DISSEMINATION MESSAGES FROM RED FLAGS PROJECT

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Our research (conducted during 2019 pre-COVID) focused on women's use of online resources and apps for self-diagnosis and help seeking for 'red flag' symptoms during pregnancy, and how healthcare professionals responded to their concerns. We used a mixed method case study design which included: a descriptive survey of women's experiences (n=632) completed after birth before hospital discharge; an interview study with women (n=15) and staff (n=15); and analysis of a sample of digital resources, focusing on the visuals and language used to convey messages and meaning.

Key findings

1. **Women's online/app use and its relation to maternity care**
- Out of 632 survey respondents, only three reported no access to digital devices and 95% (n= 599) used the internet daily, indicating a digitally skilled participant group
- Between them, survey respondents had accessed over 90 digital resources; using a pic-n-mix approach to aid self-care, self-diagnosis and help seeking (searching for trustworthy information, self-monitoring, seeking confirmation from other pregnant women via online groups)
- Pressures on maternity services influenced women's use of online resources; women looked to digital spaces to manage their information needs, perceiving this as a responsible thing to do and as a means of protecting an overloaded maternity system
- Much of women's 'digital work' was not regularly spoken about during routine antenatal appointments with midwives or doctors
- This exclusion of discussions about digital use or 'digital asepsis' was compounded by staff reluctance to endorse digital resources because they feared inadvertently directing women to a resource with inaccurate content
- Staff differed in their views as to whether their role was to direct women to specific resources, enable choice or help with navigation and making sense of acquired information
- Staff described difficulties balancing respect for women's choices and knowledge gained from websites and apps, and the need to challenge the validity and authority of some of the claims, given the wider context of online harms and misinformation

2. Women's safety concerns

- Digital engagement and personal tracking helped women to learn what was considered normal during pregnancy; online resources and apps provided an extra layer of experiential and medical knowledge which helped them make sense of changes in pregnancy
- Women's use of online resources and apps helped them access formal and informal information and awareness of what could go wrong
- Over half the women in the survey reported experiencing safety concerns in the later stages of pregnancy (after 22 weeks); the main worry was a change in the baby's movement (reported by 62%)
- Our analysis of a sample of online resources highlighted the navigational, interpretive and digital work (including high level of digital skills required) to access 'red flag' information and to make sense of the guidance for self-care and the maternity system i.e. when to seek help

3. Women's help-seeking and staff response practices

- Digital resources provided women with the personal legitimacy to seek professional help when they needed it
- Women attended different types of clinic and received different care packages within maternity services and the number of specialist teams and referral pathways contributed to inconsistencies in health messaging
- Differences in staff response practices were linked to differences between hospital and community settings, women's risk categorisation and the organisation of services (routine versus high risk versus urgent care)
- Inconsistency between information received from online resources and face to face consultations created anxiety for women and threatened their trust in medical authority

4. Implications for policy and practice

- Health information needs to be understood as morally and emotionally loaded, and embedded within the wider context of discourses on risk and safety and motherhood
- Online resources and apps can be understood as not only informational and emotional tools, but also as tools that support communication between women and staff. They can be usefully brought into the clinic by clinical staff in order to support discussions about women's expectations, choices and safety concerns
- Acknowledging digital differences between women in terms of digital skills, access, motivation, inclusion and usage (including familiarity with different resources) needs to be part of each women's personalised care plan
- Supporting women to use an individualised 'pic-n-mix' approach to digital resources rather than a 'one size fits all' approach is more likely to meet women's information and support needs
- Regulation of and responsibilities within online spaces are ongoing concerns to prevent online harms. Therefore, discussions between women and clinical staff about women's privacy concerns, and the wider issues of interpersonal trust and authority in health information and communication are important
- Staff can practically support women's use of self-monitoring apps by situating the data and process within the context of clinical uncertainty and women's experiences

5. Implications for further research

- Further research is required to look at the experiences of digitally excluded women and their use of resources and information (online and offline) during pregnancy to prevent greater development of health inequalities
- Further research is needed to assess the optimal inclusion of this 'digital work' into clinical consultations and how best to support the needs of women and staff who are less digitally capable
- Future studies could explore expectations and responsibilities for digital spaces as these become integrated into, or remain outside, maternity services