

Respectful Care

Quality Improvement Sprint
January 2026



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About NPQIC

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) is a nationally recognized statewide network of hospitals, clinicians, patients, and community organizations that seeks to provide respectful and dignified patient-centered care for all Nebraska perinatal and newborn patients. NPQIC aims to make Nebraska the safest place to give birth and be born.

Since its inception in 2015, 100% of delivery hospitals have been engaged with NPQIC in quality improvement work. The collaborative provides support to hospital teams in the form of education, initiative materials, subject matter experts, and structure. Additionally, NPQIC serves as a conduit for hospital teams to network with one another.

NPQIC's work is enhanced by the contributions of the Nebraska Alliance for Maternal and Infant Health (NAMIH), which is a group of diverse members providing community and patient perspective.



Respectful Care Overview

Respectful Care is a foundational initiative that lays the groundwork for all statewide quality improvement initiatives to prioritize just, dignified, and patient-centered care for all Nebraska perinatal and newborn patients and their families.

Nebraska, like the nation, has been experiencing a maternal health crisis. Nebraska ranks 17th worst in the nation for maternal mortality, with rates higher than the national average. Many disparities persist: non-Hispanic Black mothers continue to experience a disproportionate burden of both morbidity and mortality. Likewise, mothers who are over 40 bear a disproportionate burden of maternal morbidity, as do mothers who use Medicaid, do not have any post-high school education, or have a pre-pregnancy BMI of 30 or higher.

Maternity care deserts, limited behavioral health resources, and many social and political drivers shape the maternal health landscape in our state. Importantly, **disrespectful care** contributes to poor health outcomes and experiences for childbearing women and their newborns.^{1,2}

Figure 1. Pregnancy-Associated Mortality Ratio* (n=114) and Pregnancy-Related Mortality Ratio (n=38), Nebraska 2014-2023.



ALARMINGLY, OVER 85% OF MATERNAL DEATHS WERE DEEMED PREVENTABLE.

Source: Nebraska Vital Records Office and Nebraska Maternal Mortality Review Committee.

Respectful Care Improves Health Outcomes and Experiences for Women

To improve the quality of maternity care, healthcare systems can support care that is respectful and considers the patient's values, needs, and desires (patient-centered care) equally for all mothers. Maternity care providers can ensure patients are engaged in their health care and feel heard and respected.⁴

Respectful Maternity Care:

- Maintains dignity, privacy, autonomy, and confidentiality
- Ensures freedom from harm and mistreatment
- Allows for shared decision-making and continuous support during labor and childbirth
- Upholds provider accountability and provision for informed consent

Respectful Care Sprint

The Respectful Care (RC) Sprint is a pared-down package of the full NPQIC initiative intended to be implemented in Nebraska hospitals with lower capacity or facilities in surrounding states that serve Nebraska maternal and newborn patients.

The Sprint revolves around two Key Components:

RC Commitments

The 13 Respectful Care Commitments were developed intentionally to create a unit culture in which patients can experience emotional and physical safety, autonomy, and make informed decisions. All staff should be trained and sign off on the Respectful Care Commitments.

Commitment Implementation Checkpoints:

- Report % of sign-offs to PQC quarterly until 100% is reached
- Incorporate Respectful Care Commitments training into orientation for new staff

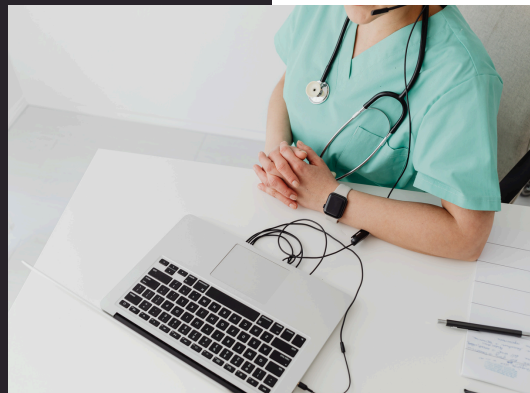


RC Education

In addition to the training on the Respectful Care Commitments, all staff should participate in education around listening to patients, providing respectful care, and understanding implicit bias. NPQIC will provide access to online modules to satisfy this requirement.

Education Implementation Checkpoints:

- Report completion of staff training on Respectful Care Commitments
- Provide clinicians and staff access to e-modules
- Educate patients and support persons on urgent maternal warning signs



Implementation Timeline

The timeline below outlines the time commitment and staff contributions that will be needed. Materials that follow provide more details to support your Sprint implementation.

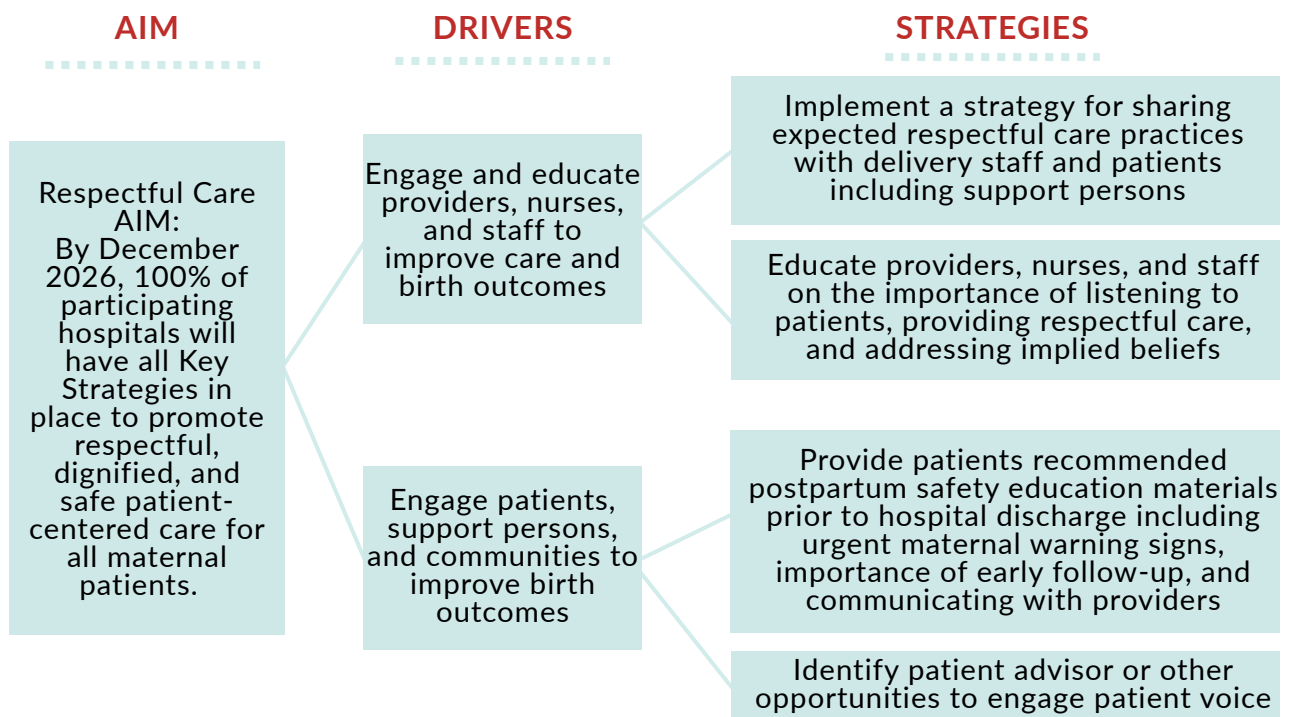
Timeline	Action Items
2-4 Weeks Before Launch	<ul style="list-style-type: none"> • Meet with colleagues to establish buy-in and determine co-leads • Complete participation agreement • Review Toolkit Materials
1-2 Weeks Before Launch	<ul style="list-style-type: none"> • Schedule recurring meetings with team to review implementation • View NPQIC's kickoff webinar recording • Plan internal launch of RC Sprint
Launch Week	<ul style="list-style-type: none"> • Launch RC Sprint internally • Collect RC Commitment sign-offs • Post RC Commitments in patient-facing areas
First 6 Months	<ul style="list-style-type: none"> • Establish process for engaging patient voices re: delivery experiences • Prepare to implement e-modules • Standardize system for sharing urgent maternal warning signs
Ongoing	<ul style="list-style-type: none"> • Develop protocols for educating new staff on RC • Continue incorporating RC case scenarios in regular training • Regularly review patient feedback with staff for QI

Key Strategies

AIM: By December 2026, 100% of participating hospitals will have all Key Strategies in place to promote respectful, dignified, and safe patient-centered care for all maternal patients.

Key QI Strategies:

- 1 Implement a strategy for sharing expected respectful care practices during delivery admission
- 2 Take steps to engage patients and/or community members to provide input on quality improvement efforts
- 3 Implement education for providers and staff on the importance of listening to patients, providing respectful care, and addressing implied attitudes and beliefs
- 4 Standardize a system to provide patient education prior to discharge on postpartum safety



Aims and Measures

AIM: By December 2026, 100% of participating hospitals will have all Key Strategies in place to promote respectful, dignified, and safe patient-centered care for all maternal patients.

Evaluation Process: Participating hospitals will be asked to report on their Structure and Process Measures quarterly for 1 year. Progress for structure measures will be reported using the stoplight method (red=not started, yellow=working on it, green=in place). Process measure will be reported by percentage ranges (0-9%, 10-19%, and so on up to 100%).

Structure Measures	
% of hospitals that have a strategy for sharing expected Respectful Care practices with delivery/postpartum staff and patients (i.e. posting in delivery rooms) including appropriately engaging support partners and/or doulas	% of hospitals that have engaged patients and/or community members to provide input on care delivery and experiences to guide quality improvement
Process Measures	
% of providers, nurses, and staff completing education on the importance of listening to patients, providing respectful care, and addressing implicit bias	% of postpartum patients and their support person(s) receiving education on urgent maternal warning signs, including when and how to seek care

Resource Checklist

Find the resources listed here in the pages that follow:

- 5 Steps for Getting Started
- Key Strategy Implementation: Getting to Green
- Instructions for Accessing Humanitas Institute
- Press Release Template
- Participation Agreement
- RC Commitments Posters
- RC Commitments Patient Handouts
- RC Commitments Sign Off Sheet
- Quarterly Data Entry Form
- Quick Links
- Supporting Evidence



5 Steps to Getting Started

1	Determine RC team leads and clinical champions. Schedule regular internal RC team meetings (at least monthly) to review implementation of RC principles and education completion.
2	Explore education modules recommended by NPQIC and create an implementation plan.
3	Schedule RC kickoff meeting or grand rounds to officially announce your hospital's participation in the initiative. Include an overview, Key Strategies, and your goals to facilitate clinical staff buy-in.
4	Draft your 30-60-90-day plan using baseline data and insights from your Readiness Survey
5	Explore the online Respectful Care Toolkit for resources, printable materials, and archived webinars. Reach out to NPQIC with questions!

Internal Respectful Care Team

Team Lead:

Provider Champion:

Nursing Leader:

Senior Leader:

Education Coordinator:

Date for internal Respectful Care Kickoff:

Time and Day for monthly RC meetings:

Next Steps:

Key Strategy Implementation: Getting to Green

Use this guide to support your Key Strategy implementation as well as determine the appropriate responses for quarterly data submission.

KEY STRATEGY	WORKING ON IT	IN PLACE
<p>Strategy for sharing Respectful Care Practices</p>	<ul style="list-style-type: none"> • Develop process flow • Plan a kickoff/grand rounds to educate clinical team and staff on RCPs • Gather sign-offs 	<p>RCPs are posted in patient rooms or other public spaces in L&D and shared verbally with patients. Staff informed. Staff signing respectful care commitments.</p>
<p>Educate providers, nurses, and staff</p>	<ul style="list-style-type: none"> • Explore educational offerings • Identify education coordinator • Communicate education requirements with providers, nurses, and staff including the reasoning behind them 	<p>Track completion of education requirements by providers, nurses, and staff. Implement Humanitas Institute or ACOG e-modules. Support the completion of additional related training and Momma's Voices COL for as many staff as possible.</p>
<p>Provide Postpartum Safety Education</p>	<ul style="list-style-type: none"> • Examine gaps and opportunities in current discharge procedures • Explore which resources you will hand out • Educate nurses on reviewing handouts in depth with patients 	<p>Review and share handouts with patient on urgent maternal warning signs and early postpartum care (e.g. AWHONN, CDC). Utilize CDC Hear Her patient conversation guide resources. Early postpartum visits scheduled as appropriate before discharge.</p>
<p>Engage patients in QI work</p>	<ul style="list-style-type: none"> • Recruit patient/community representatives to join QI work • Develop clear ask and compensation plan • Navigate internal channels as necessary • Develop onboarding process 	<p>Patient representative has been identified and onboarded. Patient has completed or is enrolled in Mama's Voices patient family partner training.</p>

How to Access Humanitas Institute Dignity in Pregnancy and Childbirth E-Modules

The Humanitas Institute is a public-benefit company that champions an evidence-based approach to equity and inclusion. They translate the latest research into practical, effective tools to transform patient care and education.

Studies show that perinatal care providers are committed to, and place a high value on, providing high-quality and equitable care to Black and Indigenous birthing people. Unfortunately, a large body of research shows a significant gap between perinatal care providers' value of equitable care and Black and Indigenous birthing people's experiences and outcomes.

The Humanitas Institute has created the Dignity in Pregnancy and Childbirth online training program as part of the solution. This 1-hour training equips perinatal providers with evidence-based strategies across three modules to enhance patient communication, build authentic connections, and deliver high-quality, respectful care that improves maternal health outcomes for all patients.

NPQIC has identified this training as one of the leading scalable maternal health-focused professional development trainings currently available to advance respectful care practices. We are pleased to announce that we have partnered with the Humanitas Institute to provide exclusive online access to their e-modules and materials. This access is available to all hospital teams participating in the Respectful Care and AIM Initiatives **through July 24, 2026**.

Participating hospitals will also receive access to Humanitas Institute's NEW Dignity in Pregnancy and Childbirth for Indigenous Women and Birthing People. This complimentary training is 40 minutes long and includes optional activities and resources.

Establishing Access

First, identify your hospital's point of contact/education coordinator. The education coordinator must complete the [license agreement](#) (1 per facility) and choose one of two access options for learners.

Option A: Learners self-register [on this website](#) using a code that the Humanitas Institute will provide after license agreement is completed. Your team will be responsible for instructing staff on how to access the training directly as individuals. Learners provide you with their certificate of completion.

Option B: You provide the Humanitas Institute with a list of learners by filling out a provided spreadsheet template. Humanitas Institute will enroll learners, send them an email invite, and provide you with quarterly completion reports.

Email help@humanitasinst.org or call 971-202-0920 with any questions!



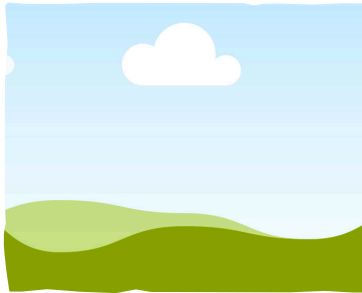


PRESS RELEASE

Date***

[Hospital Name] Leads Charge in Maternal and Infant Health Initiative

The United States is experiencing a maternal health crisis. The burden of maternal morbidity and mortality is not felt equally: racial and geographical disparities persist. Rural hospital closures and limited behavioral health resources worsen outcomes. Disrespectful care contributes to poor health outcomes and experiences for childbearing women and their newborns. Since [month year], [Hospital Name] has been actively working to improve maternal outcomes through participation in the Respectful Care Initiative, led by the Nebraska Perinatal Quality Improvement Collaborative (NPQIC).



Clinical teams and staff on our Labor and Delivery and Mother-Baby units have signed off on 13 Respectful Care commitments and completed education in this area to provide care for all perinatal and newborn patients and their families that is dignified, safe, and patient-centered.

[Quote from Hospital Representative about the importance of this initiative and the hospital's commitment to improving maternal and infant health outcomes]

[Hospital Name] is committed to reversing these troubling trends and ensuring every mother and infant in Nebraska receives personalized, respectful care.

Press Contact

 person@hospitalname.com

www.npqic.org



Participation Agreement



The Respectful Care Sprint is an extension of the Nebraska Perinatal Quality Improvement Collaborative's Respectful Care Initiative, intended to reach hospitals that provide delivery services and care for maternal and newborn patients who reside in Nebraska.

Birth Facility Name: _____ intends to join NPQIC to reduce maternal mortality and morbidity through the implementation of key quality improvement strategies by:

- 1) Involving those who are directly working with the process of care for patients, including unit leaders, educators, and multidisciplinary direct care providers;
- 2) Implementing education for clinical team and staff around listening to patients, providing respectful care, and understanding implicit bias.
- 3) Activating a process for educating new hires and obtaining sign-offs from all staff on Respectful Care Commitments.
- 4) Receiving and reviewing Sprint-related email communication; and
- 5) Facilitating progress towards initiative goals

Project Champions:

Effective implementation of key quality improvement strategies to reduce maternal mortality and morbidity inequities necessitates the commitment of Champions. A provider champion, nurse champion, and project sponsor are required. The provider and/or nursing champion will lead the facility's QI team in systems change as well as clinical culture change. They will also serve as the point persons for NPQIC QI Support and are responsible for responding directly to NPQIC's email requests.

Other key team members are recommended, including: prenatal/outpatient representative, patient/family advisor or community liaison, midwife and/or doula representative, quality improvement professional, health information technology representative, equity officer (if available), anesthesia, and social work.

Provider

Name: _____ Email: _____

Nurse

Name: _____ Email: _____

Senior Leader (Project Sponsor)

Name: _____ Email: _____

Patient/Family Advisor or Community Liaison (if known)

Name: _____ Email: _____

Acknowledgement of Champions

I accept the role of **Champion** to provide support and oversight.

Signature of Physician Champion: _____ Date: _____

Signature of Nurse Champion: _____ Date: _____

Signature of Senior Leader Champion: _____ Date: _____

Scan and return the completed form to Kara Foster, NPQIC Coordinator, at kara.foster@unmc.edu.



Our Respectful Care Commitments to *Every* Patient

- 1 Treating you with dignity and respect** throughout your hospital stay
- 2 Introducing ourselves and our role** on your care team to you and your support persons upon entering the room
- 3 Learning your goals for delivery and postpartum:** What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
- 4 Working to understand you,** your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
- 5 Communicating effectively** across your health care team to ensure the best care for you
- 6 Partnering with you for all decisions** so that you can make choices that are right for you
- 7 Practicing “active listening”** to ensure that you and your support persons are heard
- 8 Valuing personal boundaries and respecting your dignity and modesty at all times,** including asking your permission before entering a room or touching you
- 9 Recognizing your prior experiences with healthcare may affect how you feel during your birth,** we will strive at all times to provide safe, respectful care
- 10 Making sure you are discharged after delivery with an understanding of postpartum warning signs,** where to call with concerns, and with postpartum follow-up care visits arranged
- 11 Ensuring you are discharged with the skills, support and resources** to care for yourself and your baby
- 12 Protecting your privacy** and keeping your medical information confidential
- 13 Being ready to hear any concerns** or ways that we can improve your care



Supporting respectful care for all patients:

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) is a nationally recognized statewide network of hospitals, clinicians, patients, and community organizations that seeks to provide respectful and dignified patient-centered care for all Nebraska perinatal and newborn patients. NPQIC aims to make Nebraska the safest place to give birth and be born.



Our Respectful Care Commitments for *Every* Patient

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- 4** Working to understand you, your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
- 5** Communicating effectively across your health care team to ensure the best care for you
- 6** Partnering with you for all decisions so that you can make choices that are right for you
- 7** Practicing “active listening” – to ensure that you, and your support persons are heard
- 8** Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you
- 9** Recognizing your prior experiences with healthcare may affect how you feel during your birth, we will strive at all times to provide safe, respectful care
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- 11** Ensuring you are discharged with the skills, support and resources to care for yourself and your baby
- 12** Protecting your privacy and keeping your medical information confidential
- 13** Being ready to hear any concerns or ways that we can improve your care

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



Supporting respectful care for all patients:

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Promoting Safe and Respectful Maternity Care for All Patients

Our Commitment to You

What does it mean to give and receive respectful care during labor and delivery?

Maternal care teams throughout Nebraska are coming together to address inequities in healthcare, and to improve birth experiences for all patients.

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 birthing people are valued and met.

We believe that respectful care is essential for all patients to thrive.



Supporting respectful care for all patients:

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Here are our respectful care commitments to every patient

We commit to....

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- 2 Introducing ourselves and our role** on your care team to you and your support persons upon entering the room
- 3 Learning your goals for delivery and postpartum:** What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
- 4 Working to understand you,** your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
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RC Sprint Quarterly Data Entry Form

The following 6 questions will be answered in the REDCap portal quarterly.



Please share your progress on the following **Structure Measures**:

1. Hospital has a strategy for sharing expected Respectful Care practices with staff and patients.
 - Haven't started
 - Working on it
 - In place
2. Hospital has engaged patients and/or community members to provide input on quality improvement efforts.
 - Haven't started
 - Working on it
 - In place

Please share your progress on the following **Process Measures**:

3. At the end of this reporting period, what cumulative proportion of *OB physicians and other advanced practice clinicians* at your institution have completed in the last year education on the importance of listening to patients, providing respectful care, and addressing implicit bias.
 - 0-9%
 - 10-19%
 - 20-29%
 - 30-39%
 - 40-49%
 - 50-59%
 - 60-69%
 - 70-79%
 - 80-89%
 - 90-100%
4. At the end of this reporting period, what cumulative proportion of *OB nurses* at your institution have completed in the last year education on the importance of listening to patients, providing respectful care, and addressing implicit bias.
 - 0-9%
 - 10-19%
 - 20-29%
 - 30-39%
 - 40-49%
 - 50-59%
 - 60-69%
 - 70-79%
 - 80-89%
 - 90-100%

5. At the end of this reporting period, what cumulative proportion of *other staff* at your institution have completed in the last year education on the importance of listening to patients, providing respectful care, and addressing implicit bias (Should consider all staff who have contact with patients during the delivery admission).

- 0-9%
- 10-19%
- 20-29%
- 30-39%
- 40-49%
- 50-59%
- 60-69%
- 70-79%
- 80-89%
- 90-100%

6. At the end of this reporting period, what cumulative proportion of postpartum patients and their support person(s) received education on urgent maternal warning signs, including when and how to seek care and ways to improve communication with providers?

- 0-9%
- 10-19%
- 20-29%
- 30-39%
- 40-49%
- 50-59%
- 60-69%
- 70-79%
- 80-89%
- 90-100%

Quick Links

Patient Education: Urgent Maternal Warning Signs

- [AWHONN “Save Your Life”](#)
- [CDC “Hear Her” Campaign](#)
- [AIM “Urgent Maternal Warning Signs”](#)
- [Pre-Eclampsia Foundation](#)

Respectful Care Education for Clinical Teams

- [Humanitas Institute: Dignity in Pregnancy and Childbirth Education](#)
 - [Information for NPQIC Teams](#)
- [Office of Minority Health \(US DHHS\): Culturally and Linguistically Appropriate Services \(CLAS\) in Maternal Health Care \(Free\)](#)
- [March of Dimes: Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare](#)
- [AWHONN: Respectful Maternity Care Implementation Toolkit \(RMC-IT\)](#)
- [ACOG: Respectful Care e-Modules \(Free\)](#)

Engaging Patients and Community in Quality Improvement

- [CDC: Personal Stories of Pregnancy-Related Complications](#)
- [AHRQ: Guide to Patient and Family Engagement in Hospital Quality and Safety](#)
- [AHA: A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health](#)
- [Momma's Voices](#)

Supporting Evidence

National Guidance

- [ACOG Committee Opinion #729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care – Table 1 Sample Screening Tool for Social Determinants of Health](#)
- [ACOG Committee Opinion #825: Care for Patients Who Have Experienced Trauma](#)
- [ACOG Statement: Our Commitment to Changing the Culture of Medicine and Eliminating Racial Disparities in Women’s Health Outcomes](#)
- [SMFM: Strategies To Overcome Racism’s Impact on Pregnancy Outcomes](#)
- [SMFM Position Statement: Racial Disparities in Health Outcomes](#)
- [ACOG/SMFM et al. JOINT STATEMENT – Obstetrics and Gynecology: Collective Action Addressing Racism](#)
- [Centers for American Progress: Eliminating Racial Disparities in Maternal and Infant Mortality; A Comprehensive Policy Blueprint](#)
- [ACOG Committee Opinion #736: Optimizing Postpartum Care](#)
- [CDC Vital Signs: Many Women Report Mistreatment During Pregnancy and Delivery](#)
- [Full MMWR Vital Signs Report: Maternity Care Experiences – United States, April 2023](#)

Additional Resources

- [CDC Hear Her Messaging Campaign: Provider Resources](#)
 - [CDC: Hear Her Information Sheet](#)
 - [Wanda Barfield Director, CDC’s Division of Reproduction Health – Hear Her Campaign, Call to Action for Providers Video](#)
 - [Hear Her Personal Stories of Pregnancy-Related Complications](#)
- [Harvard Project Implicit Association Test- Implicit bias self-assessment for providers, nurses and staff](#)
- [Resource for providers to review and share with patients to promote understanding and communication – Protecting your birth: a guide for black mothers. New York Times, 2020. \(Also, includes guidance for healthcare providers\)](#)
- [New England Journal of Medicine: Standing Up against Gender Bias and Harassment— A Matter of Professional Ethics \(Mello & Jagsi, April 2020\)](#)
- [Nurse Education in Practice: Educational interventions to promote respectful maternity care: A mixed-methods systematic review \(Dhakal, et. al. March 2022\)](#)

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Find more resources at www.npqic.org

