

Don't make assumptions

Don't assume a woman will contact you if, after sending a text, symptoms change. She may assume that you would contact her if you thought it was serious or she needed ongoing follow up. Follow up after pre labour spontaneous rupture of membranes is a good example. A midwife may wait for the woman to text back or call to say that the liquor has changed, labour commenced or fetal movements changed. However the woman may expect her midwife to check up on her in a few hours instead. Text to say you need to talk on the phone.

What not to do in a text

- Avoid "text-speak". Text messaging in this context is a professional communication and is permanent
- Anything that breaches the consumers' rights Code offline will breach it online
- Don't transmit complex clinical information that could be misinterpreted
- Avoid texting other medical practitioners to set up specialist meetings (they can't verify the identity of the person sending the text)

Texts are part of clinical records

You don't need to transcribe every word in a text. But capture the following in the midwifery notes:

- Basic clinical information sent such as a normal blood test result
- Questions from the woman about her care or any concerns about the advice given and the mode used to communicate, for example by phone, text or by appointment
- Changes to appointments or changes to contact details

Download an app to transfer text messages from your phone to your computer. Transfer messages or make notes as soon as possible after the exchange (as you would for a verbal exchange). Don't delete texts.

Contact Us

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Tips

- Talk to colleagues or a mentor about how they deal with texting
- Get advice from IT specialists. Set up systems on your phone that work for you
- Make stickers or fridge magnets to hand out. Here are some ideas:

**"A text won't wake me up!
Always call in an emergency"**

**"Don't text for urgent
maternity care. Call me"**

**"If in doubt, call me – don't
text"**

- Consider having an 0800 number if you have clients who may not have credit for phone calls. It'll give you peace of mind

Data shows

In the past

six years

there have been only

three

complaints upheld involving midwives and misuse of texting



PAPER

02.

TEXT
MESSAGING

August 2016

Be Safe.

Social media and midwifery

How health professionals and their clients communicate is changing all the time. With each new innovation comes opportunities but also challenges.

Having clear guidelines in midwifery around the use of text messaging will reassure midwives and the women they care for that the best professional practices are in place.

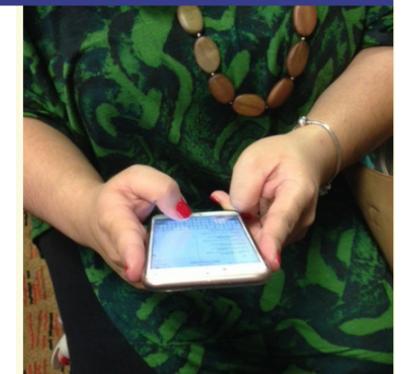
Midwives can't avoid texting, neither would they want to. Student midwives entering the profession today are digital natives and are used to sharing information, events and best practice via social media.

Many of their clients will be young women and households without landlines, where text messaging (or instant messaging via phone apps) is the primary and cheapest means of communication.

That's why many health professionals now use text messaging, for example to inform clients of appointments or non-concerning test results.

Midwifery practice needs to keep up with these changes, and help midwives to understand and manage the risks.

This paper identifies the strengths and weakness of texting and applies guidelines to support midwives to be as safe as possible.



Be Safe

Be Safe is a series of papers highlighting safety, best practice and professional standards in midwifery.

The Midwifery Council

The Midwifery Council is the guardian of professional standards in midwifery. It makes sure midwives meet and maintain professional standards of education, conduct and performance so that they deliver high quality healthcare throughout their careers. The safety of mothers and babies comes first.

Avoiding texting may not be an option

Not using text messaging and social media may make it harder to reach some communities, especially households without landlines.

There are benefits to using text messaging in midwifery practice. Used in the right way, texting can:

- Help connect with pregnant women in hard-to-reach communities, and improve these relationships
- Improve care by providing an easy way to send supportive texts to women with particular challenges, for example when trying to quit smoking
- Rapidly communicate reassuring test results or reminders to women about appointments

Risks

But texting has limitations:

- Can be an unreliable method of communication
- Transmission can be delayed with no ability to determine if a message has been received
- Doesn't convey the same depth of information about a woman's condition as a phone conversation or a face-to-face meeting
- Open to misinterpretation. You don't know if a controlling relative or partner is at the end of the phone
- Security risk if text messages are not given the same privacy and security protection as other medical information
- If a device is stolen, lost or discarded, someone could access the messages
- A midwife cannot be certain that the text is being read by the intended recipient

Guidelines

The golden rule is always communicate effectively with your client, regardless of the mode of communication used.



Get consent

Get consent from your client to communicate by text.

The woman's consent or wish not to use texting should be clearly recorded in her midwifery notes. Consent may include the following:

- The kinds of information text messages will include (i.e. non-urgent)
- Who will have access to the phone on the client's end. This can change and should be reviewed frequently
- How your text messaging service works, its limitations, including how text messages are managed on your days off
- Agreement to inform you immediately if her number or phone changes (giving an old phone to a friend or family member creates the potential for a breach of confidentiality). Also to let you know if she's using someone else's phone

Set up a verification process

You need to know the woman has received the message, so agree a process for confirming this. Set up an auto-reply to texts when you are off-duty with a number to call in emergencies. Text messages won't be received when your phone is turned off.

Make sure text messages are secure

Make sure your devices are password protected. Purge your devices of all texts and emails prior to discarding or exchanging a device.

No texts in an emergency

Make it clear to the woman that texting should not be used in an emergency, during labour, if she has concerns about her baby's well-being, or if she or her baby require urgent clinical attention.

Set clear boundaries for use of texting

Make sure you both have the same expectations about when and how to use text messages:

- If she is worried about herself or her baby's condition, she should always telephone or arrange an appointment
- If she texts a question about a clinical concern you will call her back or arrange an appointment to make a further assessment
- Any critical information about her care will be communicated by the phone or at the woman's next appointment - not via text
- You cannot do clinical assessments by text

Don't assume that just because you have the woman's mobile telephone number that she has provided consent for text messages to be sent

Effective communication is a requirement under the Code of Health and Disability Services Consumers' Rights (the Code), regardless of the means of communication

Set up a meeting if information via a text indicates a greater level of assessment is required