

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Introduction

The WHO defines respectful maternity care (RMC) as care provided to birthing people that "maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice." This study aimed to determine whether training and simulation are effective strategies for improving provision of RMC by outpatient clinical teams in simulated patient encounters.

Methods

Respectful Care Reflection Tool Development: Used themes from patient focus groups on RMC to develop a Respectful Care Reflection Tool (RCR, Figure 1)



Pre-Training Simulation:

- 20 clinical teams at 3 federally qualified health clinics participated in a simulation of an episode of severe hypertension in pregnant patient actor.
- Each team member, the patient actor, and an observer from the research team completed the RCR.



Training:

Clinical team members received training on management of severe hypertension in pregnancy and patients' perception of respectful maternity care.

Post-Training Simulation:

– Clinical teams again participated in a simulation of an episode of severe hypertension in pregnant patient actor. – Each team member, the patient actor, and an observer from the research team completed the RCR.

Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine – The University of North Carolina at Chapel Hill School of Medicine and UNC Health Care

Training and Simulation as Strategies for Improving Respectful Maternity Care in the Outpatient Setting

Teal EN, Farahi N, Harper KD, Farahi N, Lightfoot AF, and rest of ACHIEVE Team



pressure was high in	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	
treated.	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	
t severe hypertension	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	
he hospital.	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	
y concerns.	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	
۱.	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	
	Strongly Disagree	
	Disagree	
	Neutral	
	Agree	
	Strongly Agree	

ining	Post-Training	p-value
30%	46%	0.002
62%	89%	0.004
40%	66%	0.003

Figure 2. Pre- and Post-Training Mean RCR Scores by Respondent Group



training

improving provision of RMC.

- Limitations of this study include that everyone completing the RCR knew whether it was for pre- or post-training and the patient actor was not from a diverse background.
- This is one of only a few studies in the literature to specifically train clinical teams on RMC and evaluate the impact of the training in simulated patient encounters.
- This represents a promising strategy for improving provision of RMC.

of the NIH.

HEALTH CARE

• By self-reflection, simulated patient perception, and observer evaluation, teams scored significantly better post-training than pre-

Conclusion

• In this study, training and simulation were effective strategies for

Funding

This research was funded by the National Institutes of Health (NIH), including the National Heart, Lung, and Blood Institute (NHLBI) and the Office of Research on Women's Health (ORWH). Funding is provided through the Maternal Health Community Implementation Project (MH-CIP) OT2HL158287. The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the official policies, either expressed or implied,

