



Training Guide for Respectful Care Practices

Prepared By :

**NEBRASKA PERINATAL QUALITY IMPROVEMENT
COLLABORATIVE (NPQIC)**





Purpose

About NPQIC

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) works to improve the delivery of and access to evidence-based health care for all Nebraska mothers and newborns. NPQIC engages stakeholders statewide to identify opportunities for improvement, implement sustainable initiatives, and improve the quality of perinatal care across Nebraska. Respectful, person-centered maternity care is a core component of this work and directly supports improved maternal and infant outcomes.

Purpose of the Respectful Care Training Toolkit

This toolkit supports NPQIC's mission by providing practical strategies to strengthen respectful, equitable, and person-centered maternity care across Nebraska.

The toolkit is designed to:

- Support statewide engagement around respectful maternity care
- Identify system-level barriers that impact patient trust, access, and outcomes
- Promote evidence-based, trauma-informed, and culturally sensitive care
- Integrate respectful care into existing workflows, education, simulations, and quality improvement activities
- Support sustained improvements in maternal and infant health outcomes

How to Use This Respectful Care Training Toolkit

This Respectful Care Training Toolkit is designed to be flexible, practical, and easy to integrate into existing workflows. The activities and discussion guides can be used as standalone sessions or embedded into routine education, quality improvement, and safety activities already occurring on maternity and neonatal units.

Respectful care is not a separate task; it is a core component of safe, high-quality maternal and newborn care. This toolkit emphasizes small, realistic changes that can be practiced, reinforced, and sustained over time.

Recommended Ways to Integrate This Toolkit

Unit Activity	Respectful Care Training
<p>Onboarding and Orientation</p>	<ul style="list-style-type: none"> • Introduce respectful care principles during new staff onboarding. • Use one Person-Centered Maternity Care (PCMC) domain and scenario to prompt discussion: <ul style="list-style-type: none"> ◦ “What does respectful care look like on this unit?” ◦ “What language or behaviors support patient trust here?” • Reinforce expectations around respectful communication, privacy, and patient autonomy from day one
<p>Staff Meetings and Education Days</p>	<ul style="list-style-type: none"> • Incorporate one discussion question or activity from this toolkit per meeting. • Rotate focus areas (e.g., autonomy one month, communication the next). • Use real examples from your unit to ground discussions in local context.
<p>Team Huddles (“Respectful Care Moments”)</p>	<ul style="list-style-type: none"> • Use a brief 2–3 minute reflection during shift huddles. • Example prompts: <ul style="list-style-type: none"> ◦ “What’s one thing we can do today to protect dignity or privacy?” ◦ “How can we better explain care in plain language today?” ◦ Encourage staff to share quick wins or challenges.
<p>Quality Improvement (QI) Activities</p>	<ul style="list-style-type: none"> • Align PCMC domains with ongoing QI work (e.g., breastfeeding support, patient satisfaction, equity initiatives). • Use respectful care reflections to identify system-level barriers, not individual blame. • Track small changes and improvements over time

Embedding Respectful Care into Unit Drills and Simulation

Unit drills and simulations provide a powerful opportunity to practice respectful care behaviors under pressure. While drills often focus on technical skills, incorporating respectful care strengthens communication, teamwork, and patient trust—especially during emergencies.

How to Incorporate Respectful Care into Any Drill

Assign one observer to focus specifically on respectful care behaviors, such as:

- How staff introduce themselves and their roles
- How events are explained to the patient and family
- Use of plain, non-medical language
- Inclusion of support people (partner, family member, doula)
- Protection of dignity and privacy during high-stress moments

Example Respectful Care Drill Add-Ons

During an obstetric emergency drill (e.g., hemorrhage, shoulder dystocia):

- Practice explaining what is happening to the patient in real time without jargon.
- Practice acknowledging unmet expectations or emotions expressed by the patient:
- “This is happening quickly, and I know it’s scary. We are here with you.” or “This is not how you planned for your delivery to go.”

During neonatal resuscitation drills:

- Practice narrating actions for parents in simple terms.
- Practice assigning one team member to communicate with family while care continues.

Respectful Care Communication Practice Scenarios

These short practice scenarios can be used in simulations, staff meetings, or small group discussions.

A. Interacting with Family, Support People, and Doulas

Scenario: A doula is advocating for the patient during a fast-moving clinical situation, and tension develops between staff and the support person.

Discussion Questions:

- How can staff acknowledge the doula's role while maintaining clinical leadership?
- What language supports collaboration rather than conflict?
- How does inclusion of support people affect patient trust and outcomes?

B. Debriefing with Patients After Severe Events

Scenario: A patient experienced a severe postpartum hemorrhage and emergency interventions.

Key Skills to Practice:

- Acknowledge what happened
- Validate emotions
- Invite questions
- Avoid blame or defensiveness

Sample Language:

“That was a very frightening experience. I want to explain what happened and hear how it felt for you.”

Respectful Care Communication Practice Scenarios

C. Explaining Care Without Medical Jargon

Exercise: Take a common clinical phrase and rewrite it in plain language.

Example:

- Clinical: “We need continuous fetal monitoring.”
- Plain language: “We want to keep a close watch on how your baby is tolerating labor.”

Goal: Ensure understanding, not just information delivery.

D. Sensitive Communication Scenarios

Use these situations for role-play or reflection:

- Substance Use Disorder
- Domestic or intimate partner violence
- Adolescents
- Patients with prior trauma or loss

Reflection Questions:

- What assumptions might staff bring into this interaction?
- What language promotes safety and disclosure?
- What system-level fears (e.g., CPS involvement) may affect trust?

Respectful Care Training Activities

Respectful Care Training Activity – Article Discussion

Suggested article: Promoting a global culture of respectful maternity care

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-023-06118-y>

Discussion questions:

- What does the mentioned definition of respectful care mean to you in your day-to-day work on the maternity unit?
- The article emphasizes that respectful maternity care must respect the cultural context and that much of the research to date is in low- and middle-income countries.
 - What changes could be made to ensure that respectful care is culturally sensitive and equitable in your setting?
- According to the article, a key challenge is lack of provider training/awareness of RMC standards and poor adherence due to negative attitudes or poor knowledge.
 - How comfortable do you feel in your own knowledge about RMC standards and principles? Where do you have gaps?
 - What kinds of education, training, or reflection could help you and your team strengthen respectful care practices?
- The article highlights that many settings lack routine data on respectful care practices, provider training, resources, infrastructure (e.g., inadequate space for privacy) and staffing.
 - What structural or system-level barriers in your facility hinder respectful maternity care?
- The article links lack of respectful care with women’s reduced trust in the health system, delayed care seeking, and poorer outcomes.
 - What could you do (or your team could do) to increase support for authentic choice and build trust with patients?
- The authors call for the development of international guidelines and improved evidence on respectful care implementation.
 - Based on this article and your reflections, what one change would you commit to in your own practice or your unit over the next month to enhance respectful maternity care?
 - Who else in your unit or hospital needs to be involved in making this change, and how will you engage them?

Respectful Care Training Activities

Respectful Care Training Activity – SUD Infographic Discussion

MoMMAs Voices SUD Resource Hub

<https://www.mommasvoices.org/sud-resource-hub>

Intro Script: Welcome everyone, and thank you for being here. Today’s session focuses on providing respectful, trauma-informed care to pregnant and postpartum patients with Substance Use Disorder (SUD). As healthcare workers, we may not always control the systems patients navigate, but we do control: how we communicate, how we respond to stress and disclosure and how safe or unsafe patients feel in our care. Today we’ll use patient-informed materials from MoMMAs Voices to explore respectful care practices, language, and system barriers that impact families.”

Activity 1: Infographic Reflection

As you review the infographic, reflect on three questions:

- What resonated with you?
- Where do you see systems impacting care?
- How might this experience affect maternal/infant outcomes?

Please take notes. we’ll discuss together afterwards.

Activity 2: Language & Impact

Discuss which terms are commonly heard in your work setting and the potential impact on patients.

Examples to compare:

- “addict” vs. “person with SUD”
- “clean/dirty screen” vs. “positive/negative screen”
- “drug baby” vs. “infant with prenatal exposure”
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Discussion Questions:

- What language is routinely used on your unit/team?
- How might this impact patient trust, disclosure, and engagement?
- What realistic changes could we implement?

Respectful Care Training Activities

Respectful Care Training Activity – SUD Infographic Discussion

MoMMAs Voices SUD Resource Hub

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Activity 3: Clinical Scenario

Case: “A pregnant patient with SUD refuses treatment because she fears involvement of child protective services. She says, ‘If I tell anyone, I’ll lose my baby.’”

Small group discussion:

- How would you respond clinically and emotionally?
- What trauma triggers might be present?
- How can we balance safety and support?
- What systems contribute to this fear?
- What harm-reduction strategies could still support this patient?

Activity 4: System Audit

In groups, identify 1–2 institutional policies or processes that may inadvertently: increase stigma, reduce disclosure or discourage engagement in care.

- How do these policies affect outcomes?
- What small change could reduce harm?

GROUP REFLECTION

What is one change — in language, clinical practice, or systems — you can make tomorrow to create a more respectful care environment for pregnant or postpartum patients with SUD?

Respectful Care Training Activities

Respectful Care Training Activity – PCMC Framework

The Person-Centered Maternity Care (PCMC) framework, which focuses on the quality of the care experience from the patient’s perspective. It highlights a 13-item scale that includes core domains that shape respectful maternity care, such as core domains that shape respectful maternity care such as: Autonomy, Communication, Dignity and Respect, Privacy and Confidentiality, Supportive Care, and Trust. Together, these domains help identify strengths and gaps in care and guide improvement efforts that prioritize compassionate, equitable, and patient-centered maternity services.

In this training, we will explore the six domains of person-centered maternity care and apply them to real clinical scenarios to strengthen respectful, equitable, and patient-focused care practices.

1. Autonomy

Scenario: A laboring patient requests to change positions frequently, saying lying on her back increases her pain. The nurse is short-staffed and worries frequent repositioning will delay charting and tasks.

Guided Questions

- How should the healthcare team balance clinical needs and patient preferences in this situation?
- What strategies could support autonomy without compromising safety?
- How could staff explain risks/benefits in a non-coercive way?

2. Communication

- What simple language do you use to explain each step of labor and procedures to women who may be anxious, in pain, or have low literacy?
- How do you make sure women feel comfortable asking questions or expressing concerns during labor and immediately postpartum?
- When something goes wrong or plans must change quickly (e.g., emergency CS), how do you communicate this to the woman and her companion?

3. Dignity and Respect

- What specific behaviors show respect (tone of voice, greetings, how you address women) even when the unit is crowded and you feel stressed?
- How do you respond if a colleague uses harsh language, shouts at a woman, or makes disparaging comments about her age, parity, or social status?
- What do you do to avoid discrimination against adolescents, migrants, or women with

Respectful Care Training Activities

Respectful Care Training Activity – PCMC Framework

4. Privacy and Confidentiality

Scenario: During a busy shift, several women labor in one ward. Curtains are often left open, and students walk in and out. One woman later reports feeling exposed and humiliated.

- Discuss: What low-cost changes (curtains, drapes, positioning, staff routines) can be implemented? How should staff respond to her feedback? What environmental constraints threaten privacy in your facility?

5. Supportive Care

Scenario: A patient repeatedly asks for help with breastfeeding, but staff say “We’ll get to you soon,” and several hours pass. She eventually stops trying and says, “Maybe I’m just not cut out for this.”

Guided Questions

- What factors may have led to a delay in support?
- How does lack of timely support affect confidence, bonding, and outcomes?
- What low-effort, high-impact strategies could be implemented to improve support?

6. Trust

Scenario: A woman with a previous negative experience (felt ignored during labor) returns for her next delivery and is visibly guarded.

Discuss: What can the admitting midwife say and do to acknowledge her fears, invite her to share what went wrong last time, and co-create a plan for this birth?

CROSS-CUTTING DISCUSSION (ALL DOMAINS)

- Which domain do you find easiest to uphold?
- Which is hardest in your current context, and why?
- What system barriers—not individual failures—interfere most with domains

“Try This on Your Unit”: Small, Actionable Changes

To support sustainability, each activity should conclude with a commitment to one small change.

Examples:

- Replace one stigmatizing term with person-first language.
- Assign a team member to explain care during emergencies.
- Close curtains or reposition beds to improve privacy.
- Ask every patient one autonomy-supporting question (e.g., “What feels most important to you right now?”).

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Nebraska, where a great life starts with healthy moms and healthy babies.

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