

Respectful Maternity Care (RMC)

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MFC

Mother-Focused Care

Global AIM: Improve maternal health by transforming hospital culture and environments to respectfully serve all mothers and their families, and by helping them meet their needs.

Primary Key Driver

Respectful Maternity Care (RMC)
Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

Secondary Drivers

Educate providers and staff about RMC and its components and strategies

Develop a hospital commitment with providers and staff support

Implement and use an ongoing RMC survey and other methods of maternal feedback to improve care

Respectful care is a universal component of every driver & activity

What is Respectful Maternity Care?

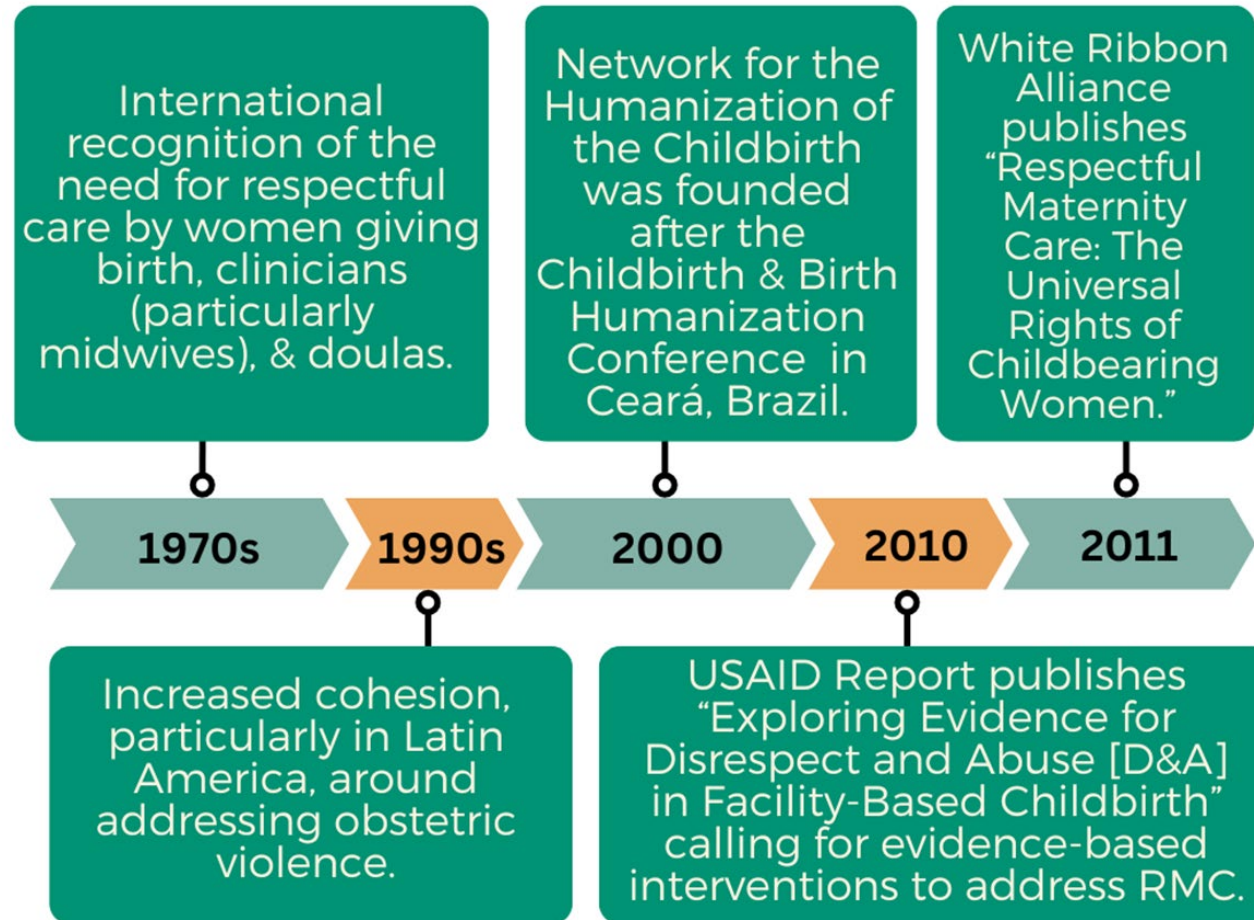
FPQC MFC Initiative Definition

Respectful maternity care refers to care that:

- 1. Maintains dignity, privacy, and confidentiality*
- 2. Ensures freedom from harm and mistreatment*
- 3. Enables informed choice, self-determination, and respect for a patient's preferences*
- 4. Ensures access to continuous support during pregnancy, labor, childbirth and postpartum*
- 5. Enables access to equitable maternity services including evidence-based care, a safe and inclusive physical environment, and necessary resources*

Foundations of Respectful Maternity Care (RMC)

RMC is founded on the premise that women should not be mistreated in childbirth.



Educate Providers about RMC



Strategies

- Provide Respectful Maternity Care Training for providers and staff
- Develop a welcoming and supportive environment that is respectful of each patient and their values

Resources

- FPQC Tool: Suggested Key Components for RMC Trainings



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Mother-Focused Care

Shared Decision-Making

Communication amongst team members about RMC

What does Respectful Maternal Care look like?

Acknowledgment of (patient) past pregnancy and birthing experiences and loss

Cultural Humility/Cultural Competence

Stigma

Suggested Key Components for RMC Trainings

Recognizing healthcare worker burnout

Bodily autonomy and Consent

Patient as center/meeting patients where they are

Role of doulas in RMC

Partners and other family members

Trauma Informed Care

Available Trainings with RMC Component

- **ACOG: Respectful Care eModules**
- **AWHONN: Respectful Care Implementation Toolkit (RMC-IT)**
- **ICM: Respect Workshops: A Toolkit**
- **Perinatal Quality Institute: Speak UP**
- **March of Dimes: Awareness to Action**

FPQC is also planning to offer 4 regional RMC trainings – more information is forthcoming!

RMC Across Clinical Organizations

Clinical organizations continue to complement and expanded upon efforts related to RMC.

- **ACOG Respectful Care eModules**

"Some clinicians may be unfamiliar with the concept of respectful maternity care, so supporting the spread of information and knowledge around respectful maternity care and its implementation is critical."

- ❖ Free
- ❖ Available until May 6, 2023
- ❖ 1.5 hours to complete
- ❖ 1.5 AMA PRA Category 1 Credits™

RMC Across Clinical Organizations

Clinical organizations continue to complement and expanded upon efforts related to RMC.

- **ACOG Committee Opinion 587: Effective Patient–Physician Communication** (2014, Reaffirmed 2021) provides recommendations including:

RESPECT Model

Rapport

Empathy

Support

Partnership

Explanation

Cultural Competence

Trust

(UCSF, 2002)

Five Step Patient-Centered Interviewing

Step 1. Set the stage for the interview (30–60 s)

Step 2. Elicit chief concern and set an agenda (1–2 min)

Step 3. Begin the interview with non-focusing skills that help the patient to express herself (30–60 s)

Step 4. Use focusing skills to learn 3 things: Symptom Story, Personal Context, and Emotional Context (3–10 min)

Step 5. Transition to middle of the interview (clinician-centered phase) (30–60 s)

(Fortin et al., 2012) 9

RMC Across Clinical Organizations

ACOG/AIM: “Reduction of Peripartum Racial & Ethnic Disparities: A Conceptual Framework & Maternal Safety Bundle” (2018):

Focuses on quality/safety and highlights:

- **Response** (e.g. establish discharge navigation systems)
- **Reporting** (e.g. dashboards)
- **Readiness** (e.g. best practices for shared-decision making)
- **Recognition** (e.g. access to health information in a simplified format)

**COUNCIL ON PATIENT SAFETY
IN WOMEN'S HEALTH CARE**
safe health care for every woman

PATIENT SAFETY BUNDLE
Reduction of Peripartum Racial/Ethnic Disparities

RESPONSE

Every clinical encounter

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman's reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
- Provide discharge instructions that include information about what danger or warning signs to look out for, whom to call, and where to go if they have a question or concern.
- Design discharge materials that meet patients' health literacy, language, and cultural needs.

REPORTING & SYSTEMS LEARNING

Every clinical unit

- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.
- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.
- Add as a checkbox on the review sheet: Did race/ethnicity (i.e. implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?

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Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.
The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.

October 2016

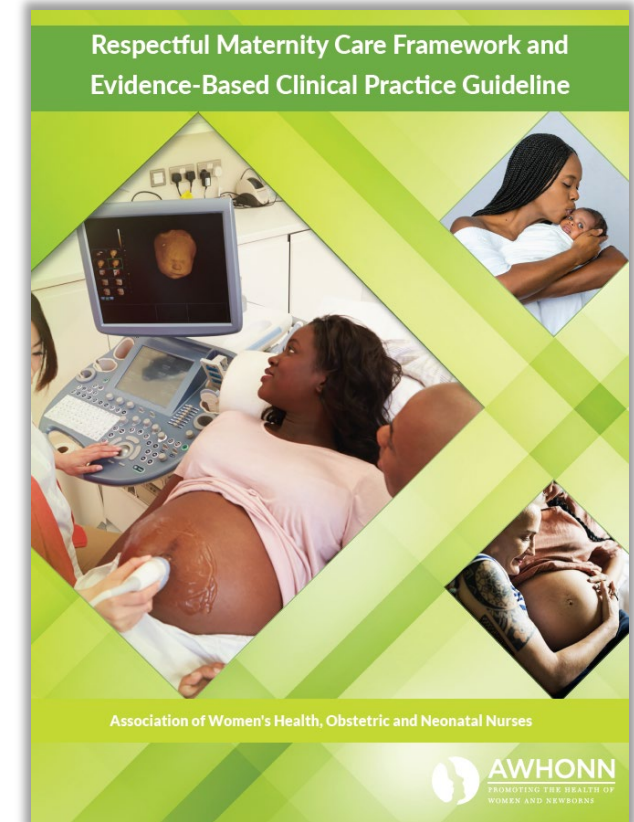
RMC Across Clinical Organizations

AWHONN Respectful Maternity Care

Implementation Toolkit (2022):

Comes with tools and resources you can use to implement within your organization. Free for members and available to non-members for a small fee. Guiding principles:

- Awareness
- Mutual Respect
- Shared Decision Making and Informed Consent
- Autonomy
- Dignity
- Accountability



RMC Across Clinical Organizations

- International Confederation of Midwives
 - **Respect Workshops: A Toolkit (FREE to all!) (2020)**

Toolkit intended for midwives, doctors, educators, researchers, nurses, health care workers, doulas, managers, policy-makers, advocates, and leaders to facilitate workshops promoting respectful maternity care. Comes with handouts, activities, and PPTs.

- Discusses Background to RESPECT
- Building RESPECT
- RESPECT Resources



Develop a hospital commitment with providers and staff support



Strategies

- Adopt and commit to appropriate Respectful Care Practices to best serve the identified needs in their communities
- Create a strategy for sharing expected respectful care practices with obstetrical clinical team and patients including appropriately engaging support partners and/or doulas

Resources

- FPQC Tool: Hospital Commitment to Provide Respectful Care



RMC Commitment Handout

Our Respectful Care Commitments for Every Patient

- 1. Treating the patient with dignity and respect** throughout their hospital stay. **Working to understand the patient** (their background, home life, and health history) so we can make sure they receive the care they need during their birth and recovery.
- 2. Communicating effectively** across the patient's health care team to ensure the best care for them. **Introducing ourselves and our role** on the patient's care team to the patient and their support persons upon entering the room. **Practicing "active listening"**—to ensure that the patient, and their support persons are heard. Being ready to hear any concerns or ways that we can improve patients' care.
- 3. Learning the patient's goals for delivery and postpartum:** What is important to the patient for labor and birth? What are their concerns regarding their birth experience? How can we best support them?
- 4. Welcoming the patient's chosen support persons** to be present throughout their stay.
- 5. Following evidence-based guidelines and partnering with the patient for all decisions** so that they can make informed choices that are right for them.
- 6. Valuing personal boundaries and respecting the patient's dignity and modesty at all times**, including asking their permission before entering a room or touching them. **Protecting the patient's privacy** and keeping their medical information confidential.
- 7. Recognizing a patient's prior experiences with healthcare may affect how they feel during their birth.** We will strive at all times to provide safe, equitable and respectful care to reduce the risk of harm and mistreatment.
- 8. Making sure the patient is discharged after delivery with an understanding of postpartum warning signs**, where to call with concerns, and with appropriate postpartum follow-up care visits arranged. **Ensuring the patient is discharged with the skills, support, and resources** to care for themselves and their baby.

As a provider, nurse, or staff member caring for pregnant and postpartum patients on this unit, I have reviewed and commit to these respectful care practices with every patient.

Signature



Date



V. 4/4/23

- Actionable strategies to impact patient care
- Teams can use this version or adapt for their facilities
- Can serve as a standard part of new team member onboarding
- Will be included in FPQC RMC regional trainings



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As a provider, nurse, or staff member caring for pregnant and postpartum patients on this unit, I have reviewed and commit to these respectful care practices with every patient.

Signature

Date

Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care



Strategies

- Implement a patient respectful care survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results
- Educate patients on the importance of SDOH screening and Respectful Maternity Care practices adopted by the Hospital
- Develop and implement your hospital's written action plan to address at least one identified healthcare disparity


Resources

- CDC "Hear HER" Campaign



RMC Patient Survey Script

Tell Us About Your Birthing Experience!


Scan here  Or visit [bitly.com](#) link

The purpose of this survey is to give you an opportunity to share feedback on your labor, delivery, and postpartum care.

Our goal is to provide respectful care for all patients. We need your feedback to make sure we are providing the care you need. We are committed to providing you safe and respectful care.

Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all patients are valued and met.

- Your survey responses will remain private. We will not collect your name and your individual answers will not be shared with your health care provider or any staff.
- This survey should take about 10 minutes to complete. Completing this survey is optional and will not impact the care and services to you and your baby.
- Please complete the survey before discharge. Let your nurse know if you have any issues completing it.

 Florida Perinatal Quality Collaborative

Supporting respectful care for all patients: The Florida Perinatal Quality Collaborative (FPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups across Florida to reduce maternal disparities and improve maternal and infant outcomes by ensuring all patients receive safe, high-quality, compassionate, and respectful care.

- Available in three languages
 - English
 - Spanish
 - Haitian Creole
- Patients will be able to scan QR code, enter shortened link into browser, or complete on hospital iPad
- Leads to survey in Qualtrics

RMC Patient Survey

- Each hospital will receive a **hospital-specific QR code** (should not be shared with another hospital).
- Same QR code for all languages.
- Once at least five (5) patient responses have been received by FPQC, hospital will receive their first report.
- Best practices for encouraging survey completion :
 - ✓ Staff assistance
 - ✓ Providing device to complete survey
 - ✓ Giving patient privacy

RMC Patient Survey

Please tell us about your care so that we can improve the care we provide. Answering the survey or any survey question is voluntary. Choosing not to answer will not have any impact on the care you receive. Your name will not be collected. Your individual answers will not be shared with your hospital team or others.

Directions: Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. I could take part in decisions about my care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I could ask questions about my care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. My health care choices were respected by the health care team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Labor and Delivery Experience

RMC Patient Survey

I was treated differently by the health care team because of:

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. My race or skin color | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. My ethnicity or culture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The type of health insurance I have | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The language I speak | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Experience with Health Care Team

RMC Patient Survey

I was treated with respect and compassion:

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|----------------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. During my check-in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. During my labor and delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. During my care after delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. During discharge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Experience across Birthing Visit

RMC Patient Survey

Is there anything else you would like to share about the care you received?

Open-ended Question

Questions?

fpqc@usf.edu

www.fpqc.org/mfc/toolbox

 Florida Perinatal Quality Collaborative

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Lunch Courtesy of ACOG District XII (Florida)



ACOG

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Thank you!