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Review Article

Telehealth and Prenatal Care: Advancing Maternal Health in the Digital Age

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Abstract

Maternal mortality and pregnancy-related problems continue to be significant public health issues, especially in low- and middle-income nations where access to appropriate prenatal care is frequently lacking. Rapid advancements in information and communication technologies have changed the delivery of healthcare. Telehealth is a promising approach to improve maternal healthcare access, continuity, and quality. The COVID-19 pandemic increased the use of telehealth in normal prenatal care, emphasising its promise to complement traditional antenatal treatments. A critical review of the current evidence on the role of telehealth in prenatal care, discussing its applications, technological advances, effects on maternal and neonatal outcomes, barriers to implementation, implications for nursing practice, and future directions in the area of digital maternal healthcare. A narrative review of peer-reviewed literature from 2020 to 2025 was performed using PubMed, Scopus, Web of Science, CINAHL, Google Scholar and Cochrane Library databases. Current clinical guidelines from the World Health Organization (WHO), American College of Obstetricians and Gynaecologists (ACOG), International Federation of Gynaecology and Obstetrics (FIGO) and Centers for Disease Control and Prevention (CDC) were also evaluated. Studies on telehealth interventions in pregnancy, remote patient monitoring, mobile health technology, wearable devices, artificial intelligence and digital maternal health advances were synthesised. Recent evidence shows that telemedicine significantly expands access to prenatal healthcare, especially for women in rural, underserved, and geographically isolated populations. Virtual antenatal consultations, remote patient monitoring, wearable biosensors, mobile health applications and artificial intelligence-assisted decision support systems have been shown to be effective in improving maternal engagement, early detection of pregnancy complications, decrease in unnecessary hospital visits, improved continuity of care and maternal satisfaction. Emerging technologies such as remote foetal monitoring, tele-ultrasound, and machine learning algorithms are transforming prenatal surveillance and personalised maternal care. Yet, several impediments still exist, including lack of digital infrastructure, restricted internet connection, uneven digital literacy levels, inconsistent regulations, cybersecurity concerns, reimbursement issues, and unequal access to digital technology. Telehealth has become an integral part of contemporary prenatal health care delivery. Digital health technologies have the potential to improve maternal and newborn outcomes and promote equal healthcare access when integrated with traditional antenatal care. Future initiatives should focus on building digital infrastructure, improving nurse competencies in telehealth, implementing supportive regulatory regulations, and facilitating equitable implementation across various healthcare settings.

Keywords: *Telehealth, Antenatal Care, Maternal Health, Digital Health, Remote Patient Monitoring, Mobile Health, Nursing Practice, Prenatal Care.*

INTRODUCTION

Maternal health continues to be a key indicator of the quality, accessibility and efficacy of healthcare systems globally [1]. Significant public health problems in LMICs. Although there has been substantial success in reducing maternal mortality over the past decades, preventable maternal and newborn deaths continue to account for a large proportion of the total. According to [2], around 287,000 women died globally in 2020 due to problems connected to pregnancy and delivery, with almost 95% of these deaths occurring in resource-poor settings. Sub-Saharan Africa alone accounts for about seventy percent of all maternal mortality and illustrates persisting inequities in access to effective maternal health treatments.

Antenatal care is one of the most effective therapies for enhancing mother and newborn health. Comprehensive antenatal care allows early detection of obstetric difficulties, provides an opportunity for preventive measures, encourages maternal health education and allows for ongoing surveillance of foetal growth and maternal wellbeing. Several studies have correlated adequate prenatal care with reductions in maternal mortality, neonatal mortality, stillbirth, preterm delivery, low birth weight, and problems of pregnancy. Therefore, the World Health Organization advises a minimum of eight prenatal contacts during uncomplicated pregnancies to optimise maternal and foetal health outcomes[3].

While the benefits of equal access to adequate prenatal care are well documented, millions of women around the world do not have access. Geographic isolation, dearth of experienced health care personnel, transit issues, budgetary constraints, insufficient health care infrastructure and socio-cultural barriers continue to impede access to normal prenatal services. Women in rural and distant regions typically have to travel considerable distances to access health services, resulting in delayed commencement of antenatal treatment, missed appointments, less continuity of care and increased risk of bad pregnancy outcomes[4]. In many nations of Africa, especially Nigeria, these difficulties are particularly acute, with the paucity of the health-care staff and inequitable distribution of expert obstetric services continuing to impact the delivery of maternal health care.

The fast growth of digital technologies has revolutionised the delivery of healthcare through creative techniques that cross the geographical boundaries. Telehealth has become one of the most critical components of digital healthcare, providing healthcare professionals with the ability to offer clinical services, health education, monitoring and consulting through the use of information and communication technologies[5]. Telehealth includes a wide range of digital health services, such as live video consultations, asynchronous communication, mobile health apps, wearable monitoring devices, remote patient monitoring, electronic health records, tele-ultrasound, and artificial intelligence–based clinical decision support systems[6].

Telehealth has been around for decades but saw a significant uptick in use during the COVID-19 pandemic. Public health constraints and worry about virus transmission resulted in a quick adoption of virtual models of healthcare across several medical specialities, including obstetrics. To ensure continuity of prenatal treatment while minimising unnecessary hospital visits, healthcare providers increasingly resorted to virtual antenatal consultations, home blood pressure monitoring, remote glucose surveillance, electronic patient portals, and digital educational platforms. The success of these technologies showed that many elements of prenatal care may be administered safely and efficiently outside traditional health care settings[7].

The uptake of telehealth for antenatal care is one aspect of a wider movement towards patient-centred, technology-enabled health care systems. Telehealth is an adjunct technique to increase accessibility, convenience, continuity and efficiency of maternal healthcare delivery rather than replacing traditional antenatal care. Virtual consults save travel time and transportation costs and offer more flexibility for pregnant women. Remote patient monitoring allows for continuous observation of physiological markers and early detection of pregnancy-related problems prior to clinical deterioration. Mobile health applications provide women with personalised education, medication reminders, appointment scheduling, symptom tracking and behavioural support that empower them to take an active role in their pregnancy care[8].

The capabilities of prenatal telehealth are continually growing, thanks to technological developments. Maternal healthcare systems are being integrated progressively with artificial intelligence, machine learning algorithms, wearable biosensors, Internet of Medical Things (IoMT) devices, remote cardiotocography, tele-ultrasound, and predictive analytics. They allow for ongoing surveillance of mother and foetus, guide personalised therapeutic decision-making and improve care of high-risk pregnancies complicated by gestational hypertension, diabetes mellitus, foetal growth limitation, cardiovascular disease and preterm labour. Moreover, the application of digital health technologies has enhanced multidisciplinary collaboration by facilitating seamless communication among obstetricians, nurses, midwives, radiologists, endocrinologists, and primary healthcare providers[9].

The role of nurses in telehealth-enabled prenatal care has expanded significantly. Nurses are increasingly involved in the coordination of virtual prenatal clinics, remote patient evaluations, interpretation of home monitoring data, digital health education, behavioural change, referral pathways and monitoring adherence to standardised treatment regimens. Hence,

the modern nursing practice demands competencies beyond the traditional clinical skills including technological literacy, health informatics, virtual communication, cybersecurity awareness, ethical handling of electronic health information and evidence-based telehealth practice[10].

Although telemedicine holds enormous promise, its application in prenatal care is nevertheless accompanied by major hurdles. The effectiveness and sustainability of telehealth programs continue to be hampered by inadequate broadband infrastructure, limited internet access, disparities in knowledge of technology, affordability of technological devices, privacy concerns, cybersecurity risks, reimbursement limitations, licensing regulations, and unequal access to healthcare technologies. Furthermore, telemedicine can be a useful adjunct to routine prenatal care but cannot replace physical examination, diagnostic imaging, laboratory investigations and emergency obstetric procedures required throughout pregnancy[11].

Evidence published over the past five years indicates that telehealth has become an integral part of modern maternal health care. However, rapid growth of technology requires ongoing appraisal of emerging evidence to inform clinical practice, policy formulation, education of nurses and healthcare expenditure. A thorough synthesis of recent material is therefore required to inform healthcare providers, researchers, educators and policymakers about the opportunities and limitations of digital maternal healthcare.

This review critically appraises the current evidence on telehealth in prenatal care including technological innovations and clinical applications, effectiveness in improving maternal and neonatal outcomes, challenges and ethical issues related to implementation, implications for nursing practice, and future directions for digital maternal healthcare. The purpose of this study is to present an in-depth analysis of the impact of telehealth in altering prenatal care and improving maternal health in the digital era by combining recent findings from 2020 to 2025.

Conceptual Foundations for Telehealth for Prenatal Care

Telehealth has emerged as an essential component in modern prenatal care, fuelled by advancements in digital technologies and the pressing need to expand access to quality maternal health treatments. It is defined as the provision of healthcare services through the use of information and communication technologies (ICTs) in which distance is a key aspect. Telehealth offers remote consulting, diagnosis, monitoring, health education and communication between healthcare providers and patients, opposed to traditional face-to-face care. Telehealth in maternal healthcare also enables ongoing prenatal monitoring, in addition to greater access, convenience and continuity of care, particularly for women in underserved and geographically isolated settings[12].

Telemedicine, telehealth, digital health, eHealth, and mobile health (mHealth) are often used interchangeably but have different concepts. Telemedicine is primarily focused on remote clinical diagnosis and treatment while telehealth includes other services such as nursing, health education, rehabilitation, public health, and health promotion. Digital health is the broadest concept, which merges telehealth with electronic health records (EHR), artificial intelligence (AI), wearable technologies, big data, and the Internet of Medical Things (IoMT). Mobile health is the provision of healthcare services through mobile devices such as smartphones, tablets, wearables, and mobile apps [13]

Recent developments have turned telehealth from a simple communication tool to an integrated model of healthcare delivery. Today's telehealth systems include virtual visits, cloud-based electronic records, wearable biosensors, remote physiological monitoring, mobile apps, and AI-enabled clinical decision support. These technologies facilitate continuous communication between pregnant women and multidisciplinary health care teams, including obstetricians, nurses, midwives, nutritionists, endocrinologists, and mental health professionals, enabling coordinated and patient-centred prenatal care[14].

The development of telehealth in maternal healthcare is due to the advancement in information technology and changing needs in healthcare. The earliest telemedicine applications in the 1960s relied primarily on telephone and radio communication to provide healthcare to distant locations. But the lack of technology and infrastructure prevented its widespread use. The expansion of broadband Internet, mobile technology and electronic health records in the early twenty-first century greatly improved the feasibility of telehealth, resulting in increased adoption across a wide range of medical specialties[15].

The COVID-19 epidemic sped up this change. Lockdowns, physical distancing measures and concerns about infection have driven global healthcare systems to implement virtual prenatal consultations, home blood pressure monitoring, remote glucose monitoring and digital patient education. These advancements allowed for the continuation of prenatal care while reducing unnecessary hospital visits. Subsequent research has demonstrated that hybrid models of antenatal care, involving both virtual and in-person visits, have comparable maternal and neonatal outcomes to usual care for appropriate low-risk pregnancies, as well as the added benefits of increased patient satisfaction and reduced travel costs [16]. Therefore, telehealth has been maintained as a permanent feature of maternity services in many health systems post-pandemic.

There are a number of theoretical models for the successful implementation of telehealth in prenatal care. The Technology Acceptance Model (TAM) posits that adoption hinges mostly on perceived usefulness and simplicity of use. Pregnant women are more inclined to accept telehealth when they see it as easy, reliable, and capable of enhancing pregnancy outcomes. Similarly, healthcare workers are more willing to use digital solutions when they boost clinical efficiency without compromising quality of treatment.

The Unified Theory of Acceptance and Use of Technology (UTAUT) extends this perspective by highlighting the influence of organizational support, facilitating conditions, social influence, and behavioural objectives. Successful telehealth implementation consequently requires not just technological availability but also suitable infrastructure, institutional commitment, professional training, and positive attitudes among healthcare providers.

The Chronic Care Model also provides a helpful foundation for prenatal telehealth since it stresses ongoing monitoring, patient empowerment, multidisciplinary teamwork, and excellent information systems. These guidelines are particularly applicable for managing high-risk pregnancies complicated by hypertension, gestational diabetes, obesity, or cardiovascular disease. More recently, the Digital Health Ecosystem Framework has highlighted the integration of interconnected technologies—including wearable devices, AI, electronic health records, cloud computing, and mobile applications—into comprehensive maternal healthcare systems[17].

Modern prenatal telehealth relies on various complimentary technical paradigms. Synchronous telehealth incorporates real-time communication through video or telephone consultations. The virtual antenatal visits enable the healthcare providers to examine the progress of pregnancy, assess mother symptoms, provide health education, discuss the laboratory results, reinforce medication adherence and detect danger indications that need rapid clinical assessment. Structured hybrid models that include virtual consultations with scheduled in-person visits have been demonstrated to support maternal safety, enhance convenience and decrease healthcare expenditures.

Asynchronous telehealth, or store-and-forward technology, enables the electronic transmission of healthcare information without real-time contact. Pregnant women can upload laboratory reports, ultrasound findings, blood pressure measures, glucose readings or symptom diaries using secure digital platforms for subsequent assessment by specialists. This concept improves flexibility, promotes multidisciplinary collaboration and avoids unnecessary clinic visits while preserving continuity of service.

RPM has been one of the most transformational components in telemedicine for prenatal care. Women can use Bluetooth-enabled gadgets and wearable sensors to monitor blood pressure, blood glucose, heart rate, oxygen saturation, body weight, foetal heart rate, physical activity, and sleep patterns from home. Routine antenatal checkups would not enable healthcare practitioners to detect aberrant tendencies prior to the continuous flow of physiological data. Remote monitoring has showed significant benefits in the management of gestational hypertension and gestational diabetes, such as early intervention, personalised changes to medication and improved maternal outcomes[18].

Mobile health (mHealth) applications have significantly extended the reach of prenatal telehealth. Evidence-based pregnancy apps assist women with remembering appointments, taking medications at the right time, eating well, exercising, learning about foetal development, receiving mental health support, recording symptoms, and communicating directly with healthcare experts. These applications are increasingly being embedded with AI to offer personalised health education, automated symptom assessment, and personalised risk prediction. Research indicates that women utilising validated mHealth applications have improved antenatal attendance, higher health literacy, enhanced self-efficacy and improved adherence to recommended prenatal care practices[19].

But, even with these developments, telemedicine is not meant to replace traditional antenatal care totally. Physical examination, ultrasound, laboratory investigations, and emergency obstetric procedures remain integral components of comprehensive prenatal care. Telehealth should be seen as an adjunct to improve access, continuity, and patient engagement and to facilitate the timely diagnosis of maternal and foetal problems. Successful implementation requires solid digital infrastructure, workforce skills in healthcare, technological literacy among patients, supporting legislation and equal access to technology.

Telehealth in Prenatal Care: Early Detection, Outcomes and Future Perspectives

“Telehealth has revolutionised prenatal care by allowing for ongoing surveillance, early detection of pregnancy complications and enhanced communication between pregnant women and healthcare providers. Unlike traditional prenatal care, which depends on periodic visits to the clinic, telehealth allows real-time surveillance with remote monitoring devices, mobile applications and virtual consultations. This transition from episodic to longitudinal care enables faster interventions, boosts patient participation, and maternal and neonatal outcomes, while ensuring continuity of treatment.

One of the powerful benefits of telehealth is the potential to catch pregnancy issues before they become a serious condition. Healthcare personnel can often analyse physiological data and respond quickly to problematic discoveries with remote monitoring.

In hypertensive illnesses such as pregnant hypertension and pre-eclampsia, home blood pressure monitoring using certified digital equipment permits early recognition of rising blood pressure and timely modification of medication. Since 2020, studies have shown that telemonitoring decreases unneeded hospital visits, enhances blood pressure control and boosts patient confidence in self-management. However, there remains a need for proper assessment procedures, validated equipment and explicit referral protocols for safe implementation[20].

Telehealth has also revolutionised the care of gestational diabetes mellitus (GDM). Smartphone-connected glucose meters and continuous glucose monitoring devices allow women to send glucose results directly to healthcare practitioners for quick review and personalised therapy. Remote monitoring appears to offer equivalent glycaemic control to outpatient care, with improved adherence, reduced clinic attendance and increased patient satisfaction.

Digital platforms also enable the tracking of foetal welfare by allowing women to report diminished foetal movements and other warning indicators in a timely fashion. Emerging technology such as smartphone-connected foetal Doppler devices and home cardiotocography systems are providing additional monitoring in selected high-risk pregnancies. They are, however, complementary to ultrasonography and specialist obstetric assessment and do not replace them.

Telehealth also allows early identification of symptoms suggestive of premature labour, infection, vaginal bleeding or rupture of membranes. “Mobile apps and virtual consultations prompt women to seek medical advice quickly, cutting waiting times for diagnosis and referral.

Increasing data suggests that hybrid forms of antenatal care, combining virtual and face-to-face consultations, result in similar maternal outcomes to traditional care in pregnancies at low risk of complications. Women repeatedly say it’s more convenient, cheaper to travel, less waiting time and more flexibility in scheduling appointments. Remote monitoring schemes for hypertension and diabetes have shown earlier detection of problems, less emergency visits and better disease control.

Telehealth has proved especially advantageous to women in rural and underprivileged settings, expanding access to obstetric specialists and overcoming geographic hurdles to care.

Neonatal outcomes are equally promising. Most studies found no increase in unfavourable outcomes such as preterm birth, low birth weight, neonatal intensive care admission or perinatal mortality with optimal integration of telehealth into normal prenatal care. Improved control of maternal hypertension and gestational diabetes has also been associated with lower rates of newborn hypoglycaemia and excessive foetal development. Further long-term randomised trials are needed, however existing data favours telemedicine as a safe complement to conventional antenatal care[21].

There’s also a big benefit for the patient experience. Virtual care lowers the need to travel, disturbance to work and child care and improves communication with health-care teams. Digital education and remote monitoring improve maternal self-efficacy, which motivates women to be fully involved in pregnancy management and collaborative decision making.

Telehealth has substantially extended the scope of nurses in prenatal care. Today’s nurses do virtual maternal evaluations, analyse physiologic data supplied remotely, deliver tailored health education, coordinate multi-disciplinary care, and manage women with chronic pregnancy difficulties. Their capacity to recognise aberrant findings and enable timely referral is crucial to successful telehealth programmes[22].

Nurses also play a vital role in patient education, supporting healthy lifestyles, medication adherence, birth preparedness, breastfeeding and awareness of obstetric danger indications through virtual counselling and digital platforms. Thus, competence in telehealth technologies, health informatics and remote patient monitoring has become an integral part of contemporary maternity nursing practice[23].

Conclusion

Telehealth has evolved as a revolutionary element of contemporary prenatal care, boosting access, continuity, and quality of maternal health care. There is evidence that the integration of virtual consultations, remote monitoring, mobile health technologies and digital communication into evidence-based hybrid models can improve the management of pregnancy complications, patient engagement and maternal and neonatal outcomes similar to conventional care. Despite the challenges of infrastructure, equity, regulation and cybersecurity, continued investment in digital health systems, supportive policies, nursing education and rigorous research will allow telehealth to play an increasingly important role in advancing safe, accessible and patient-centred maternal healthcare in the digital era.

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