TELE-ANC MODE IN PUBLIC SECTOR IN INDIA: A FEASIBLE OPTION TO SUSTAIN QUALITY ANTENATAL CARE

**Background:** Improvement in healthcare service delivery in India is one of the key aspects of Reproductive and Child health program with prime focus on ensuring quality services to pregnant women. Traditional antenatal care is resource intensive with heavy footfall in public sector antenatal OPD leading to compromise in quality of care. Therefore, the hybrid ‘TELE-ANC model’ is a feasible option to sustain quality care in limited resource setting.

**Aim & Objective:** To assess feasibility of TELE-ANC model in reducing ‘in-person visits’ in terms of provider, process and recipient. To determine barriers and facilitators to implementation and robustness of the process in delivering the model.

**Materials & Methods: S**ingle-center prospective feasibility study, composed of 50 low-risk women within 20 weeks of pregnancy; recruited from outpatient obstetric department. Model had 5 in-person and 4 virtual visits. During in-person visits; history, general and systemic examination, ANC investigations and ultrasounds were done and clubbed; counseling and treatment were advised. During virtual visit, patients monitored blood pressure, pulse, weight and fetal movements at home. Pictures of prescription were sent on patients’ phones with records maintained by provider. Patients and provider filled detailed Satisfaction Performa after each virtual visit and at last antenatal visit. Standard satisfaction scale scores were measured through Likert scale.

**Results:** Each pregnant woman on an average made 5 physical and 5 virtual visits (one extra than proposed 4 in model). Each patient saved approximately 10 productive hours and 700 Rupees during their antenatal period. Doctor was able to implement services readily. Adequacy to conduct virtual visits, successful decision making, technical issues faced, ease and safety of process and overall improvement of access to healthcare and positive change, demonstrates high levels of Provider satisfaction score of more than 80% overall. There was high patient satisfaction score of 80 to 90% in areas assessed after each virtual visit, i.e., satisfaction with the care received, doctor-patient rapport, knowledge about pregnancy, convenience of self-monitoring and ability to contact provider during emergencies. Nearing term, patients had satisfaction score of 85-90% overall in ability to express, continuation of visits post COVID, reduction in overall cost and time, desire for such a model in future and positive change. Minimal technological barriers were identified which did not adversely impact the quality of care. It is ‘Good’ in terms of its robustness. 96% of patients desired hybrid model as mode of future antenatal care.

**Conclusion:** Due to a rapid increase in use of telehealth during the COVID-19 pandemic, we were encouraged to test feasibility of a reduced in-person visit hybrid model; ‘The TELE-ANC model’ in a tertiary care public hospital. It is feasible in delivering an efficient antenatal care with additional advantages of lower cost, greater doctor-patient rapport, increased patient’s productivity, increased patient satisfaction, better continuity of care, better time management and increased provider engagement and satisfaction. It has potential to be standard care model for antenatal services in future leading to a more flexible and patient centered care.