



RESPECTFUL MATERNITY CARE QUICK CARE GUIDE

This Quick Care Guide is based on AWHONN's Evidence-Based Clinical Practice Guideline, Respectful Maternity Care. It is meant to serve as a quick reference on some sections of the Guideline, but is not intended to be used as substitute for the Guideline. Detailed clinical practice recommendations, referenced evidence rationales, and ratings supporting the information about the provision of respectful maternity care summarized herein are presented in the Guideline.



KEY RECOMMENDATIONS

I. AWARENESS

- AW1:** Be aware of and discuss your own birth philosophy and approach in early interactions with patients and clearly define your role and boundaries.
- Respect and honor patients' approaches that may be different from your own personal views.
- AW2:** Develop conscious awareness of your own personal biases that may impact the care you provide and take action to mitigate them.
- Call out and discuss instances of obstetric racism in your setting.
- AW3:** Elicit patients' previous pregnancy and birthing experiences to understand any previous negative or positive experiences, including traumatic birth or specific fears.

II. MUTUAL RESPECT

- MR1:** Actively listen to, acknowledge, and honor patient requests to the greatest extent possible. Avoid minimizing or discounting patients' concerns and needs.
- MR2:** Use patient-centered communication techniques.
- MR3:** Encourage patients to plan ahead for health care visits, by suggesting writing down questions and topics ahead of visits to promote patient empowerment and ensure that the patient's **voice is heard**.
- Provide patient education about this recommendation and develop systems to achieve it.

III. SHARED DECISION MAKING AND INFORMED CONSENT

- SDM1:** Discuss all available options with patients and support persons, including the ability to defer a decision when feasible and safe.
- SDM2:** Provide high-quality, evidence-based information and care.
- SDM3:** Confirm that full informed consent is obtained, or appropriate updating of informed consent is completed, for all interventions during all phases of care, including routine or repeated care.
- Ensure that consent or refusal of consent is documented.

KEY RECOMMENDATIONS

- SDM4:** Use structured care plans to support patients in leading the decision-making process, whenever possible.
- Care plans can be based on birth plans created by patients.
- SDM5:** Use decision aids to help patients understand each decision to be made and the options that are available to them.
- SDM6:** Provide continuous labor support by a member of the health care team throughout labor and birth.
- SDM7:** Provide patients with support during and after the decision-making process.

IV. AUTONOMY

- AU1:** Demonstrate support for the patient’s individual choices by explaining information and options calmly, using neutral language, and by avoiding judgment, coercion or pressure, threats, blame, or trivializing patients’ concerns.
- AU2:** Select an evidence-based framework or model that centers patient autonomy in the provision of RMC and incorporate the model into universal clinical practice expectations.

V. DIGNITY

- D1:** Protect patients’ physical and informational privacy. Limit the amount of hospital personnel in the patient’s room to only essential staff according to maternal and fetal conditions.
- D2:** Listen to and take seriously any concerns or complaints raised by patients or their support persons.
- D3:** Maximize safe freedom to move and encourage patients to labor in positions that they choose.
- D4:** Respect and welcome the presence of support people chosen by the patient and include support people and doulas as part of the care team.

VI. ACCOUNTABILITY

- AC1:** Implement RMC training for nurses, providers, and other members of the interprofessional team during onboarding and at regular, ongoing intervals, including topics such as the following:
- Communication techniques
 - Shared decision making
 - Obstetric violence
- AC2:** Regularly and systematically collect data on RMC performance measures. Data collection should be guided by a structured model or measurement tool for RMC. Data collection tools include but are not limited to:
- Mothers Autonomy in Decision Making Scale
 - Person-Centered Maternity Care Scale
 - Women’s Perception of Respectful Maternity Care Questionnaire
 - Mothers on Respect Index
- AC3:** Document information about patient identities, care preferences, and specific needs and communicate that information to all members of the interprofessional team.
- AC4:** Create and implement a formal approach to debriefing following emergency situations and adverse incidents.
- The process should include patients and their identified support persons, and results should be shared with patients and support persons in a timely manner.
- AC5:** Create and implement formal mechanisms for inviting feedback from patients, including a clear and accessible grievance process to report instances of disrespect and abuse.
- AC6:** Include shared decision making and respectful care standards in written policies and payment and reimbursement models.
- Include patients and families in the policy development process, whenever possible.

