AMERICAN COLLEGE of NURSE-MIDWIVES

# POSITION STATEMENT

## The Use of Telehealth in Midwifery

The American College of Nurse-Midwives (ACNM) affirms the following:

- Blending traditional care and telehealth care is a viable option for providing primary, sexual, reproductive, perinatal, and newborn care services.
- The use of telehealth should be individualized based on patient preference, access to necessary technology, risks, and benefits.
- The principles of transparency, informed consent, privacy, and confidentiality are paramount to the provision of telehealth.
- Fully informed consent and decision-making about the use of telehealth, including its benefits and the limitations, must be communicated to the individual receiving telehealth services.
- ACNM acknowledges that the "digital divide" may lead to inequity in telehealth services. Thus, ACNM supports ongoing work to develop solutions to ensure the equitable distribution of access to and use of digital resources.
- ACNM supports continued efforts to determine an evidence-based structure of prenatal care, including the utility and application of telehealth in its effects on sexual, reproductive, perinatal, and primary care health outcomes.

**Background**

Telehealth refers to any health care delivery enhanced by telecommunication. It is defined by the Telehealth Resource Center as "a collection of means or networks for enhancing the health care, public health, and health education delivery and support using telecommunications technologies." The Telehealth Resource Center is a leading group of telehealth networks.[1] Telehealth encompasses a variety of technologies that can include mobile applications, remote monitoring, web-based education, and both individual and group provider visits. Provider visits via telehealth as a way of health care delivery have been particularly valuable for those living in remote areas and for those who may have transportation difficulties, physical or financial limitations, and other factors. The COVID-19 pandemic has highlighted the benefits of telehealth for both providers and the people for whom they care, and it has illuminated potential health equity pitfalls stemming from access to and the use of telehealth.

The use of telehealth in reproductive health care did not start during the COVID-19 pandemic. A systematic review of 47 articles, which included more than 30,000 participants with a broad scope that included low- and high-risk pregnant people, family planning, and gynecology reflected the wide reach of telehealth services available prior to the pandemic. This review concluded that telehealth interventions were associated with improvements in obstetric outcomes, perinatal smoking cessation, breastfeeding, adherence to contraception use, and early access to medical abortion services.[2] In rural areas, telehealth visits have been used in caring for both low- and high-risk pregnant people. Higher-risk people may benefit from remote monitoring from maternal-fetal medicine specialists in large medical centers, whereas lower-risk

people may benefit from nutritional and other counseling done through telehealth; this can decrease barriers to care for working people, parents, and those with transportation challenges.[3] One large academic medical center implemented a maternal-fetal telehealth program to eliminate barriers to access; it provided financial and experiential benefits to the recipients, with an average of $90.28 saved per consult.[4]

The COVID-19 pandemic exacerbated the need for telehealth services because of social distancing, school and daycare closures, and staffing shortages in health care settings. People seeking care were also fearful of coming into health care facilities.[5] Providers mentioned an "intimacy" provided by video visits because of seeing patients in their own homes, with an opportunity to meet partners, children, and pets.[5] A recent review of telehealth in obstetric care confirmed these positive outcomes. Barriers were mostly technical in nature, regarding virtual platform setup, internet strength, and user education.[6] A study of patient and provider satisfaction with telehealth in prenatal care demonstrated that it was a positive experience for both patients and providers. This was a result of the increased time spent in the visit, the absence of travel and wait times to be seen, and not needing to worry about childcare. These visits also allowed partner and family involvement. Providers felt that telehealth was a good option "for the right patient."[7] It must be noted that this same satisfaction was not noted in urban settings with non–English-speaking patients, populations in which telehealth was viewed with distrust.[8]

A systematic review of studies looking at the outcomes associated with telehealth demonstrated improvement in smoking cessation, early access to medical abortion services, improvement in breastfeeding success, and better access to care for those people who need high-risk-obstetrics providers.[9] However, more studies need to be performed to obtain additional evidence as this modality of care is incorporated into routine practice.

**Practice Issues**

The first telehealth requirement is a secure, high-powered internet connection.[10] Also, both the patient and provider need privacy and safe space for the visit. To be classified as a telehealth visit according the Centers for Medicare & Medicaid (CMS) rules, the visit must include a 2-way audio and video communication, using a virtual platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).[9] However, even if the provider's internet connection is strong, the patient's may not be.[11] The American College of Obstetrics and Gynecology (ACOG) published recommendations for telehealth use in February 2020 in response to the COVID-19 pandemic to address issues of licensure, privacy, and liability.[12] Some states have laws that require the visit to be recorded; however, even if this is not the case, the visit must be documented in the electronic medical record.[9] Insurance reimbursement for telehealth services is also an issue. Smaller, rural hospitals and health systems that are not affiliated with major universities or that lack electronic clinical documentation were less likely to adopt telehealth policies that would allow reimbursement.[13] Telehealth has the potential to improve existing health inequities through increasing access and removing barriers to traditional health care. However, it is imperative that the contributions telehealth may make to worsening health inequity be acknowledged and addressed. There is a risk that telehealth may add another layer of inequity to the health care system, because historically marginalized populations are

more likely to experience disparities in access to or the use of digital technology, known as the "digital divide."[13] In addition, persons with disabilities have experienced challenges with the transition to telehealth.[14]

The COVID-19 pandemic also highlighted the issue of licensure requirements to practice across state lines. There is an existing system that 17 states and the District of Columbia have enacted to deal with emergency needs for health care providers; those states enacted the Uniform Emergency Volunteer Health Practitioner Act. Many states are now amending their licensure requirements in various ways, such as expedited approvals for licensure.[15] Liability exposure is another issue that needs to be addressed. Two main issues to think about are whether the provider's malpractice insurance covers telehealth visits and care provided outside the state in which the provider practices. Policy documents should declare telehealth-related claim coverage.[16, 17]

Although telehealth was used before the COVID-19 pandemic, this situation significantly increased its use and highlighted its benefits and challenges. As midwifery practice continues to incorporate telehealth, there needs to be more research on patient outcomes. Midwives must also be aware that this modality of care may not be appropriate or acceptable for all people for whom we care.

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