Advances in telecommunications technology are paving the way for wider implementation of telemedicine or telehealth programmes. A new systematic review, for instance, has found that telehealth interventions can help improve obstetric outcomes related to smoking cessation and breastfeeding.

According to the review team, the increased use of smart phones, apps, wearable devices, and live audio-visual communication has led to rapid growth in telehealth services. However, the team cited the need to establish evidence-based practices in this emerging area of healthcare delivery to mitigate potential health risks associated with the adoption of new technologies.

"Robust scientific analysis of existing research in telehealth can both guide clinicians where evidence exists, and highlight areas for future study, so that the benefits of this burgeoning technology can be embraced while minimising the risks," according to the review team, led by Nathaniel DeNicola, MD, MSHP, with the Department of Obstetrics & Gynecology at George Washington University.

This systematic review focused on telehealth in obstetrics and gynaecology for two reasons: 1) The increasing use of telehealth in nearly every aspect of women's healthcare – eg, virtual patient consultation with specialty service; and 2) There were nearly 2,000 obstetric apps alone as early as in 2014.

An online search for primary literature identified 3,926 published abstracts. The final review included 47 studies, which covered 31,967 participants.
Dr DeNicola and colleagues reported these key findings:

- Text messaging was helpful in reinforcing certain health behaviours, such as smoking cessation during pregnancy and breastfeeding.
- Patient-generated data transmitted using remote monitoring and mobile phones led to fewer scheduled outpatient visits for the management of diabetes and hypertension.
- **Telehealth interventions were effective** for continuation of oral and injectable contraception.
- In the case of medication abortion, telehealth improved access to early abortion. As noted by the review team, telehealth provision of medication abortion services had similar clinical outcomes compared with in-person care.

Overall, the review highlights the marked gap in knowledge of telehealth-mediated interventions in women’s healthcare. While technological advances have created an opportunity for integration of telehealth into practice, little is known of the potential benefits or possible harms of these interventions.

"Although this systematic review suggests some benefit for specific telehealth interventions, especially text messaging and remote monitoring, further well-designed studies are needed to examine interventions such as wearable devices and virtual visits to encompass the larger integration of telehealth in obstetrics and gynaecology," the review team concludes.

Source: [The American College of Obstetricians and Gynecologists](https://www.acog.org)

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