

Guideline for the Management of Virtual/Remote Consultations in Maternity Services

Document Reference No:	PTHB / MAT 078	
Version No:	2	
Issue Date:	February 2025	
Review Date:	February 2028	
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Document Owner:	Head of Midwifery and Sexual Health Services	
Accountable Executive:	Executive Director of Nursing, Quality, Women and Family	
Approved By:	Women and Children's Guidelines Committee	
Approval Date:	17/12/2024	
Document Type:	Guideline	Clinical
Scope:	PTHB Midwives	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

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Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	October 2022
2	Full Review – addition of safeguarding statement, removal of certain COVID-19 references	06/02/2025

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Consultant Midwife

Circulated to the following for Consultation

Date	Role / Designation
06/11/2024	Powys Midwives
06/11/2024	Women and Children’s guideline/policy group members
06/11/2024	Safeguarding team
06/11/2024	Information Governance team
06/11/2024	Link consultant obstetricians commissioned services

Groups Approved at

Date	Group
03/12/2024	Maternity guidelines Group
17/12/2024	Women and Children’s policies and procedures group
04/02/2025	Executive Director of Nursing, Quality, Women and Family Approval

Evidence Base

Nursing and Midwifery Council (NMC) (2018) The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates NMC, London

Powys Teaching Health Board – Principles for appropriate virtual meeting etiquette – July 2021

Royal College of Midwives (RCM) – Guidance on appropriate application for virtual consultations and practical tips for effective use – June 2021.

Impact Assessments

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					Please remember policy documents are published to both the intranet and internet .
Age	X				The version on the internet must be translated to Welsh.
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				
Risk Assessment Summary					
Have you identified any risks arising from the implementation of this policy / procedure / written control document?					
None identified					
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?					
As above					
Have you identified any training and / or resource implications as a result of implementing this?					
None identified					

1 Introduction

In most cases, in-person care is the most appropriate within maternity services and will therefore be prioritised. However, providing maternity care in some cases by virtual consultations is appropriate based on individual assessment.

The use of virtual consultations can support women's choices in how their maternity care is provided. It also supports the provision of maternity care where women are unable to attend in-person appointments due to isolating requirements (RCM, 2021).

2 Objective

This document provides guidance on the management of virtual consultations within maternity services. It covers circumstances where it is appropriate to use remote consultations and guiding principles to work to.

This guideline should be used in conjunction with PTHB Information Governance and Records Management policies and procedures found at [Policies & Written Control Documents - IGP - Information Governance - All Documents](#)

3 Equality Statement

Powys Teaching Health Board Maternity Services are committed to:

- The elimination of unlawful and unfair discrimination
- The active promotion of equal opportunities for women and their families and our workforce
- The protection of the human rights of women and their families and our workforce
- The promotion of inclusive relationships between groups who share protected characteristics and those who don't
- The valuing of the diversity inherent in the communities we serve and in our workforce.

The words 'woman' and 'women' have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility caring for a baby. It is recognised that there are many different family arrangements.

When translation services are required, there is the expectation that a face-to-face translator or digital interpretation services will be provided. The Language Line App is available to all maternity staff to use for this purpose. Consideration is required with written documents and leaflets to be provided in a woman's preferred or 1st language.

For further support and advice contact PTHB Equality Team:
powys.equalityandwelsh@wales.nhs.uk

4 Definitions

A remote or virtual consultation within this guidance refers to one that is undertaken via telephone or video as opposed to the traditional consultation format in-person (face-to-face).

- **PTHB** – Powys Teaching Health Board
- **DGH** – District General Hospital
- **WPAS** – Welsh Patient Administration System
- **Tracer** – a file for each pregnant woman that is kept in a locked room during the antenatal period and contains a summary of her antenatal appointments and any results awaiting filing.

5 Responsibilities

5.1 Head of Midwifery and Sexual Health Services

The Head of Midwifery and Sexual Health Services must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

5.2 Assistant Head of Midwifery and sexual health

The Assistant Head of Midwifery and Sexual Health Services has responsibility for:

- Ensuring dissemination of this document to all relevant staff
- Liaising with District General Hospitals (DGH) to feedback where care has fallen outside of this guideline

5.3 Consultant midwife

The consultant midwife has responsibility for:

- Supporting implementation of this document
- Reviewing any new evidence or guidance that is produced that may influence the service
- Communicating any key changes in advice that might influence service provision to the Midwifery Leadership and Management team for consideration.

	<p>5.4 Women and Children’s Risk and Governance Lead</p> <p>The Women and Children’s Risk and Governance Lead has responsibility for:</p> <ul style="list-style-type: none">• Monitoring review of incidents in relation to content of this document
	<p>5.5 Clinical Supervisor for Midwives</p> <p>The CSfM has responsibility for:</p> <ul style="list-style-type: none">• Supporting implementation of this document through group supervision sessions• Leading record keeping audits with discussion about women with medical conditions and ensuring cases have been managed appropriately
	<p>5.6 All Staff working within maternity services</p> <p>All staff working the maternity services have responsibility for:</p> <ul style="list-style-type: none">• Reading and working to the contents of this document.
	<p>5.7 Data Protection Officer role (DPO)</p> <p>The health board Data Protection Officer (DPO) is the Head of Information Governance, Records and Data Protection Officer. The Data Protection Officer is responsible for assisting the organisation to monitor internal compliance, inform and advise on data protection obligations, provide advice and be the main contact point for patients and staff in relation to data protection queries and concerns, and the main point of contact for the Information Commissioner’s Office (ICO).</p> <p>If a patient or staff member has a concern in relation to their personal data, or wishes to make a request to amend or delete part or all of their medical record, they need to make a formal request to the Data Protection Officer information.governance.powys@wales.nhs.uk.</p>
	<p>5.8 Document and Records Manager</p> <p>The Document & Records Manager is responsible for ensuring and maintaining compliance with all associated legislation, best practice, standards, policies, procedures in relation to documentation and records, and implementing best practice throughout the organisation.</p>

6 Suitability for virtual consultation

Assessing each woman ensures the most appropriate form of consultation with consideration of both her individual risks and personal preference.

Some women may prefer virtual consultations, especially where partners cannot attend face-to-face appointments, or they have long distances to travel to attend short appointments.

When making an assessment on whether it is safe to conduct care remotely consider if there are reasons for virtual consultation potentially being unsuitable including, but not limited to:

- Mental health concerns
- Domestic abuse
- Availability of technology
- Complex social needs
- Previous pregnancy loss
- Any communication difficulties
- There is a need to assess the home environment
- There is a need to physically examine the woman or baby (RCM, 2021, RCN, 2020).

In circumstances when English is not the woman's first language face-to-face appointments are recommended to enable use of translation services. Virtual appointments can be used for obstetric care as long as the woman is present with the midwife and translation services/interpreter are used.

6.1 Antenatal care

Whilst the main provision of remote consultations will be to facilitate shared care with an obstetrician the following appointments can be conducted virtually if required:

- Booking appointment provided that arrangements are made for blood pressure, urinalysis and booking bloods to be taken in-person at the dating scan or before.
- The birth plan appointment
- Additional listening visits where there are not significant mental health concerns.
- Birth reflections and trauma work

6.2 Care provided by an obstetrician

Virtual consultations may also assist in the provision of care when women require obstetric input. This supports a reduction in travel and can also facilitate shared care planning if the named midwife is also

present. Virtual appointments must be treated in the same way as face-to-face antenatal appointments ensuring private space, time and completion of all elements of care required. The majority of virtual consultation will be for joint appointments with obstetricians.

Some obstetric teams may review women by phone appointment or by video without linking with the Powys maternity team. Where this happens, it would be expected that a face-to-face appointment will have been conducted in Powys prior to the obstetric review so that up-to-date blood pressure and urinalysis have been completed. A summary should be shared and any concerns escalated to the obstetric team prior to the appointment. Following the obstetric review, a summary of the appointment should also be shared as written plan / record with the Powys midwife so that care plans can be followed accordingly.

Optimum provision for virtual consultation is for the woman to attend an appointment with her Powys midwife where the physical components of the consultation can be completed, followed by a virtual appointment with the obstetrician at the same time. This supports provision of multidisciplinary care planning for the woman.

Each team will need to liaise with the relevant DGH to ascertain the most appropriate way to facilitate this. Some consultants may have a specified time for virtual appointments or a time of day that these can be best facilitated. Localised standard operating procedures will be drawn up with each commissioned service as required.

As a minimum, a joined-up multidisciplinary team (MDT) approach should be aimed for to support individualised care planning for women who are choosing to birth in Powys against medical advice. An MDT discussion will support the informed decision-making process, providing the opportunity for the woman and her family to be involved in their care planning and to understand the benefits and limitations of each birth setting option. It will enhance communication and ensure that Powys maternity service and the commissioned obstetric service are aware of the plan for intrapartum care.

For women who require serial growth scans or care within the Powys day assessment unit, this should occur before the virtual consultation takes place so that results are available for review by the obstetric team. A copy of the reports should be sent by secure email to the relevant DGH if they are unable to view the reports on RaDIS/Viewpoint.

6.3 Parenthood preparation/education

Parenthood preparation sessions are an important aspect of antenatal care. Virtual technology can be used to provide these classes to a group of women and their partners safely.

Classes can be delivered via Attend Anywhere (PTHB preferred method) or Microsoft Teams.

When running a group session ensure that everyone is made aware that it will be a group session in advance and set out ground rules for confidentiality at the start of the session.

6.4 Postnatal care

The first postnatal visit should be conducted in-person for all women. Wherever possible, further postnatal visits should also be conducted in-person. Individual assessment can be carried out with the woman to assess suitability for consultations that may be able to be conducted virtually.

The following circumstances may be suitable for virtual consultation:

- Feeding support when there has been a previous in-person review of feeding and when there is not a requirement to weigh the baby
- Where Care Plan 1 of the weight loss management pathway is in place and daily contact is required
- Well-being check or listening visit where there are not significant mental health concerns
- Birth reflections and trauma work

If conducting a virtual consultation have a low threshold for an urgent in-person consultation if there are any concerns or anything is unclear.

7 Arranging the virtual consultation

Appointments will be conducted using Attend Anywhere or Microsoft Teams. Attend Anywhere is the preferred platform for virtual consultations. The woman's email address and current mobile telephone number will be required to make the appointment. The link to the meeting will then be emailed to her.

If a tripartite meeting with an obstetrician is taking place the woman should be with the midwife for the appointment and the Teams invite will be sent between the midwife and obstetrician.

Where more than 1 person is invited to something (for example parent education) the link should be sent to each person individually or by blind copying each person into the email. Attend anywhere should be used as the platform of choice for group sessions.

Appointments can be conducted by phone, but this should only be where video consultation is declined by the woman or when advice is requested through the on-call service.

Attend Anywhere is the all-Wales Video Conferencing system for use by patients, clinicians and administration teams to run virtual clinics. Women will be sent a link to the appropriate waiting room for their appointment along with instructions and a trouble-shooting guide.

The woman uses the link to connect to the waiting room a few minutes before their appointment time. When the clinician is ready he/she will initiate a private video session with that woman and the consultation will commence. Others can be brought into the consultation as required, another clinician, a relative of the woman etc.

Appointments for Attend Anywhere can be sent by the midwife or where feasible the maternity support worker (non-clinical).

An example patient information sheet for Attend Anywhere can be found in Appendix A

The troubleshooting guide can be found in Appendix B.

Microsoft Teams is the platform most frequently used within maternity services for internal and external meetings. For consultations that take a tripartite format with the obstetrician it may be most appropriate to use Teams if the woman is with the midwife.

An appointment can be created from the midwife's calendar and sent to the woman and the obstetrician if required. Where more than 1 person is invited to something (for example parent education) the link should be sent to each person individually or by blind copying each person into the email.

8 Key principles for virtual consultations

All care provided during virtual consultations must adhere to the same standards of care provided during in-person consultations. The NMC Code applies to all forms of care and communication including, digital, virtual and electronic (NMC, 2018).

- Virtual appointments should be conducted by the named midwife, or 'buddy' midwife where possible to ensure the principles of continuity are adhered to.

- Ensure that the appointment is conducted in a private space where confidentiality can be maintained as would happen in an in-person consultation.
- Ask the woman to confirm her identity by introducing herself and anyone else who is present with her.
- If the woman is not in a room alone where she has privacy, recommend that she move to a more suitable space if possible. Video calls are a great way to include the partner in the appointment.
- Sensitive conversations may be more appropriate in-person to ensure the woman has privacy to talk openly. The routine enquiry must not be discussed during virtual consultations and every opportunity to complete this face-to-face must be sought.
- Advise of the process if any technology issues e.g. poor video/sound quality. Have a back-up plan available e.g. convert to phone call or in-person consultation.
- Maintain professional standards and do not be afraid of professional curiosity. Ask open-ended questions and probe if answers are unclear.
- Be wary of closed questions. Instead use open questions, seek detail, clarification and open discussion.
- Check for understanding of anything discussed.
- Give time and opportunity for questions.
- If concerns arise during the consultation which require an examination or in-person appointment for any other reason– triage urgently and re-book a suitable in-person appointment.
- Appointments should not be routinely recorded. Please refer to guideline IGP 023 – Policy on Audio and Visual Recording by Patients and Public to guide on acceptable circumstances for recording by women and families.
- If using MS Teams for a virtual consultation with an obstetrician, the chat function should not be used.

9 Safeguarding

If any safeguarding concerns or significant risk factors are identified for a unborn child or young person/vulnerable adult practitioners must follow Wales Safeguarding Procedures (2019) and SGP036 Safeguarding Policy [Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf \(sharepoint.com\)](#) . Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call. All registered practitioners should access appropriate safeguarding supervision and training as per guidance. [Safeguarding Supervision \(sharepoint.com\)](#)

10 Documentation

It is essential that contemporaneous documentation reflecting the discussion occurs:

- For the booking appointment this should be in the handheld records
- For all other appointments this should be on a continuation sheet if the handheld records are not available

The documentation must be repatriated into the woman's notes at the first opportunity and stored in her tracer record until such time. Document clearly how the consultation was done i.e. via video or phone.

Virtual consultations must not be digitally recorded by PTHB as standard.

Always follow GDPR guidelines for record keeping and documentation.

When conducting appointments in Powys prior to a virtual consultation with an obstetrician ensure that any records/results that the obstetrician will need access to are available for them either on Welsh Clinical Portal or secure file sharing portal are sent via secure encrypted email (following PTHB Emailing policy IMT 013).

All contacts should be recorded on Welsh Patient Administration System (WPAS) and can be captured as a virtual consultation diary contact.

11 Monitoring Compliance, Audit & Review

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

Compliance with this guideline will be monitored through Datix reporting. Compliance will also be assessed on an annual basis through the record keeping audits.

The uptake of the use of virtual appointments will be monitored through data collection through WPAS.

12 References / Bibliography

National Institute for Health and Care Excellence (2021) Antenatal care for uncomplicated pregnancies Clinical guideline [NG201] NICE [Overview | Antenatal care | Guidance | NICE](#)

Nursing and Midwifery Council (2018) The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates NMC, London

PTHB IMT 013 All Wales Email Use Policy

Royal College of Midwives – Guidance on appropriate application for virtual consultations and practical tips for effective use – June 2021

Royal College of Obstetrician and Gynaecologists & Royal College of Midwives (RCOG/RCM) (2021) Coronavirus (COVID-19) Infection in Pregnancy version 14.1

Attend Anywhere – Instructions for Patients

Attending Your Appointment Via Video



Where appropriate, you can attend your consultation online via a video call.

Video calling is as convenient as a phone call, with the added value of face-to-face communication.

It can save you time and money, and brings your care closer to home.



Instead of travelling to your appointment, you enter the clinic's online waiting area. The health service is notified when you arrive, and your clinician will join you when ready.

There is no need to create an account.

No information you enter is stored.

- ✓ **What do I need to make a video call?**
- ✓ **A good connection to the internet**
If you can watch a video online (e.g. YouTube) you can make a video call
- ✓ **A private, well-lit area where you will not be disturbed** during the consultation
- ✓ **One of these:**
 - Google Chrome web browser on a desktop or laptop, or on an Android tablet or smartphone
 - Safari web browser on an Apple iMac, MacBook, iPad, or iPhone
- ✓ **Web-camera, speakers and microphone** already built into laptops or mobile devices

🔒 Is it secure?

Video calls are secure; your privacy is protected.
You have your own private video room that only authorised clinicians can enter.

📶 How much internet data will I use?

You don't use any data while waiting for a clinician to join you.

An Attend Anywhere video call uses a similar amount of data to Skype® or FaceTime®.

💰 How much does a video call cost?

The video call is free (except for your internet usage).



Smartphone and tablet users
If you can, connect to a home or work Wi-Fi network to avoid using your mobile data allowance.

Get ready to make video calls

Make sure that you use one of the following web browsers

- **Google Chrome**
Windows 7+, Android 5.1+, MacOS 10.11+
- **Apple Safari**
MacOS 10.12+, iOS 11.4+, iPadOS 13+



1

On this web page, click the **Start video call** button and follow instructions



2

Wait in your private video room



3

Your healthcare provider sees you arrive in the waiting area queue...



4

...and joins you in your video room when they are ready

What do I do if something is not working?

nhs.attendanywhere.com/troubleshooting

Current service status:

status.nhs.attendanywhere.com



Appendix B

Attend Anywhere – Trouble Shooting Guide

Troubleshooting Attend Anywhere video calls



Support contact

Can't see?

Web camera:
(If external) Plugged in securely?
Chrome using the correct camera?
Click camera icon in Call Screen's address bar; check access and selected camera.
Other software using the camera?
(Example: Skype also running)
May require computer reboot.
Firewall settings allow video stream?
Ask whomever looks after your firewall for help.
More: nhs.attendanywhere.com/camera

Poor video/audio quality?

Connection to Internet okay?
Check speed and latency at www.speedtest.net
Others on the network using lots of bandwidth?
(Example: Other video calls in progress)
Modem/router working properly?
(Wireless network) Get closer to access point.

Others can't hear you?

Microphone:
(If external) Plugged in securely?
Being used by the computer?
Check computer's audio settings.
Chrome using the correct microphone?
Click camera icon in Call Screen's address bar; check access and selected microphone.
Muted?
Either Call Screen, or device's audio.
Other software using the microphone?
(Example: Skype also running)
May require computer reboot.
More: nhs.attendanywhere.com/mic

Can't hear others?

Speakers/ headset:
Volume at audible level?
(If external) Plugged in securely?
(If powered) Switched on?
Being used by the computer?
Check computer's audio settings.
Hearing an echo?
Check computer's audio settings.
More: nhs.attendanywhere.com/speaker

Many call issues can be fixed by clicking [Refresh](#)

Meet minimum specs?

Windows PC with i5 processor and 3GB of RAM (Windows 7 or later)

Apple Mac with i5 processor and 3GB of RAM (MacOS 10.12 Sierra or later)

Android-based smartphone or tablet (Android 5.1 or later)

iPhone (iOS 11.4+)

iPad (iOS 11.4+, iPadOS 13+)

Latest Google Chrome?

Check version at www.whatismybrowser.com
Update browser from `chrome://help`
Download new at www.google.com/chrome

Latest Safari?

Check version at www.whatismybrowser.com
Update browser from **Mac App Store**

Further Troubleshooting
nhs.attendanywhere.com/troubleshooting
Current service status:
status.nhs.attendanywhere.com

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