

WOMEN'S HEALTH CARE IN THE DIGITAL ERA: A STUDY ON THE EFFECTIVENESS OF TELEMEDICINE SERVICES

Ms. Shraddha Nigade

Research Scholar,

**M.C.E. Society's A.K.K. New Law Academy Ph.D. (Law) Research Centre, Pune,
Savitribai Phule Pune University**

ABSTRACT –

Telehealth is currently essential to enhance the health of women considering the COVID-19 pandemic and other emergencies as it provides simple access to medical services. This approach will enable virtual consultations, remote care, and access to specialized care to meet numerous health demands, including mental health, management of chronic illnesses, and reproductive health. Telehealth empowers women to make a more active contribution to their health choices by eliminating the impediments of time and place. Nonetheless, the challenge such as access imbalance, the digital divide, and privacy needs to be addressed to enable it to achieve its potential. In order to expand the services, innovation and inclusiveness will be essential as this paper will explore the benefits, challenges, and future perspectives of telehealth in women diseases. Telehealth is a revolutionary method of women health care due to the greater accessibility, convenience, and personalized care. Telehealth enables women to make their health a priority by connecting with them geographically and offering a platform where they can have timely consultations. With the ever-changing technology, it is likely that incorporating telehealth into routine activities would improve health outcomes and create more interest in the issue of women health. In the future, it will be necessary to continue working on such issues as digital literacy and equitable access so that every woman can enjoy the benefits of the development.

Key words- Health, Women, Technology, Telehealth, Telemedicine.

INTRODUCTION –

The concept of telemedicine (TM) as defined by the World Health Organization as the delivery of healthcare services across distances by all healthcare providers, through the use of information and communication technologies, to exchange valid information, to diagnose, treat and prevent disease and injury remains consistent with the original Greek word tele

(distance).¹ Telemedicine is a rapidly growing tool applied by the world healthcare systems. TM is an accepted part of medical practice today because of its increased acceptance. The use of wearable technology, smartphone applications, text, and multimedia messaging services, short message or text messaging, and live audio-visual communication have also grown with the increased use of technology in enhancing healthcare delivery. A healthcare system that is already overwhelmed is seriously challenged to offer healthcare, especially during the period of disasters and pandemics. Telemedicine has turned out to be the light at the end of the tunnel.² Telemedicine refers to distant clinical services and incorporates diagnosis, monitoring, counselling, reminders, education, intervention, and remote admissions and entails the relay of information and communication tools transmitting voice, data, images, and information to provide health services, over the long and short distance without any movement of health care recipients or health professionals.³ In the late 1950s the first case of telemedicine was the transmissions of images, video and medical data which commenced and the first real-time video telemedicine consultation was the interactive television (IATV) to transmit neurological tests in 1959.

There is a shift in the medical treatment approach, to be a continuous care rather than an episodic one, disease treatment instead of health promotion, and a team of healthcare workers instead of an individual provider. It has been shifted towards the informed decision-making about patient and community-based care as opposed to the health care provider and institutionalized care. Teleconsultations have some shortcomings on the side of the physicians. The biggest obstacles are national policies, restrictions, and guidelines regarding teleconsultations. The doctor should be informed and comply with the legal provisions that are not only to the place where he or she is practicing but also to the stipulations in place where the patient is. These can also include provision of e-prescriptions. It appears wise to mandate an informed consent before any teleconsultation. Another challenge is reimbursement. Most health systems globally are currently actively supporting the concept of telehealth, they are also reimbursing the clinicians in some cases and in others, they are asking the patients to

¹ Ryu S. Telemedicine: Opportunities and Developments in Member States: Report on the Second Global Survey on eHealth 2009 (Global Observatory for eHealth Series, Volume 2). *Healthc Inform Res* 2012;18(2):153–155. DOI: 10.4258/hir.2012.18.2.153

² Bindra V. Telemedicine for women's health during COVID-19 pandemic in India: A short commentary and important practice points for obstetricians and gynaecologists. *J Obstet Gynaecol India* 2020;70(4):279–282. DOI: 10.1007/s13224-020-01346-0

³ Gogia S, editor. *Fundamentals of telemedicine and telehealth*. London: Academic Press Publications, available at <https://scholar.google.com/scholar?hl=en&q=Gogia+S%2C+editor.+Fundamentals+of+telemedicine+and+telehealth.+London%3A+Academic+Press+Publications.>

reimburse the clinician. It would help when the policy regarding payment of reimbursements of teleconsultation is clear in every health system. It is perhaps difficult to invest in telemedicine infrastructure by a group practice or a hospital until that is determined. Women In women, in particular, these are referred to as *femtech* diagnostic tools, products, services, wearable, and software, which are technology-based solutions to the health care problems faced by women, such as menstrual health, reproductive health, sexual health, maternal health, and menopause. There are a number of *femtech* start-ups that are targeted on menopause.⁴

These groups seek to offer perimenopause and menopause consultations, offer more effective communications between motivated menopause doctors and patients, disseminate evidence-based information on menopause through their websites, webinars, and social media platforms, seek Medicare rebates on telehealth consultations, raise in awareness of menopause, educate women, and empower them, and provide training of health-care professionals.⁵

LITERATURE REVIEW –

1. Telemedicine for Women's Health During COVID-19 Pandemic in India: A Short Commentary and Important Practice Points for Obstetricians and Gynaecologists.⁶

The pandemic of COVID-19 has given us the chance to treat women health issues and pregnancy questions using telemedicine, with a few exceptions where there is an absolute need to have a face-to-face consultation and visit a hospital. By reducing the risk of exposure of patients and healthcare teams to COVID-19 pandemic, we can minimize the risk of exposure to the COVID-19 pandemic by implementing the triage pathway we can. Stronger evidence is required to assess the efficacy of telemedicine to treat antenatal women and general gynaecological problems in India and this can be used in future as well to provide continuity of care.

2. Telemedicine and Its Adoption among Rural Women in India,⁷

⁴ Gennev website. [cited 2022 Jul 20]. <https://gennev.com/>(open in a new window).

⁵ Wellfemme website. [cited 2022 Jul 20]. <https://wellfemme.com.au/>(open in a new window).

⁶ Bindra, V. Telemedicine for Women's Health During COVID-19 Pandemic in India: A Short Commentary and Important Practice Points for Obstetricians and Gynaecologists. *J Obstet Gynecol India* **70**, 279–282 (2020). <https://doi.org/10.1007/s13224-020-01346-0>

⁷ Babita Bhardwaj & Anindita Paul, 2022. "Telemedicine and Its Adoption among Rural Women in India," Working papers 548, Indian Institute of Management Kozhikode.

On the 2017 Human Rights Day, WHO proclaimed health as a Fundamental Right. The health care required by everyone should be accessible whenever required regardless of their age, sex, education and economic status. In India, primary health care- PHC is deficient in health assistants. In comparison to men, females have dissimilar healthcare problems and predisposed to encounter certain disorders and diseases including menopause, pregnancy, breast cancer, and cervical cancer. India has 16 percent of all cases of cervical cancer with cervical carcinoma as one of the most common and feared diseases to women. The Civil Registration Report 2020 indicated that 45 percent of all death cases can be linked to insufficient medical care. It saves on time of traveling, thus women and girls can access the treatment and manage household duties. Numerous Sociotechnical variables such as Technology, Social, education among others are discussed as one of the factors influencing the adoption of mHealth tools by the patients.

3. Telemedicine and women's health⁸

Menopause Specific women Women-specific technologies Diagnostic tools, products, services, wearables, and software are called femtech and are dedicated to helping women with their health problems, such as menstrual health, reproductive health, sexual health, maternal health, and menopause. A number of femtech start-ups are products that are specifically dedicated to menopause. These groups strive to provide perimenopause and menopause consultations, enhance the communication between motivated menopause doctors and patients, disseminate evidence-based menopause information through their websites, webinars, and social media, work Medicare to provide rebates on telehealth services, create more awareness about menopause, educate, and empower women, and train health-care professionals.

4. Empowering Women's Health: Transformative Advances in Telemedicine⁹

Securing increased use of wearable technology, smartphone applications, text, and multimedia messaging services, short message or text messaging and live audio-visual communications, technology-based enhancements in healthcare delivery have been rapidly growing. The healthcare system is already overstretched and thus struggling to offer healthcare especially after disasters and pandemics. There is a silver lining on every cloud. Telemedicine has managed to bring light at the end of the tunnel.

⁸ Yoldemir, T. (2022). Telemedicine and women's health. *Climacteric*, 25(5), 425–426. <https://doi.org/10.1080/13697137.2022.2106725>

⁹ Rai S, Kasargod P. Empowering Women's Health: Transformative Advances in Telemedicine. *J South Asian Feder Obst Gynae* 2024;16(6):761–763.

5. Effectiveness of Telehealth in Obstetric and Gynecologic Care: A Systematic Review of Health Outcomes.¹⁰

Telehealth has emerged as a novel dynamic of healthcare service delivery due to the new global healthcare problems, including the Coronavirus disease. In particular, its incorporation with various fields of medicine that include obstetrics and gynaecology (OB/GYN) as one of the central fields has presented more opportunities to care, a better interaction with the patients, and suggested a way to address the problems related to the location. Telehealth services used to involve virtual consultation, monitoring, and patient education were found to have better access to healthcare givers to pregnant women, women undergoing gynaecological treatment, and women with Reproductive health problems till, concerns have been raised that the use of telehealth services affects the maternal health, the rates of maternal complications, preterm births, and fetal health. Additional information about the effectiveness of virtual appointments, home-based monitoring solutions, and telecommunication platforms in winding out the face-to-face visits, yet offering quality services should be mentioned.

Telemedicine has begun to be applied in women health care, although there are still significant gaps in the existing studies. The majority of studies have concentrated on short-term satisfaction and not on long-term health outcomes, and experiences of the underserved populations like women in rural, low-income, and older women are largely neglected. Research on the effectiveness of telemedicine in sensitive services such as maternal, reproductive, and sexual health is still scanty. The barrier of digital literacy, privacy issues and the quality of communication are also underdeveloped. It is these gaps that suggest that further and more inclusive research on the actual efficacy of telemedicine in relation to women health is required.

OBJECTIVES –

1. To assess the appropriateness of telemedicine services to women in access, usability, satisfaction, and health.
2. To investigate women awareness and use patterns of the telemedicine services.
3. To find out the obstacles that women encounter when using and seeking telemedicine.
4. determine the satisfaction women have with telemedicine consultations in relation to the standard face-to-face visits.

¹⁰ Abdalla Elsheikh NE, Abdelgadir Elhabeed SM, M Osman HM, M Alhajri AH, S Alsaqoor SM, M Alwadai NA. Effectiveness of Telehealth in Obstetric and Gynecologic Care: A Systematic Review of Health Outcomes. Cureus. 2024 Nov 6;16(11):e73144. doi: 10.7759/cureus.73144. PMID: 39651021; PMCID: PMC11623433.

5. To examine the demographic characteristics (age, education, income, location) that affect the use of telemedicine by women.
6. To give suggestions on how to make the telemedicine service better to suit women in particular.

RESEARCH METHODOLOGY-

In the present research, the researcher will use both Primary and secondary sources of data collection. The contrivance applied for data collection include- Textbooks, Articles, Reports, Newspaper articles, Reference Books, Online articles, News on the subject matter etc. Researcher has followed the doctrinal method of research. It will cover Indian telemedicine and related issues. In the comparative analysis of other jurisdictions, this paper is limited into examining the Indian law.

RESEARCH PROBLEM/HYPOTHESIS

Even though telemedicine can help address the needs of women, particularly in maternal health, reproductive health, mental health, management of chronic diseases, and so on, not all women can effectively utilise these services. The possible barriers to telemedicine use effectiveness in women include low digital literacy levels, insufficient access to smartphones or the internet, patriarchal practices that limit the use of technologies, privacy issues, and low-user-friendly design of telemedicine systems. Moreover, women living in rural or low-income are likely to be faced with other problems, including unreliable network connection, deficient technology infrastructure, and reluctance to speak about sensitive health conditions online. The factors lead to the questioning of whether the telemedicine services are addressing the health needs of women effectively and whether the services are really addressing the health outcomes, the level of satisfaction, and care access. Although the use of telemedicine has grown dramatically in the recent past, data has been recorded that specifically assesses the effectiveness of such services in women and what determinants can affect the experience, satisfaction, and outcome of women using telemedicine. The majority of the available studies are conducted with general populations or are dedicated to technology, leaving the gap on the lived-experiences of women and the gender-specific issues that define the effectiveness of telemedicine.

Hence the question that will be answered by this study is: It does not have a comprehensive knowledge of the effectiveness of telemedicine services to women and specifically on how accessible the services are, how usable they are, how satisfied they are, and the socio-cultural and technological obstacles that affect their experience. The gap in knowledge restricts the efforts of policymakers and healthcare providers to build gender-responsive telemedicine services to address the health needs of women.

ANALYSIS AND INTERPRETATION/FINDINGS-

Telemedicine has become a significant innovation in the healthcare delivery system as it provides remote consultation, online prescription, follow-ups, and health reviews via technology. Although telemedicine is associated with enhanced accessibility, a decrease in travel time, and affordable care, it does not have the same level of effectiveness when applied to all population groups. Particularly women are one of the groups of people who might experience special difficulties and obstacles in receiving and enjoying the services of telemedicine. Health care has been slow to transition to delivery systems that utilize remote technology, and it is encouraging that there are now many opportunities to use this technology to improve women's health care.¹¹

1. Telehealth during the Antenatal period-

The goals of the antenatal care are a healthier baby and mom. Adequate antenatal care is required. The expanding TM discipline has become a necessary tool of dealing with obstetrical challenges in remote and rural regions using technology. It is also important particularly in low-risk pregnancies where physical consultation is not a necessary requirement.¹² TM has been applied in many tertiary care hospitals to offer a broad spectrum of obstetrical care including physician consultation referring to maternal and fetal medicine, genetic consultation, and obstetrical care to monitor pregnancy induced hypertension (PIH) and gestational diabetes mellitus (GDM). In a research carried by Mohapatra et al. it was found that 80 percent of the women who were enrolled in the antenatal program rated their TM experience as equal to face to face consultations. The patient satisfaction with the TM is high, which means that it could

¹¹ Rayburn, William F., The Role of Telemedicine in Improving Women's Health Care Obstetrics and Gynecology Clinics, Volume 47, Issue 2, xiii – xiv, available at <https://www.obgyn.theclinics.com/action/showCitFormats?doi=10.1016%2Fj.ogc.2020.03.002&pii=S0889-8545%2820%2930027-9>

¹² Whittington JR, Ramseyer AM, Taylor CB. Telemedicine in low-risk obstetrics. *Obstet Gynecol Clin North Am* 2020;47(2):241–247. DOI: 10.1016/j.ogc.2020.02.006.

be utilized as the part of normal healthcare, especially in the low-resource countries such as India.¹³

Remote Monitoring-

A full virtual consultation should be offered with the use of technologies used in remote monitoring instead of a face-to-face examination. Portable or wearable devices enable the potential of remote monitoring. The pregnant women who use these transmit biometric and health information to their health practitioners. Blood Pressure Monitoring Ambulatory blood pressure monitoring, alternatively known as at-home blood pressure monitoring, is capable of reducing the white-coat hypertension and more accurately detecting masked hypertension than at-clinic monitoring.

Fetal Heart Rate Monitoring-

Porter et al. demonstrated the usefulness of HeraBEAT, a portable fetal Doppler, which mothers can use in order to locate and measure the heartbeat of their baby and relay the information to medical professionals in real time. Devices known as cardiotocographs are currently available in the market. iCTG is one such device that Melody International has brought forward and which has proven to be accurate in monitoring fetal heart.¹⁴

2. Use of Telehealth in Post Natal Care-

Postpartum period contributes to over 50 per cent of maternal mortality, it is a very critical time in obstetrical care. Nevertheless, postpartum attendance is reported to be about 60 percent of the patients. Few challenges that women can face to visit the postpartum include lifestyle changes, lack of childcare options, and lack of means to travel. Access to postpartum care can be increased with the help of telehealth, which may resolve some of these problems. A research study by Arias et al. implied that the attendance of the postpartum visits and postpartum depression screening is associated with the presence of TM during the COVID-19 pandemic. Conversely, the long-acting reversible contraception and permanent sterilization were not as common among the TM population.¹⁵ Post-delivery remote blood pressure monitoring

¹³ Mohapatra I, Rai VK, Samantaray SR. Impact of telemedicine on antenatal care at a teaching institution in Eastern India: An insight into the future of better India. *J Family Med Prim Care* 2023;12(11):2652–2660. DOI: 10.4103/jfmpe.jfmpe_995_23

¹⁴ Suemitsu T, Kadooka M, Mitani T, et al. Telemedicine for home care of fetal growth restriction with mobile cardiotocography: A case series. *Int J Gynecol Obstet* 2023;161:949–955. DOI: 10.1002/ijgo.14592.

¹⁵ Arias MP, Wang E, Leitner K, et al. The impact on postpartum care by telehealth: A retrospective cohort study. *Am J Obstet Gynecol MFM* 2022;4(3):1–16. DOI: 10.1016/j.ajogmf.2022.100611.

programs are implemented on a smartphone application or text messaging platform that reminds patients to check and report their blood pressure and heart rate at set intervals during the postpartum period and this way, reduce the likelihood of unfortunate maternal events. A random trial on the impact of a smartphone-based platform on time-based breastfeeding rates was carried out in a group of approximately 200 breastfeeding women. The lactation rates were higher among the site users compared to the controls at six and 12 weeks. The platform provided daily feedback and counselling services of a multidisciplinary lactation team.

3. Telehealth To Contraceptive Service-

Since the beginning of the COVID-19 epidemic, telehealth is also recommended in a variety of contraceptive services such as counseling, determining the eligibility to use certain contraception methods, and prescribing new methods and refills Roa et al. organized a survey of contraception providers in the United States during the COVID-19 pandemic. The pandemic significantly affected the provision of contraceptive healthcare. Despite the challenges that are still there, including the issue of privacy and the lack of technological access, telehealth has done a great job in enhancing access to contraception.¹⁶

Limitations-

Even though TM has been fostering the possibility of increasing access to healthcare, it has a number of weaknesses, particularly in the case of women's health. The physical examinations, such as the mammogram and the pelvic examination are not replaceable by any virtual examination. One of the primary concerns that were reported by healthcare providers who primarily used their personal smartphones to provide telehealth services was a poor Internet connection or frequent connectivity issues. The rural women who could not depend on Wi-Fi to connect with the Internet were hard to establish contact with. Inability to use the software and equipment to perform telehealth appeared to be the significant obstacle to both women and healthcare professionals. Among the largest disadvantages of prenatal, postnatal and healthcare providers claimed that, as per them, their inability to make physical was because of neonatal consultations through video/phone conversations. tests (basal metatarsal height, blood pressure, or fetal heartbeat). Many physicians welcomed the use of TM, but raised concerns that, most of their patients cannot afford it because they lack money to purchase the technology they need.

¹⁶ Rao L, Comfort AB, Dojiri SS, et al. Telehealth for contraceptive services during the COVID-19 Pandemic: Provider perspectives. *Womens Health Issues* 2022;32(5):477–483. DOI: 10.1016/j.whi.2022. 05.001.

CONCLUSION -

Health professionals used telemedicine (58 percent) and also 2 out of 5 of them claimed that they were not given guidelines as regards to the provision of telemedicine. The major telemedicine practices were online birth preparedness classes, video/phone antenatal and postnatal care, COVID-19 helpline and online psychosocial counselling. The issues mentioned included infrastructure and technological illiteracy, poor monitoring, economic and linguistic barriers, absence of non-verbal feedback and bonding, and suspicion on the part of the patients. Telemedicine was figured as one of the significant alternatives to face-to-face meetings. Nevertheless, health providers pointed out the relatively low quality of care and the risk of expanding the already available disparities in terms of access to healthcare.¹⁷

The concept of telemedicine has been utilized worldwide to overcome the distortions in the delivery of care in the face of the COVID-19 pandemic. Nevertheless, maternal and newborn care in some areas appears hard to provide using telemedicine. There is need of more studies on the effectiveness, efficacy and quality of telemedicine in the context of maternal healthcare before it can be thought of in terms of long-term adaptations in care delivery outside the face-to-face interactions. There is an urgent need to have clear guidelines on providing care and ways of reducing socioeconomic and technological disparities in access to care.

RECOMMENDATIONS-

1. Telemedicine as women health care providers should outreach to other specialty colleagues to highlight the need to have preconception care and minimize cases of unplanned pregnancies.
2. It is a significant component of patient education and health promotion materials that are part of the process of prenatal and postpartum care.
3. A major drawback is the fact that there is still a pressing necessity to develop more straightforward and clear policies and standards based on electronic health records regarding telemedicine and related health. The level of professional liability appears to be low and requires further clarification.

¹⁷ Galle A, Semaan A, Huysmans E, Audet C, Asefa A, Delvaux T, et al. A double-edged sword—telemedicine for maternal care during COVID-19: findings from a global mixed-methods study of healthcare providers. *BMJ Global Health*. 2021;6:e004575. <https://doi.org/10.1136/bmjgh-2020-004575>

4. The researcher failed to identify a text relating to this topic specifically to health providers of women, although it is astonishingly apt to the health care delivery process today. as such, there is a necessity to increase research in this field.
5. Similarly, health care providers of women should also know that screening of their overall health care requirements such as cardiovascular, bone, metabolic, and urologic health and environmental exposures among other health care requirements is vital in the overall health care needs and satisfaction of our patients.
6. Well-Woman Chart is clinical advice on how women should be screened, counseled, and other preventive measures recommended during visits to the health care based on age, pregnancy, and risk factors.
7. The standards of telemedicine by the private health insurance providers are not defined. Reimbursement may require a physician and patient to have an in-person visit or real-time videochat. Certain states provide parity laws that make insurance companies recompense the same as the in-person care in the services offered. In this, India too can formulate certain standard regulations.
8. Technology enabled care or connected health is designed to make the most of the health care resources and offer more and more flexibility to the consumers so that they can interact more with clinicians and have more resources to manage their own care. It takes advantage of the easily accessible consumer technologies, including mobile apps, to provide care to the patient beyond the hospital or doctor office.
9. The focus still should be on offering better access to the video telehealth encounters in order to have more equitable access and results.

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