Creating a Culture of Respectful Maternity Care

RESOURCE GUIDE

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Creating a Culture of Respectful Maternity Care

INTRODUCTION

Across the United States, persistent differences in maternal health outcomes impact many communities.[1-3] These outcomes are not simply the result of clinical risk - they often reflect how care is delivered, how patients are engaged and whether they feel heard, informed and supported during childbirth. Every woman giving birth deserves to feel safe, respected, and involved in decisions about their care. **Respectful Maternity Care (RMC)** is about making that a reality.

Respectful maternity care is an approach to care that honors the dignity, autonomy, personhood and individual preferences of women giving birth. It aims to prevent disrespect and mistreatment in healthcare systems and provides a practical framework informed by principles of dignity, respect and high-quality care. Core elements of respectful maternity care include: protection from abuse and violence, informed consent, privacy, clear communication, shared decision-making, recognition of each individual's inherent dignity and worth, a safe care environment and equity and justice in care delivery.[2]

Research confirms that respectful, person-centered care leads to stronger relationships between patients and providers, better clinical outcomes, higher satisfaction with the birth experience and increased trust in the health system.[4]

Unfortunately, many patients, particularly those from underserved or historically overlooked communities, report feeling dismissed, misunderstood or excluded during their care. These experiences have lasting effects on well-being, even when clinical interventions are technically appropriate.[2,5]

To address these gaps, national organizations including the American College of Obstetricians and Gynecologists (ACOG),[6] the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN),[1] American College of Nurse Midwives (ACNM),[7] the Centers for Disease Control and Prevention (CDC)[5] and the Health Resources and Services Administration (HRSA)[8] have issued evidence and tools to improve respectful maternity care.

This Respectful Maternity Care Resource Guide builds on those efforts, as well as on the Agency for Healthcare Research and Quality's (AHRQ) Safety Program for Perinatal Care (SPPC) Toolkit, which provides strategies and tools to improve teamwork, communication, and safety culture in perinatal units.[9]

INTRODUCTION

Based on these recommendations and the growing evidence base, five essential domains have emerged as critical to achieving respectful maternity care:

Dignity

Communication

Autonomy in Decision-Making

Informed Consent

Accountability

These domains are grounded in evidence and are reflected in national frameworks such as AWHONN's Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline, AIM's Patient Safety Bundles and the CDC's Hear Her Campaign. Together, they provide a structure for improving how care is experienced, not just how it is delivered.

A key challenge in normalizing respectful maternity care is the tension between traditional healthcare training and emerging efforts to center patient needs, values and preferences. U.S. health systems have long been grounded in a provider-directed model, shaped in part by the Hippocratic Oath's emphasis on acting in the patient's best interest.[10] This framing can create conflict when a provider's view of what is best diverges from the patient's own perspective. Acknowledging this tension is essential. The resources offered here are grounded in this reality and aim to provide practical strategies for aligning providers' commitment to optimal care with ethical principles of autonomy, respect and patient dignity.

ACKNOWLEDGMENTS

This resource guide is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance subaward totaling $450,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the views of, nor an endorsement by, CDC/HHS, or the U.S. Government.

The National Institute for Children's Health Quality (NICHQ) developed this resource in March 2026. We acknowledge and appreciate the expertise provided by the NICHQ Respectful Maternity Care Toolkit Workgroup Members.

This resource guide is designed to support individuals and clinical teams in promoting and practicing respectful maternity care. It is organized by respectful care categories, or domains, and offers actionable strategies for embedding patient-centered practices into routine care delivery.

Each domain focuses on a core element of respectful care and includes:

- Practices for individual clinicians and teams
- Strategies for clinical institutions
- Tools and resources for implementation

The five domains include:

- Dignity:

Every woman giving birth deserves to feel respected, safe and valued. This section addresses provider behaviors and team practices that support physical, emotional and cultural dignity, while also offering tools to recognize and avoid common breaches in respect.

- Communication:

Effective, compassionate communication is the foundation of respectful care. This section offers techniques to improve verbal and nonverbal interactions between patients and care teams, support team-based coordination and ensure patients are informed, heard and understood throughout their maternity journey.

- Autonomy in Decision-Making:

Patients have the right to make informed decisions about their bodies and their care. This section focuses on fostering autonomy by honoring preferences, encouraging questions and creating space for shared decision-making, especially during moments of clinical urgency or uncertainty.

- Informed Consent:

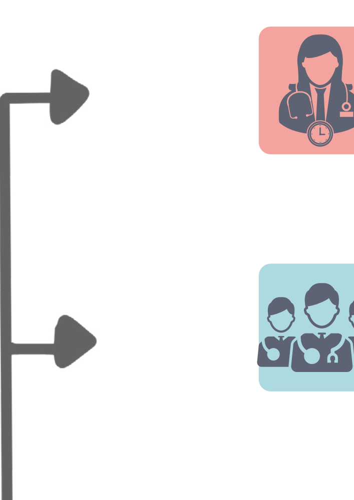
Informed consent is more than a signature, it is an ongoing conversation. This section supports providers in delivering clear and honest information about options, risks and alternatives, and in making consent processes meaningful, inclusive and revisited as care evolves.

- Accountability:

Sustained culture change requires shared responsibility across all levels, including individual clinicians, care teams, unit leadership, hospital administration and external oversight. This section helps teams establish feedback loops, data strategies and transparency mechanisms to track patient experiences, learn from missteps and build trust within clinical teams and with the communities they serve.

WHO SHOULD USE THIS GUIDE

This resource guide is intended for:



Individuals

including clinicians who want to reflect on their practice and adopt respectful, patient-centered behaviors in their daily work.

Clinical Teams

such as labor and delivery units, quality improvement (QI) teams or cross-disciplinary groups working together to strengthen communication, promote shared decision-making and ensure consistent respectful care across the maternity care experience.

Clinical Leadership

While the primary audience for this guide is clinical staff, hospital leaders play a critical role in sustaining change. Systems-level recommendations included within each domain may inform policies and organizational priorities. Leadership engagement is essential to addressing structural barriers, supporting staff and embedding respectful maternity care into the culture of the institution—not just into individual practice.

All allied health professionals also have a role to play in fostering a maternity care environment where every patient feels seen, heard and respected. The strategies offered in this guide are practical, evidence-based and evidence-informed and can support clinical teams in advancing respectful maternity care. While this resource guide may not meet every team member's specific needs, we encourage teams to engage their full staff, including frontline staff and support personnel, in this critical work.

HOW TO USE THIS GUIDE

Getting Started with Your Team

We recognize that clinical teams are operating in high-pressure environments with limited time and capacity. This guide was designed with that reality in mind. As a first step, we encourage team leads and unit champions to assess the unit's strengths and weaknesses in the practice of respectful maternity care. There are tools available to assess team or facility readiness for this work.[11,12]

A more informal approach can include team reflection on these questions:

- What are you currently doing as a team or organization to model and reinforce respectful maternity care in everyday practice?
- Do your patients consistently feel safe, seen and valued—especially during vulnerable moments such as triage, admission, labor, delivery or immeidate postpartum?
- How do you ensure that patients feel heard, informed and included in conversations about their care throughout the maternity journey?
- Are you making space for patients to express their preferences and participate in decisions, even in time-sensitive or high-stress situations?
- What systems do your team have in place to gather feedback, learn from experience and continually improve how care is delivered and experienced?

Strategies For Using This Guide

Each section of this guide can be used independently or be integrated into broader quality improvement or safety initiatives. Teams are encouraged to start with the respectful care domain most relevant to their current needs or goals and then continue to use the guide for ongoing learning and practice transformation.

Accompanying this guide is a set of clinical training modules, centered on each of the care domains and aligned with key stages of the birth journey: triage, admission, labor, delivery and immediate postpartum. These modules highlight moments where individuals and teams can apply the strategies outlined in this resource guide to improve patient experience and outcomes.

Many of the strategies included here are meant to be woven into the work teams are already doing, rather than added as extra tasks. Even small shifts in language, workflow or communication can make a meaningful difference in how care is experienced.

This guide includes concrete suggestions for evaluation. A full description of the evaluation framework can be found in Appendix 1, along with a discussion of long-term patient outcome measures in Appendix 2. Each domain-specific section of the guide includes embedded evaluation recommendations, with example indicators for process and outcome measures, and suggested instruments. By making evaluation part of daily routines, care teams move from “good intentions” to real accountability, track what’s working, fix what isn’t and make sure respectful care is consistent, fair and lasting. Without evaluation, efforts to improve respectful care can stall, fade away or stay small and disconnected.

We encourage team leads and unit champions to work collaboratively with their

teams to identify strategies that are feasible, sustainable and most relevant to their local context. Start where you can. The visual guide below is a roadmap for facilitating this work based on the amount of time that you and your team have. Incremental, integrated changes, especially when supported by leadership, can positively impact a patient's experience of care and improve health outcomes.

How to Sustain These Practice Changes

How can a hospital integrate respectful maternity care into it's delivery of care? The resources, clinical scenarios and evaluation methods offered here aim to provide practical strategies for aligning providers' commitment to optimal care with ethical principles of autonomy, respect and patient dignity. It is great to start small, and equally important to think big. It is essential that a hospital stop viewing respectful maternity care as training and expand the work so that leadership hard-wires respectful maternity care into governance, financing, the electronic health record, data systems, human resources and community accountability.

If a provider, clinical team or facility is interested in sustaining a practice change, here are some suggested paths:

1

Under the guidance of a team lead or facilitator, use this guide to choose a domain of focus and a practice change. Review this change using the appropriate clinical scenario. Implement at the provider and the team level. Evaluate using the tool appropriate for the respectful care domain of focus. Using this data, approach hospital leadership with the desired systems change that can incorporate this respectful practice.

2

Consult with your state's perinatal quality collaborative or the National Network of Perinatal Quality Collaboratives (NNPQC). Many state perinatal quality collaboratives have focused on respectful maternity care practice changes with hospitals using the learning collaborative or other models. In addition to promoting respectful maternity practices, these collaboratives work to embed lasting changes within healthcare systems through governance, policies, electronic health records, data measurement, staffing and partnerships with the community.

Dignity

Why Dignity Matters

Dignity means recognizing and affirming the inherent worth of every maternity patient, regardless of race, ethnicity, gender, language, insurance status, age or ability.[1,13] In maternity care, dignity is experienced when a person feels seen, heard, safe and valued, particularly during vulnerable moments like admission, labor assessment and birth. Dignity means honoring each patient's emotional safety, privacy and cultural beliefs, particularly during moments of physical vulnerability such as vaginal exams or postpartum recovery. The physical environment also plays a key role: elements like privacy curtains, appropriate gowns and access to restrooms impact whether patients feel respected and dignified throughout their care.

When dignified care is not provided, a maternity patient may feel ignored or unsafe. These experiences can lead to mistrust, emotional harm or even delayed or refused care. Disrespect undermines clinical outcomes and can reinforce systemic inequities. Affirming dignity happens through small, intentional acts – something every member of the maternity care team can do.

This section offers a set of evidence-informed behaviors and strategies that individuals, clinical teams and institutions can use to support patient dignity and promote respectful maternity care, especially during high-stress or transitional moments like triage, admission and early labor. **Whether you adopt one or more, each approach can help make maternity care safer and more respectful.**

Practices for Individual Clinicians

Consider using a brief grounding practice before patient interactions to help foster a calm, present approach. Try taking three deep and mindful breaths before meeting with a patient.

Introduce yourself clearly and consistently. A patient should be told what hospital staff is in the room, what their role is and what to expect from each person. Use clear, welcoming, affirming language.

Ask for and use the patient and their support person's names. Using the correct names with correct pronunciation builds trust, affirms identity and prevents depersonalization.

Sit at eye level when speaking. Body positioning is important – sitting at eye level signals respect, gives space for conversation and reduces power imbalances. The 'Commit to Sit' initiative has been found to foster trust between patients and providers.[14]

Validate pain and concerns without judgement. Never dismiss or minimize pain or emotional expression, especially among patients from historically underserved or overlooked communities, who are often stereotyped or not believed.

Ask open-ended questions like "What brought you in today?" This encourages patients to communicate from the start.

Offer language interpretation without delay. This ensures access to communication with the care team.

Practices for Clinical Teams

Support colleagues in using respectful language. Build a team culture where dignity is normalized and protected using a template like SBAR (Situation, Background, Assessment, Recommendation) to center the patients' needs in all clinical dialogues.[15] This is especially important in moments where patient dignity may be at risk such as triage, physical exams or when multiple staff are present.

Practice mutual support or monitoring to mitigate unintentional disrespect. Correct team disrespect when it occurs using DESC (Describe, Express, Specify, Consequences).[16]

- This strategy, from TeamSTEPPS®, provides a clear respectful structure for resolving interpersonal issues that affect patient care.[16]

Encourage team members to use CUS (I'm concerned, I'm uncomfortable, this is a safety issue) to speak up when dignity is at risk.[16]

- This strategy, also from TeamSTEPPS®, empowers team members to interrupt disrespect or unsafe behavior, regardless of hierarchy.[16]

Always reintroduce the maternity care plan and patient preferences during handoffs. This maintains the continuity of care and ensures that a patient's dignity and choices are prioritized.

Strategies for Clinical Institutions

Mandate respectful care training for all maternity staff. This establishes dignity as a core safety standard.

Implement structured tools (i.e. TeamSTEPPS®, TeamBirth) into the clinical team's practice of care for all maternity patients. This helps build infrastructure for dignity-centered teamwork.[16,17]

Create accountability pathways for staff who witness or commit disrespect. This ensures dignity is protected by policy, not just culture.

Ensure that workflows allow for staff to have sufficient time to engage with patients, particularly when someone is refusing care. Time constraints can impact whether respectful care is delivered or not.

EVALUATING DIGNITY

This section outlines specific strategies for evaluating whether women experience dignified care in maternal care settings.

Evaluation Objectives

1. **Respect**: Assess if patients are free from verbal abuse, coercion or discrimination during all stages of care.[18]
2. **Privacy:** Determine the extent to which physical and informational privacy is protected during all visits and related documentation.[19]
3. **Consent:** Evaluate whether patients are asked for consent before procedures and how comfortable they are refusing or asking questions.[20]
4. **Cultural Sensitivity:** Assess if providers show awareness and respect for patients' cultures and their preferences.[21]

Process Measures

- Proportion of staff trained in RMC, including associated modules on rights, consent and privacy.
- Percentage of all clinical encounters where informed consent is documented before examinations and procedures.
- Number of reported incidents related to verbal abuse, coercion or other general violations of privacy.
- Proportion of maternity units with structural supports for privacy, such as curtains and private exam rooms.

Outcome Measures

- Patient-reported experiences of respectful and non-abusive care using the Person-Centered Maternity Care (PCMC) Scale.[22]
- Reports of perceived autonomy and ability to decline or question clinical procedures via the Mother's Autonomy in Decision Making (MADM) scale.[23]
- Patient-reported satisfaction with privacy and consent practices during childbirth.[19,20]

Suggested Instruments

- **Person-Centered Maternity Care (PCMC) Scale**
  A validated tool that allows for the quantitative measurement of respectful, responsive and compassionate childbirth care. It is set up as a structured survey with 30 items and responses on a 4-point Likert scale.[24]
- **Mother's Autonomy in Decision Making (MADM) Scale**
  A validated tool that measures how much control and involvement pregnant women feel they have in decisions about their maternity care. It is a 7-item questionnaire with responses on a 6-point Likert scale.[21]
- **Locally Adapted Tools**
  Non-validated tools, such as informal surveys, focus groups or observational checklists, can be developed to assess dignity-related aspects of care. These tools can provide useful insight and feedback.

Communication

Why Communication Matters

Effective communication is the foundation of safe, respectful and effective maternity care. Patients who feel listened to, understood and involved in their care are more likely to trust their providers, follow clinical guidance and experience better outcomes.[25] Clear, compassionate communication supports patient safety, improves clinical decision-making and strengthens relationships among care team members.

Yet, many patients report feeling ignored, confused or dismissed during their birth experience.[5] These moments are not just interpersonal breakdowns; they are missed opportunities to deliver high-quality, patient-centered care. Every member of the care team has a role in fostering trust, clarity and shared understanding.

Respectful communication helps ensure that every patient's voice is heard, their preferences are acknowledged and their concerns are addressed with empathy. This includes being attentive to patients who speak languages other than English and recognizing that tone, facial expression and body language are essential parts of respectful communication. Sensitivity to language needs also means offering professional interpreter or translation services, while remaining mindful of cultural norms. More broadly, cultural sensitivity should guide all communication, as respect for each patient's values, traditions and preferences is central to safe, dignified care. Whether in triage, active labor or recovery, communication must be intentional, timely and responsive to the needs of the patient and their family.

This section offers a set of evidence-informed practices and strategies that individuals, clinical teams and institutions can use to improve communication and promote respectful maternity care. **Whether you adopt one or several, each approach can help make care safer and more respectful.**

Practices for Individual Clinicians

Listen actively and acknowledge concerns, even when issues aren't easily explained. Reflect back to the patient what you have heard and how you understood their comments or questions. Ask for more information when appropriate.

Avoid dismissive language: validate patient experiences and follow-up when concerns are raised.

- Instead of saying "that's normal," consider saying "let me take a look into it just to be sure."

Ask open-ended questions that allow for accurate assessments of the patient's understanding.

- "How are you feeling now? What concerns do you have right now?"

Use plain language when explaining care. Avoid medical jargon and ensure information has been understood before moving on.

- Avoid providing too much information at once.

Invite the patient and their support person to speak up, ask questions and share any concerns.

- "What questions do you have? How are you feeling about this information?"

Support patient preparation: suggest that patients bring written questions, designate a support person and share preferences and/or a birth plan ahead of time.

Practices for Clinical Teams

Standardize bedside handoffs to include patients and support persons, ensuring alignment at care transitions.

Hold debriefs after major clinical events or shifts to review what went well and identify opportunities for improved communication.

Use structured communication tools that center patient voice and team collaboration:

- TeamBirth: Includes the patient in routine huddles and uses a visible planning board for care goals and decisions.[17]
- TeamSTEPPS®: A framework for clear team communication, mutual support and coordinated care.[16]

Normalize patient participation in team conversations, asking:

"Is there anything you want to revisit or clarify before we move forward?"

Encourage the team to check for understanding frequently, especially when making clinical recommendations or obtaining consent.

Strategies for Clinical Institutions

Integrate communication skill-building into routine training, from onboarding to continuing education and team simulation.

Adopt and sustain evidence-based models like TeamBirth or TeamSTEPPS® to embed shared decision-making into standard workflow.[16,17]

Ensure availability of professional interpreters and translated materials to support patients with varied communication needs.

Incorporate informed consent and communication practices into institutional policy, emphasizing that consent is an ongoing dialogue, not a checkbox.

Track and respond to patient experience measures related to communication, such as feeling heard, respected and part of care decisions.

Align communication practices with safety and quality goals, making it clear that how care is delivered is as critical as what care is delivered.

Protect time for meaningful communication, including structured discussions of care plans, preferences and changes in clinical status.

EVALUATING COMMUNICATION

This section outlines specific strategies to effectively evaluate communication between providers and patients in maternal and postpartum care contexts. In addition to routine encounters, it is important to evaluate communication during emergencies, when information must be conveyed quickly and clearly.[18] Documentation of communication practices (e.g., interpreter use, preference-sensitive discussions) also provides an essential process measure for accountability and transparency.[20]

Evaluation Objectives

1. Clarity: Assess whether staff are delivering information to patients in a clear, understandable and culturally responsive manner.[21]
2. Continuity: Examine the extent to which communication is consistent and responsive across the maternity care experience, including during transitions between providers and care settings.[2]
3. Empathy: Determine how often staff engage in active listening, respond with empathy and provide emotional support during interactions with patients.[26]
4. Fairness: Evaluate if communication promotes inclusive and fair interactions for patients, particularly those from marginalized backgrounds.[21]
5. Emergency Communication: Assess whether communication remains clear, inclusive and documented during urgent or high-stress clinical situations.[18]
6. Documentation: Assess whether communication practices are systematically documented, including interpreter use and discussions of patient preferences.[20]

Process Measures

- Percentage of staff trained in culturally responsive and empathetic communication.
- Proportion of interactions with patients in which staff use structured communication tools.
- Frequency of staff huddles / handoffs that include patient preferences and/or concerns.
- Documentation of communication efforts, such as use of professional interpreters, provision of translated materials or recording of preference-sensitive discussions in the medical record.[20]
- Monitoring of communication practices during emergencies, including structured observations of how information is conveyed and decisions explained under urgent conditions.[18]

Outcome Measures

- Patient-reported quality of communication with items from the Person-Centered Maternity Care (PCMC) Scale.[22]
- Perceived empathy and emotional safety via the Consultation and Relational Empathy (CARE) Measure.[26]
- Patient-reported experiences of being listened to, informed and involved in care decisions with scores from the Mother’s Autonomy in Decision Making (MADM) scale.

Suggested Instruments

- **Person-Centered Maternity Care (PCMC) Scale**
  A validated tool that allows for the quantitative measurement of respectful, responsive and compassionate childbirth care. It is set up as a structured survey with 30 items and responses on a 4-point Likert scale.[24]
- **Consultation and Relational Empathy (CARE) Measure**
  A validated tool designed to assess how patients experience empathy and communication during clinical encounters. It is a questionnaire with 10 items and responses on a 5-point scale.[26]
- **Mother's Autonomy in Decision Making (MADM) Scale**
  A validated tool that measures how much control and involvement pregnant women feel they have in decisions about their maternity care. It is a 7-item questionnaire with responses on a 6-point Likert scale.[23]
- **Locally Adapted Tools**
  Locally adapted tools, such as informal surveys, focus groups or observational checklists, can provide useful insight into communication practices. To maximize their impact, these tools should complement structured observations and be embedded into team feedback loops, allowing for real-time identification of communication challenges and opportunities for improvement.[22]

Autonomy in Decision-Making

Why Autonomy in Decision-Making Matters

A fundamental principle of clinical ethics is that patients have the right to be part of decisions about their clinical care. Autonomy in maternity care refers to the patient's right to make informed decisions about their care, free from judgement or coercion.[1] It encompasses the ability to access complete and accurate information, consider options, express preferences and have those preferences heard and understood by the care team.

We know that patient satisfaction and clinical safety and quality for parents and babies are connected. When patients feel comfortable asking questions – when they have been educated about medical warning signs – and when they feel empowered to advocate for themselves, pregnancy and postpartum complications can be more rapidly identified and addressed.

Supporting autonomy requires listening to patients and allowing time and space for patients and their families to ask questions. Autonomy is especially important during high-pressure or time-sensitive situations such as induction of labor, emergency decision-making or cesarean birth. In these moments, clear communication, compassionate support and a commitment to involving the patient in real time is essential.

The 2023 CDC VitalSigns report found that approximately 20% of all women and almost 30% of Black and Hispanic women experienced mistreatment during maternity care.[5] Rates of mistreatment were also higher among women with no insurance (28%) or public insurance (26%) at the time of delivery, compared to those with private insurance (16%).[5]

This section offers a set of evidence-informed behaviors and strategies that individuals, clinical teams and institutions can use to center the patient in decision-making and promote respectful maternity care. **Whether you adopt one or more, each approach can help make care safer and more respectful**.

Practices for Individual Clinicians

Explicitly affirm patient authority and autonomy.

- For example, a clinician could say "This is your body, your birth and your experience. My role is to support you and make sure you feel seen, heard, supported and safe". This signals respect for the patient.

Communicate options and recommendations in a way that respects the patient's autonomy and centers their values and needs.

- Present all medically appropriate options and explain each clearly and without bias. Avoid only presenting the path that is most convenient or familiar to the provider.
- Use neutral, patient-centered language to describe risks and benefits. For example, say "One option is..." or "Some people choose..." instead of "You have to..." or "We need to..." unless it is a true emergency. Avoid language that implies judgment, urgency or pressure when it is not warranted.

Support patient's refusal and dissent. For example, when a patient says, "no", respond with curiosity, not confrontation. This validates the patient's decision-making authority.

In non-emergent situations, offer time and space for decisions. This gives room for autonomy instead of rushing or pressuring.

Center each patient as a unique individual, not a clinical case.

- Begin each interaction by asking open-ended questions like, "What's most important to you in your birth experience?" or "How can we support you today?" to understand the patient's values, preferences and needs.

Practices for Clinical Teams

Select an evidence-based tool and framework that centers patient autonomy in the provision of respectful maternity care.

- For example, TeamBirth's Labor and Delivery Planning Board documents all of the maternity patient's preferences (coping plans, support people, induction preferences) in a visible, shared space.[17]

Prioritize patient preferences during critical decision-making points or team hand-offs. Discuss what decisions the patient has already made and how they are being supported.

Model respect for patient's autonomy across care team. This reinforces autonomy as a shared value, not a script.

Care team should consider autonomy violations as a safety issue. If a team member pressures patient to consent, identify path for other care team members to deescalate.

Strategies for Clinical Institutions

Integrate the patient-centered care approach into routine training, from onboarding to continuing education and team simulation.

Adopt and sustain evidence-based models like TeamBirth,[17] TeamSTEPPS®,[16] or a culturally-centered birth model[27] to embed shared decision-making into standard workflow.

Create a clinical environment that is inclusive of hospital or community-based doulas to support patients with decision-making and communicating preferences.

Track and respond to patient feedback and experience measures related to autonomy and shared decision-making such as feeling heard, respected and part of care decisions.

Co-develop patient rights statements with community. Include rights to refuse care, get second opinions, have support people and birth position of choice. Community voice ensures rights reflect real world needs and histories of harm.

EVALUATING AUTONOMY IN DECISION-MAKING

This section outlines specific strategies to effectively evaluate autonomy in decision-making in a clinical setting. Evaluating autonomy requires a focus on whether patients are meaningfully included in care decisions, feel in control of their care and are treated as capable decision-makers throughout the childbirth process.[23] It is important to recognize that autonomy does not look the same across all clinical decisions. For example, declining an epidural may involve different dynamics than declining a cesarean, making it critical to assess autonomy at distinct, high-risk decision points separately.

Evaluation Objectives

1. Participation: Assess whether patients are engaged as active participants in decisions throughout labor and delivery.
2. Perceived Control: Determine whether patients feel they had their choices and preferences respected.
3. Provider Readiness: Assess provider confidence, training and perceived barriers in supporting patient autonomy, using self-assessment surveys or reflective tools.[20]
4. Bias Mitigation: Evaluate whether providers actively counter assumptions based on race, language, insurance or cultural background.[20,21]
5. Continuity: Monitor whether autonomy is upheld across different stages of care, including emergent scenarios.

Process Measures

- Audit of documentation practices (e.g., standing orders, pre-filled forms) to ensure that informed choice and patient preferences are accurately reflected in the medical record, rather than preemptively suggesting care paths.
- Frequency of observed shared decision-making practices during clinical encounters, assessed using structured observation checklists.[28] Use of decision aids or patient education materials before key interventions. Note: Structured observation checklists can be logistically difficult to implement in real clinical settings and may introduce observer bias. As an alternative, teams could consider simulated scenarios or audio reviews of encounters (with patient consent) to provide feedback and coaching, recognizing that these approaches may also have time constraints.
- Instances of provider-initiated discussions that include explicit acknowledgment of patient preferences.

Outcome Measures

- Patient-reported scores on the Mother's Autonomy in Decision Making (MADM) Scale.[21]
- Shared decision-making quality via SDM-Q-9 score.[29]
- Qualitative feedback from patients describing decision-making experiences during labor and delivery.[21]

Suggested Instruments

- **Mother's Autonomy in Decision Making (MADM) Scale**
  A validated tool that measures how much control and involvement pregnant women feel they have in decisions about their maternity care. It is a 7-item questionnaire with responses on a 6-point Likert scale. Items can measure perceived authority and involvement in maternity care decisions.[23]
- **9-item Shared Decision-Making Questionnaire (SDM-Q-9)**
  Assesses the extent to which providers involve patients in clinical decision-making processes.[29]
- **Locally Adapted Autonomy Interviews or Checklists**
  Clinic-developed or community-informed tools tailored to capture context-specific barriers to autonomy (e.g., language access, cultural concordance), useful for real-time QI efforts.[2,24]

By systematically assessing autonomy, teams can identify breakdowns in communication and collaboration, tailor training to enhance provider practices and foster care environments where patient preferences are honored across all clinical encounters.

Informed Consent

Why Informed Consent Matters
Informed consent is a core component of respectful maternity care and a critical safeguard for patient autonomy, dignity and safety. Informed consent is a process, not a signature. It begins with honest, balanced conversations that help patients understand their options, risks and likely outcomes. True informed consent respects the patient's right to make decisions based on their values, preferences and goals.[30] In most healthcare settings, informed consent is not only an ethical obligation, but also a legal requirement for the majority of medical procedures.

For maternity care teams, informed consent should be viewed not only as a legal or institutional process (such as signing a consent form), but as a broader, patient-centered practice. This includes ensuring that every person has access to unbiased, complete and timely information about all aspects of their care and the opportunity to make decisions that reflect their values, needs and preferences.[1,13,30]

True informed consent is an ongoing, interactive process grounded in trust, shared decision-making and patient empowerment. It involves clear, culturally responsive communication about proposed procedures, interventions, tests and alternatives. It also means making space for patients to ask questions and receive answers in a timely, respectful and language-accessible manner. When obtaining informed consent, providers must be attentive not only to verbal responses but also to body language, especially when caring for patients who speak a language other than English. A patient may verbally agree with a provider while their facial expression or body language signals discomfort or hesitation. This should prompt the provider to pause, clarify and ensure true understanding before proceeding.

Respect for patient decision-making also includes honoring a patient's right to decline or refuse recommended care. Respectfully managing refusal of care means listening without judgment, exploring the reasons behind the refusal without coercion and clearly documenting the conversation. It is never appropriate to threaten, shame or punish a patient for refusing a procedure or intervention. Upholding this right is a necessary expression of informed consent.

Coercion in maternity care - including pressure, manipulation, threats or performing interventions without meaningful consent - is not uncommon. One in six women in the U.S. report feeling pressured to accept medical interventions during childbirth.[31] These experiences are not the same for all patients. Black women and other women of color report higher rates of pressure in decision-making and mistreatment which contributes to ongoing gaps in maternal health outcomes.[21]

Prioritizing informed consent and equipping clinical staff with the tools and training to engage in this practice consistently and effectively is essential. Doing so fosters trust, mutual respect and better communication between patients and providers. When patients feel seen, heard and actively involved in decisions about their care, outcomes improve - not only clinically, but also in terms of satisfaction, safety and emotional well-being.

INFORMED CONSENT

This section outlines actionable behaviors, team-based strategies and institutional practices that support consistent and meaningful informed consent throughout the continuum of maternity care. These approaches are designed to help clinical teams integrate informed consent into every interaction, from admission to discharge, and create a culture where patient decision-making is respected and upheld at every step. **Whether you adopt one or more, each approach can help make care safer and more respectful.**

Practices for Individual Clinicians

Use plain language to explain tests, procedures and interventions, avoiding medical jargon whenever possible.

- Replace technical terms with simple explanations: "this test checks your baby's heart rate" instead of "this is a non-stress test."

Offer information early and often, especially for routine interventions, to support consistent and meaningful consent throughout care (e.g., cervical exams, continuous fetal monitoring).

Ask open-ended questions to assess patient understanding. For example, "What matters most to you as you make this decision?"

- Use the teach-back method to identify where more information may be needed: "Can you explain in your own words what we just discussed?"

Create space for true deliberation. When possible, give patients time to think, confer with their support person or ask follow-up questions.

- Develop a handoff practice where outgoing team members brief incoming staff on any pending patient decisions emphasizing the importance of maintaining space for patient deliberation without pressure, unless medically urgent.

Practice non-coercive communication by avoiding fear-based or pressuring language.

- Use language that centers the patient's agency. For example, say "One option is..." or "Some people choose..." instead of "you have to..." or "If you don't..."

Reaffirm consent at critical moments of care, including labor progressions, pain management decisions, and medical interventions.

- Before proceeding, pause to confirm consent such as, "Are you still comfortable with this plan?" or "Would you like to continue with this option or talk through anything again?"

Practices for Clinical Teams

Establish shared language and team-wide expectations about how informed consent should be practiced.

- Standardize protocols for common scenarios to promote best practices. Develop scripts for common interventions to support consistent, bias-free explanations.

Standardize timing and progression of informed consent conversations.

- Informed consent should begin at the very first visit, regardless of whether interventions and treatments might be considered ‘routine’ or ‘non-invasive.’
- Integrate consent milestones into care pathways and electronic health records (EHRs)/electronic medical records (EMRs) to prompt timely discussions.

Use team huddles and communication during shift changes to debrief care that has taken place and identify upcoming decision-making points where informed consent should be proactively addressed.

- Develop standardized handoff tools or checklists that include prompts to review recent consent discussions and flag upcoming decisions that the patients will make.

Ensure interpreters are available and involved early, not just at the point of consent.

Support time for consent by building workflows and staffing plans that allow providers to hold meaningful conversations without rushing.

Strategies for Clinical Institutions

Incorporate informed consent expectations and practices into institutional policy, clinical protocols, and onboarding training. Emphasize that consent is an ongoing dialogue, not a checkbox.

Ensure availability of professional interpreters and translated materials to support patients with varied communication needs.

Audit and revise consent forms and patient education materials to ensure they are accessible, inclusive and reflect shared decision-making principles.

Create feedback mechanisms (e.g., patient advisory councils) to identify gaps and co-design improvements. Promote accountability by reviewing consent-related incidents (e.g., reported coercion or confusion) in patient experience data or complaints.

Recruit and engage providers who reflect the racial and ethnic diversity of the communities you serve.

Publicly commit to respectful care and informed consent as part of the hospital’s values and patient rights framework.

Who is Considered a Support Person?

A support person is any individual chosen by the patient to provide emotional, physical or informational support during pregnancy, birth or postpartum care. A support person or persons is defined by the patient's choice not the institutions preference or convenience. A support person can include: a father, a partner, a spouse, a family member, a friend, a doula, a faith leader or spiritual advisor, a cultural or community elder, an interpreter, a peer support worker, a neighbor or community member.

Respectfully Managing When a Patient Declines or Defers Care

When a patient declines a recommended procedure or intervention, it is not a failure of care. It is an opportunity to honor their autonomy and strengthen trust. The following strategies can help guide respectful, non-coercive responses when care is declined or deferred:

- Pause and stay present. Resist the urge to react defensively or override the patient's decision. Stay grounded and focused on understanding their perspective.
- Listen without judgment. Use open-ended questions to explore concerns. For example: "Can you tell me more about what's important to you in this moment?"
- Validate the patient's right to choose. Clearly affirm their autonomy: "This is your body and your decision. I'm here to support you."
- Revisit the conversation as appropriate. If time allows, offer to return to the conversation later, especially if emotions are high or the patient feels overwhelmed.
- Document the conversation thoroughly. Include what was offered, what the patient declined, the information provided and how the team responded.
- Call in a support person or advocate if needed. With the patient's permission, a spouse, friend, family member, doula, cultural broker, interpreter or chaplain may help support communication and comfort.

This section outlines specific evaluation strategies to assess how effectively consent is obtained and honored in practice.

Evaluation Objectives

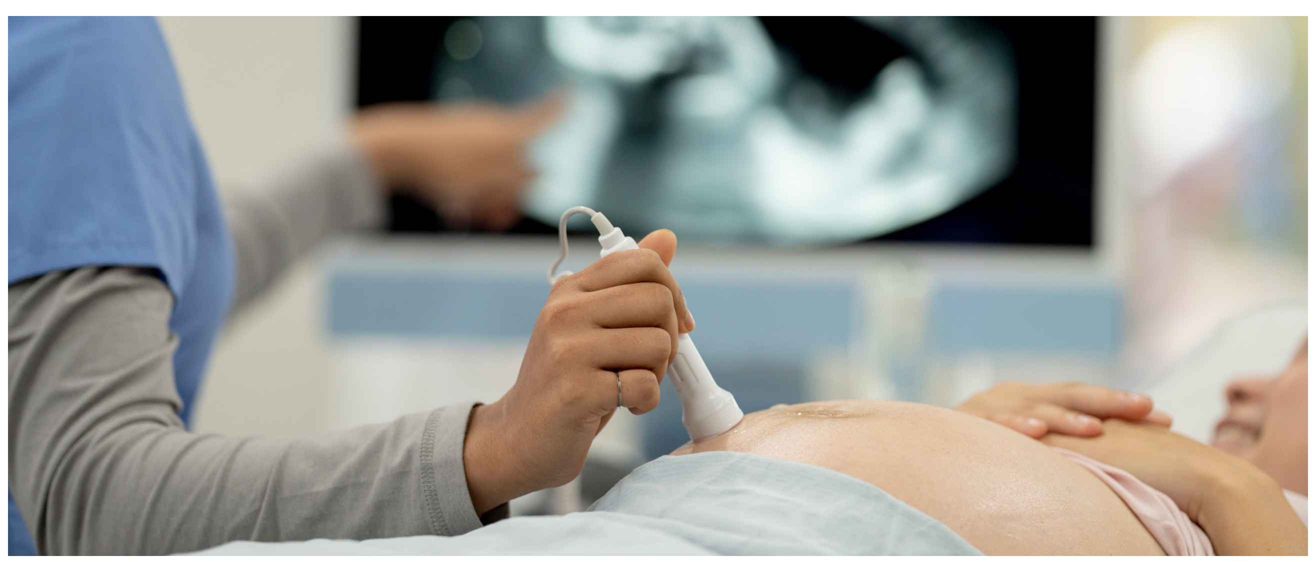
1. Comprehension: Determine whether patients understand options, risks and benefits.
2. Voluntariness: Assess the degree to which decisions are made free from pressure or coercion.
3. Cultural Responsiveness: Evaluate whether consent processes are adapted to patients' language, literacy and cultural contexts.
4. Continuity: Monitor reassessment of consent across key care junctures (e.g., admission, procedures, labor progress).
5. Presentation of Information: Assess whether providers present options neutrally, explain risks and benefits in plain language and provide adequate space for questions.[32]

Process Measures

- Percentage of care episodes documented with teach-back or "explain back" notes.[26]
- Frequency of documented re-consent discussions at critical decision points.
- Frequency and appropriateness of reassessment of consent, including triggers such as changes in clinical status, introduction of new interventions or emergency.[19]
- Use of professional interpreters or translated materials during consent.
- Use of structured behavioral checklists to evaluate whether staff present options neutrally, explain risks and benefits in plain language and allow time for patient questions.[32]

Outcome Measures

- Patient-reported autonomy scores on the MADM Scale.[23]
- Shared decision-making quality via SDM-Q-9 total score.[29]
- Consultation and Relational Empathy (CARE) Measure items related to information sharing and empathy.[26]



Suggested Instruments

- **Adapted Behavioral Checklists (e.g., Informed Consent Tool).**[32]
  These checklists systematically assess the quality of how staff present information, review risks and benefits and respond to patient questions.
- **Mother's Autonomy in Decision Making (MADM) Scale**
  A validated tool that measures how much control and involvement pregnant women feel they have in decisions about their maternity care. It is a 7-item questionnaire with responses on a 6-point Likert scale. Items can be adapted to measure perceived voluntariness and authority in maternity care decisions.[23]
- **9-item Shared Decision-Making Questionnaire (SDM-Q-9)**
  Assesses the extent to which providers involve patients in clinical decision-making processes, underpinning meaningful consent.[29]
- **CARE Measure**
  A validated tool designed to assess how patients experience empathy and communication during clinical encounters. It is a questionnaire with 10 items and responses on a 5-point scale.[26]
- **Locally Adapted Consent Checklists**
  Real-time audit tools, while not fully validated, offer feasibility; these should be pilot-tested and iteratively refined.[22]

By deploying these focused evaluation tactics teams can illuminate gaps in informed consent practice, guide iterative improvements and ensure that consent is truly respectful and patient-centered.

Accountability

What is accountability in respectful maternity care?
Healthcare providers not only answer to professional standards or quality metrics, but to maternity patients, their families and the communities they serve. Accountability is the obligation of the clinician to uphold the rights, dignity and autonomy of maternity patients through a transparent and answerable mechanism.[1]

Accountability is the backbone of sustainable respectful maternity care. It is not punitive: it is restorative, participatory and transformative. Without it, respect becomes optional and harm goes unaddressed. Respectful care is everyone's responsibility and teams can thrive when accountability is shared. Every member of the care team, from bedside staff to senior leadership, has a role in supporting respectful practices and responding when care falls short of expectations.

This section offers a set of evidence-informed behaviors and strategies that individuals, clinical teams and institutions can use to improve accountability. **Whether you adopt one or more, each approach can help make care safer and more respectful.**

Practices for Individual Clinicians

Take responsibility for your mistakes and apologize when harm occurs. Apologizing restores trust and models humility.

Document patient preferences, consents and refusals accurately and thoroughly. This protects patient rights and ensures continuity of care.

Request feedback from patients and peers. This demonstrates an openness to learning and accountability to the community.

- Try asking your patients: "I want to make sure I'm supporting you the way you desire—how is this going for you so far?"
- Try asking your peers: "From your perspective, is there anything I missed or could strengthen in my care?"

Behaviors that demonstrate accountability. Speaking up when witnessing disrespect using DESC;[16] Use team debriefs to address harm; Support staff who report concerns regarding respectful patient care.

Report incidents of mistreatment or bias via institutional channels. This can ensure that patterns of harm are addressed and not normalized.

Practices for Clinical Teams

Conduct team huddles to review respectful care expectations before shift changes. This reinforces shared norms, prepares for patient-centered care and prioritizes respect as a safety practice.

Increase patient rounding with clinical and interdisciplinary teams to address real-time patient feedback.

Use and elevate patient experience data in team reviews. This can reveal opportunities for the team to be accountable to patient voice and to improve respectful care practice in birthing process.

Debrief after high-intensity or adverse maternity care events in real time, not just for medical emergencies. A debrief after escalated emotions, miscommunications or delays in care can build a culture of accountability to patient-centered care.

Develop a protocol for communicating any feedback opportunities to patients throughout their care. For example, if your institution offers a patient experience survey (or other form of feedback), ensure that information and process is clearly communicated to patients.

Strategies for Clinical Institutions

Link current quality metrics at your hospital to respectful care.

- Facilities can review by demographic indicators and make public key measures and standards that are already reported to and tracked by The Joint Commission's Perinatal Care measures track[33]
- Facilities can review by demographic indicators and make public Hospital Consumer Assessment of Healthcare and Provider Systems (HCAHPS) survey questions that assess communication, respect and responsiveness for maternity patients[34]
- Facilities can review and make public the measures it reports to the Centers for Medicare & Medicaid Services Maternity Core Set[35]

Implement a system to collect and use patient experience data disaggregated by race, ethnicity, insurer-type/payer and language. This moves patient feedback from the periphery to a central part of the maternity care improvement process.

Make disaggregated maternal experience data public. Share experience metrics by race, language and other criteria with staff and community on the hospital's website.

Establish community-led patient experience councils. More than an advisory board, this is a co-governance body that reviews maternity experience data and complaints and can drive maternity improvement efforts.

Partner with community-based organizations (CBOs) on accountability rounds. Invite doulas, CBOs or other community representatives to audit care spaces. Attend community listening sessions organized by doulas, CBOs or other community representatives.

Link accountability to leadership performance. Tie respectful care metrics to the evaluations of department heads. This can align leadership incentives with respectful care goals.

EVALUATING ACCOUNTABILITY

This section outlines specific strategies for evaluating whether accountability mechanisms are present and functioning in maternal care settings. A facility is encouraged to analyze patterns in feedback and complaint resolutions across different patient groups, as it is central to accountability. Stratifying data by race, language, insurance type or other relevant factors enables a facility to identify inequities in how effectively the system addresses patient concerns. Without such stratification, the ability to monitor trends or ensure consistent follow-up and support across diverse populations is limited.

Evaluation Objectives

1. Transparency: Assess if policies, procedures and provider actions are visible and understandable to patients and their families.[36]
2. Responsiveness: Determine whether feedback from patients leads to timely and meaningful responses or improvements in care.[2]
3. Reporting: Evaluate if the systems in place are clear and accessible for the reporting of concerns or mistreatment and how trusted these systems are by patients.[21]
4. Learning Systems: Assess whether maternity care settings use data and feedback to guide ongoing quality improvement.[37]

Process Measures

- Visibility of formal complaint and grievance procedures to patients.
- Percentage of staff trained in patient rights and accountability-related protocols.
- Frequency of audits or reviews of adverse events, patient complaints or mistreatment reports.
- Presence of patient representatives or advocacy groups involved in maternal care decision-making.

Outcome Measures

- Patient-reported trust in the system's ability to address concerns and complaints.[21]
- Patient-reported satisfaction with how complaints or concerns were resolved, including timeliness, transparency and perceived fairness of the resolution process.
- Patient perception of whether providers acknowledged errors, listened to concerns or took corrective actions.[2]
- Extent to which the facility stratifies and analyzes feedback and complaint resolution data across different patient groups (e.g., by race, language, insurance type) to ensure acceptable follow-up and support.[21]

Suggested Instruments

- **Mother's Autonomy in Decision Making (MADM) Scale**
  A validated tool that measures how much control and involvement pregnant women feel they have in decisions about their maternity care. It is a 7-item questionnaire with responses on a 6-point Likert scale. Items can be adapted to assess accountability-related perceptions.[21]
- **Locally Developed Accountability Surveys**
  Custom tools, such as anonymous feedback forms and community scorecards, can capture patient and community feedback on provider and system responsiveness.[37]
- **Health System Monitoring Tools**
  Facility-level tracking systems, such as dashboards or quality scorecards, can help monitor statuses of complaints, frequency of reviews, and improvements in patient-reported issues.[36]

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Resources

A Collection of Resources from the Guide

Hear Her Campaign

CDC's Hear Her campaign seeks to raise awareness of urgent maternal warning signs during and after pregnancy. It also aims to improve communication between healthcare providers and patients. The Hear Her campaign goals are to:

- Increase awareness of serious pregnancy-related complications and their warning signs,
- Empower women who are pregnant and postpartum to speak up and raise concerns, and
- Encourage support systems to engage in important conversations.
- Provide tools for pregnant and postpartum women and healthcare professionals to better engage in life-saving conversations.

Resources

IRTH App

The IRTH App is a “Yelp-like” platform created for and by Black and Brown parents to review and rate healthcare providers, specifically OB/GYNs, hospitals and pediatricians during pregnancy, birth and the postpartum period. The app aims to address bias in maternity care and promote safer, more equitable experiences for women of color giving birth.

Making Informed Consent an Informed Choice: Training Modules for Health Care Leaders and Professional

Developed by the AHRQ, *Making Informed Consent an Informed Choice: Training for Health Care Leaders* addresses improvements that can be made at the hospital level. The training reviews:

- The principles of informed consent,
- How to craft a clear and comprehensive informed consent policy,
- What to consider when establishing libraries of easy-to-understand informed consent forms and high-quality decision-making aids,
- How to remove communication barriers, and
- The importance of establishing efficient workflows.

The Mother’s Autonomy in Decision Making (MADM) Scale

The MADM scale is a validated tool developed to assess women’s autonomy in decision-making during maternity care. Studies that have used the MADM scale since 2017 have found:

- **Higher Autonomy Scores:** Longer prenatal appointments and culturally centered care models.
- **Lower Autonomy Scores:** Shorter prenatal appointments and those who felt their preferences were not respected.
- **Implications:** Enhancing autonomy in maternity care can lead to improved satisfaction and better postpartum outcomes.

Resources

Mama Certified:

Mama Certified works with hospitals to improve care for Black moms and babies by collecting data and assessing their efforts. Through scoring, badges and yearly certifications, Mama Certified helps hospitals stay accountable to their commitments. Then, this information is shared so Black mothers can make informed choices about where to give birth. Mama Certified brings together community members, organizations and hospitals to learn as a team. By learning together and aligning our efforts, Mama Certified pushes for big changes that improve care for Black moms and babies. This model ensures that both community voices and hospital leaders are part of the solution.

New York State Perinatal Quality Collaborative: Birth Equity Toolkit

Created by the New York State Perinatal Quality Collaborative (NYSPQC) in partnership with the National Institute for Children's Health Quality (NICHQ), the Birth Equity Toolkit offers evidence-based and evidence-informed strategies for care systems to identify how individual and systemic racism impacts maternity care and to improve the experience of care for birthing women. The care domains used to measure progress are:

- Autonomy
- Communication
- Dignity and respect
- Stigma and discrimination
- Supportive care

Resources

TeamBirth

Created by Ariadne Labs, TeamBirth is a patient-centered care process designed specifically for labor and delivery. It promotes shared decision-making by engaging the birthing woman and care team in regular, structured huddles. Core components include:

- A Shared Planning Board displayed in the patient's room to record team members, care goals and preferences,
- Patient-involved team huddles during key decision-making points,
- Guidance for implementation in hospitals of varying size and structure, and
- Strong alignment with national respectful care priorities and quality improvement initiatives.

TeamSTEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety)

Developed by the Agency for Healthcare Research and Quality (AHRQ), TeamSTEPPS® is a nationally recognized framework designed to improve teamwork and communication in health care and includes:

- Communication tools (e.g., SBAR, call-outs, check-backs),
- Modules on leadership, situation monitoring and mutual support,
- Implementation guides for training, simulation and debriefing, and
- Adaptable resources for hospitals, clinics and interprofessional teams

Appendix 1: Respectful Maternity Care Evaluation Framework

The delivery of Respectful Maternity Care (RMC) depends not only on individual behaviors or institutional intent, but also on the presence of structured systems for assessing and ensuring whether core practices are being implemented effectively, equitably and with fidelity. Evaluation offers a mechanism for understanding whether RMC principles are embedded in daily practice, and whether these efforts result in meaningful improvements in patient experience and outcomes.

Evaluation plays a critical role in supporting health systems to move from intention to accountability. In quality improvement (QI) initiatives, the integration of evaluation has been shown to strengthen implementation and ensure that interventions are responsive to the needs of those most affected by care.[1,2] Ongoing measurement enables teams to assess progress, identify gaps and adapt in real time. Without such mechanisms, efforts to embed RMC can be fragmented, difficult to scale and vulnerable to loss of momentum.[3]

In this section, we present an evaluation framework aligned with the five core domains outlined in this guide: dignity, communication, autonomy in decision-making, informed consent, and accountability. The framework draws on validated tools and evidence-informed strategies and focuses on two main categories of measurement, process measures and outcome measures, as displayed below:

RMC OUTCOMES

Process	Short-Term Outcomes	Long-Term Outcomes
Increase in staff training and competency related to RMC.	Increased treatment of patients with **dignity**	Improved patient experience
Increase in documentation of RMC practices.	Improved **communication** between hospital staff and patients	Improved patient satisfaction
Increase in routine patient feedback collection related to RMC.	Increased sense of **autonomy** by patients	Improved clinical Outcomes
Increase in team-based review and accountability of RMC practices	Increased provider use of **infomed consent** communication practices	
	Increased **accountabilty** of healthcare providers to provide RMC	

Appendix 1: Respectful Maternity Care Evaluation Framework

- Process measures assess whether RMC are implemented as intended, and whether systems are in place to support respectful care. Examples include the proportion of staff trained in RMC, use of privacy protections during examinations, the proportion of translated materials among all patient handouts and frequency of patient feedback collection.
- Outcome measures assess the effects of care on patient experience and clinical results. These include patient-reported experiences of communication, autonomy and dignity; satisfaction with care; perceptions of safety, respect and inclusion; and clinical indicators such as readmissions and complications.

Each domain-specific section of the guide includes embedded evaluation recommendations, with example indicators for process and outcome measures and suggested instruments. These range from validated tools, such as the Mothers on Respect (MOR) Index,[4] the Mother's Autonomy in Decision Making (MADM) Scale,[5] the 9-item Shared Decision-Making Questionnaire,[6] and the Consultation and Relational Empathy [CARE] Measure,[7] to emerging or locally adapted checklists and patient feedback forms that have not yet undergone full psychometric testing.[8,9] Incorporating both validated and context-sensitive instruments allows teams to balance rigor with feasibility, while local adaptation and re-validation can address cultural relevance and workflow constraints. Finally, the guide concludes with a dedicated section on evaluating long-term patient-level outcomes, covering patient-reported experience measures (PREMs), satisfaction metrics (e.g., Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]) and clinical outcomes, to underscore the importance of measuring sustained impact, align RMC domains with broader quality indicators and provide practical guidance on selecting, implementing and interpreting these tools in clinical and community settings.

Timing of evaluation should consider both process measures and short and long-term outcomes. In the short term, teams can establish baselines with pre-implementation chart audits and weekly or biweekly observations (e.g., teach-back documentation, consent checklists), organizational readiness to implement RMC practices[10,11] and capture patient perceptions of autonomy and shared decision-making via brief surveys (MADM, Shared Decision Making Questionnaire [SDM-Q-9]) at discharge or within 72 hours postpartum. In the long term, follow-up PREMs and satisfaction measures (e.g., HCAHPS, CARE items) at 3 - 6 months postpartum, alongside clinical metrics (readmissions, complications) at 6- and 12-month intervals, ensure sustained impact and data should be disaggregated by race, language and insurance status to identify and address differences in care. Embedding these time-staggered measures into QI huddles and leadership reviews supports both real-time course correction and strategic accountability.

Evaluation does not need to require large-scale infrastructure or formal research protocols. When integrated into existing QI initiatives, it can function as a practical and scalable strategy for learning and adaptation.[2] Routine use of both validated and non-validated measures enables teams to assess implementation fidelity, capture patient experiences and identify actionable areas for improvement. By embedding evaluation into daily practice, clinical teams can move beyond aspirational commitments to respectful care and toward systems of accountability that are measurable, fair and sustainable over time.[2,12]

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Appendix 2: Evaluating Long-Term Patient-Level Outcomes

Why This Matters

Evaluating patient experience and satisfaction is an essential part of implementing Respectful Maternity Care (RMC). While clinical outcomes tell us what happened, patient-centered measures reveal how care was experienced. They capture the human dimensions of maternity care—respect, dignity, communication and emotional support—which are central to RMC. By systematically assessing these outcomes, health systems can ensure that RMC efforts are not only being implemented, but are also making a meaningful difference for women, families and communities.

The domains of RMC—dignity, communication, autonomy in decision making and informed consent—are closely linked to long-term outcomes like patient trust, care-seeking behaviors in future pregnancies and maternal mental health. Measuring patient experience and satisfaction helps identify strengths, highlight gaps and support continuous quality improvement. It also fosters accountability, ensuring that services remain aligned with the principles of RMC.

Patient Satisfaction

Patient satisfaction has been strongly linked to positive health outcomes, with high satisfaction associated with better health behaviors, including medication adherence and, timely follow up.[1] In maternal health specifically, positive patient experiences are associated with higher use of skilled birth care and postpartum services, which are critical for maternal and infant survival.[2] Respectful maternal care initiatives have been shown to have a positive impact on patient satisfaction, and therefore facilities that chose to focus on patient satisfaction as an outcome for evaluation may see improvements in patient satisfaction before demonstration of other long-term outcomes.

Hospitals gather patient satisfaction data through multiple established methods: they use standardized surveys like HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)—mandated by the Centers for Medicare and Medicaid Services (CMS)—which is administered via mail, telephone, mail with phone follow-up or automated response, to a randomized sample of discharged patients and covers domains such as communication, responsiveness, cleanliness and overall rating (HCAHPS: Patients' Perspectives of Care Survey | CMS; Consumer Assessment of Healthcare Providers and Systems (CAHPS®) | Agency for Healthcare Research and Quality). In addition, hospitals often deploy proprietary or third-party surveys—like those from Press Ganey—to capture outpatient or in-hospital feedback (Transform Your Healthcare Experience | Press Ganey). Tracking and monitoring patient satisfaction in association with RMC initiatives can be an effective way to utilize existing hospital data collection mechanisms to assess the impact of these initiatives.

Appendix 2: Evaluating Long-Term Patient-Level Outcomes

Patient Reported Experience Measures (PREMs)

Patient Reported Experience Measures (PREMs) are structured questionnaires that ask patients to reflect on specific aspects of their care experience, rather than simply rating their overall satisfaction. Unlike general satisfaction surveys—which often produce overly positive results and offer limited actionable insight—PREMs focus on concrete elements of care, such as whether the woman felt listened to, respected or given enough information to make decisions.

PREMS are valuable in maternity care because they:

- Provide actionable, specific feedback tied to RMC domains.
- Highlight both strengths and opportunities for improvement.
- Support benchmarking in a facility or across regions.
- Empower patients by giving them a formal voice in shaping services.

Examples of Relevant PREMs for Maternity Care

- New York State Birth Equity Improvement Project (NYSBEIB) –Patient Reported Experience Measure
- Person-Centered Maternity Care (PCMC) Scale – Measures dignity, communication, and autonomy during facility-based childbirth. (PCMC Scale (Population Council)
- Mothers on Respect (MOR) Index – Assesses perceptions of respectful care during pregnancy and birth. (MOR Index (Birth Place Lab)
- WHO Quality of Care Experience Survey Modules – Includes patient-reported experience questions for antenatal, intrapartum, and postnatal care. (WHO Standards for Improving Quality of Maternal and Newborn Care

Implementing PREMs in Clinical or Community Settings

If a facility is considering implementing a PREM, consideration should be given to how to inform patients about the survey, having someone speak with the patient directly about what the survey is, why it is important and what will happen with the information collected.

Approaches to PREM Data Collection

- Paper-based surveys at discharge.
- Tablet or mobile surveys for real-time entry.
- Telephone interviews or SMS-based surveys for remote reach.
- Ensure language accessibility and cultural appropriateness.
- Maintain confidentiality and voluntary participation.

Appendix 2: Evaluating Long-Term Patient-Level Outcomes

Timing of Administration

- Postpartum: Within 48 hours after discharge, to capture immediate impressions.
- Follow-up: 2–6 weeks postpartum, to reflect on the experience after recovery.
- Community-based: During home visits or follow-up calls for women who gave birth outside of a facility.

PREM Data Interpretation and Use

- Disaggregate results by age, parity, location and other relevant demographics.
- Compare results over time to track changes.
- Share findings with advisory group of patients and patient advocates.
- Use findings in staff feedback sessions, quality improvement meetings and community dialogues.
- Publicly share summaries (while maintaining anonymity) to build transparency and trust.

Furthermore, qualitative methods, such as patient interviews, focus groups and narrative analyses, are widely used to capture nuanced experiences and perceptions of respectful care, in addition to quantitative methods. These approaches complement quantitative instruments by providing depth and context, although they are less standardized and more resource intensive.[2-4]

Clinical Outcomes

Clinical outcomes associated with respectful maternal care (RMC) reflect the tangible health impacts of providing care that is dignified, person-centered and free from mistreatment. Evidence shows that RMC can improve timely access to skilled birth attendance, increase adherence to recommended antenatal and postnatal care and promote effective communication between patients and providers —factors that directly contribute to reductions in preventable maternal and neonatal morbidity and mortality.[2,5] By fostering trust and emotional safety, RMC also supports early identification of complications, better pain management and adherence to treatment plans, which can lead to improved maternal recovery, higher breastfeeding initiation and continuation rates and enhanced newborn health.[6,7] In addition, the National Partnership for Maternal Safety has provided practice guidelines that emphasize RMC as an important factor in reducing primary cesarean births.[8] Evaluating these clinical outcomes alongside patient experience provides a more complete picture of the effectiveness of RMC initiatives and their contribution to both short-term and long-term health gains for mothers and infants.

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