

Equitable & Respectful Care

Birth Equity Initiative Monthly Webinar 4 –
February 20, 2024



● NEBRASKA, WHERE A GREAT LIFE STARTS WITH HEALTHY MOMS AND HEALTHY BABIES. ●

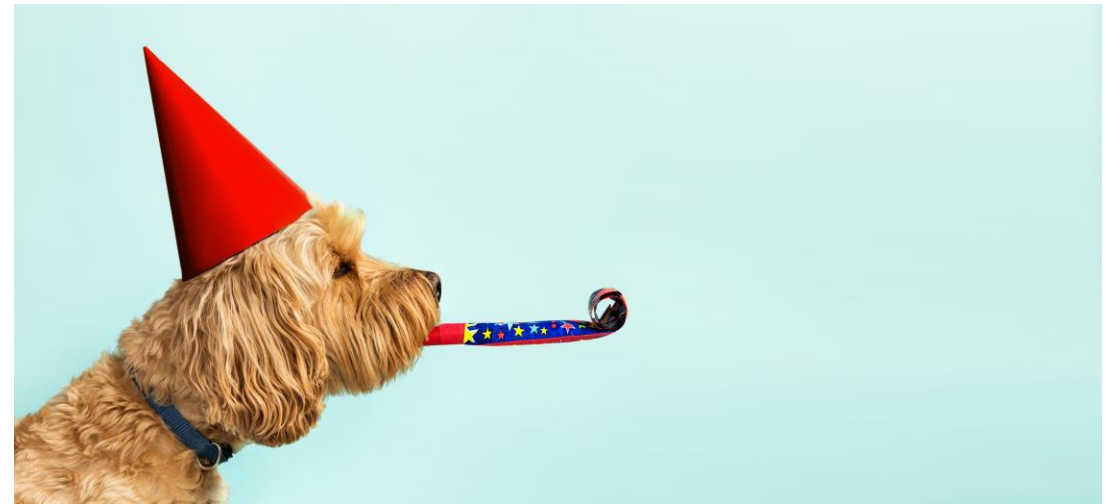
Agenda

- NPQIC updates
- Equity Exercise
- Birth Equity Key Strategies & Measures
- Outstanding Launch Awards
- Equitable & Respectful Care
- Resources & Materials
- Guest Speaker: NYSPQC
- QI Data Corner
- Team Talk
- BE next steps

Please enter your name
and the hospital team
you are affiliated with
in the chat!

Welcome to the Birth Center!!

- Joining St. Elizabeth's internal team, but entering data separately



Monthly Webinar Topic Schedule

Title	Month
Kickoff	November 2023
Optimizing Race/Ethnicity Data Collection	December 2023
Operationalizing Race & Ethnicity Data Collection	January 2024
Equitable & Respectful Care Principles and PREM	February 2024
Engaging Patient Partners in QI/Birth Equity Work	March 2024
Implementing a comprehensive implicit bias training for provider/nurse education	April 2024

NPQIC Updates

Black History Month Resources for Clinical Teams

“It must be acknowledged that these advancements were made through the exploitation of enslaved women’s bodies...”



- [WashU Dept of OBGYN](#)
- [Maternal Mental Health Leadership Alliance](#)
- What are you doing with your teams to acknowledge and celebrate contributions of Black patients, researchers, & clinicians to the field of OBGYN?

Momma's Voices Community of Learning

- March COL- sign up now!!
- Patient Partner Locator

<https://www.mommasvoices.org/>

Participation highly encouraged
to prepare teams for engaging
patient partners this Spring!



Provider Training

Learn how to use the **Lived Experience Integration®** framework to improve equitable maternal care for moms and babies.

Get Trained



Matchmaking

Our Certified **Patient Family Partners** (PFPs) are ready to partner with you, wherever maternal-health improvement is needed.

Request a PFP
Match



What's your score?

Find out your **Lived Experience Integration®** score and learn how to measure your improvements.

Take Quiz



ACOG Respectful Care e-Modules

- CME credit available



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eModule

Respectful Care eModules

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Overview

Significant racial health disparities have been proven to exist in birth outcomes year after year. The data prove that racial inequities in care are harmful to patients; but what can health care

Earn CME Credit

ACOG eModules are a practical self-evaluation program that

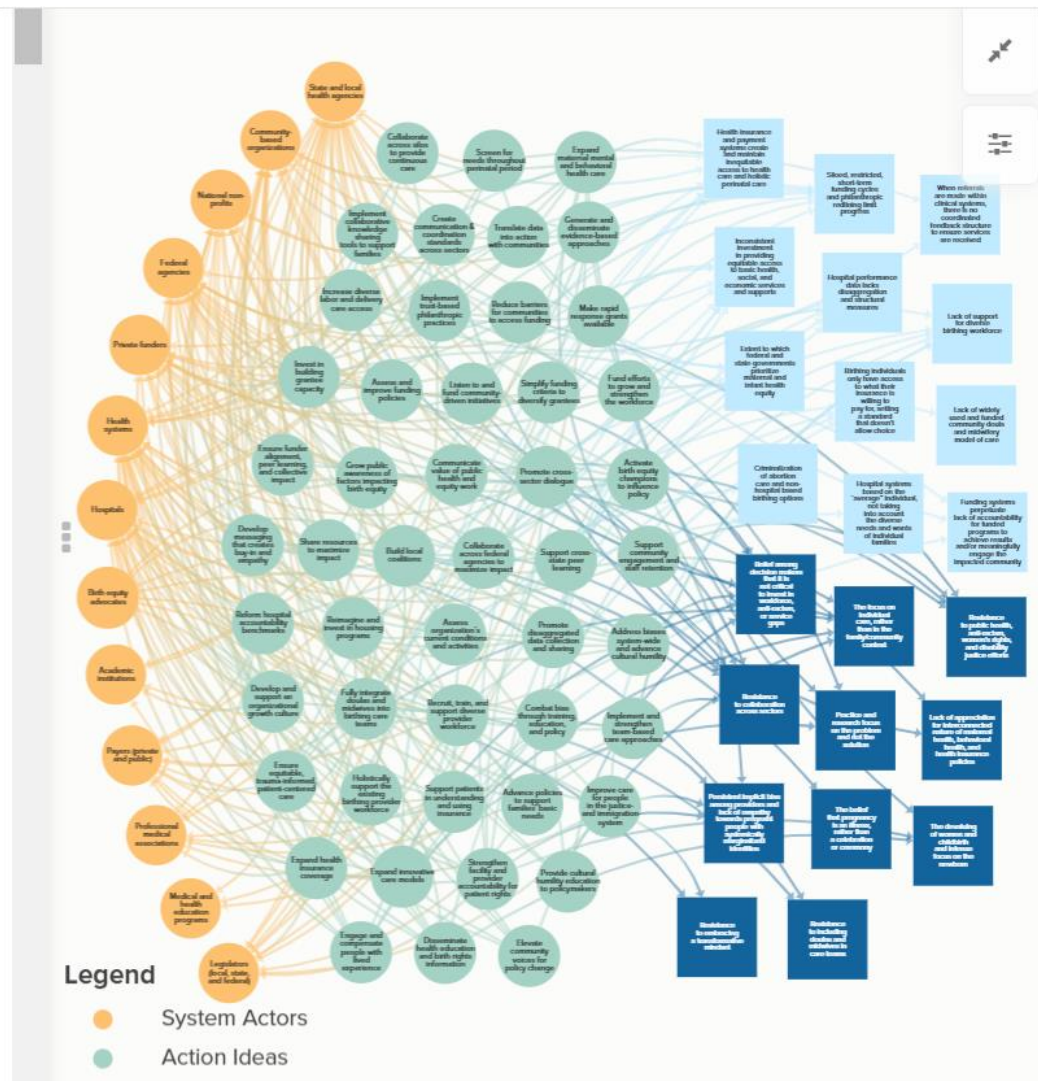
<https://www.acog.org/education-and-events/emodules/respectful-care>



New Resource- AMCHP Birth Equity Action Map

- On the map, click on any shape to view the description, sources, and supporting information.
- Use the drop-down menu in the bottom right to filter and view the actions associated with a specific theme.
- Click and hold any circle in the map to focus in on an element. Press the Escape key on your keyboard to remove the focus and return to the full map.

This Birth Equity Action Map seeks to capture urgent actions for specific system actors (i.e., birth equity partners) in the next 5 years.



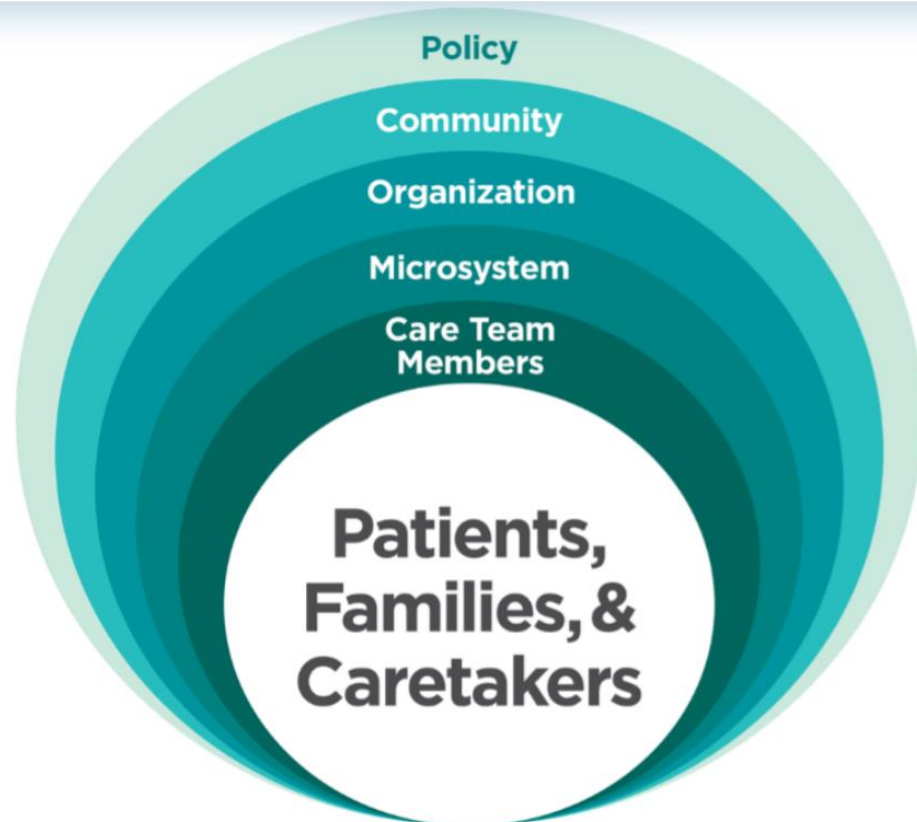
<https://amchp.org/resources/birth-equity-action-map/>



New Resource- Advancing Health Equity Roadmap



<https://advancingtheequity.org/roadmap-to-ahe/design-care-delivery-transformation/>




- **Creating a culture of equity**
- **Identifying a health equity focus**
- **Diagnosing root causes**
- **Prioritizing root causes**



Equity Exercise

Teams are encouraged to complete the exercise with their Birth Equity teams





Positionality

Opening Activity

UNMC SAFE SPACE TRAINING

Please answer these questions:

1. When's the first time you can remember learning that some people are lesbian, gay, bisexual, trans, or queer?
2. Where did most of the influence of your initial impressions/understanding of lesbian, gay, bisexual, trans, and queer people come from? (e.g., family, friends, television, books, news, church)
3. What were your first conversations about or encounters with the LGBTQ population in a healthcare environment?
4. How have your impressions/understanding of LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning) people changed or evolved throughout your life?



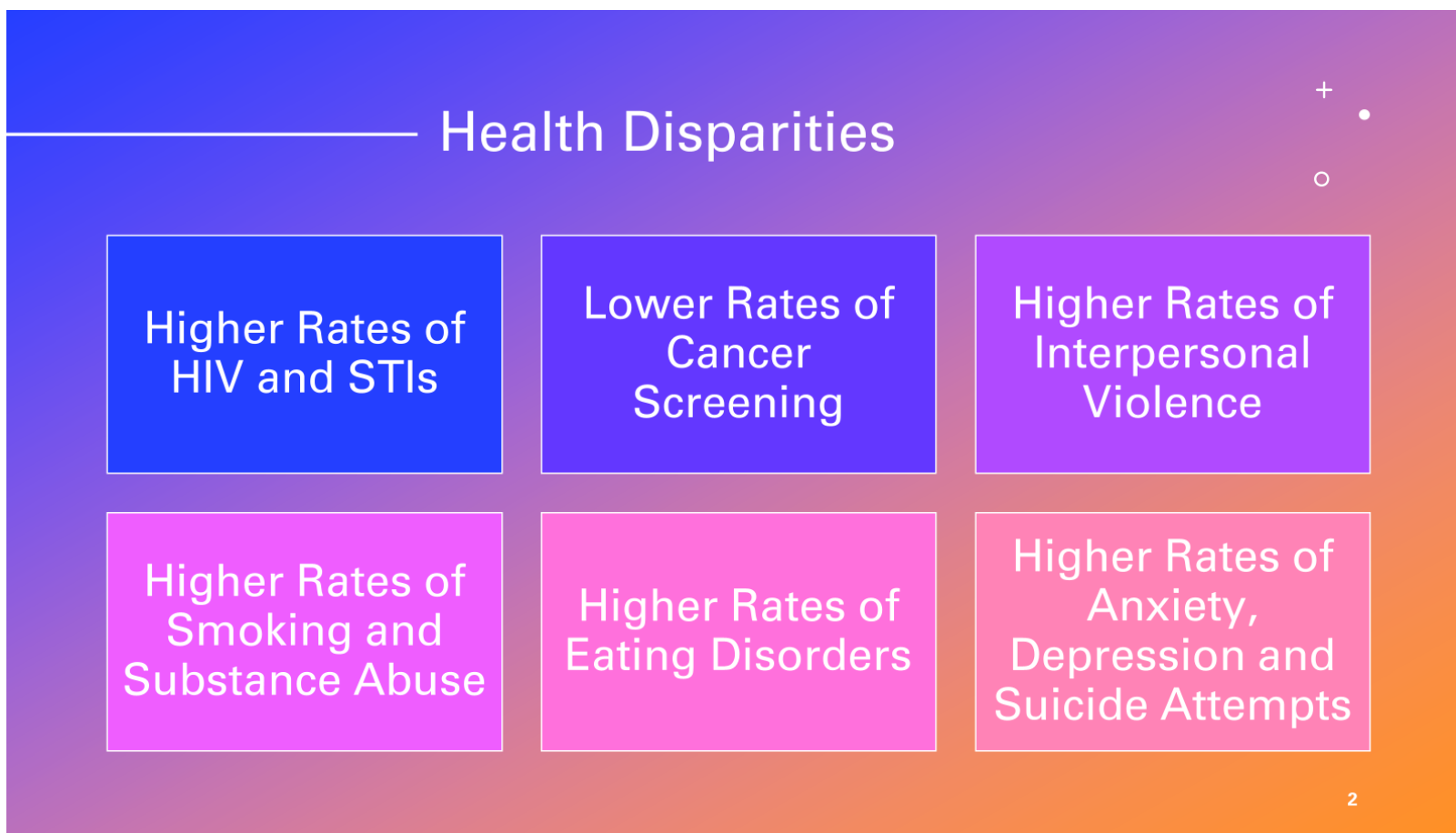
Health Disparities, Stigma, and Discrimination

- Many LGBTQ health disparities occur because of stigma and discrimination.
- Homosexuality and gender identity disorder included in the DSM until 1973 and 2013
- Members of the LGBTQ+ community may have experiences where they have been denied or turned away from care because of their sexuality or gender

In our community,

- Approximately 41% reported that they were not out to their primary healthcare provider. (Midlands LGBTQ+ Health Survey 2021)
 - About half thought that health care provider might be uncomfortable with their sexual orientation/gender identity
- Minority Stress
 - “Over half of the participants reported experiencing some amount of discrimination in the past year” (Midlands LGBTQ+ Health Survey 2021)

Health Disparities facing LGBTQ populations



Healthcare Scenario

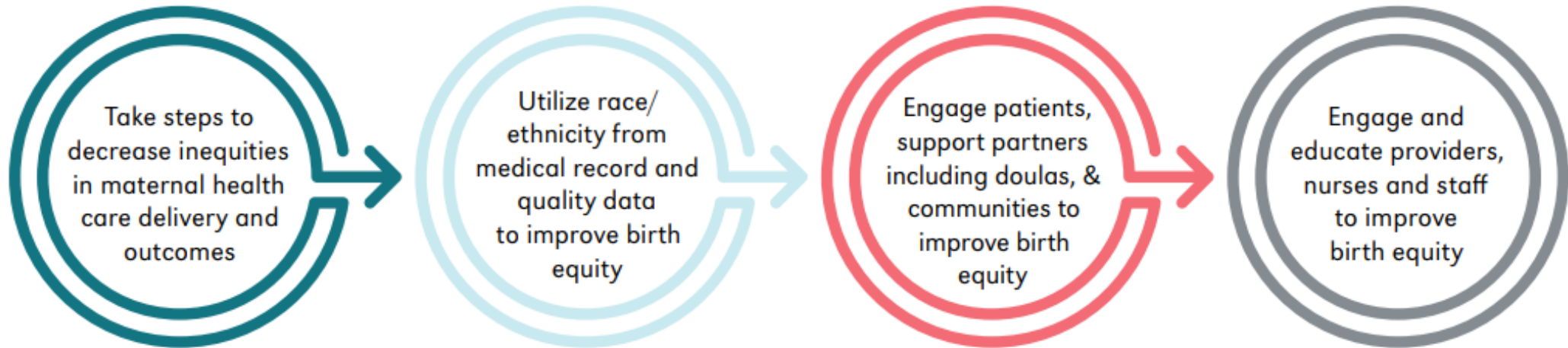
Judgement and Comments

Rowan, a college student, needs to follow up with her primary care provider, but when told this is her next step she hesitates and says she dreads going to see him. Rowan shares that she identifies as pansexual, and her primary care provider has made comments about her sexuality in the past, like “Is that what the kids are calling it these days? It’s impossible to keep up with all this diversity stuff, but I’m just an old fogey!”

Birth Equity Initiative

Key Drivers

Key Drivers to Promote Birth Equity



Key Strategies

Establish **doula-friendly practices & policies**

Implement processes to improve **data collection by equity variables**

Develop processes to **review/share maternal health quality data** stratified by equity variables

Implement **PREM Survey**

Implement **Equitable & Respectful Care** principles

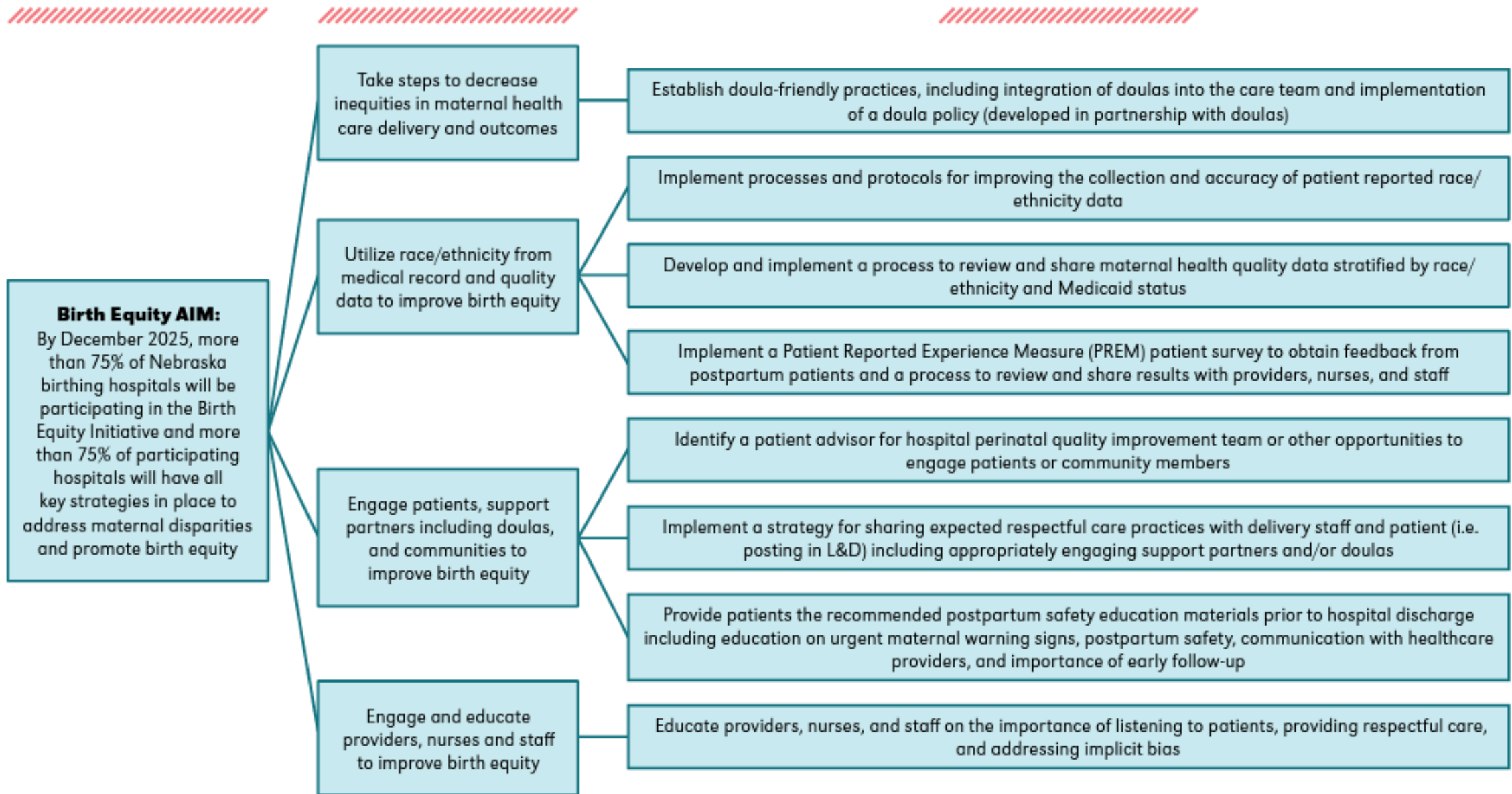
Provide **patient postpartum safety education**

Education clinicians/staff on: **bias, listening to patients, and respectful care**

AIM

DRIVERS

STRATEGIES



BE Hospital Team Data Submission (8 teams total)

Month	Teams Reporting
Baseline Oct-Dec 2023	5 out of 8
January 2024 (due Feb 29)	4 out of 8

Submit monthly data into REDCap by the end of following month. So, January data is due Feb 29th and February data is due March 31st.

Use your hospital data form as a QI meeting roadmap to guide your efforts and PDSA cycles.

Please contact us if you need help getting started with reviewing/entering your data!



Outstanding Launch Award

Congratulations to these teams:

Bryan Medical Center

CHI Immanuel

CHI Lakeside

CHI St. Elizabeth

Nebraska Medicine



Respectful Care Practices

Why Respectful Care Practices and Patient Reported Experiences Matter

- Maternal deaths are rising at an alarming rate.
 - In 2019, 754 women died of maternal causes in the U.S. (Hoyert, 2021)
 - In 2020, 861 women died
 - In 2021, 1,205 women died
- **Patients of color**, particularly Black and Latine patients, as well as those enrolled in **Medicaid** at the time of delivery more often report that members of their care team:
 - Did not engage them in care
 - Did not respond to their concerns and requests
 - Did not treat them with respect compared to White and privately insured patients (Vedam, et al., 2019)



Why Respectful Care Practices and Patient Reported Experiences Matter

- **Patient experience matters.** Individuals with better experiences of healthcare are more likely to:
 - Have more positive health outcomes
 - Demonstrate better adherence to recommended treatments
 - Participate in preventive care; and have better technical care delivery and lower likelihood of adverse events (Doyle, et al., 2013)

- **Implicit bias among healthcare practitioners** was significantly associated with
 - more negative patient–provider interactions
 - less appropriate treatment decisions
 - reduced treatment adherence, and
 - poorer mental health outcomes (Vedam, et al., 2019)



CDC HEAR Her Campaign

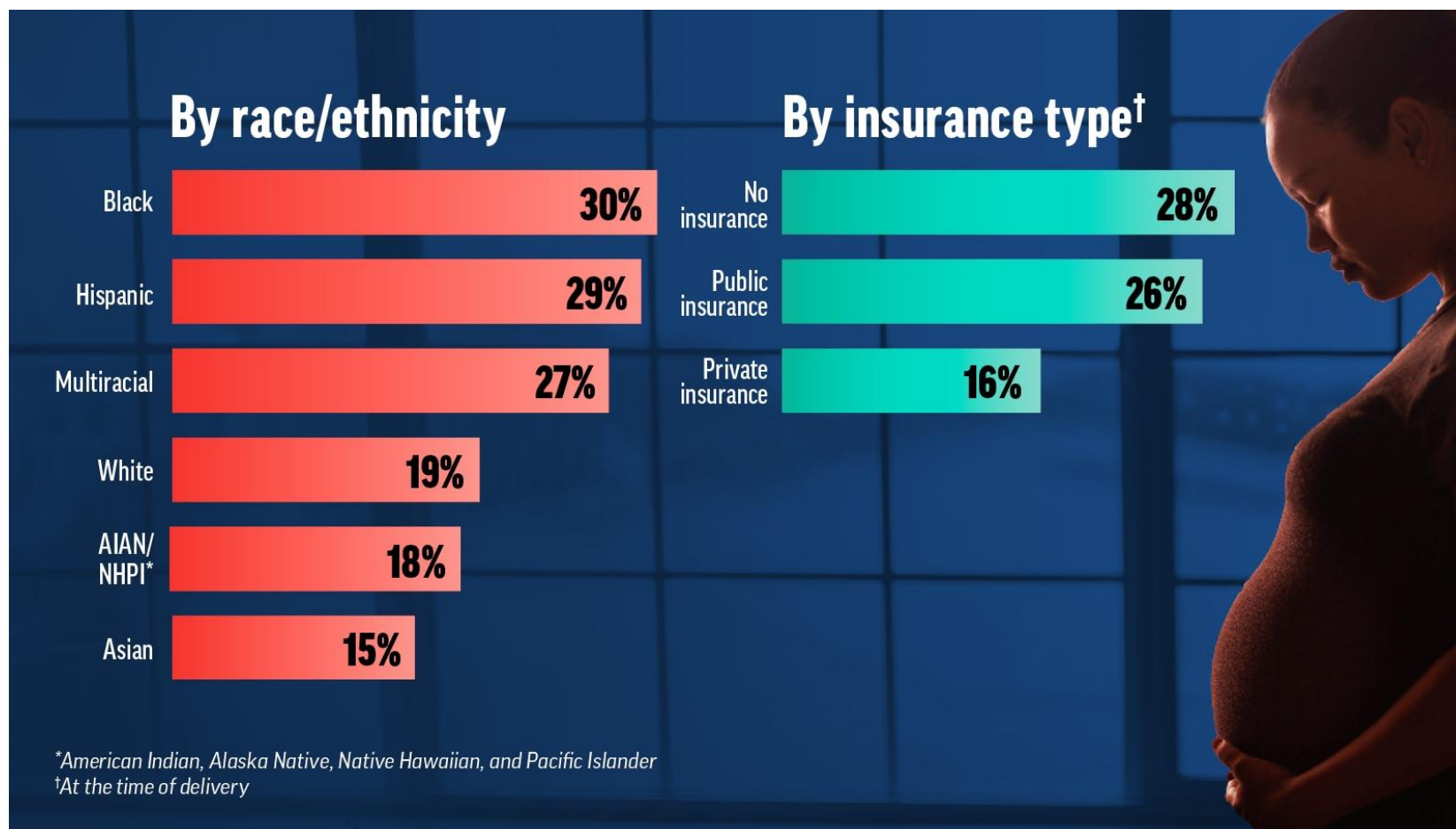
- **Active listening, making sure patients and their support persons feel heard**
- **Confirm all patients have postpartum education on warning signs and close follow up**
- “A woman knows her body. Listening and acting upon her concerns during or after pregnancy could save her life.” — Dr. Wanda Barfield, Director of CDC’s Division of Reproductive Health
- HEAR Her Campaign Goal: to raise awareness of potentially life-threatening warning signs during and after pregnancy and improve communication between patients and their healthcare providers.



https://youtu.be/nxGz3naF_JQ



Mistreatment During Pregnancy & Delivery



Mohamoud YA, Cassidy E, Fuchs E, et al. *Vital Signs: Maternity Care Experiences* — United States, April 2023. MMWR Morb Mortal Wkly Rep 2023;72:961–967. DOI: <http://dx.doi.org/10.15585/mmwr.mm7235e1>



Better Communication is Needed During Maternity Care

- Top reasons moms reported holding back from asking questions or sharing concerns during pregnancy/delivery:
 - Thinking, or being told by friends and family, what they were feeling was normal
 - Not wanting to make a big deal out of it or being embarrassed to talk about it
 - Thinking their healthcare provider would think they're being difficult
 - Thinking their healthcare provider seemed rushed
 - Not feeling confident that they knew what they were talking about



Challenges

- **Bias and discrimination in maternity care settings impact care**
 - About 29% of women experienced discrimination while receiving maternity care. Reports highest among Black (40%), multiracial (39%), and Hispanic (37%) women
- **Poor communication can worsen maternal health outcomes**
 - Sometimes it is hard for pregnant women to ask questions/share concerns. Providers can improve communication by creating an environment of trust
 - Providers can take time to really hear women's concerns and have an open conversation to make sure any issues are adequately addressed
 - When there is good communication between moms and providers, it is more likely there will be more accurate, timely diagnoses and treatment for potentially life-threatening pregnancy complications

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
- Communities can raise awareness of respectful care and promote health equity

To Advance Health Equity...

- Differences in respectful maternity care are **rooted in discrimination and stigma** based on factors that include race and insurance coverage.
- Research has shown the **connection between pregnancy complications and experiences of racism or discrimination.**
- **Greater diversity in the healthcare workforce** can help address racial and ethnic disparities in health care by:
 - Improving patients' experiences
 - Increasing patient satisfaction
 - Improving access to care for underserved patients



Respectful Maternity Care

Maintains
dignity, privacy,
and
confidentiality

Ensures
freedom from
harm and
mistreatment

Allows for
shared decision-
making and
continuous
support during
labor &
childbirth

Birth Equity Initiative materials

Respectful Care Practices

- 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, equitable and 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



*Available in
English and
Spanish at this
time*



We commit to...

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, equitable and respectful care

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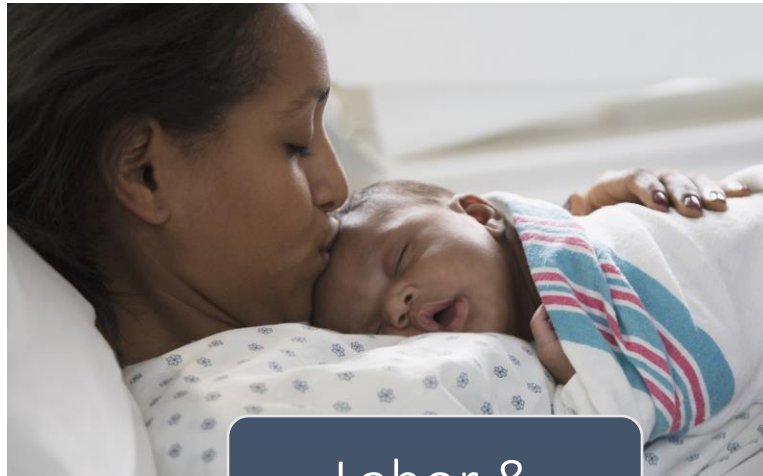


Implementing Respectful Care Practices

- **Provide all providers and nurses a copy of the Respectful Care Practices to read and sign off** on to acknowledge they commit to these practices
- **Post Respectful Care Practices posters** in patient facing areas where patients can read them: labor and delivery rooms, triage, check in
- **Create a process flow** to:
 - **Identify a team member responsible for providing patients the expected Respectful Care Practices** on arrival to L&D and briefly reviewing to make sure patient has received the handout
 - At discharge, make sure all **patients receive the PREM Survey QR Code and are asked to anonymously complete the PREM Survey on their phone before discharge** to report back on their respectful care experience during their delivery admission.
- **Review PREM Survey Reports** and provide feedback to clinical team



Patient Report Experience Measure (PREM) tool



Labor & Delivery

PREM

Respectful Care Practices



Tell Us About Your Birthing Experience

The purpose of this Patient Reported Experience Measure (PREM) Survey is to give you an opportunity to share feedback on your labor and delivery and postpartum care.

Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

- Your survey responses will be anonymous (your name is not linked to your answers) and the survey should only take a few minutes to complete.
- Use this Survey Access Code or Scan the QR code below to complete the PREM Survey, currently available in English and Spanish.
- Please complete the survey before you discharge. Let your nurse know when it is complete or if you have any issues. If you do not have a phone or other device available to take this survey, let your nurse know.

Option 1: Enter the Survey Access Code

Start the survey by following the steps below.

- Go to this web address:
<https://unmcrcap.unmc.edu/redcap/surveys/>
- Then enter this code: PRJ7KDYDC

Option 2: Scan the QR Code

Alternatively, if you have a device that has an app capable of reading QR codes, you may scan the QR code below, which should take you directly to the survey in a web browser.



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.

Our Respectful Care Commitments to Every Patient

- Treating you with dignity and respect throughout your hospital stay
- Introducing ourselves and our role on your care team to you and your support persons upon entering the room
- 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?
- 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
- Communicating effectively across your health care team to ensure the best care for you
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- Being ready to hear any concerns or ways that we can improve your care

NPQIC
The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.

PREM Implementation

- Handout is customizable- hospitals can add logos
- Currently available in English and Spanish
- Data collection begins April 1
- Surveys completed by patients on smart phone, tablet or computer before discharge
 - Laminate handout with QR code/link
 - Create script for your hospital (example scripts in toolkit)
 - Optional: PREM questions (for provider/nursing reference)



Tell Us About Your Birthing Experience

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PREM

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Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

1. Anonymous survey responses (name is not linked to answers)
2. Survey only takes a few minutes to complete
3. Use Survey Access Code or Scan QR code to complete PREM survey
4. Currently available in English and Spanish

Option 1: Enter the Survey Access Code

1. Go to this web address:

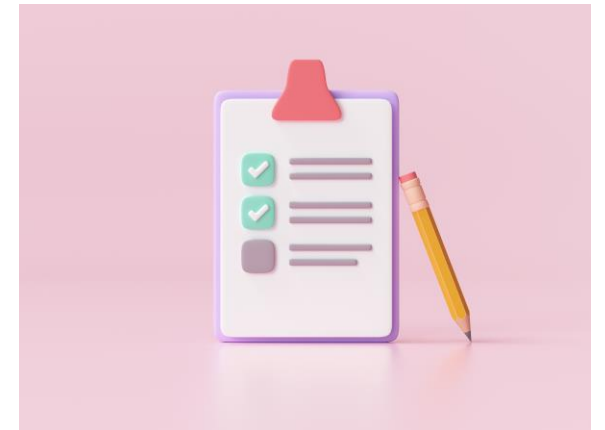
<https://unmcredcap.unmc.edu/redcap/surveys/>

2. Then enter this code: PRJ7KDYDC

Option 2: Scan the QR code

Alternatively, you can scan QR code

which should take you directly to survey in a web browser



PREM Survey Questions

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

1. I could take part in decisions about my care and ask questions about my care.
2. My healthcare team did a good job listening to me; I felt heard.
3. My healthcare choices were respected by the healthcare team.
4. My healthcare team communicated well with each other, and they understood my background, home life, and health history.
5. My healthcare team introduced themselves to me and my support persons, and explained their role in my care when they entered my room.
6. The healthcare team asked for my permission before carrying out exams and treatments.

PREM Survey Questions continued

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

7. I felt pressured by the healthcare team into accepting care I did not want or did not understand.
8. When the healthcare team could not meet my wishes, they explained why.
9. I trusted the healthcare team to take the best care of me.
10. I was treated differently by the healthcare team because of:
 - My race or skin color
 - My ethnicity or culture
 - The type of health insurance I have
 - The language I primarily communicate with

PREM Survey Questions continued

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

11. I was treated with respect and compassion:

- During my check-in
- During my labor and delivery
- During my care after delivery
- During discharge

12. I was treated with respect and compassion:

- By the obstetric doctors/midwives that took care of me
- By the nurses that took care of me
- By other staff at the hospital

PREM Survey Questions continued

13. The care I received was: Excellent, Good, Average, Fair, Poor

14. Please share any additional thoughts or comments about your experience with your delivery and hospital stay:



PREM Demographic Questions

1. Ethnicity:

- Hispanic
- Non-Hispanic
- Prefer not to answer

2. Race (select all that apply):

- Asian
- Black
- Native American/American Indian
- Native Hawaiian/Pacific Islander
- White
- Other
- Prefer not answer

3. Health insurance type:

- Public insurance (Medicaid or Medical card)
- Private insurance
- Self-pay
- Uninsured
- Prefer not to answer

4. Sexual orientation:

- Straight/Heterosexual
- Bisexual
- Gay
- Lesbian
- Queer
- Other
- Prefer not to answer

5. Gender identity (select all that apply):

- Female
- Male
- Gender-Neutral
- Agender
- Non-Binary/Gender non-conforming
- Trans Male
- Other
- Prefer not to answer



6. Age:

- 10-18
- 19-24
- 25-29
- 30-34
- 35-39
- 40+
- Prefer not to answer

7. Type of delivery:

- Vaginal
- Cesarean Section
- Prefer not to answer

PREM Access to Doula Services

8. Did you work with a doula (a trained birth assistant) during your pregnancy?

- Yes
- No

a. At what point during your pregnancy did you begin receiving doula support?

- First trimester (before 13 weeks)
- Second trimester (14-26 weeks)
- Third trimester (after 26 weeks)

b. Was the doula present during your labor and delivery?

- Yes
- No



c. I felt that my doula:

- Shared my cultural identity
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
- Shared my racial identity
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
- Was allowed to practice within their full scope
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

d. Is there a reason why you did not work with a doula during this pregnancy? (Select all that apply)

- Financial barrier
- I was not aware of what a doula does
- I did not want a doula
- Other



Tell Us About Your Birthing Experience

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PREM Survey handout

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Available in English
and Spanish.
Room for your hospital
logo at the bottom.

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PREM Reports

- Proposed timeline
 - Earliest PREM reports will be available in May, depending on patient completion rates
- PREM Reports will stratify responses by:
 - Overall responses
 - Public or Private Insurance
 - Non-Hispanic White compared to BIPOC responses
 - Black, White, Asian, Hispanic, Other (if sufficient numbers >5 patients per category)



PREM Key Points to Convey to Patients

1. This survey is an opportunity for **birthing people to provide feedback** on their experience of care during labor and delivery and postpartum
2. Your hospital, in partnership with NPQIC, **aims to improve the care of birthing people**
3. This survey is **anonymous** and takes only a **few minutes** to complete
4. We encourage **ALL** our birthing people to participate
5. Your responses will be **de-identified** and used to influence our **quality improvement** efforts

Resources for Creating Buy-in



Our Respectful Care Commitments for *Every Patient*

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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

Respectful Care Commitments Sign-off sheet for staff



Supporting respectful care for all patients:

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.



Handout
for
patients

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 an essential component of what it takes for all patients to thrive.



Supporting respectful care for all patients:

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.

Here are our respectful care commitments to every patient

We commit to....

- 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, equitable and 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



Our Respectful Care Commitments to Every Patient

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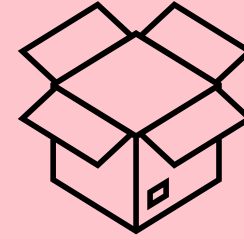
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Poster for
patient-
facing
areas



Printed Materials Offer!!



- NPQIC is offering a print bundle to get your team started on Equitable & Respectful Care.
 - 10 Equitable & Respectful Care Posters (English)
 - 5 Equitable & Respectful Care Posters (Spanish)
 - 1 Tear-Off Pad (50 pages) Equitable & Respectful Care Handout in both English and Spanish

Let Kara know by March 1 if you would like us to ship you the bundle and provide the best person and address to receive it.

PREM Recruitment Script Example

- X Hospital has partnered with the Nebraska Perinatal Quality Improvement Collaborative to improve the care for all of our birthing patients. I would like to invite you to take a few minutes to complete a quick survey.
 - **If yes, continue. If no, thank the patient for their time.**
- This survey is an opportunity to provide feedback on your experience of labor and delivery and postpartum care at X hospital
- This survey is anonymous and should take only a few minutes to complete. It would be very helpful to us if you complete all questions.
- Please scan the QR code or go to the link provided. I will give you privacy while you complete the survey and will return in a few minutes. Thank you.
- **When you return to the room:**
 - Thank you so much for completing the survey!
 - You will also receive a X patient experience survey in the mail with questions regarding all aspects of your care here.



Resources and Education for RCP and PREM

Resources to review for sharing expected Respectful Care Practices with providers, nurses, staff, and patients:

Respectful Care Practices English

- [Poster](#)
- [Handout](#)

Respectful Care Practices Spanish

- [Poster](#)
- [Handout](#)

[Respectful Care Sign Off](#)



CDC: HEAR Her

- [Listen Campaign from Her Birth Right](#)
- [CDC: Hear Her Campaign](#)
- [Institute for Perinatal Quality Collaborative SPEAK UP Flyer](#)
- [PQI Provider Champion Story](#)

QI Data Collection Corner

Birth Equity Structure Measures

Structure Measures	
% of facilities that have implemented a doula policy which was informed by doulas and providers	% of facilities that have a standardized system to provide all patients the recommended postpartum patient education materials prior to hospital discharge including education on urgent maternal warning signs postpartum safety and tools to improve communication between patients and their healthcare providers
% of facilities that have engaged patients and/or community members to provide input on quality improvement efforts	
% of facilities that have adopted the principles of a doula-friendly hospital	
% of facilities that have implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data	% of facilities that have developed a process to review maternal health quality data stratified by race/ethnicity and Medicaid status
% of facilities that have implemented a Patient Reported Experience Measure (PREM) survey to obtain feedback from postpartum patients and a process to review and share results	% of facilities that have a strategy for sharing expected respectful care practices with delivery/postpartum staff and patients (i.e. posting in L&D rooms) including appropriately engaging support partners and/or doulas



Birth Equity Process & Outcome Measures

Process Measures

% of patients responding to the PREM survey (Data provided by NPQIC)

% of providers, nurses, and staff completing education on the importance of listening to patients, providing respectful care and addressing implicit bias

Outcome Measures

% of sample patient charts with self-reported race/ethnicity documented

% of patients completing PREM survey who reported always or often feeling heard on PREM- data provided by NPQIC

% of sample patient charts with documentation of receiving education on urgent maternal warning signs/ postpartum safety and tools to improve communication between patients and their healthcare providers prior to delivery discharge

Guest Speaker: New York State
Perinatal Quality Collaborative



Team Talk

A Closer Look at Race Categories

Race Code	Race Category	Race Description
R1	American Indian	A person having origins in any of the people of North and South America (including Central America) and who maintains tribal or community attachment.
R2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
R3	Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian," "Dominican" or "Somali" can be used in addition to "African American" or "Black."
R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
R5	White	A person having origins in any of the peoples of Europe, North Africa or the Middle East.
R9	Other	

Ethnicity Code	Ethnicity Category	Ethnicity Description
E1	Hispanic or Latino	A person of Mexican, Puerto Rico, Cuban or South American or other Spanish culture or origin, regardless of race.
E2	Neither Hispanic nor Latino	A person not of Spanish culture or origin.
E9	Unknown	Attempts to capture ethnicity were unattainable due to other circumstances.

<https://ifdhe.aha.org/hretdisparities/collecting-data-nuts-bolts>



Team Spotlight

- Next month, we will start featuring one team per month. We will reach out to schedule your team's month. What to share: PDSAs, AHA moments, lessons learned, challenges you are facing or overcoming, what's going great... whatever you'd like to share about your team's journey in this initiative.





30-60-90 Day Plan

30
DAY

Overall Goal:

Tasks to Achieve Goal:

1.
2.
3.

Responsible Party:

<input type="radio"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>

60
DAY

Overall Goal:

Tasks to Achieve Goal:

1.
2.
3.

Responsible Party:

<input type="radio"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>

90
DAY

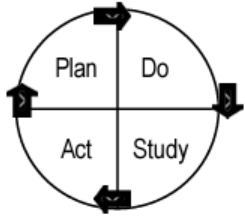
Overall Goal:

Tasks to Achieve Goal:

1.
2.
3.

Responsible Party:

<input type="radio"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>
<input type="radio"/>	<input type="text"/>



PDSA WORKSHEET

Team Name:	Date of test:	Test Completion Date:
Overall team/project aim:		
What is the objective of the test?		

PLAN:

Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen?

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			
3.			
4.			
5.			
6.			

DO: Test the changes.

Was the cycle carried out as planned? Yes No

Record data and observations.

What did you observe that was not part of our plan?

STUDY:

Did the results match your predictions? Yes No

Compare the result of your test to your previous performance:



What did you learn?

ACT: Decide to Adopt, Adapt, or Abandon.

Adapt: Improve the change and continue testing plan.
Plans/changes for next test:

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

BE Next Steps

Preparation	Getting Started	Early Implementation	Throughout Year 1	Year 2
Meet with colleagues to establish buy-in and determine co-leads	Schedule regular meetings with team to review data and PDSAs and make improvements	Work with IT and data team to make system changes	Establish stakeholder group including doulas and patients	Continue reviewing PDSAs
Complete participation agreement	Attend the data call	Collect baseline data (Jan, Feb, March 2024)	Implement strategy for sharing REC practices in L&D 	Continue reviewing PREM data
Complete Readiness Survey (Microsoft Forms)	Attend Kickoff Call	Create a draft 30-60-90 day plan	Implement doula-friendly policies	Continue reviewing equity data
Review your hospital's data and identify opportunities for improvement	Review Data Collection Form with your team; identify needed systems changes in order to collect equity variables	Plan first PDSA cycle to address 30-60-90 day plan	Standardize system for sharing urgent maternal warning signs	Additional equity trainings for providers (film screening, modules, etc)
	Review Birth Equity Toolkit	Schedule kickoff meeting/grand rounds	Implement implicit bias training	Continue meeting with provider/ doula/patient group
		Create plan for implicit bias training	Implement PREM survey and regularly review PREM data 	

Who Should Be on Your Birth Equity Team?

- Required

- Provider leader
- Nursing leader
- Senior leader



- Suggested

- Prenatal/outpatient representative
- Patient advisor and/or community liaison
- Midwife and/or doula
- QI professional
- Health IT representative
- Equity officer
- Medical Informatics
- Social Worker
- L&D nurse(s)/postpartum nurse(s)
- Emergency Room representative
- Resident/fellow (if have trainees)
- Anesthesia

The Birth Equity Initiative

Working together to reduce maternal disparities, promote equity, and help all mothers and babies thrive



The Problem

Significant racial disparities in health outcomes exist for pregnant and postpartum patients in Nebraska and the nation.

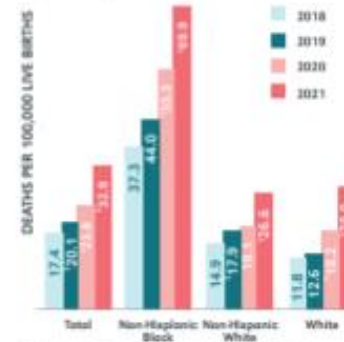


Nationwide, maternal mortality rates have climbed rapidly over the last 5 years, with Non-Hispanic Black mothers experiencing an excessively high burden of mortality. Nebraska is no exception to these alarming rates and inequities in the burden of excess deaths.



More than 80% of pregnancy-related deaths are preventable.² Native Hawaiian and Pacific Islander, Black, and American Indian and Alaska Native women experience the highest rates of pregnancy-related death.

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018 - 2021



Statistical significance: increase from previous year ($p < 0.05$).
 NOTE: Race groups are single race.
 SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Many Women Report Mistreatment During Pregnancy and Delivery

Moms Deserve Respectful and Equitable Maternity Care

Respectful maternity care:

- Maintains dignity, privacy, and confidentiality,
- Ensures freedom from harm and mistreatment, and
- Allows for shared decision-making and continuous support during labor and childbirth.¹



1 in 5

About 20% of women reported mistreatment while receiving maternity care.



1 in 3

About 30% of Black, Hispanic, and multiracial women reported mistreatment.



45%

Almost half of women held back from asking questions or sharing concerns during their maternity care.

Patient-Centered Approach Improves Obstetric Care for Women of Color

To reduce inequities in reproductive health care for Black women

Making Change Happen

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) worked with patients, physicians, midwives, nurses,

How are you announcing your hospital's commitment to this initiative?

- Grand Rounds?
- Press Release or news article?
- Brown Bag?

Don't forget our Fact Sheet is available to share widely.



Birth Equity Timeline- Next 3 months

February	March	April
<p>Monthly Webinar: Equitable & Respectful Care February 20, 12-1pm</p> <p>Office Hours February 16, 12-1pm</p> <p>Schedule April coaching calls with NPQIC</p>	<p>Monthly Webinar: Engaging Patient & Community Partners March 19, 12-1pm</p> <p>Office Hours March 15, 12-1pm</p> <p>Q1 Data due by April 15</p>	<p>Monthly Webinar: Implementing a comprehensive implicit bias training for provider/nurse education April 16, 12-1pm</p> <p>Office Hours April 19, 12-1pm</p>

References

- Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013 Jan 3;3(1):e001570. PMID: PMC3549241
- Hoyert DL, Miniño AM. Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. *Natl Vital Stat Rep*. 2020 Jan;69(2):1–18. PMID: 32510319
- Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery E, Rushton E, Schummers L, Declercq E, GVtM-US Steering Council. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health*. 2019 Jun 11;16(1):77. PMID: PMC6558766