

# FACILITATOR AGENDA

SECTION	TIME TO COMPLETE	NOTES
<b>COMMUNICATION</b>	<ul style="list-style-type: none"><li>• Scenario 1: 2-3 minutes</li><li>• Scenario 2: 3-4 minutes</li><li>• Discussion: 10-15 minutes</li></ul>	This section corresponds to the Communication Domain in the Resource Guide. Please pay attention to notes section of each slide for special instructions regarding scenario scripts, discussion and reflection points.
<b>DIGNITY</b>	<ul style="list-style-type: none"><li>• Scenario 3: 2-3 minutes</li><li>• Scenario 4: 3-4 minutes</li><li>• Discussion: 10-15 minutes</li></ul>	This section corresponds to the Dignity Domain in the Resource Guide. Please pay attention to notes section of each slide for special instructions regarding scenario scripts, discussion and reflection points.
<b>AUTONOMY IN DECISION-MAKING</b>	<ul style="list-style-type: none"><li>• Scenario 5: 2-3 minutes</li><li>• Scenario 6: 3-4 minutes</li><li>• Discussion: 10-15 minutes</li></ul>	This section corresponds to the Autonomy in Decision-Making Domain in the Resource Guide. Please pay attention to notes section of each slide for special instructions regarding scenario scripts, discussion and reflection points.

# FACILITATOR AGENDA

SECTION	TIME TO COMPLETE	NOTES
<b>INFORMED CONSENT</b>	<ul style="list-style-type: none"><li>• Scenario 7: 2-3 minutes</li><li>• Scenario 8: 3-4 minutes</li><li>• Discussion: 10-15 minutes</li></ul>	This section corresponds to the Informed Consent Domain in the Resource Guide. Please pay attention to notes section of each slide for special instructions regarding scenario scripts, discussion and reflection points.
<b>RESPECTFUL MATERNITY CARE ACROSS DOMAINS</b>	<ul style="list-style-type: none"><li>• Scenario 9: 3-4 minutes</li><li>• Scenario 10: 2-3 minutes</li><li>• Discussion: 10-15 minutes</li></ul>	This section includes elements from all domains detailed in the Resource Guide. Please pay attention to notes section of each slide for special instructions regarding scenario scripts, discussion and reflection points.
<b>ACCOUNTABILITY</b>	<ul style="list-style-type: none"><li>• Scenario 11: 1-2 minutes</li><li>• Scenario 12: 2-3 minutes</li><li>• Discussion: 10-15 minutes</li></ul>	This section corresponds to the Accountability Domain in the Resource Guide. Please pay attention to notes section of each slide for special instructions regarding scenario scripts, discussion and reflection points.

# FUNDING ACKNOWLEDGEMENT

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# ACKNOWLEDGEMENT

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# DISCLAIMER

The following clinical scenarios are designed for training and reflection on respectful maternity care practices. While these scenarios may differ from patient encounters you have personally experienced or observed, they are based on real-world situations that do occur in clinical settings. Some examples of disrespectful care may seem obvious, and other behaviors more subtle, but even subtle actions or omissions can significantly impact a patient's experience, sense of safety and dignity.

We encourage participants to focus on identifying the disrespectful behaviors illustrated in the scenarios and to reflect on how they can actively incorporate the respectful practices demonstrated in the parallel scenarios into their daily clinical care.

# DISCLAIMER

The patient featured in these examples is one specific case, but it is important to recognize that patients of all backgrounds, identities and circumstances, including but not limited to race, ethnicity, language, age, socioeconomic status, immigration status, disability and sexual orientation, may experience disrespectful or inequitable care.

The respectful care practices highlighted here should be applied universally—to every patient, every time.

The most effective way to ensure that all patients are receiving high-quality, respectful maternity care is to routinely assess their experiences through validated patient surveys and/or patient-reported experience measures (PREMs). Listening to and acting on the voices of patients is essential for building equitable, person-centered systems of care.

Developed March 2026

# INSTRUCTIONS FOR USE

- The slide deck uses animation to guide the order of speech. In addition, body language and non-verbal cues are provided in the facilitator notes.
- Teams may:
  - Read through scenarios using the facilitator notes and animated script,
  - Engage staff to role-play the scenarios, and/or
  - Incorporate the scenarios into simulation training.
- Regardless of the format, prioritize the discussion and reflection portion. We have provided guiding questions, but facilitators are encouraged to add questions tailored to your facility's context or staff experiences.

Details in these scenarios may not mirror your exact facility setup. As you discuss and reflect, consider how the scenario might look in your own setting and what changes would strengthen respectful care practices there.



# COMMUNICATION



**How do we ensure that patients feel heard, informed and included in conversations about their care throughout the maternity journey?**

# LEARNING OBJECTIVES



## OBJECTIVE 1

Distinguish between effective and ineffective verbal and non-verbal communication with maternity patients, especially in multilingual or high-stress contexts.



## OBJECTIVE 2

Demonstrate patient-centered communication approaches that validate emotions, foster trust and encourage shared decision-making.



## OBJECTIVE 3

Use teach-back, open-ended questions and plain language to enhance patient understanding and engagement.



## OBJECTIVE 4

Incorporate professional interpreter services appropriately and consistently, ensuring patients have equitable access to information.

# ADDITIONAL CONTEXT

Insert additional instruction or context for each scenario here.

# **COMMUNICATION DOMAIN**

Scenario 1: Disrespectful Care

## COMMUNICATION: DISRESPECT

### Setting:

- Labor and Delivery Triage, early evening

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, visibly in pain, full term, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Triage Nurse:** English-speaking, does not speak Spanish.

## COMMUNICATION: DISRESPECT

The patient walks in, holding her belly, breathing heavily with visible discomfort. She is accompanied by her cousin, who speaks limited English and stands close by, looking worried.

**COMMUNICATION: DISRESPECT**

You need to tell me your name and what's wrong.  
Can you speak English? Hello?

Her name Sherice Rosario. She...  
much pain.

Sorry, I only speak English—are you  
here for labor? You can wait over there  
for a moment.

Por favor...  
me duele mucho...



Patient



Support Person



Triage Nurse

**COMMUNICATION: DISRESPECT**

Por favor, necesito ayuda...

Um, you have...someone...speak Spanish?

I'm not sure, I think you need to fill out this form first. Maybe someone can help later.

**The nurse passes a clipboard across the counter.**

**COMMUNICATION: DISRESPECT**

She—she have lot of pain...you help?

We have other patients ahead of you,  
you can just fill out the form and wait,  
please.



## COMMUNICATION: DISRESPECT

The patient sits in the waiting area, confused and in pain, while her cousin sits beside her, looking concerned. There is no further communication, reassurance or clear plan shared by the staff.



**What disrespectful  
care practices did you  
observe in this  
scenario?**

# DISRESPECTFUL PRACTICES HIGHLIGHTED

No introduction or use of names

Avoids eye contact much of the time

Prioritizes typing over engaging

“We’ll see if we can find someone.”  
(Non-committal, dismissive about  
interpreter)

Ignores visible distress

Downplays support person’s request

Uses polite but cold tone, conveying  
they’re an inconvenience

Dismisses patient’s pain

# **COMMUNICATION DOMAIN**

## **Scenario 2: Respectful Care**

## COMMUNICATION: RESPECT

### Setting:

- Labor and Delivery Triage, early evening

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, visibly in pain, full term.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Triage Nurse:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

## COMMUNICATION: RESPECT

The patient walks in, holding her belly, breathing heavily with visible discomfort. She is accompanied by her cousin, who speaks limited English and stands close by, looking worried.

**COMMUNICATION: RESPECT**

Hello, my name is Jasmine, and I'm the nurse here. I see you're having pain. I want to help you.

She no speak English. You have... um... translator?

I don't speak Spanish, but I want to help you. One moment—let me find someone who can translate.

Por favor... me duele mucho...

**The nurse holds up a hand, then uses the hospital phone to call for interpreter services.**

**COMMUNICATION: RESPECT**

Hi, this is OB triage. I need a Spanish interpretation services right away, please.  
Thank you.

**After a short wait, the interpreter is accessed through video.**

## COMMUNICATION: RESPECT

La enfermera quiere ayudarla y va a hacerle algunas preguntas para cuidar de usted y su bebé.

Can you please help translate? I want to make sure she feels safe and understands everything.



Video Interpreter



**COMMUNICATION: RESPECT**

Can you tell me about the pain—how long, how strong and if you feel the baby moving?



***Interpreter translates. Patient responds in Spanish. Nurse listens attentively, nods and reassures patient through interpreter.***

**COMMUNICATION: RESPECT**

You are safe here. We will help you. Let's get you comfortable and check on your baby right away.



***Patient visibly relaxes, feeling heard and respected. Care continues with clear, compassionate communication via interpreter.***



**What respectful care practices did you observe in this scenario?**

# RESPECTFUL PRACTICES HIGHLIGHTED

Introduced self with name and role

Used calm, reassuring tone

Made eye contact and acknowledged the patient as a person

Immediately responded to the request for an interpreter

Used gestures to bridge the gap while waiting for interpretation

Validated distress and communicated safety

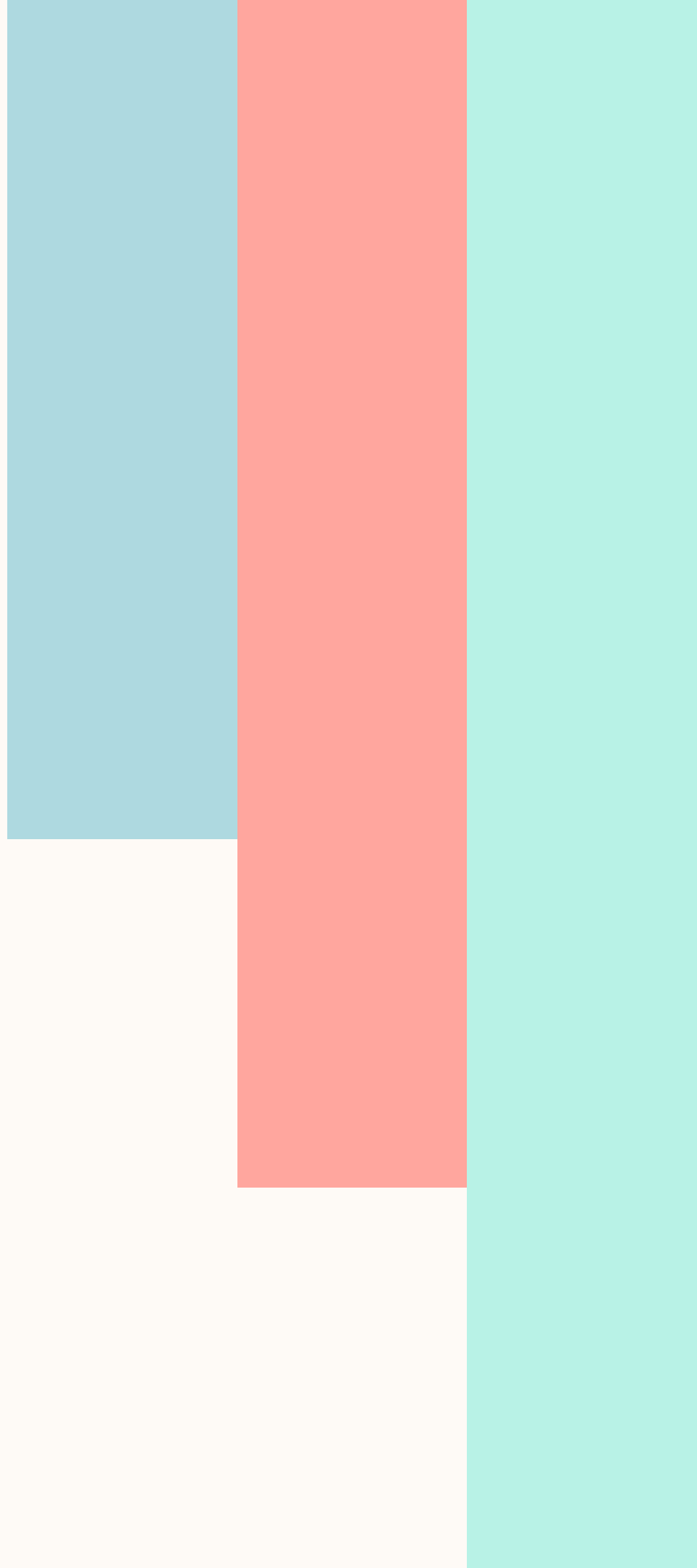
Included the support person appropriately

# FURTHER REFLECTION AND DISCUSSION

- How do you know a patient truly understands what you're saying? What strategies do you use to assess comprehension?
- Think of a time when a communication breakdown happened on your unit. What contributed to it, and how was it resolved?
- What are some ways we can improve language access and use of interpreter services in fast-paced clinical settings?
- How can we create space for open, honest dialogue with patients who feel nervous, overwhelmed or unheard?
- What kinds of situations have you experienced that relate to this domain/scenario?
- What systems/procedures/policies are needed to support respectful care in your clinical setting?

# NEXT STEPS

Next steps content





# DIGNITY



**How do we ensure that a maternity patient feels seen, heard, safe and valued in their care, especially during vulnerable moments?**

# LEARNING OBJECTIVES



## OBJECTIVE 1

Identify behaviors and language that can affirm patient dignity during maternity care.



## OBJECTIVE 2

Describe the impact of maintaining privacy, respectful tone and acknowledging patient identity on maternal health experiences and outcomes.



## OBJECTIVE 3

Practice responding to patient emotions and fears in ways that promote compassion and humanize care.



## OBJECTIVE 4

Demonstrate strategies to preserve patient dignity even during high-stress or emergency clinical situations.

# ADDITIONAL CONTEXT

Insert additional facilitator context for each scenario here.

# **DIGNITY DOMAIN**

Scenario 3: Disrespectful Care

## DIGNITY: DISRESPECT

### Setting:

- Same triage room. Sherice is lying on the bed in pain. The nurse has already asked some questions with the interpreter. The provider arrives.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Obstetrician:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

**DIGNITY: DISRESPECT**

Okay. Let's see what's going on.

Video Interpreter

Patient

***Interpreter interprets the entire conversation with the obstetrician in Spanish.***

**DIGNITY: DISRESPECT**

¿Aquí? Hay gente...

She... want privacy...

I'm going to check you now.

Ok, sorry about that.

***The obstetrician closes the curtain while starting to reach and lift the patient's gown for the exam.***

**DIGNITY: DISRESPECT**

This exam should not hurt if you just let your legs flop apart and relax.



***The obstetrician proceeds to start the exam.***

**DIGNITY: DISRESPECT**

Por favor...

Relax. If you don't relax the exam will be uncomfortable and I won't be able to tell how far along you are.



***The patient is visibly tense, squeezing her cousin's hand.***

**DIGNITY: DISRESPECT**

You're barely dilated. You aren't in real labor yet. Just wait and we will check you again in a bit.



***The patient is lying there, exposed, crying softly.***



**What disrespectful  
care practices did you  
observe in this  
scenario?**

# DISRESPECTFUL PRACTICES HIGHLIGHTED

No introduction or use of her name

No explanation before touching

Dismisses request for privacy

No draping or effort to cover her

Rushes and is rough

No empathy or emotional support

Talks about her loudly in front of others

# **DIGNITY DOMAIN**

Scenario 4: Respectful Care

## DIGNITY: RESPECT

### Setting:

- Same triage room. Provider arrives after nurse has completed intake with interpreter.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Obstetrician:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

**DIGNITY: RESPECT**

Sí...

Gracias...

Hi. May I come in?

Hello, Sherice. My name is Dr. López. I'm here to take care of you.

Video Interpreter

Patient

***Interpreter interprets the entire conversation with the obstetrician in Spanish.***

**DIGNITY: RESPECT**

Está bien...

I know you're in pain. I want to make sure you and your baby are okay.



**DIGNITY: RESPECT**

Quiero que se quede...

Thank you both for being here. Sherice, would you like your cousin to stay during the exam, or wait outside?

Of course. Your choice. She can stay.



**DIGNITY: RESPECT**

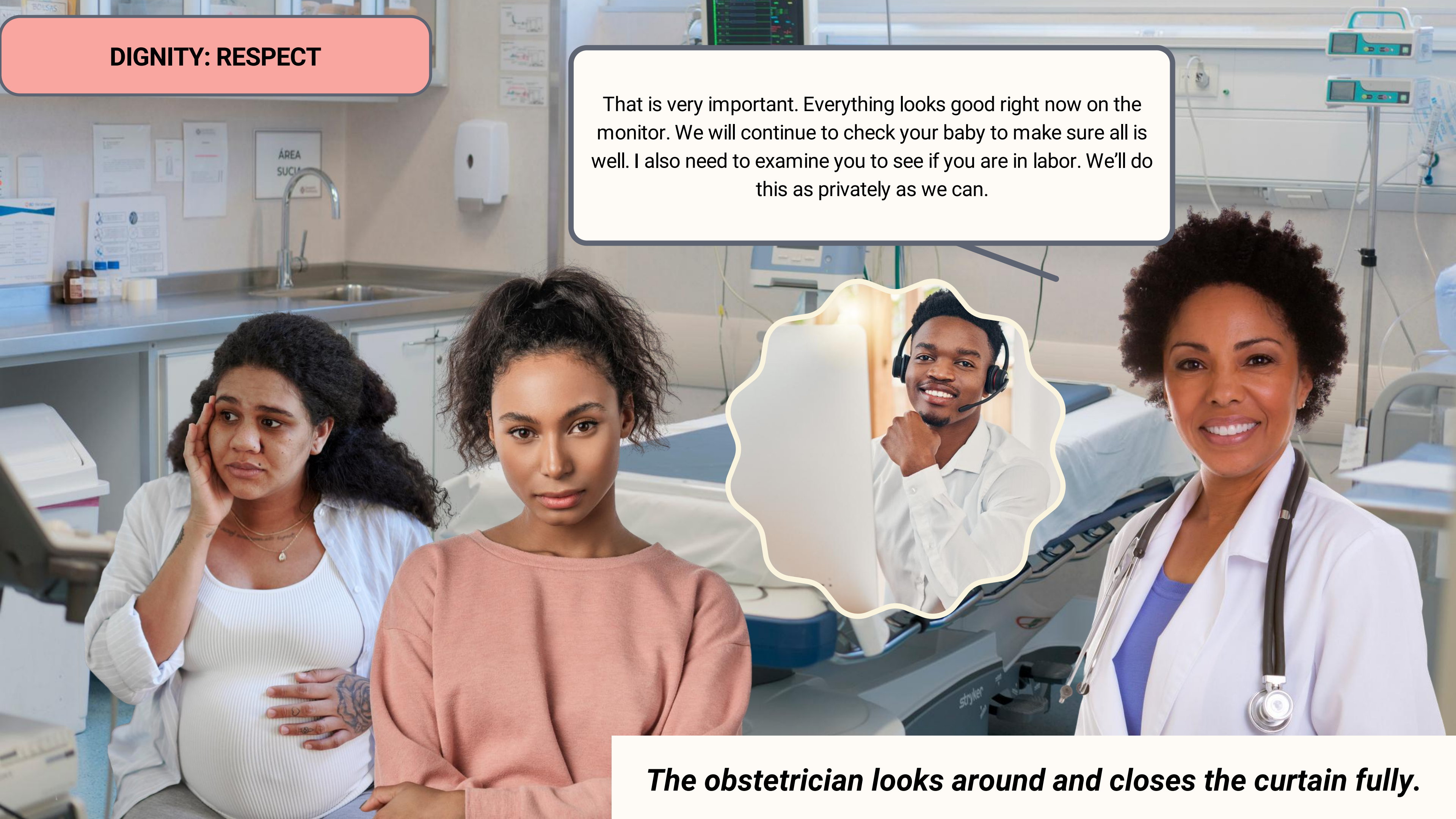
El bebé... quiero saber si está bien...

Before we start, can you tell me what worries you most right now?



**DIGNITY: RESPECT**

That is very important. Everything looks good right now on the monitor. We will continue to check your baby to make sure all is well. I also need to examine you to see if you are in labor. We'll do this as privately as we can.



***The obstetrician looks around and closes the curtain fully.***

**DIGNITY: RESPECT**

Let's make sure you're covered.



***The obstetrician uses a sheet to drape her carefully.***

**DIGNITY: RESPECT**

Sí...

Está bien... gracias...

Sí.

Is it ok if I examine you now?

I'll tell you each step before I do anything. If you want me to stop at any time, just say so.

Are you ready for me to begin?



**DIGNITY: RESPECT**

You're doing well. Thank you for letting me check. I'm being very gentle. All done. You are about one centimeter dilated, in early labor.



***The obstetrician completes the exam.***

**DIGNITY: RESPECT**

We'll talk now about your options for comfort and next steps. Do you have any questions for me?

No... gracias, doctor...

De nada. Estamos aquí para usted.

You're welcome. We're here for you.





**What respectful care practices did you observe in this scenario?**

# RESPECTFUL PRACTICES HIGHLIGHTED

Knocked before entering

Introduced self by name and role

Sat at eye level, made eye contact

Used preferred language  
(through interpreter)

Asked about support person's presence—honored choice

Closed curtain for privacy

# RESPECTFUL PRACTICES HIGHLIGHTED

Draped patient to protect modesty

Explained exam steps in plain language

Asked permission before doing exam

Checked in during exam, reassured the patient, used gentle tone

Communicated results of the exam and offered time for questions

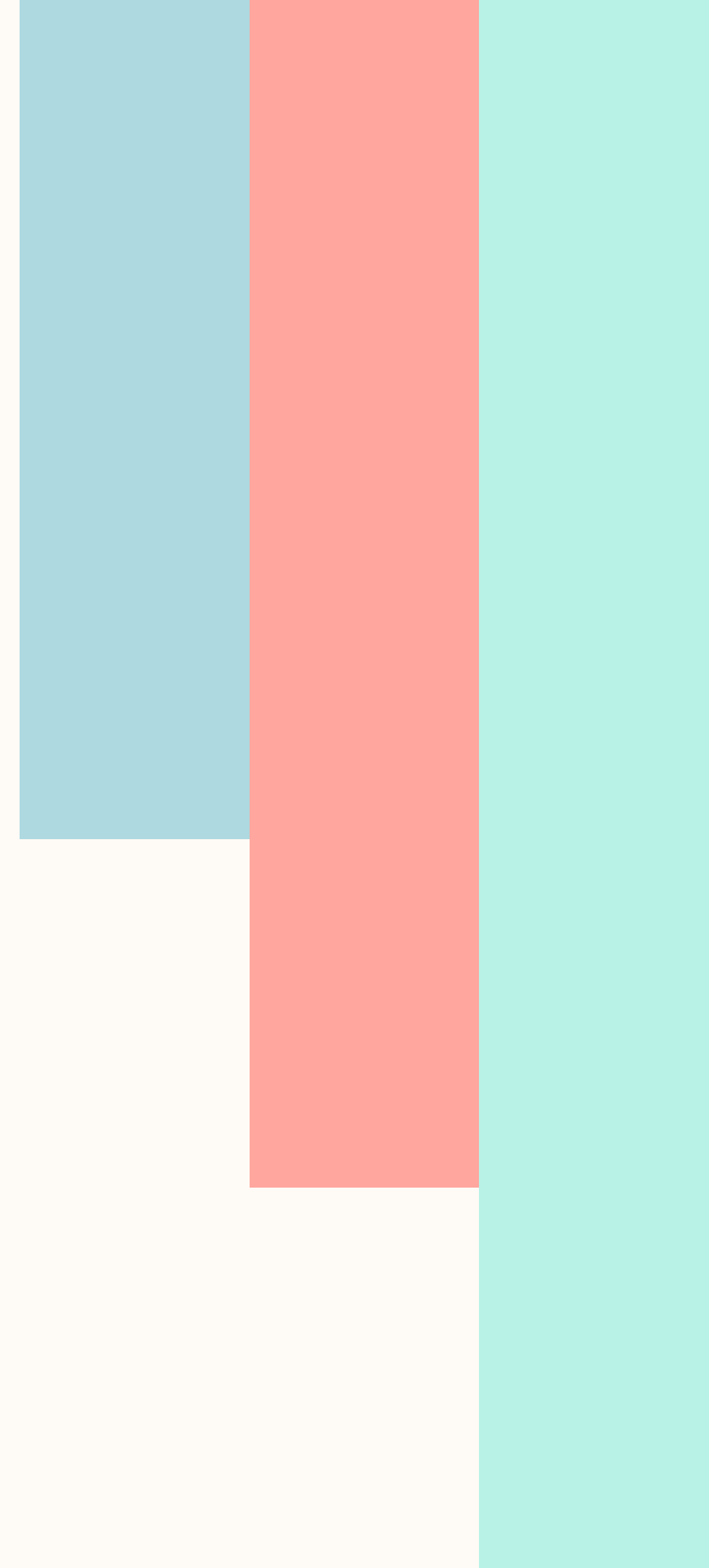
Addressed emotional worries

# FURTHER REFLECTION AND DISCUSSION

- Can you recall a time when you or your team preserved a patient's dignity in a high-stress situation? What did that look like?
- What types of language, tone or body language might unintentionally strip a patient of dignity during labor or birth?
- How do institutional policies or environments (e.g., overcrowding, time constraints, lack of privacy) make it harder to uphold dignity—and how can we navigate those constraints?
- How do race, language, religion, socioeconomic status or prior trauma influence a person's perception of dignity in health care? (e.g., what feels dignified can vary based on cultural and personal values.)

# NEXT STEPS

Next steps content





# AUTONOMY IN DECISION-MAKING



**How do we empower patients to make informed decisions about their care, free from pressure or judgement?**

# LEARNING OBJECTIVES



## OBJECTIVE 1

Define patient autonomy in the context of childbirth and explain how clinical teams can support or hinder it.



## OBJECTIVE 2

Demonstrate how to engage patients in collaborative care planning that respects their values, preferences and lived experiences.



## OBJECTIVE 3

Identify subtle forms of coercion or paternalism that can undermine patient autonomy.



## OBJECTIVE 4

Practice offering care options with a neutral tone, allowing space for patient consideration and choice, even in urgent clinical situations.

# ADDITIONAL CONTEXT

Insert additional instruction or context for each scenario here.

# **AUTONOMY IN DECISION- MAKING DOMAIN**

Scenario 5: Disrespectful Care

## AUTONOMY: DISRESPECT

### Setting:

- The patient has been admitted in active labor and is in bed in her labor and delivery room, visibly uncomfortable but alert. A continuous electronic fetal monitor (EFM) is strapped to her belly. The nurse enters and begins speaking to the support person instead of the patient.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Obstetrician:** English-speaking, does not speak Spanish.
- **Nurse:** English-speaking, does not speak Spanish.

## AUTONOMY: DISRESPECT

No quiero esto todo el tiempo. Me molesta. ¿Puedo caminar?

She say... not want this always. It hurt... she want walk.

Can... maybe other way? Sometimes on, sometimes off?

I know it's not comfortable, but this is hospital policy. She had a C-section before—she has to stay on the monitor.

No, not really. This is just how we do it. The doctor will say the same.

Patient

Support Person

Nurse



## AUTONOMY: DISRESPECT

She keeps asking to take the monitor off. I told her we'll just have to keep her on since she's a trial of labor after cesarean. I didn't get the interpreter again—it's hard to get them quickly.

Obstetrician



**AUTONOMY: DISRESPECT**

Hi—I understand there's a question about the monitor? Because of her past C-section, we need to monitor continuously. It's not really something we can talk about—it's hospital policy.

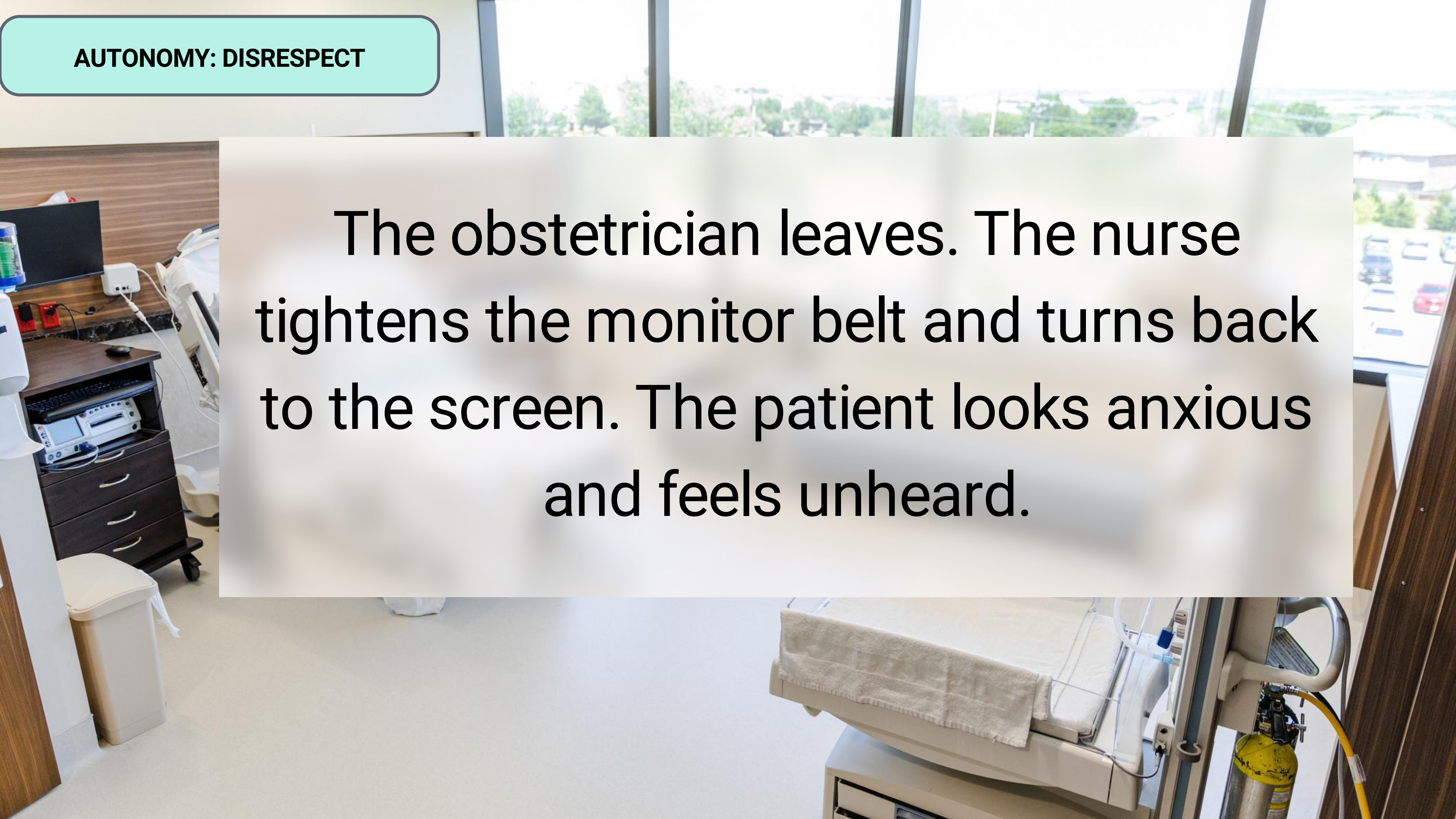
She feel not good... wants walk.

I understand, but we have to monitor for safety. Let us know if there's anything else.



## AUTONOMY: DISRESPECT

The obstetrician leaves. The nurse tightens the monitor belt and turns back to the screen. The patient looks anxious and feels unheard.





**What disrespectful  
care practices did you  
observe in this  
scenario?**

# DISRESPECTFUL PRACTICES HIGHLIGHTED

Dismissed patient's expressed discomfort and desire for mobility

Relied on "hospital policy" to shut down conversation, without explanation or alternatives

Did not attempt communication in the patient's language

Failed to assess reasons for refusal or concern

Gave no space or support for shared decision-making

Treated patient as a clinical case, not an individual

# **AUTONOMY IN DECISION- MAKING DOMAIN**

Scenario 6: Respectful Care

## AUTONOMY: RESPECT

### Setting:

- Labor and delivery room, same situation. The nurse has accessed an interpreter on video. The full conversation is interpreted in Spanish. The patient is visibly uncomfortable with the monitor and asks if it's possible to take it off sometimes.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Obstetrician:** English-speaking, does not speak Spanish.
- **Nurse:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish- and English-speaking. Accessed through video.

## AUTONOMY: RESPECT

I don't like the monitor on all the time. I want to move more. It's very uncomfortable.

We have the interpreter on video so we can all understand each other clearly—your voice matters. Can you tell me what's most important to you right now?

Thank you for sharing that. You deserve to feel safe and heard. Let's talk more about this. I'll ask the obstetrician to come in so we can all discuss it together.

Video Interpreter

Patient

Support Person

Nurse



**AUTONOMY: RESPECT**

Hola, I want to thank you for sharing your concerns. I understand you're wondering about taking the monitor off sometimes. I'd like to explain why we're recommending continuous monitoring.

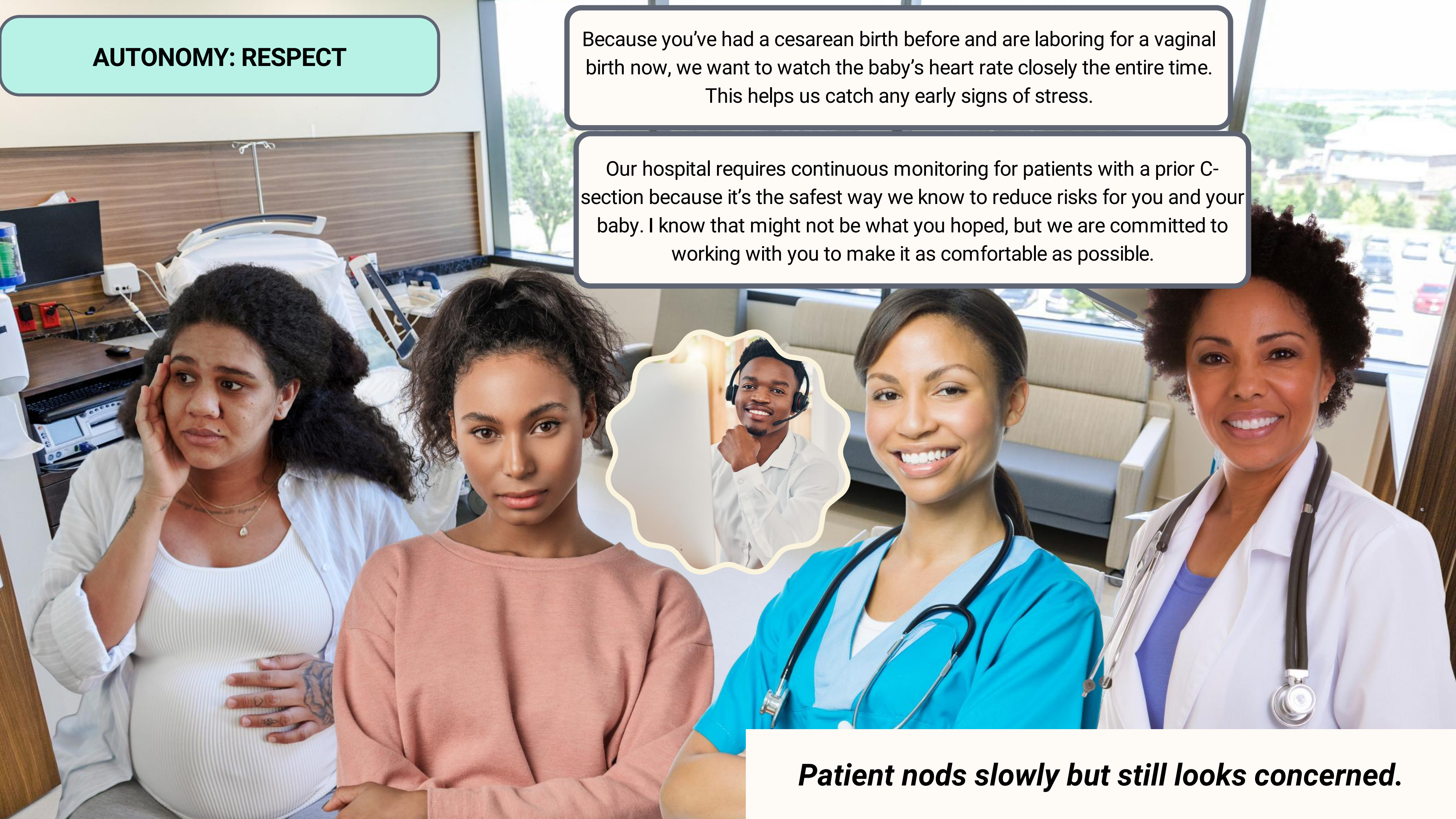


***Patient listens attentively.***

## AUTONOMY: RESPECT

Because you've had a cesarean birth before and are laboring for a vaginal birth now, we want to watch the baby's heart rate closely the entire time. This helps us catch any early signs of stress.

Our hospital requires continuous monitoring for patients with a prior C-section because it's the safest way we know to reduce risks for you and your baby. I know that might not be what you hoped, but we are committed to working with you to make it as comfortable as possible.



***Patient nods slowly but still looks concerned.***

## AUTONOMY: RESPECT

I want to move around. It hurts to lie still.

Yes, I'd like that.

Is there something specific that's worrying you about this? I want to be sure you're completely comfortable with what's happening.

That makes sense. Thank you for telling us. There are still some options we can try—wireless monitors or different positions that allow you some movement. Would you like us to show you?



## AUTONOMY: RESPECT

Let's work together on a plan. If at any time you feel uncomfortable or have more questions, please tell us. We're here for you.





**What respectful care practices did you observe in this scenario?**

# RESPECTFUL PRACTICES HIGHLIGHTED

Used interpreter to ensure clear communication in patient's preferred language

Sat at bedside and used calm tone, open-ended questions and affirmed the patient's voice

Clearly explained the clinical rationale and hospital policy without shutting down conversation

Explicitly affirmed the patient's right to ask questions and express preferences

Offered alternatives within constraints (e.g., wireless monitoring, positional changes)

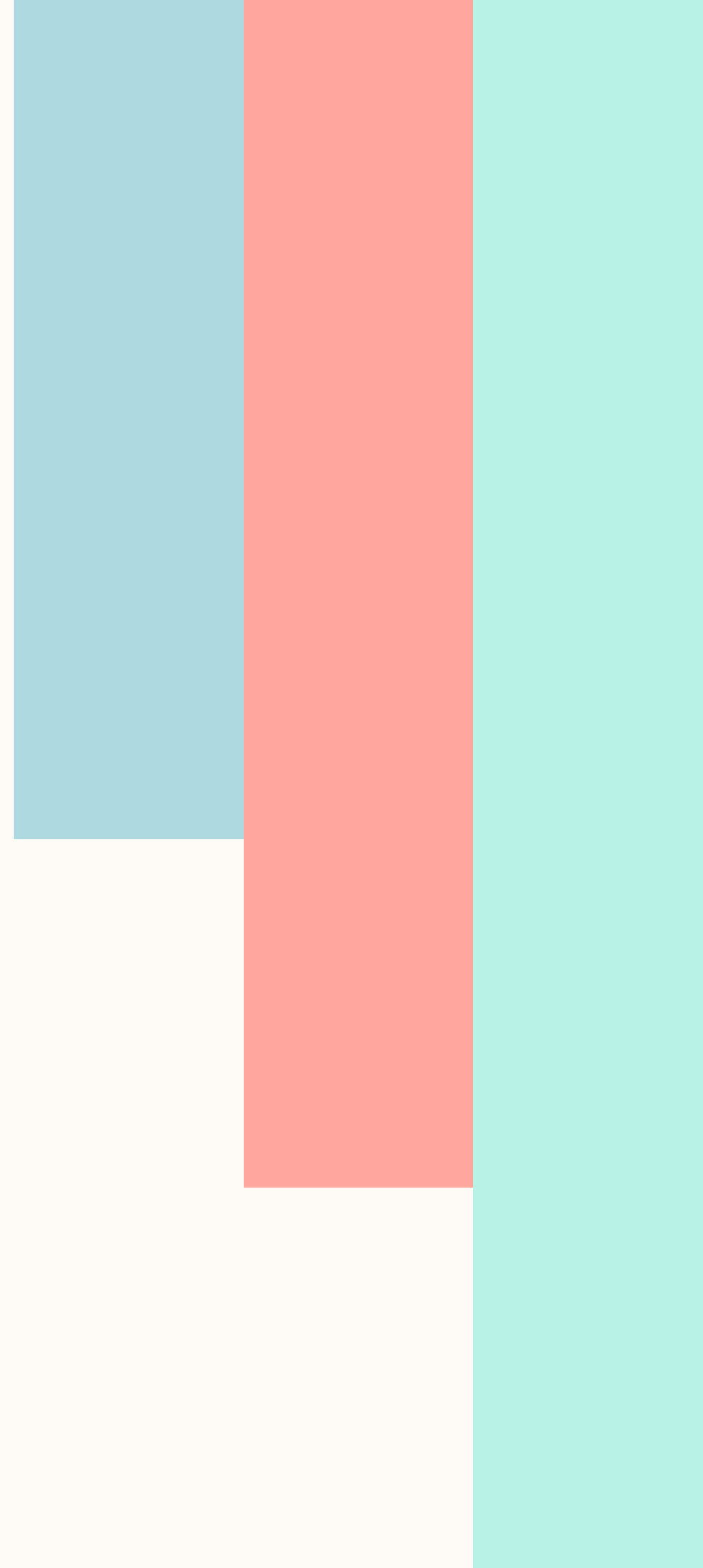
Supported patient's autonomy and treated her as an individual, not just a clinical protocol

# FURTHER REFLECTION AND DISCUSSION

- What does autonomy look like in labor and delivery? What are the signs that it's being supported? What are the signs that it's being undermined?
- How do we balance medical urgency with the need to respect a patient's preferences in decision making?
- How do you respond to patients who have a birth plan? Do you ignore it or try to consider the patient's wishes as part of the care plan?
- How can we handle situations where a patient declines a recommended intervention? What language or approach shows respect?
- Can you think of a time when a patient's decision was different from what was recommended, but you considered it and/or supported it anyway? What did that require of you?

# NEXT STEPS

Next steps content





# INFORMED CONSENT



**How do we ensure clear, culturally-responsive communication to the patient about maternity physical exams, procedures, tests and interventions?**

# LEARNING OBJECTIVES



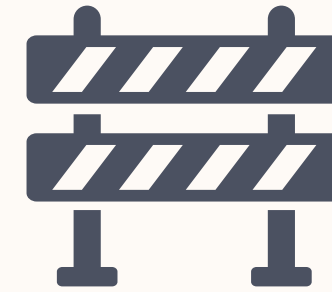
## OBJECTIVE 1

Explain the principles of informed consent as an ongoing, interactive process, not a one-time signature.



## OBJECTIVE 2

Demonstrate how to provide clear, culturally appropriate explanations of risks, benefits and alternatives for maternity interventions.



## OBJECTIVE 3

Identify common barriers to true informed consent (e.g., time pressure, language access, fear) and strategies to address them.



## OBJECTIVE 4

Practice reaffirming consent at key decision points, using language that checks patient understanding of and comfort with the plan.

# ADDITIONAL CONTEXT

Insert additional instruction or context for each scenario here.

# **INFORMED CONSENT DOMAIN**

Scenario 7: Disrespectful Care

## INFORMED CONSENT: DISRESPECT

### Setting:

- Labor and Delivery Room, patient in active labor with increasing pain, with contractions every three minutes. She appears increasingly uncomfortable. A nurse enters with the anesthesiologist and a Spanish interpreter connected by video.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Nurse:** English-speaking, does not speak Spanish.
- **Anesthesiologist:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

# INFORMED CONSENT: DISRESPECT

¿Es necesario? ¿Está bien el bebé?

Video Interpreter

Anesthesia is here now. It looks like you're in a lot of pain, and since you said you wanted to get an epidural and your labor is advancing quickly, we're going to do your epidural now.

Yes, everything is fine. It's better to get it now before it's too late.

Patient

Nurse

Anesthesiologist



## INFORMED CONSENT: DISRESPECT

Okay, an epidural is generally safe, with some risks like headache, drop in blood pressure or rare nerve damage. We'll place it in your lower back. Sign this consent form.



***Patient, in the middle of a contraction, appears confused but is handed the consent form. The nurse and anesthesiologist look expectantly at her.***

## INFORMED CONSENT: DISRESPECT

¿Está bien? ¿Debo hacerlo ahora?

Yes. You need to sign now so we don't miss the window.



## INFORMED CONSENT: DISRESPECT

The patient, without further explanation, signs the paper between contractions. No further questions are asked or answered.



**What disrespectful  
care practices did you  
observe in this  
scenario?**

# DISRESPECTFUL PRACTICES HIGHLIGHTED

Interpreter used, but conversation was rushed and transactional

Risks were listed too quickly, without discussion or checking comprehension

Patient's concerns about the baby were dismissed without clarity or reassurance

Consent obtained during a contraction, with pressure to "hurry"

No time allowed to consult support person or ask further questions

Patient not empowered to make an informed decision

Tone implied inevitability, not choice

# **INFORMED CONSENT DOMAIN**

Scenario 8: Respectful Care

## INFORMED CONSENT: RESPECT

### Setting:

- Same clinical situation. The patient is in active labor with increasing discomfort. The nurse recognizes that she may be interested in an epidural and prepares for that discussion before the anesthesiologist arrives.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Nurse:** English-speaking, does not speak Spanish.
- **Anesthesiologist:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

# INFORMED CONSENT: RESPECT

Yes... I think I want it. But I'm scared. I don't know everything about it.

Okay.

Hi, I can see things are getting more intense. You're doing an amazing job. I want to check in with you. Have you thought more about pain options like an epidural?

I'm so glad you said that. That's completely normal. Let me walk through the basics, and then the anesthesia doctor can answer more when they come, okay?

Video Interpreter

Patient

Support Person

Nurse



## INFORMED CONSENT: RESPECT

So, an epidural is medicine that goes in your back to help with the pain. Most people say it really helps. There are some things to know—it can lower your blood pressure a little and sometimes people get headaches after. But we watch very closely and can usually help with those things. You'll still be awake and can feel some pressure to push.



**INFORMED CONSENT: RESPECT**

Okay. That helps.

Now, please.

She not sleep? She feel baby come?

Yes, she will be awake and can still feel enough to know when to push.

Would you like a few minutes to talk with your support person before the anesthesiologist comes in? Or would you like me to bring them in now?

***Anesthesiologist enters and sits down near patient, interpreter remains on screen.***

**INFORMED CONSENT: RESPECT**

Hi, I'm Dr. Morales from anesthesia. I understand you might want an epidural. Is that right?

Great. Let's talk through what it is and what to expect, then you can decide. You can ask anything, and if you're not ready, we can wait. You're in charge of your body and this decision.

Yes.



Anesthesiologist



## INFORMED CONSENT: RESPECT

The anesthesiologist reviews the procedure in plain language, pacing explanations between contractions and pausing to ask:

- “Does that make sense so far?”
- “Would you like me to go over anything again?”
- “Is this what you’d like to do, or would you like more time to decide?”

## INFORMED CONSENT: RESPECT

Yes, I want to do it now.

Yes.

Okay. We'll move ahead. I'll be checking in along the way. If at any point you feel unsure, just tell us. Are you still comfortable with this plan?



***The nurse supports the patient through the positioning and placement, communicating at each step and ensuring comfort.***



**What respectful care practices did you observe in this scenario?**

# RESPECTFUL PRACTICES HIGHLIGHTED

Provided pain management information early, before procedure

Used video interpreter for clear, language-accessible communication

Explained options in plain, calm language with visual reassurance

Assessed understanding with open-ended questions

Involved support person and made space for reflection

Reaffirmed consent at key moments

Framed consent as a shared decision-making process, not a signature

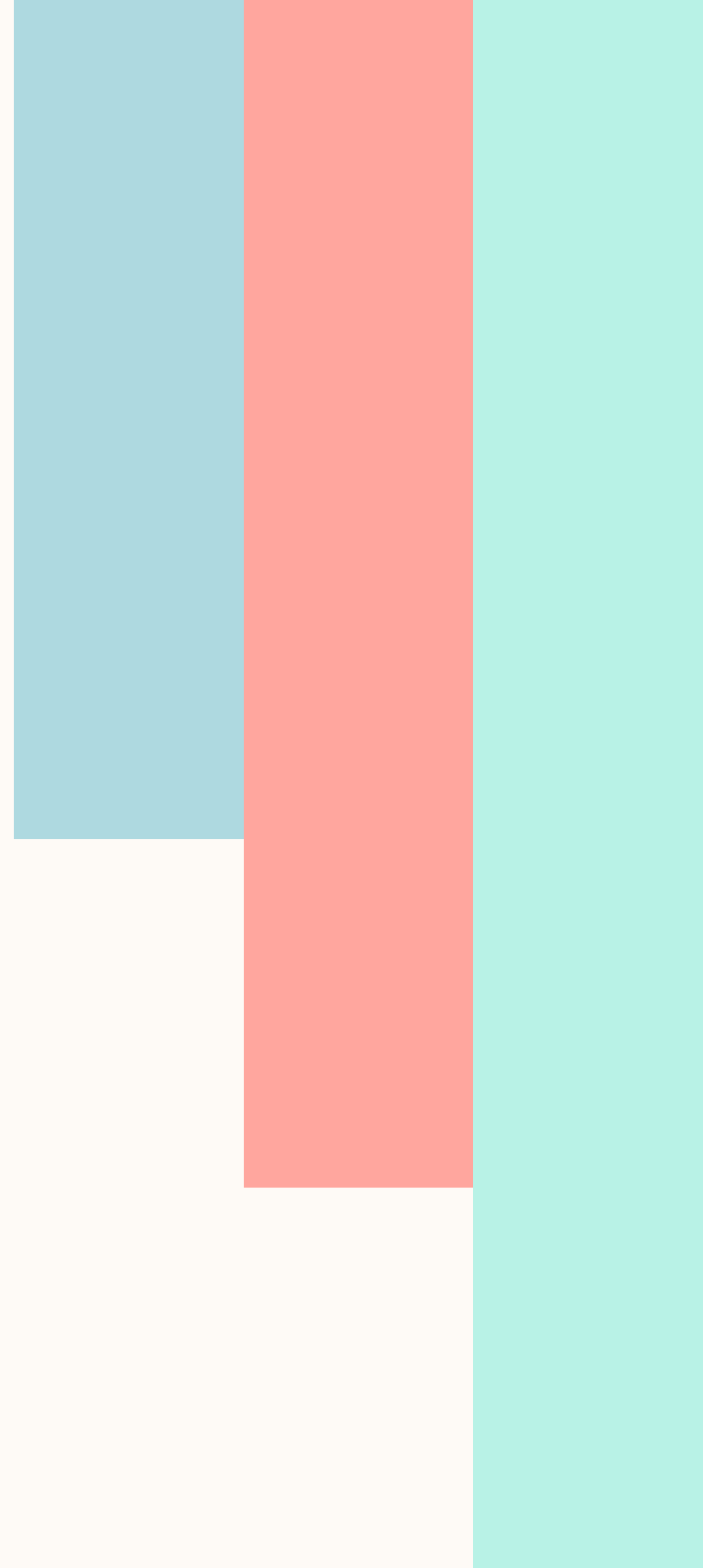
Empowered patient to ask questions and change their mind

# FURTHER REFLECTION AND DISCUSSION

- What's the difference between simply sharing information and obtaining informed consent? Do you see examples on your unit where the two are being conflated, and what could be done differently?
- How can we ensure that consent is an ongoing process in the labor and delivery setting, rather than a one-time signature?
- How do time-sensitive situations (such as rapid labor progression or emergent complications) affect the consent process?
- What practical strategies or workarounds can help preserve patient understanding under pressure?

# NEXT STEPS

Next steps content





# RESPECTFUL MATERNITY CARE ACROSS DOMAINS





**How can you ensure that your maternity patient is treated with respect when there is an emergency?**

# LEARNING OBJECTIVES



## OBJECTIVE 1

Describe how to preserve patient dignity during delivery and the immediate postpartum period, even in urgent or high-pressure situations.



## OBJECTIVE 2

Apply respectful, clear and culturally responsive communication strategies during delivery and immediate postpartum care.



## OBJECTIVE 3

Demonstrate how to balance clinical urgency with patient-centered respect for decision-making.



## OBJECTIVE 4

Identify strategies for obtaining and reaffirming consent under fast-paced or emergent clinical conditions.



## OBJECTIVE 5

Practice providing clear, balanced information about interventions while respecting patient values, preferences and birth plans.

# ADDITIONAL CONTEXT

Insert additional instruction or context for each scenario here.

# **RESPECTFUL MATERNITY CARE ACROSS DOMAINS**

Scenario 9: Disrespectful Care

## RMC ACROSS DOMAINS: DISRESPECT

### Setting:

- Labor and Delivery Room – Active labor with non-reassuring fetal heart tones

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Obstetrician:** English-speaking, does not speak Spanish.
- **Nurse:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

## RMC ACROSS DOMAINS: DISRESPECT

Context: The patient is attempting a vaginal birth after a previous cesarean birth (VBAC); her provider is now considering a cesarean for fetal indications.

# RMC ACROSS DOMAINS: DISRESPECT

She's been pushing a while and the decelerations are becoming more frequent. Dr. Lewis is on her way in.



Video Interpreter

Patient

Support Person

Nurse



**RMC ACROSS DOMAINS: DISRESPECT**

Hola, soy la Dra. Lewis. She's having some changes in the baby's heart rate. Let's explain what's going on.



Obstetrician

**RMC ACROSS DOMAINS: DISRESPECT**

¿Necesario? Tengo miedo.  
No quiero cirugía.

The baby's heart rate is showing signs of distress. We want to take you for a cesarean to keep the baby safe.

I understand. But right now, the best thing for the baby is to do a cesarean. The team is already getting ready.



**RMC ACROSS DOMAINS: DISRESPECT**

She say she scared. Can I come?

We'll see if we can get her back quickly first, then we'll check.



**RMC ACROSS DOMAINS: DISRESPECT**

¿Y si espero un poco más?

It's not recommended to wait any longer. It's better to act now to avoid complications.



***Consent form is handed over and interpreter summarizes.***

## RMC ACROSS DOMAINS: DISRESPECT

The patient signs, still visibly distressed. She is not asked if she has further questions, and no one pauses to explain the steps of the procedure or what to expect. Her cousin remains unsure if she'll be allowed into the operating room (OR).



**What disrespectful  
care practices did you  
observe in this  
scenario?**

# DISRESPECTFUL PRACTICES HIGHLIGHTED

Rushed conversation during a stressful clinical moment

Patient's fear acknowledged but not explored or supported

The team leads with "we want" rather than asking the patient what she needs to feel safe

No meaningful discussion of alternatives (e.g., trying pushing a bit longer)

Consent is technically obtained but without time for understanding or shared decision-making

Support person left out of the process

Interpreter used only for transactional communication, not patient engagement

No acknowledgement or attempt to address emotional needs

# **RESPECTFUL MATERNITY CARE ACROSS DOMAINS**

Scenario 10: Respectful Care

## RMC ACROSS DOMAINS: RESPECT

### Setting:

- Labor and Delivery Room – Active labor with non-reassuring fetal heart tones.

### Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Obstetrician:** English-speaking, does not speak Spanish.
- **Nurse:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish and English-speaking. Accessed through video.

**RMC ACROSS DOMAINS: RESPECT**

She's been pushing a while and the baby's heart rate is showing some late decelerations. She's anxious and asking if something is wrong.

Let's go in together and talk it through with her.



***The OB enters the room with the nurse. The video is activated for the interpreter to join and is introduced.***

# RMC ACROSS DOMAINS: RESPECT

¿Está bien? ¿Por qué dicen cesárea?

Hi, I'm Dr. Lewis. I want to talk with you about how the baby is doing.

We're seeing the baby's heart rate slow down after contractions. That may mean the baby is under stress.

Video Interpreter

Patient

Support Person



## RMC ACROSS DOMAINS: RESPECT

I had a C-section before. I'm scared. Will I be okay?

Está bien. Si lo necesita el bebé, acepto.

You can try pushing a bit longer, but if the heart pattern stays the same or worsens, we may need a cesarean to keep your baby safe.

I understand your concern. We can explain each step. You're not alone. We'll answer all your questions, and your cousin can come with you into the OR if you'd like.



## RMC ACROSS DOMAINS: RESPECT

The obstetrician walks the patient through the consent process in plain language, using the interpreter. The nurse confirms her support person will come to the OR. The team prepares together, checking again to see if the patient has any more questions.



**What respectful care practices did you observe in this scenario?**

# RESPECTFUL PRACTICES HIGHLIGHTED

Interpreter is fully integrated into care to support two-way dialogue

Provider uses warm, reassuring language that centers the patient

Fear and emotional needs are acknowledged and validated

The cesarean is explained with rationale and options, not presented as an order

Informed consent is based on full understanding and voluntary agreement

Autonomy is preserved—even under urgent conditions

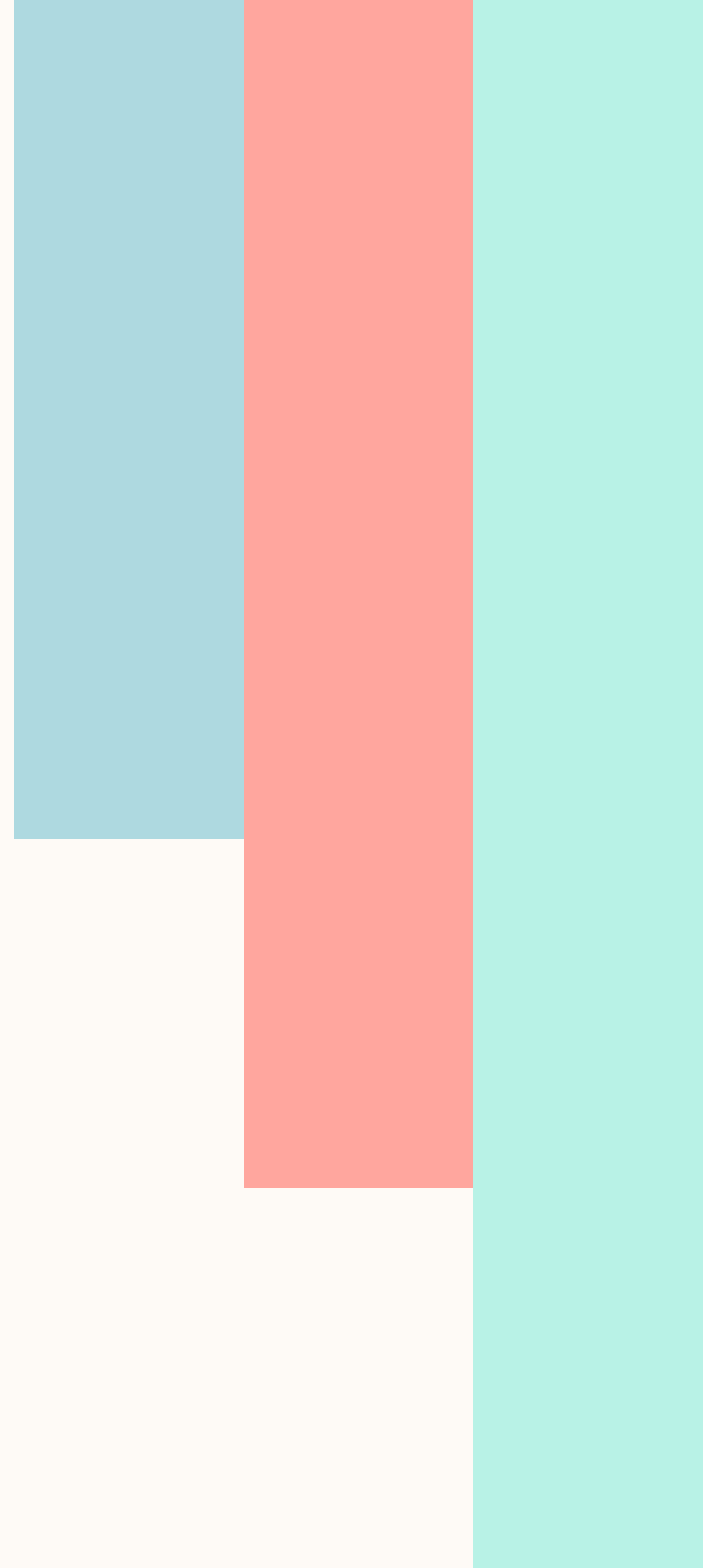
Support person is informed and included in the plan

# FURTHER REFLECTION AND DISCUSSION

- Have you witnessed situations where a patient's dignity was compromised during delivery? How could it have been handled differently?
- What are some ways to check for understanding when time is short, but communication remains critical? How do interpreters change the dynamics of communication in high-pressure moments?
- How can we support autonomy when a patient refuses or hesitates about a recommended intervention?
- How do we ensure informed consent is continuous in the delivery and immediate postpartum period as circumstances evolve?
- How do we reaffirm consent in urgent moments without creating unnecessary delay in care?

# NEXT STEPS

Next steps content





# ACCOUNTABILITY



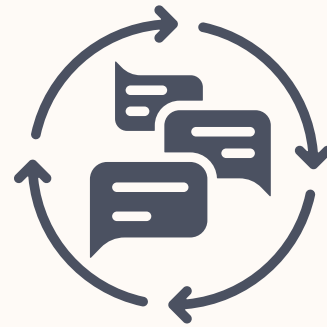
**How do you demonstrate accountability to your patient during their maternity journey at your facility?**

# LEARNING OBJECTIVES



## OBJECTIVE 1

Demonstrate how to respond when a patient shares a concern or negative experience, using empathy, transparency and commitment to improvement.



## OBJECTIVE 2

Identify and use appropriate hospital channels and feedback systems to document patient preferences, report disrespect and promote accountability.



## OBJECTIVE 3

Reflect on personal and team-based opportunities to improve respectful care, using patient feedback and peer input to enhance practice.

# ADDITIONAL CONTEXT

Insert additional instruction or context for each scenario here.

# **ACCOUNTABILITY DOMAIN**

Scenario 11: Disrespectful Care

## ACCOUNTABILITY: DISRESPECT

### Setting:

- The patient had a cesarean delivery and is recovering in the postpartum unit. During her care, she experienced moments of rushed communication and limited engagement with her preferences. She writes a note on the hospital's comment card.

### Characters:

- **Charge Nurse**
- **Staff Nurse**

**ACCOUNTABILITY: DISRESPECT**

“Durante mi parto me sentí ignorada. Me ofrecieron la epidural cuando ya tenía mucho dolor y no entendí bien los riesgos. Me sentí presionada a decir que sí.”

***The Charge Nurse collects the comment card and reads the feedback.***

## ACCOUNTABILITY: DISRESPECT

Hmm... she says she felt pressured into getting the epidural. Well, she signed the consent form, so I don't know what else we could've done.

She didn't seem upset at the time. I don't understand why she felt this way.

Charge Nurse

Staff Nurse



## ACCOUNTABILITY: DISRESPECT

Charge Nurse places the comment card in a general feedback box but does not follow up immediately, alert leadership or document the concern. There's no outreach to the patient, and no reflection or discussion with the care team. The patient is discharged without acknowledgment of her experience.



**What missed opportunities for accountability did you observe in this scenario?**

# MISSED OPPORTUNITIES FOR ACCOUNTABILITY

Patient feedback dismissed as unimportant because she signed a form

No investigation into the patient's perspective or steps to acknowledge harm

Failure to document or report the concern formally

No plan to debrief with team or improve care processes

Feedback becomes invisible, reinforcing a culture of silence

# **ACCOUNTABILITY DOMAIN**

Scenario 12: Respectful Care

### Setting:

- The patient had a cesarean delivery and is recovering in the postpartum unit. During her care, she experienced moments of rushed communication and limited engagement with her preferences. She writes a note on the hospital's comment card.

### Characters:

- **Patient:** Patient: 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, has Medicaid coverage for her health care.
- **Charge Nurse:** English-speaking, does not speak Spanish.
- **Interpreter:** Spanish- and English-speaking. Accessed through video.

“Durante mi parto me sentí ignorada. Me ofrecieron la epidural cuando ya tenía mucho dolor y no entendí bien los riesgos. Me sentí presionada a decir que sí.”

*Charge Nurse reads the patient's comment card and pauses thoughtfully.*

## ACCOUNTABILITY: RESPECT

This patient felt unheard and pressured. That's serious. We owe her a response.

Charge Nurse

**ACCOUNTABILITY: RESPECT**

She brings the card to the unit manager and says:

“I want to elevate this concern. It sounds like there may have been a breakdown in communication during labor. Even though the consent form was signed, the patient’s perception matters and we should find out what happened.”

***The charge nurse then returns to the patient's room with the Spanish interpreter on video to follow up.***

## ACCOUNTABILITY: RESPECT

Thank you for taking the time to share your experience. I read your feedback and want to say I'm sorry that you felt pressured and unheard during your labor. That's not the experience we want for you.

Gracias. Sentí que nadie me explicó bien las cosas.

I hear you. We are responsible for making sure every person understands their choices, especially during such an important moment. I will document your feedback and make sure it's shared with our patient safety and equity teams so we can address what happened and make improvements.



Video Interpreter

***She also offers the patient a follow-up contact to the hospital's patient advocate.***

Later, she:

- Submits a patient safety report describing the patient's concern
- Documents the feedback in the medical record under postpartum notes
- Flags it for the unit's monthly quality and equity huddle
- Speaks with the anesthesiology and Labor and Delivery nursing team to reflect on how communication during procedures can be improved



**What key practices of accountability did you observe in this scenario?**

# KEY PRACTICES OF ACCOUNTABILITY

Respect the patient's feedback as valid, regardless of whether harm was intended

Apologize sincerely for the impact of the experience

Document patient concerns clearly and transparently

Report the concern to institutional channels (patient safety, equity office, etc.)

Engage in unit-based reflection to learn from the experience

Connect the patient with advocacy resources when appropriate

Use feedback to spark improvement, not to assign blame, but to promote better care

# FURTHER REFLECTION AND DISCUSSION

- How does your team currently gather and act on patient feedback? Where is that feedback stored, and who sees it?
- What is one example of a time when you or a colleague took accountability for a misstep? What impact did that have on the patient or the team?
- What systems are in place to report bias or mistreatment on your unit, and are they trusted and used by staff?
- How can we cultivate a culture where feedback is welcomed, not feared, and accountability is a strength, not a weakness?

# NEXT STEPS

Next steps content

