatible with local resources and specific population preferences and needs. |
| **2.2 Guidelines** | |
| Unicef (2020) Guidance sheets designed to help health professionals to provide care remotely and support parents overcome challenges: | [Planning a virtual conversation](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/03/Unicef-UK-Baby-Friendly-Guidance-Sheet-1-Planning-A-Virtual-Conversation.pdf)  [Antenatal conversations](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/03/Unicef-UK-Baby-Friendly-Initiative-Guidance-Sheet-2-Antenatal-Conversations.pdf)  [Postnatal conversations](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/04/Unicef-UK-Baby-Friendly-Initiative-Guidance-document-3-Postnatal-conversations.pdf)  [Planning in-house training](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/07/Unicef-UK-Baby-Friendly-Initiative-Guidance-document-on-planning-in-house-training.pdf) |
| The Principal Children and Families Social Worker (PCFSW) Network [1 PCFSW Online Safeguarding Research and Practice Development Project The PCFSW Best Practice Guide for Video Call/Contact and Virtual/Online Home Visit](https://www.skillsforcare.org.uk/Documents/Learning-and-development/social-work/psw/PSW-best-practice-guide-for-video-call-and-virtual-home-visit.pdf) 2020 | This guidance has been developed by the Principal Children and Families Social Worker (PCFSW) network in consultation with practitioners and managers and the PCFSW reference group to support practitioners and managers in thinking about ethical, practical and professional aspects and implications of video call/contact and virtual/online home visits. |
| Delivering the Health Visitor Healthy Child Programme during the COVID-19 pandemic 2020  [Attached] | This advice paper aims to describe the new process of delivery for health visiting contacts using virtual methods during the Covid-19 pandemic. This outlines that the majority of contacts should be virtual (video link) and failing that telephone contacts. There will be a need for individual assessment of compelling need for f2f contacts.  Text messaging service may be an alternative for follow up advice. The document outlines some considerations for the use of “ChatHealth”.  A guide for conducting video contacts is included. |
| Royal College of Obstetricians and Gynaecologists (July 2020) [Guidance for antenatal and postnatal services in the evolving coronavirus](https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-antenatal-and-postnatal.pdf) (COVID-19) Pandemic | 3.1.1: Additional section added: ‘Supporting the development of trusting relationships’.  Video consultation can also be used to support more personal interaction and the ability of the professional to understand the woman and her context more fully than telephone-only communication. However, when offering video consultation, midwives and obstetricians should be aware of the limitations of the speed of data connections and costs involved in the use of mobile data. Women should not be disadvantaged if they are unable to access adequate data for video consultations. |
| Royal College of Nursing (2020) Remote Consultations Guidance Under COVID-19 Restrictions  [Attached] | This guidance has been developed to support nursing staff including health visitors, midwives and nursing support workers, practising in any area where they are being asked to see and/or treat patients via a telephone or video or through other remote consultation processes. The guidance is particularly relevant to areas such as general practice, community services, extended hours services and out of hours.  Case studies included. |
| The Royal College of Midwives (July 2020) [Guidance on appropriate application for virtual consultations and practical tips for effective use.](https://www.rcm.org.uk/media/4192/virtual-consultations-v20-24-july-2020-review-24-august-2020-1.pdf) | This document offers practical advice for providing high quality virtual consultations, prior to consultations, antenatal consultation and postnatal consolation.  Ensure your virtual consultation follows the NICE Guidance for postnatal care (2015, 2020) 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 room is well lit and be wary of screen affect. This may affect your ability to identify 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 and midwives may wish to have props or pictures to hand to facilitate information sharing during these consultations.  In person antenatal maternity care is an evidence-based intervention that is known to reduce adverse outcomes including maternal mortality and 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 can be provided to enhance care beyond this. WHO (2016) guidelines stipulate that women should have a minimum of eight antenatal visits. |
| RCGP (2020)[Principles for supporting high quality consultations by video in general practice during COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf) RCGP; NHS | Key principles for safely assessing patients using a video consultation.  \*Remain professionally curious and vigilant.  \*Consider safeguarding issues and whether you can explore these fully via a remote consultation.  \*Have a very low threshold for converting a remote consultation to a face-to-face assessment if you have concerns.  \*Update your safeguarding policy to cover remote consultations.  \*Use colleagues for support, for example, to discuss clinical issues and peer-review decision making.  \* Signpost patients to patient information to support self-management and safety netting. |
| **2.3 Remote vs F2F in wider healthcare** | |
| Odendaal, W. A. et al. (2020) “[Health workers’ perceptions and experiences of using mHealth technologies to deliver primary healthcare services: a qualitative evidence synthesis](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011942.pub2/full),” Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd, (3). doi: 10.1002/14651858.CD011942.pub2. | The aim of this Cochrane Review of qualitative research was to explore how health workers view and experience the use of mobile phones and tablets when delivering primary healthcare services. To answer this, we analysed 43 studies about health workers' views and experiences of mobile health (mHealth) programmes.  Health workers welcomed the benefits of mHealth, and described how they used mobile phones to improve their work and relationships with each other and with clients. However, they also experienced challenges, including poor network coverage and access to electricity. People implementing mHealth programmes should try to address these challenges and build on health workers' positive experiences. |
| Greenhalgh, T. (2016) [Virtual online consultations: advantages and limitations (VOCAL) study](https://bmjopen.bmj.com/content/6/1/e009388)  *BMJ Open*2016;6:e009388. doi: 10.1136/bmjopen-2015-009388 | Original research. Qualitative study exploring the advantages and limitations of video consultations for diabetic patients in Newham, 2011.  A detailed report submitted to the Health Foundation in December 2014[22](https://bmjopen.bmj.com/content/6/1/e009388#ref-22) concluded that virtual consultations were popular with both patients (especially young adults) and staff; 480 remote consultations were documented in 104 patients between 2011 and 2014. In patients who chose to use the remote service, it appeared to be associated with increased engagement (overall ‘did not attend’ rates were 13% in patients accepting the Skype option and 28% in those who chose not to use this option, though denominator populations for these figures were self-selecting and hence not strictly comparable), improved glycaemic control (average glycated haemoglobin level preintroduction and postintroduction of remote consulting was 70 and 65 mmol/L, respectively, for those who used the service) and fewer A&E attendances than those not using the remote service (raw data on this were statistically significant, though numbers were small). While these figures are encouraging, patients were not randomised and there were multiple potential confounders, and 45 patients who initially singed up to the remote service subsequently withdrew from it, so a conclusion that remote consulting ‘works’ would be extremely premature. |
| Royal College of General Practitioners (2020) [*Remote versus face-to-face: which to use and when?*](https://elearning.rcgp.org.uk/pluginfile.php/154305/mod_page/content/13/Remote%20versus%20face-to-face_Nov%202020.pdf) | This guidance outlines the benefits and limitations of remote consultation vs f2f. A remote consultation method may enhance access and bring other important benefits to the patient – reduced travelling, avoiding the waiting room, seeing patients in their own environment and greater flexibility. Conversely a face-to-face consultation may allow for greater assessment of non-verbal cues, a richer information exchange as well as the ability to physically examine a patient (taking into consideration the impact of wearing a mask and the consultation setting). For patients who are distressed, the use of touch can be a supportive gesture. |
| [Video consultations in primary and specialist care during the covid-19 pandemic and beyond](https://www.bmj.com/content/371/bmj.m3945)  BMJ, 2020; 371:m3945 | This practice pointer outlines the benefit of video consultation over phone consultation but emphasises that the evidence of effective video consultations is scarce. However there is evidence of effectiveness, safety and high satisfaction in patients and healthcare providers. |
| Published online 2020 Feb 20. doi: [10.2196/16407](https://dx.doi.org/10.2196%2F16407) Hassan, A.  *Barriers and Facilitators That Influence Telemedicine-Based, Real-Time, Online Consultation at Patients’ Homes: Systematic Literature Review* | A systematic review of the literature on barriers and facilitations for home based online consultation.  Patients from different age groups and with different health conditions benefited from remote health services. HOHC via video conferencing was effective in delivering online treatment and was well-accepted by patients, as it simulated in-person, face-to-face consultation. Acceptance by patients increased as a result of online consultation facilitators that promoted effective and convenient remote treatment. However, some patients preferred face-to-face consultation and showed resistance to online consultation. Resistance to online consultation was influenced by some of the identified barriers. Overall, the framework identified the facilitators and barriers that positively and negatively influenced the uptake of HOHC systems, respectively. |

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# 3. Search Strategy

Search performed on HDAS

|  |  |  |  |
| --- | --- | --- | --- |
| # | Database | Search term | Results |
| 2 | BNI | (health visit\*).ti,ab | 10800 |
| 3 | BNI | (healthy child programme).ti,ab | 151 |
| 4 | BNI | (contact visit).ti,ab | 217 |
| 5 | BNI | (antenatal care).ti,ab | 2231 |
| 6 | BNI | (newborn visit).ti,ab | 53 |
| 7 | BNI | (newborn development check).ti,ab | 7 |
| 8 | BNI | (5 OR 6 OR 7) | 2282 |
| 9 | BNI | (staff training).ti,ab | 6552 |
| 10 | BNI | (identify vulnerabilities).ti,ab | 68 |
| 11 | BNI | (safeguarding).ti,ab | 1286 |
| 12 | BNI | (10 OR 11) | 1351 |
| 13 | BNI | (maternal health).ti,ab | 5984 |
| 14 | BNI | (maternal mental health).ti,ab | 735 |
| 15 | BNI | (13 OR 14) | 5984 |
| 16 | BNI | ("Remote" OR "Virtual" OR "Video").ti,ab | 7610 |
| 17 | BNI | (2 AND 16) | 208 |
| 18 | BNI | (3 AND 16) | 4 |
| 19 | BNI | (5 OR 6) | 2277 |
| 20 | BNI | (16 AND 19) | 51 |
| 21 | BNI | (7 AND 16) | 0 |
| 22 | BNI | (12 AND 16) | 11 |
| 23 | BNI | (15 AND 16) | 110 |
| 24 | PubMed | (health visit\*).ti,ab | 6058 |

|  |  |  |  |
| --- | --- | --- | --- |
| 25 | PubMed | (healthy child programme).ti,ab | 22 |
| 26 | PubMed | (contact visit).ti,ab | 10 |
| 27 | PubMed | (antenatal care).ti,ab | 59655 |
| 28 | PubMed | (newborn visit).ti,ab | 19 |
| 29 | PubMed | (newborn development check).ti,ab | 2 |
| 30 | PubMed | (staff training).ti,ab | 3304 |
| 31 | PubMed | (identify vulnerabilities).ti,ab | 1178 |
| 32 | PubMed | (safeguarding).ti,ab | 3124 |
| 33 | PubMed | (maternal health).ti,ab | 145276 |
| 34 | PubMed | (maternal mental health).ti,ab | 1230 |
| 35 | PubMed | ("Remote" OR "Virtual" OR "Video").ti,ab | 294552 |
| 36 | PubMed | (24 OR 26) | 6067 |
| 37 | PubMed | (27 OR 28) | 59674 |
| 38 | PubMed | (31 OR 32) | 4299 |
| 39 | PubMed | (24 AND 35) | 55 |
| 40 | PubMed | (33 AND 39) | 2 |
| 41 | PubMed | (25 AND 35) | 1 |
| 42 | PubMed | (35 AND 37) | 680 |
| 43 | PubMed | (telehealth).ti,ab | 42509 |
| 44 | PubMed | (33 OR 34) | 145276 |
| 45 | PubMed | (43 AND 44) | 450 |
| 46 | PubMed | (telemedicine).ti,ab | 40188 |
| 47 | PubMed | (43 OR 46) | 42509 |
| 48 | PubMed | (25 AND 47) | 0 |
| 49 | PubMed | (29 AND 47) | 0 |

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