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## Quality Patient Care in Labor and Delivery: A Call to Action

### Introduction

Pregnancy and birth are physiologic processes, unique for each woman, that usually proceed normally. Most women have normal conception, fetal growth, labor, and birth and require minimal or no intervention in the process. Women and their families hold different views about childbearing based on their knowledge, experiences, belief systems, culture, and social and family backgrounds.

As representatives of professional societies whose members care for pregnant and laboring women, we agree that patient-centered and safe care of the mother and child enhances quality and is our primary priority. Optimal maternal health outcomes can best be achieved in an atmosphere of effective communication, shared decision-making, teamwork, and data-driven quality improvement initiatives.

“Patient-centered” means that health care providers, and the system in which they practice, accept that the values, culture, choices, and preferences of a woman and her family are relevant within the context of promoting optimal health outcomes. The overarching principles involved include treating all childbearing women with kindness, respect, dignity, and cultural

sensitivity throughout their maternity care experiences. Patient-centered care is enhanced when women are provided supportive resources such as education and skilled attendants. Specifically, patient-centered care requires a balance between maternal-child safety and well-being and the woman's needs and desires.

## **Communication**

The childbirth experience is dynamic and includes not only the woman and her family, but a host of other members of the health care team. Effective communication between the caregiver and the laboring woman and her family, as well as among the members of the care team, is critical to ensuring safety. Each team member should possess the skills necessary to promote effective communication and should be aware of the concepts and skills involved in leadership, situational awareness, and mutual support.

Attention to language, communication, and care practices can create a climate of confidence as well as enhance the woman's child-bearing experience. Effective communication is patient-centered, timely, direct, and specific, and occurs between the woman, her family, and members of the care team. Body language, non-verbal cues, courtesy, and prior experiences with team members can all strongly affect the content and effectiveness of any communication. A number of factors influence communication:

- Listening skills, which are as essential as speaking skills.
- A woman's ability to cope with pain, discomfort, or anxiety, as well as her family members' and providers' responses to her coping strategies.
- Fatigue, sleep deprivation, and sleep inertia (being awakened from sleep).

Structured systems may help to optimize communication about and response to rapid changes in patient status. There are a number of effective strategies that can be applied to maternity care:

- Communication tools such as Situation-Background-Assessment-Recommendation (SBAR).
- Training in principles of crew resource management.

- Drills and simulations.
- Debriefings and case reviews.
- Organized board rounds, huddles, structured handoffs, and bedside rounds.
- Checklists and standard order sets.

### **Shared Decision-Making**

Patient-centered care recognizes that each woman brings unique knowledge regarding herself and her body to pregnancy, labor, birth, and mothering. Shared decision-making, a process by which a woman and her care team interact as partners to make decisions that are fully informed, based on the best available evidence, consistent with personal values, and mutually acted upon, is another key communication strategy. The choices a woman makes during the course of one pregnancy can affect her entire life course; therefore, information about the effect that care choices may have on a woman's future should be discussed. Decisions about interventions should incorporate the woman's personal values and preferences and should be made only after she has had enough information to make an informed choice in partnership with her care team. Shared decision-making can increase patient engagement and reduce risk, with resultant improved outcomes, satisfaction, and treatment adherence.

### **Teamwork**

Highly reliable teams reduce the number of clinical errors, improve outcomes, and enhance satisfaction. Interdisciplinary team training is one strategy for improving perinatal care because highly performing teams are better able to address patient-centered maternity care needs. A team of experts does not necessarily make an expert team. Because obstetric teams typically assemble

using available personnel, forming teams with consistent membership is improbable; thus, it is important for all team members to clearly understand their roles and responsibilities even when an ad hoc team is formed.

Perinatal care team training incorporates the important aspects of highly functioning teams: team leadership, mutual performance monitoring, mutual support, effective communication, respect for the input of all members, adaptability, and avoidance of hierarchy.

Highly effective teams demonstrate the following behaviors:

- Appropriate response to acute situations,
- Effective communication,
- Comfort among all team members with speaking up when a problem is suspected,
- Situational awareness,
- Preoccupation with mitigating or eliminating failure,
- Scrutiny of operations and a reluctance to simplify,
- Incorporation of team debriefing after a health care event, even if there is no adverse outcome, in order to identify approaches and processes that may enhance the provision of safe care, and
- Understanding of the role of human factors, management styles and organizational culture in team performance.

## **Quality Measurement**

Maternity care process and outcomes data should be tracked, benchmarked, and used for quality improvement purposes. Some maternity care performance measures have been endorsed by nationally recognized organizations. Additional performance measures may need to be

developed and incorporated into ongoing quality improvement efforts that support patient safety goals. A culture of improvement requires a continuous process for measuring, improving, evaluating, and repeating the process as often as needed until the desired outcomes are achieved. Process and outcome measurement serve as the foundation to these improvement processes that enable organizations to assess their own performance, as well as compare it to those of other comparable facilities. Using evidence-based protocols, reminders, and checklists can facilitate standardized care processes that can improve outcomes.

## **Conclusion**

We believe that mutual respect, patient-centered care, and shared decision-making are essential for providing quality obstetric care. Improving safety also requires teamwork and effective communication at multiple levels within the organization. The goal is to improve outcomes and satisfaction by working together.

The following are specific recommendations for health care providers and administrators:

- Ensure that patient-centered care and patient safety are organizational priorities that guide decisions for organizational policies and practices.
- Foster a just culture of openness by encouraging and promoting the active communication of good outcomes and opportunities for improvement. Develop forums to facilitate communication and tracking of issues of concern.
- Provide resources for clinicians to be trained in the principles of teamwork, safety, and shared decision-making.
- Develop methods to systematically track and evaluate care processes and outcomes.

- Facilitate cross-departmental sharing of resources and expertise.
- Ensure that quality obstetric care is a priority that guides individual and team decisions.
- Identify and communicate safety concerns, and work together to mitigate potential safety risks.
- Disseminate and use the best available evidence, including individual and hospital-level data, to guide practice patterns.

Statement endorsed by:

American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Nurse-Midwives  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Obstetricians & Gynecologists  
Association of Women's Health, Obstetric and Neonatal Nurses  
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