

Respectful Maternity Care



Maximizing Your Coalition's Impact

A Focus on Respectful Maternity Care

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Agenda

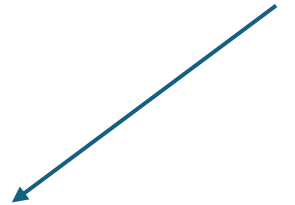
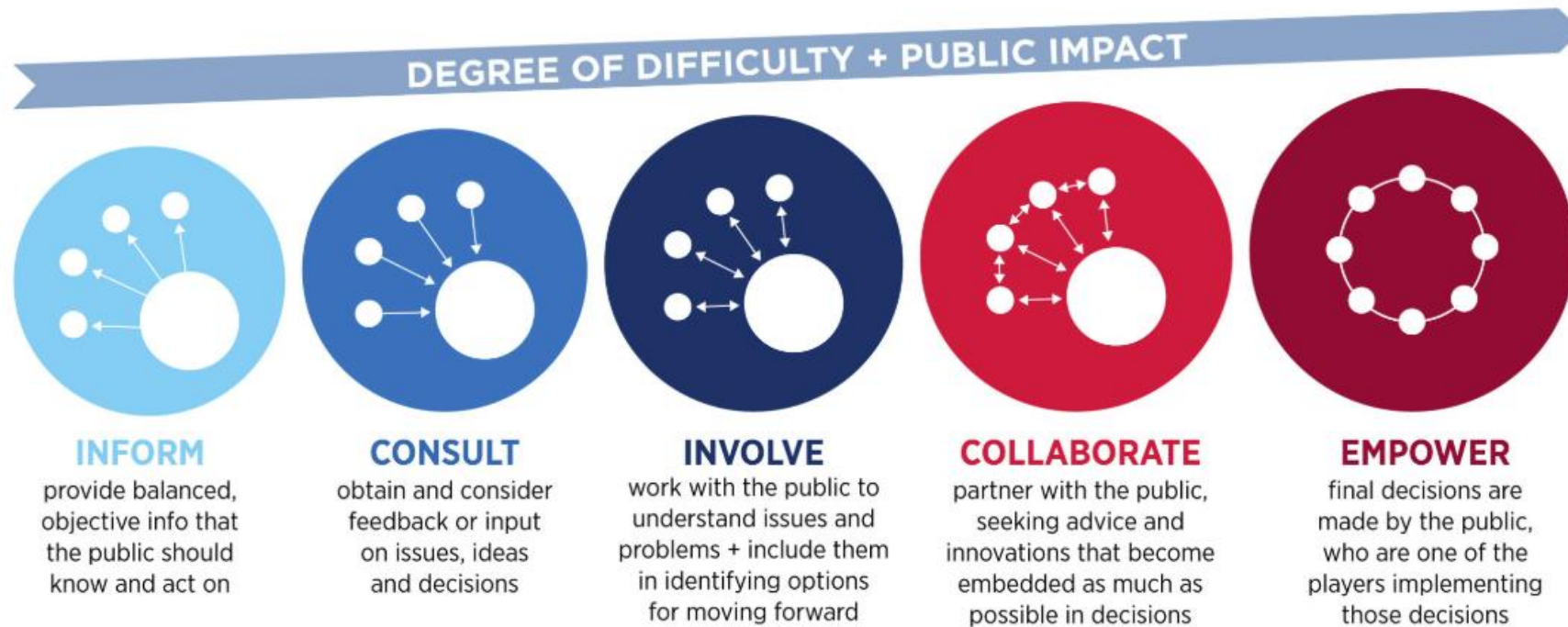
- Background
- What is Respectful maternity care (RMC)?
- Status of RMC
- Improvement
- Using a systems lens to improve
- Coalition activity



NH
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New Hampshire Perinatal Quality Collaborative

Coalition activities are the engine of improvement for the NHPQC



NHPQC Vision

All birthing patients feel emotionally, psychologically, and physically safe as they experience caring, **respectful**, high-quality care before, during and after birth.

NH Maternal Health Task Force Goals

**Sustainable Infrastructure That
Supports Ideal Birth Conditions for
Everyone**

**Pregnant and Postpartum Patients
Are Supported and Have the
Power To Make Informed
Decisions**

**Safe and
Respectful Practice for All**

**Data and Perinatal Health
Outcomes Continuously Improve**

Goal 2	Safe and Respectful Practice for All
Goal Statement	Promote welcoming and respectful practices and spaces in prenatal, birth, and postpartum care provision, so that all people – regardless of background, circumstance, beliefs, role, or position – feel seen, heard, valued, respected, and feel a sense of belonging. Every participant in the perinatal journey feels emotional, psychological, and physical safety
Objectives	<ol style="list-style-type: none">1. Provide education, tools, and resources for providers, organizations and communities to increase capacity for improving good communication, and respectful, patient centered, psychologically safe, trauma-informed care for all2. Support systems change to promote best practices and implementation of evidence-based care

Respectful Maternity Care

Respectful maternity care defined

1. Honors the dignity, personhood, autonomy, and preferences of birthing people
2. Prevents disrespect, mistreatment, or abuse toward individuals who are utilizing maternal care services
3. Provides a practical paradigm for the delivery and receipt of peripartum care through a rights- and reproductive justice-based framework
4. Includes standard elements of respectful care:
 - Freedom from abuse and violence
 - Consent
 - Privacy
 - Communication and shared decision making centered around the birthing person
 - Dignity and respect
 - Safety (safe care environment)
 - Justice

Status of Respectful Maternity Care



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New Hampshire Perinatal Quality Collaborative



1997

In my backyard



“So, she pushed my head down into the pillow and it was real deep, she was very strong or stiff. I felt like I couldn't move and I wasn't trying to move because I'm like this woman, something is up with her. Her vibe just didn't feel good. And so my face is in the pillow and I can't breathe and then finally she's still holding me while I'm trying to turn my head and she's like, “don't move.” And I said, “I can't breathe” and she's like, “what, what did you say? I can't hear you.””

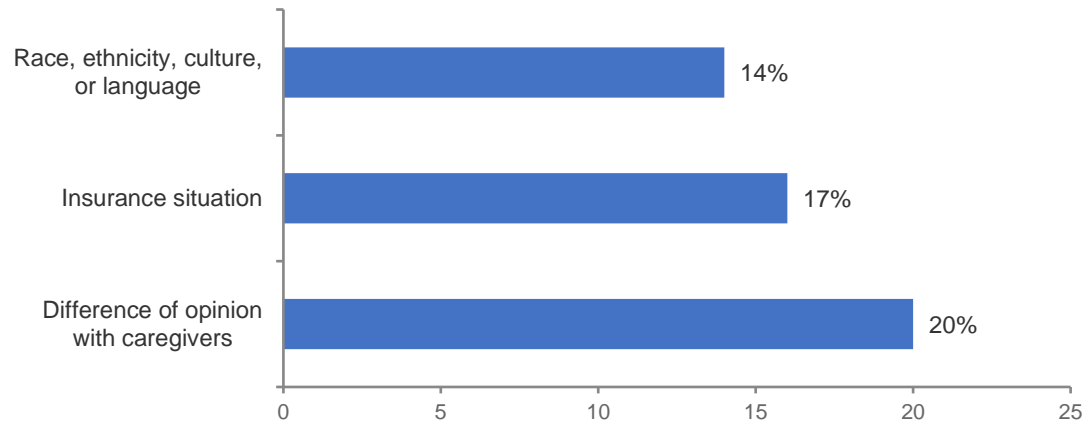
“They didn't listen to me. I don't feel like they actually saw me. When I say they didn't see me, I don't think they saw me as a woman, as a first-time mother, as someone who needed support and needed help.””

“I started dressing up to go to the NICU, almost business casual, so I looked more approachable, less intimidating ... maybe if I clean myself up a little bit I won't get treated badly.””

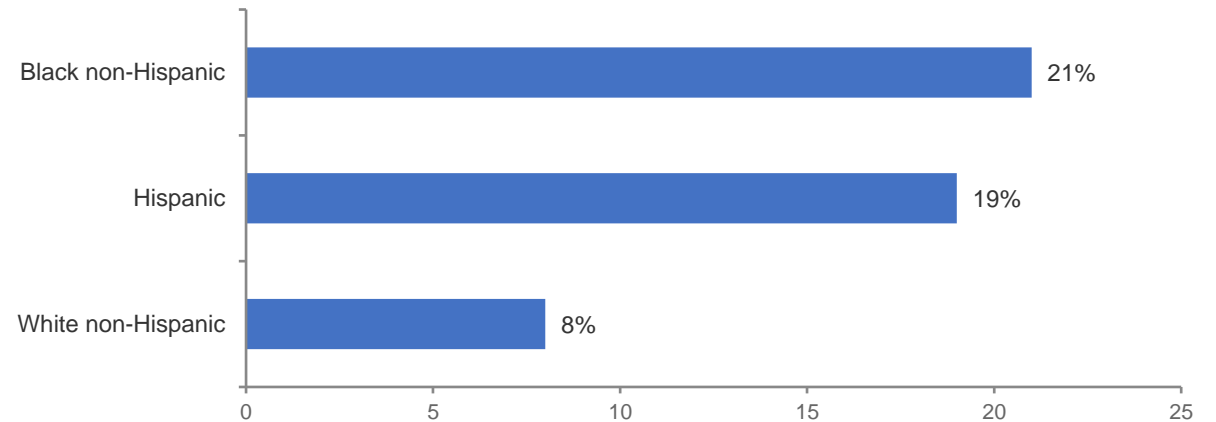
Listening to Mothers III: **one-in-four (24%)** report discrimination

National U.S. Survey (n=2,400; births 2011–2012)

8% reported being treated poorly during hospital stay at least sometimes:



Of those who were treated poorly because of race/ethnicity:



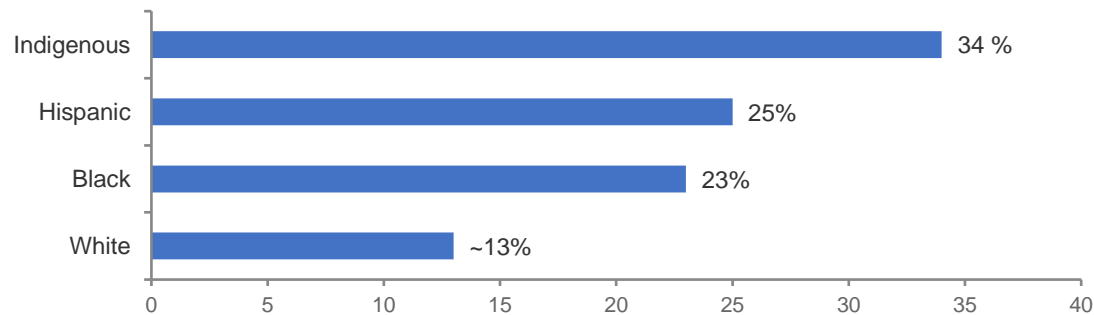
Barriers to communication: 30% held back questions because provider seemed rushed; 23% because they might seem difficult; 22% because they wanted different care than their provider.

Pressure to accept interventions: Labor induction (15%), epidural analgesia (15%), cesarean section (13%). Among mothers who had a cesarean, 25% reported feeling pressured.

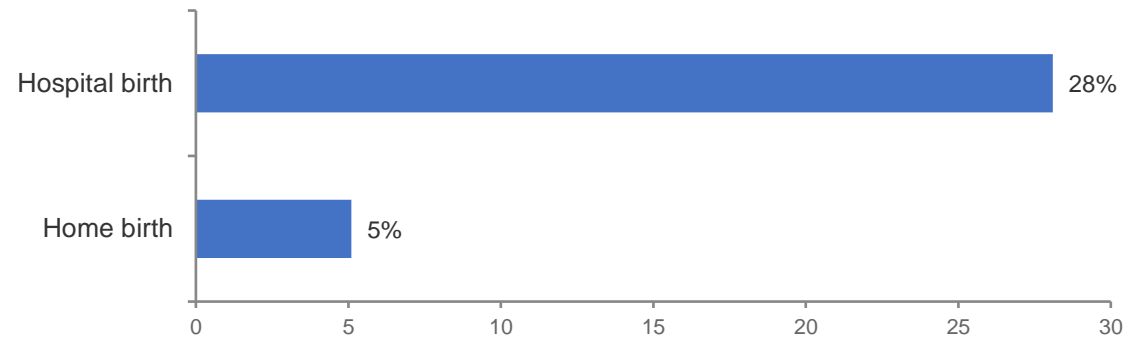
Giving Voice to Mothers: **One-in-six (17.3%)** report mistreatment

National U.S. Survey (n=2,700; births 2011–2012)

Experienced of any mistreatment, by race:



Mistreatment by place of birth:



Most common types of mistreatment:

Shouted at or scolded (8.5%); ignored, refused, or no response to requests for help (7.8%); violations of physical privacy (5.5%); threatened to withhold or forced treatment (4.5%).

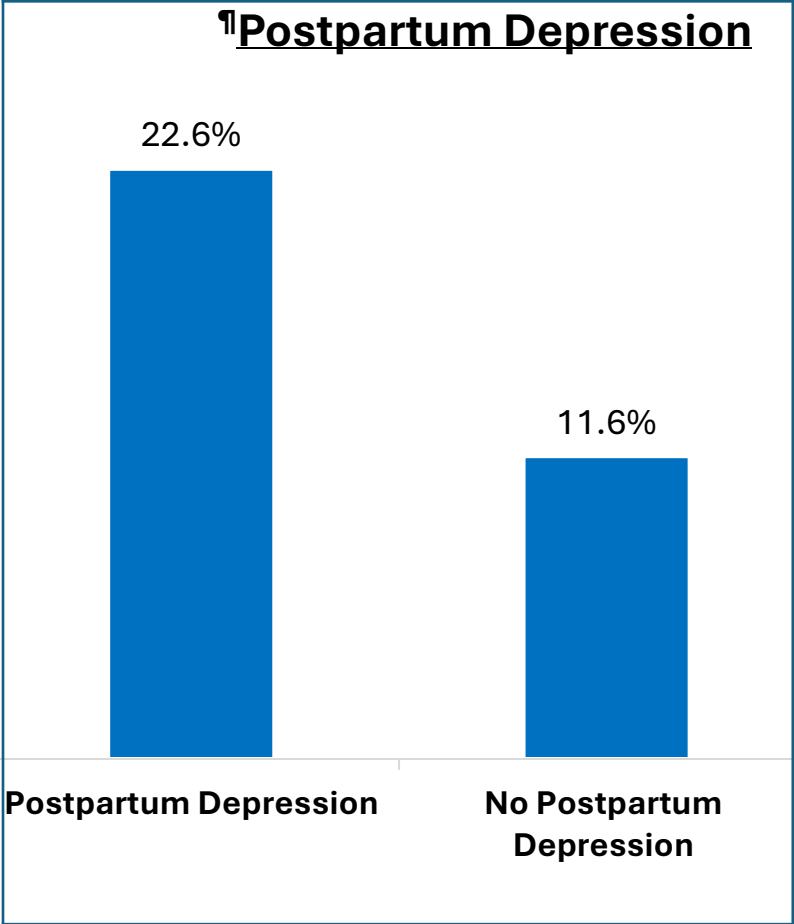
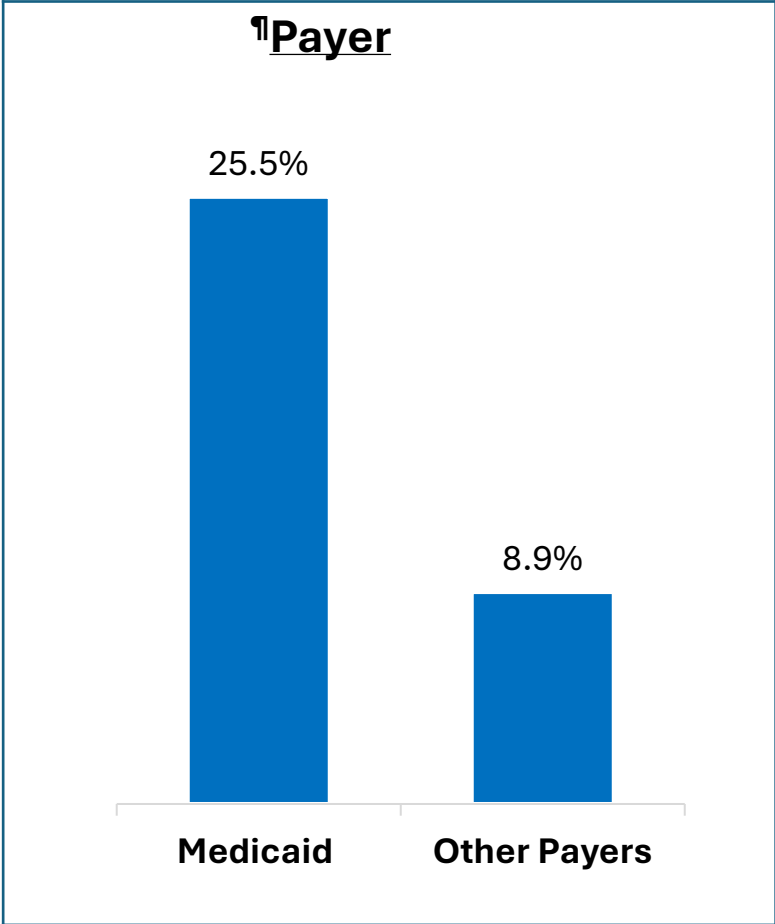
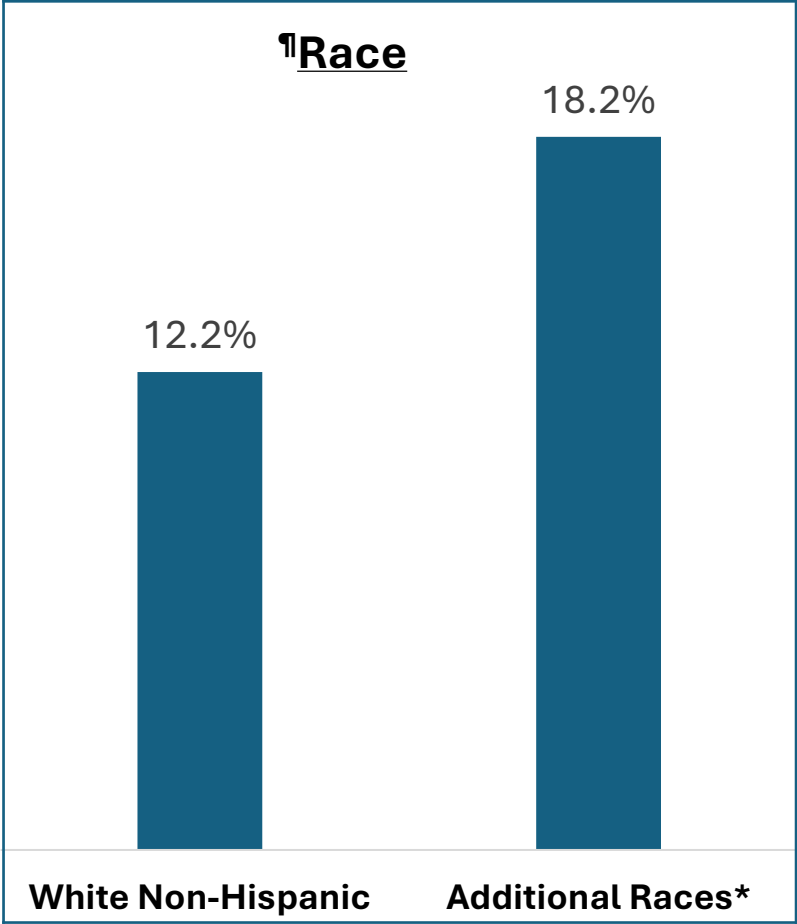
Verbal mistreatment was reported twice as often among Hispanic and Indigenous women compared to White women. Black, Latina, Asian, and Indigenous people were more likely to experience being ignored or refused requests for help.

CDC: **One-in-five (20.4%)** of U.S. women report mistreatment

National U.S. Survey (n=2,407 mothers with children <18 2023)

- 20.4% report some form of mistreatment, most commonly being ignored, having requests for help refused or not responded to
- 30% of Black, Hispanic, or multiracial people reported mistreatment
- 30% of people with public insurance or no insurance reported mistreatment
- 40% of Black, Hispanic and multiracial people reported discrimination during maternity care
- 45% of all respondents held back from asking questions or discussing a concern

Proportion of Birthing People in New Hampshire who Reported Unfair Treatment When Seeking Health Care Related Services[^] In The Previous 12 Months Prior to the Survey, NH PRAMS[†] Survey 2016-2020



†Participants are randomly selected on a monthly basis from NH resident births to participate in PRAMS surveillance. PRAMS Data is weighted during analysis

††The difference between the groups is statistically significant P<0.05

*Other races include Hispanic, Black Non-Hispanic, Asian non-Hispanic, American Indian or Alaska Native, Other, More than 1 Race. *The numerator was small for some races hence aggregated*

Theme 1: Quality of Care & Communication

“...because of their neglect and non-willingness to listen to me when I told them I was sick, I developed HELLP syndrome, kidney failure, liver failure and my son and I only had a small chance of survival. Thankfully, he is healthy now, but it has completely changed who I am today...”

“...did not explain to us why we were staying 2 extra nights, the last day at the hospital they finally explained it was jaundice. But nobody cared to explain why we were being kept there when I had a very good all-natural labor”

“I had a VBAC and a very healthy baby 2 months ago. This was only possible because I switched from one provider who did not support VBACs to a new provider and hospital at 30 weeks who did support me having a VBAC. I was so happy with my birth experience but was disappointed with the fear tactics that my prior OB used to convince me to schedule a repeat csection. Our csection rates are far too high and I fear that many women don't have supportive providers. I also had a doula during this pregnancy which made such a huge difference. It's something that I hope insurance companies will cover in the future”


Participant researchers feel unheard and actively advocate for their preferred maternity care



Do You See What I See -
Medical Gaslighting

I was told it's a normal part of pregnancy. The struggle was real, yet no matter how many times I brought my concerns I was ignored, dismissed, or patronized. Pain became so bad that daily life was a battlefield of mobility and pain assumed to go away after giving birth only got worse.

-Rose Toner



A Fish out of Water

I'm out of my element. I can't catch my breath. It shouldn't be like this. Don't I have a say?

-Katherine Kenyi

“I worked very hard trying to fight to get my children back and DCYF did not give me any support. They just kept scaring me telling me the foster parents were fighting to keep my daughter, no matter what I did right. It shouldn’t have been like that. I should have had another chance. I was in treatment at Dartmouth, got income, my own place, sober, and they still never gave me a chance ever again.”



Patient voice report themes

Communication quality determines experience

Present in: PRAMS, PCORI EJM, DCYF EJM, Photovoice, Title V, FFNE

Strategic Plan: Strategies to better inform providers with resources and trainings to communication and connecting patients to resources

Patients want agency and respect in their care

Present in: PRAMS, PCORI EJM, Photovoice, FFNE

Strategic Plan: Central to quality improvement of patient-centered care and informed decision making

Fear and stigma prevent care engagement

Present in: DCYF EJM, DCYF Photovoice, FFNE, PRAMS

Strategic Plan: Shapes harm reduction and destigmatization priorities

Improvement



How do we improve respect in maternity care?

- Very limited evidence base for specific strategies in the US
- Global literature
 - Strategies: supportive supervision, peer support, reshaping leadership, mitigating D&A through accountability in the workplace, planning for shortages
 - Gaps: over-reliance on training, under-reliance on community engagement and social accountability

Reddy B, et al. 2022. A scoping review of the impact of organisational factors on providers and related interventions in LMICs: Implications for respectful maternity care

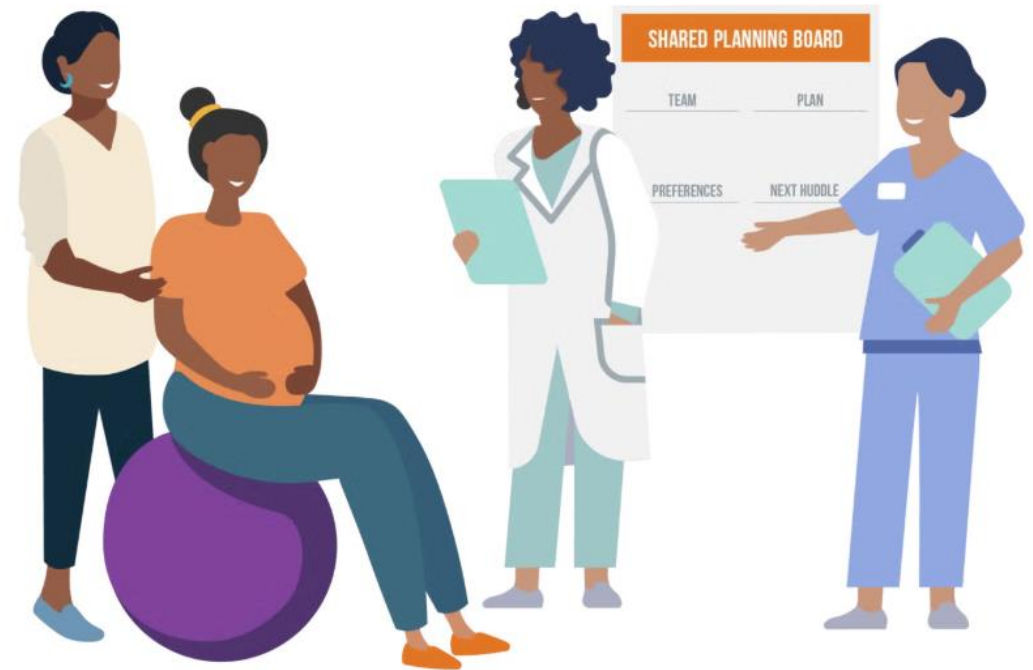
Sando D, et al. 2017. Methods used in prevalence studies of disrespect and abuse during facility based childbirth: lessons learned. *Reprod Health*. 2017

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Cantor et al 2024 Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture To Improve Equitable Maternal Healthcare Delivery and Outcomes. AHRQ

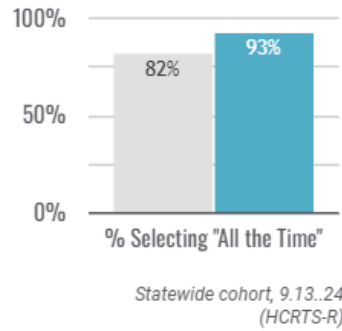
TeamBirth

- Scheduled huddles with birthing people
- Shared planning boards



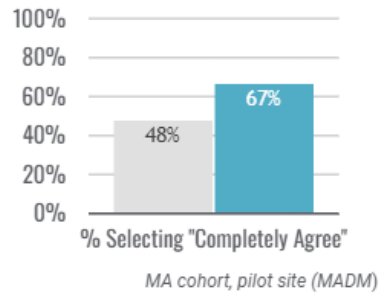
TeamBirth

■ No TeamBirth
 ■ Yes TeamBirth



Patients feel "all the time"

"My clinical team was committed to providing the best care possible."

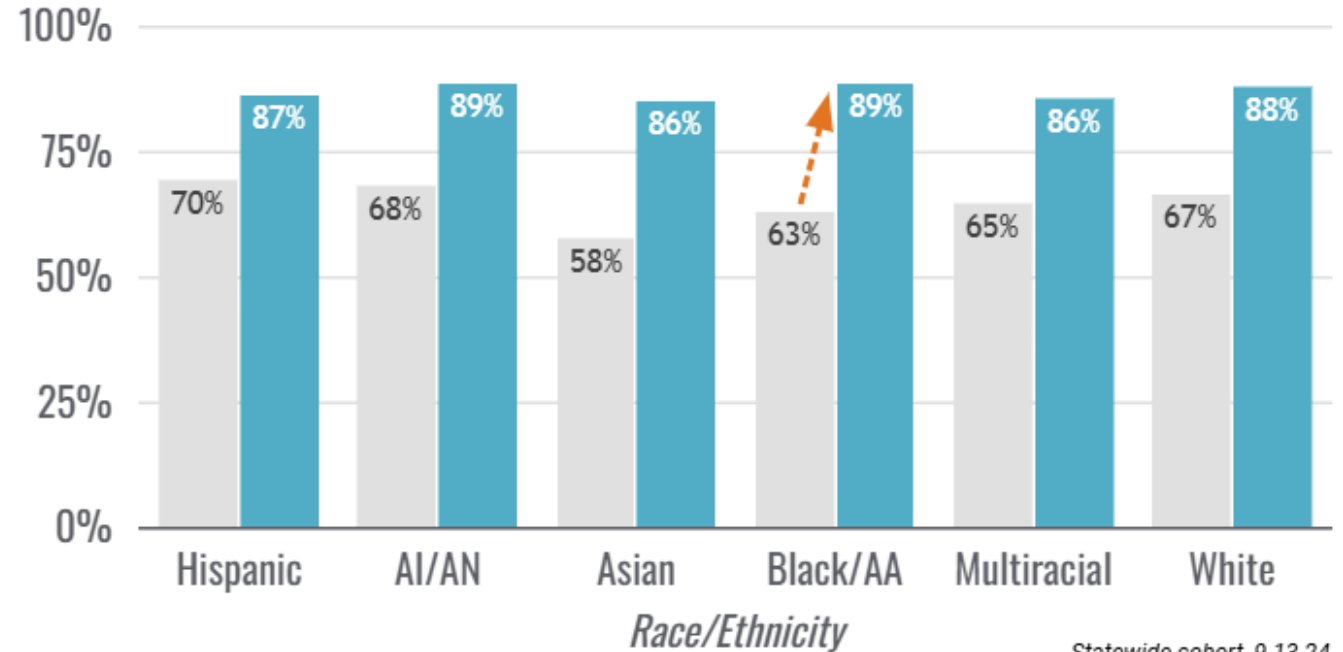


Patients "completely agree"

"I was able to choose what I considered the best care options."

% Reporting High Patient Autonomy with and without TeamBirth

■ No TeamBirth
 ■ Yes TeamBirth



Statewide cohort, 9.13.24
Source: Birth Place Lab, MADM

TeamSTEPPS: Team Strategies and Tools for Enhancing Performance and Patient Safety

- Agency for Healthcare Research and Quality
- Evidence-based teamwork and communication tools
- Targeted at healthcare teams but inclusive of patients and caregivers
- Online curriculum with simulations



Practices for healthcare professionals

- Ground yourself before patient interactions
- Introduce yourself and use the patient and support peoples' names correctly
- Sit at eye level when speaking (commit to sit)
- Use validating and non-judgmental language
- Keep questions open-ended
- Offer timely language interpretation



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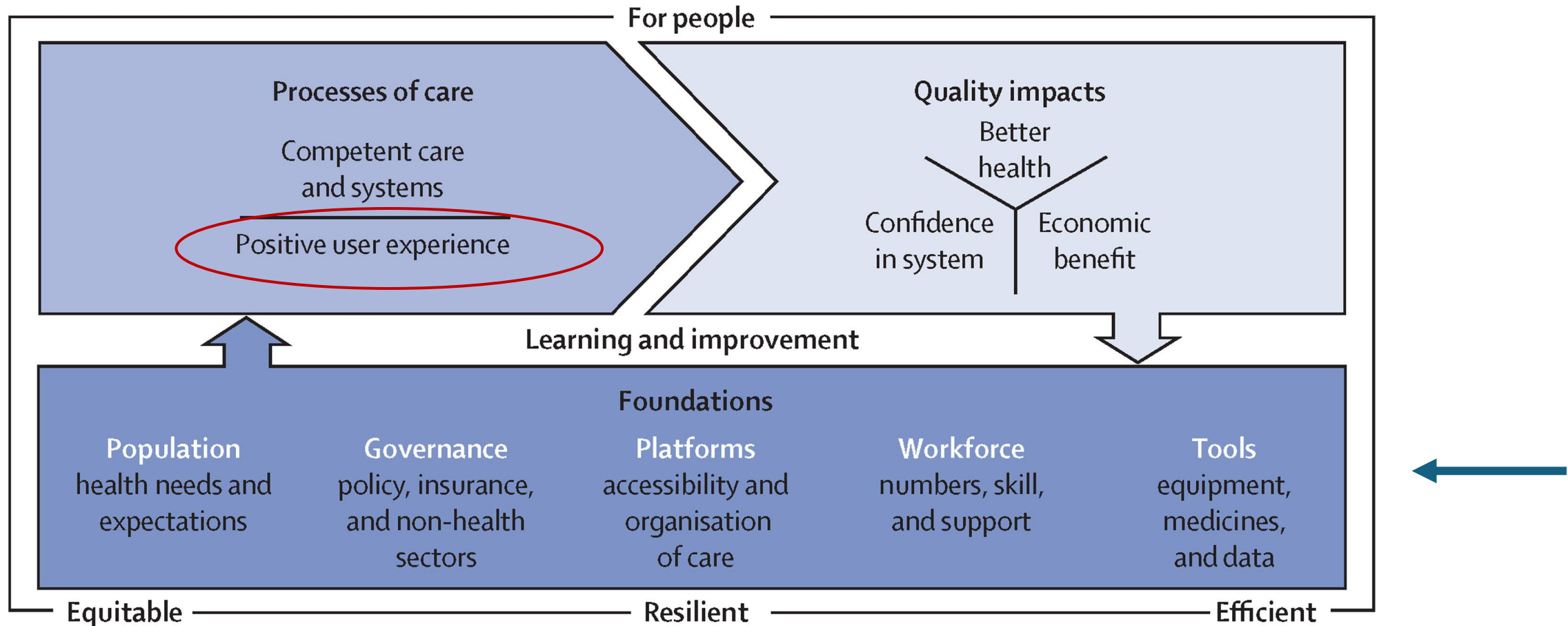
Using a systems lens to improve



“But when disrespect and abuse is called out for what it is—the symptom of fractured health systems and locally expressed power dynamics that conspire against both patients and providers—then the real work of improving quality and creating accountability can begin.”



Systems change



Foundations

Population
health needs and expectations

Governance
policy, insurance, and non-health sectors

Platforms
accessibility and organisation of care

Workforce
numbers, skill, and support

Tools
equipment, medicines, and data

- What the community needs, prefers or expects.
- What the community knows.
- What the community demands

- Policy
- Financing
- Leadership
- Accountability

- Where services are delivered
- How accessible these services are
- How the different service providers connect with each other
- How patients move between facilities

- The number of health or social service workers
- The types of health or social service workers
- The capacity, skills, behaviors of the health or social service workers
- Support for health and social service workers

- Equipment
- Medications
- Data

Foundations

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numbers, skill,
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Tools
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and data

- Educate your community
- Listen to your community, especially groups that disproportionately experience disrespectful care
- Invite and include people from groups that disproportionately experience disrespectful care

- Advocate for patient experience councils
- Advocate for linking quality metrics to respectful care
- accountability rounds, mandates and commitments to respectful care

- Advocate for privacy measures
- Advocate for space and infrastructural improvement
- Utilize and support institutions that implement TeamBirth, TeamSTEPPS or other RMC improvement efforts

- Advocate for Doulas
- Advocate for midwifery-led care
- Advocate for RMC training
- Support or participate in RMC training
- Celebrate RMC

- Measure RMC
- Share data about RMC
- Learn about the causes

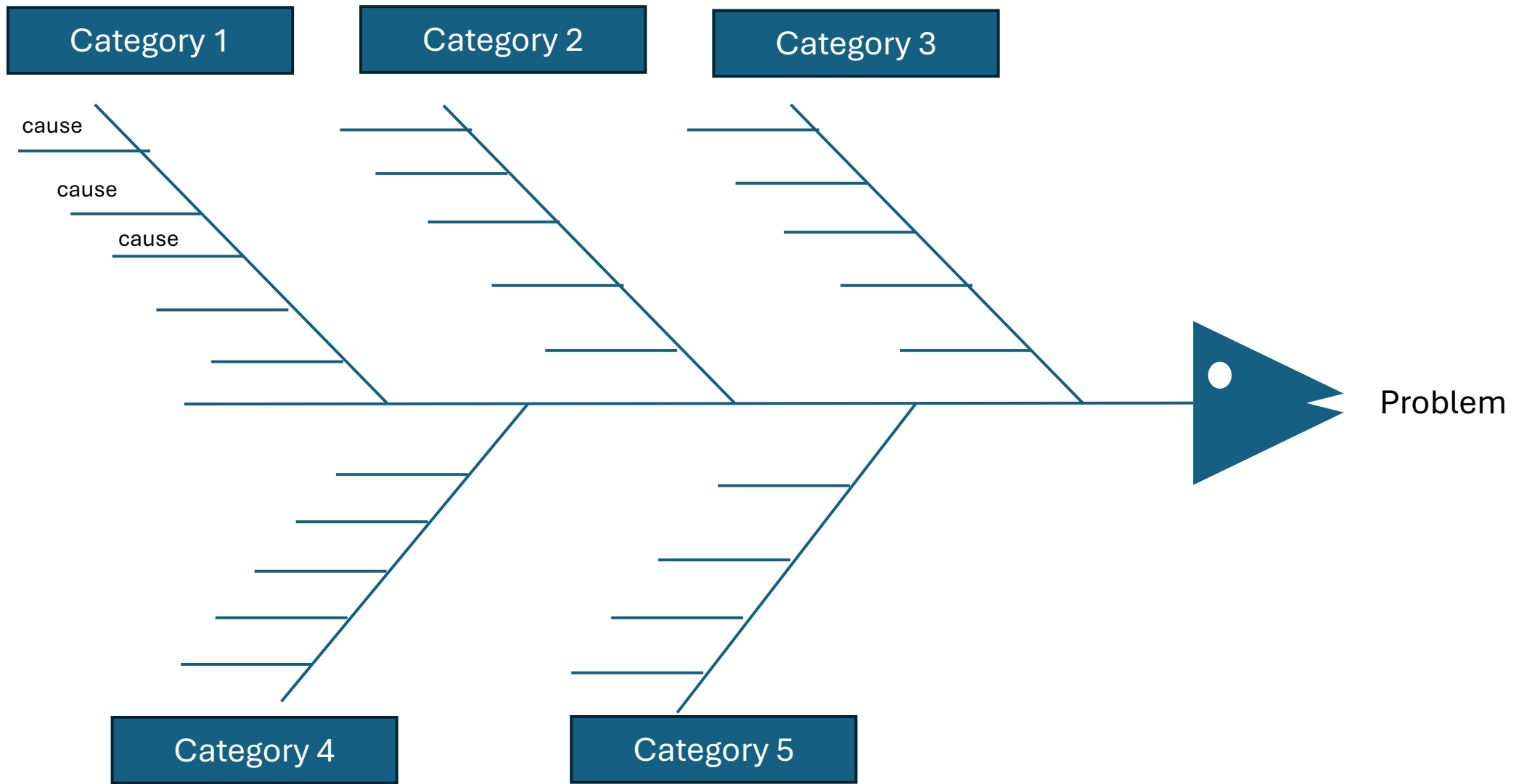
Coalition activity



Root cause analysis

- A systematic approach to identifying the higher level causes of a problem
- A group of tools, techniques and approaches used to analyze problems
- Designed to help groups think clearly about problems and identify opportunities for improvement
- Helps groups think about system errors instead of placing blame
- Helps groups focus on the problem instead of on symptoms

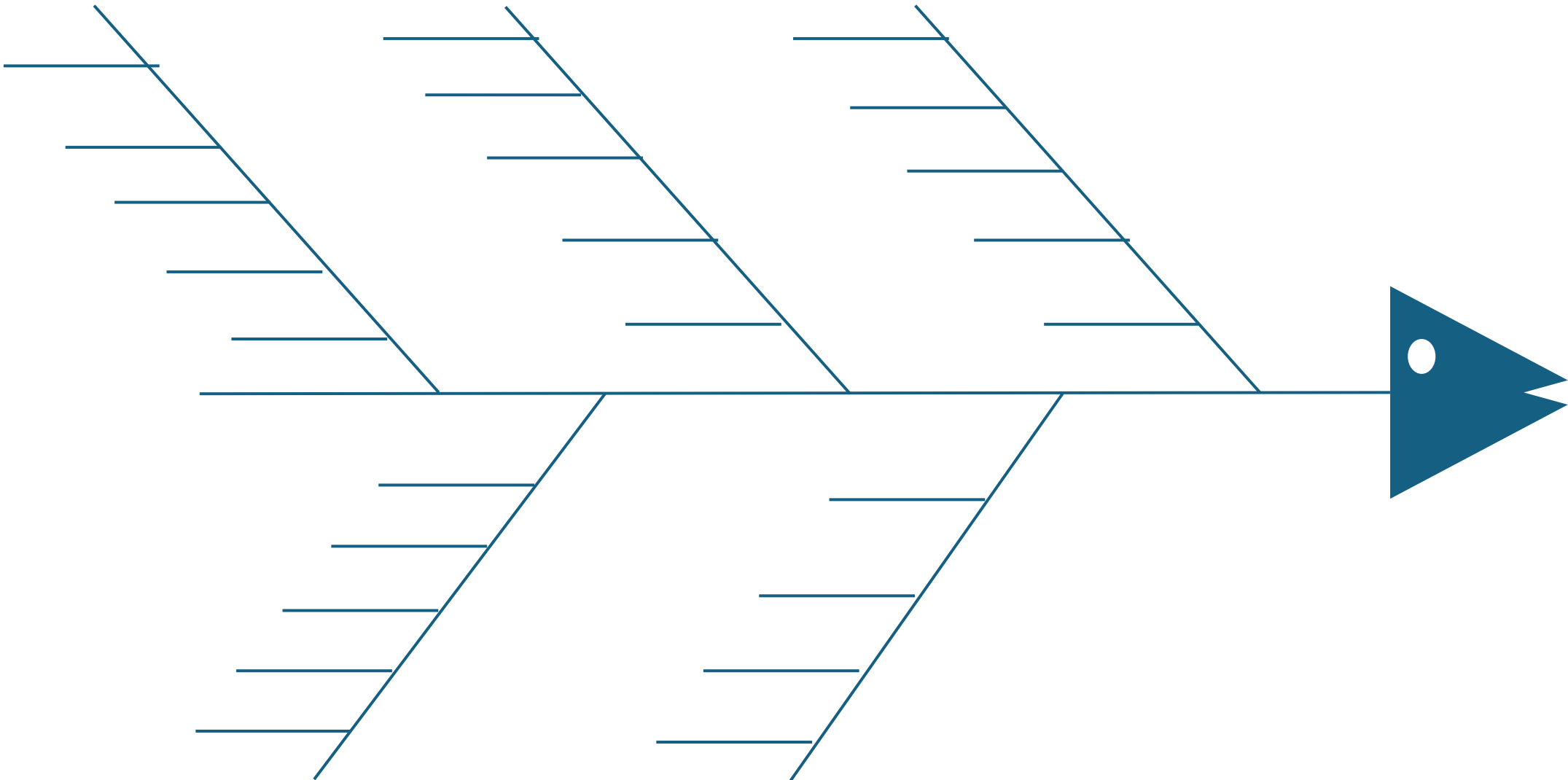
Cause-and-effect diagrams (fishbones)



Population

Platforms

Workforce



Governance

Tools

Disrespectful
Maternity
Care

Coalition activity

1. Select an element of respectful care that you would like to change in your community
2. For each foundation, think about causes of your specific problem
3. For each cause ask why it is a cause. Then ask again! Ask up to 5 times to make sure you are getting to the root of the problem
4. Once your coalition has mapped out the causes of your problem, use the red marker to identify causes that are within the control of the coalition. What can you influence or change to improve respectful care?
5. Number the causes that you can change from highest priority to lowest priority
6. For the highest priority cause, can your coalition start thinking about activities that might help address the cause.

Thank you!



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New Hampshire Perinatal Quality Collaborative

Coalition	Facilitators
Rochester/Dover	Camilla, Alison
Manchester	Yael, Anne
Nashua	Adriana, Liz, Stevie
Claremont	Katina, Petrice
Monadnock	Taralyn, Emily D
Conway	Julie, Leigh
Seacoast	Ashley, April
Plymouth	Jen, Rori
North Country	Lisa L, Lisa F
Upper Valley	Emily B, Cheri
Concord/Lakes	Lauren, Vicki