Provide Education and Training to Health Care Professionals on Health Equity and Respectful Care

Care providers, regardless of setting, should be trained in antiracist principles and recognition of implicit bias to optimize approaches to clinical care. Such education may increase awareness of patient groups who are vulnerable to discrimination and disparities in care based on race, ethnicity, education level, insurance coverage, English language proficiency, or other identities and factors that may lead to marginalization. In addition to training, professionals should also have ongoing opportunity to operationalize skills learned.

Examples of Free Educational Resources on Health Equity and Respectful Care

Resources	Brief Description
March of Dimes: Beyond Labels	This webpage provides interactive educational materials on how stigma can impact health care, as well as practical tools and resources to reduce stigma in health care settings. Includes links to additional websites, tools and toolkits, and evidence.
Association of Women's Health, Obstetric, and Neonatal Nurses: Insights	This podcast series, which targets obstetric care professionals, has several episodes focused on respectful care and health equity in obstetrics and gynecology. Episodes of note include Perinatal Bereavement, Native American and Alaska Native Heritage Month, Respectful Maternity Care, The Impact of Implicit Bias in Healthcare, and Shared Decision Making.
University at Albany School of Public Health: Bridging Gaps: The Vital Role of Cultural Competence in Healthcare	This recorded webinar and accompanying activity materials present fundamental concepts on cultural and linguistic competence for medical and public health professionals.
Department of Health and Human Services, Office of Minority Health: Fundamentals of the National Standards for Culturally and Linguistically Appropriate Services in Maternal Healthcare	This recorded webinar explores culturally and linguistically appropriate services (CLAS), why they matter, and how the National CLAS Standards can be implemented by healthcare organizations.

Examples of Free Educational Resources on Health Equity and Respectful Care (Con't)

Resources	Brief Description
Department of Health and Human Services, Office of Minority Health: Culturally and Linguistically Appropriate Services in Maternal Health Care	This 2-hour e-learning program is designed for providers seeking knowledge and skills related to cultural competency, cultural humility, person-centered care, and combating implicit bias across the continuum of maternal health care.
American College of Obstetricians and Gynecologists: Respectful Care eModules	These courses provide a breadth of knowledge that will help clinicians more effectively offer respectful care in obstetrics, gynecology, and overall patient health.
Institute for Perinatal Quality Improvement: SPEAK UP Training Modules	This e-learning program is designed for healthcare professionals who care for Black, Indigenous, and people of color who are or may become pregnant and focuses on implicit and explicit biases that contribute to inequities in care.
Michigan Department of Health & Human Services: Health Equity, Implicit Bias, Stigma and Antiracism	This compilation of resources provides several educational opportunities for health care providers to incorporate into their ongoing professional development and work.
Maryland Maternal Health Innovation Program: MDMOM Hospital Equity Initiative	The hospital equity initiative supports interventions to improve systems of care and eliminate maternal health inequities. It includes online trainings, skills building, and a toolkit.

Creating systems of care built on the concept of respectful care is essential to supporting health equity and ensuring risk-appropriate care. It is imperative to create a culture within systems that supports trust and respect between the community and health care systems. Interprofessional education and collaborative practices can serve as a catalyst for improving team-based patient care and enhancing population health outcomes.[1] The interprofessional QI team should work to create sustainable implementation plans that weave health equity into system practices via the workplan.

Included in this process is a shift from the goal of cultural competence to cultural humility. A long-held concept in health care, cultural competence promotes the idea that, by gaining knowledge, an individual might master understanding of a culture. While initially conceived to decrease bias and optimize care, is should be noted that there is potential in this reductive approach to create biases based on perceived "mastery".

Cultural humility, however, describes a "dynamic and lifelong process focusing on self-reflection and personal critique, acknowledging one's own biases."[2] Cultural humility involves understanding the complexity of identities—that even in sameness there is difference.[2] Understanding the cultural

complexities that exist within a risk-appropriate system of care may contribute to care that seeks to reduce mortality and morbidity. Providing education on traditional birthing practices and concepts by regions can aid in providing equitable and respectful care.

Resource

- **PsychHub:** What is Cultural Humility? This brief video describes the difference between cultural competence and cultural humility.

Apply Trauma-Informed Care Concepts for Patients, Their Identified Support Network, and Staff

Trauma-informed care is a framework that "recognizes the breadth of trauma experiences by patients outside of, and within, health care experiences."[3, 4, 5] This type of care recognizes and acknowledges the role trauma may play in an individual's life, including their interactions with medical and healthcare institutions.[4] Higher rates of trauma exposure have been reported among BIPOC and queer individuals.[6] For people who have intersectional identities, or more than one historically marginalized identity, this marginalization and trauma exposure may be compounded.

The goal of trauma-informed care is to deliver respectful care to all persons, integrating autonomy and trust into care, preventing retraumatization, and facilitating resilience and recovery among trauma survivors.[7] This approach should be provided to all seeking care, regardless of whether an individual chooses to disclose an exposure to trauma.

Because the way in which survivors approach health and health care can be influenced by their trauma, it is possible that some people who choose community birth settings do so because of traumatic experiences, whether outside of health care settings or as previous birth trauma.[6] This adds further complexity to the need for transfer to a hospital for care.

The Substance Abuse and Mental Health Services Administration states, "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being"; understanding this concept is critical for all members of a team supporting birth, regardless of setting of care.[7] Whether a patient has disclosed a history of trauma explicitly or is simply at risk for trauma during a community birth transfer or complex birth process, concepts of trauma-informed care should be integrated into all aspects of the QI team workplan and the care provided.

Resource

- ***British Journal of Anesthesia Education:*** Antepartum and intrapartum risk factors and the impact of PTSD on mother and child
  - A review of literature on peripartum posttraumatic stress disorder, including risk factors and management strategies.

Example Strategies for Trauma-Informed Clinical Care for All Birth Settings*

Trauma-Informed Care Phrasing for Examinations:

Phrasing to Use	Phrasing to Avoid
"You are in control the entire time."	"Open your legs wide."
"You tell me when to start or stop."	"Just relax."
"You tell me when you are ready."	"This won't feel like much."
"Your exam is normal and healthy."	"Everything looks or feels good."

Trauma-Informed Communication:

- Sit at or below eye level during conversations about consent and boundaries.
- Complete intake with patient while they are fully dressed.
- Use open body language.
- Use open and continued dialogue before, during, and after an examination to determine a person's preferences and needs for comfort and safety.

Actionable Best-Practices in Pelvic and Intimate Examination-Specific Trauma-Informed Care:

- Obtain explicit and ongoing consent for all examinations, especially those that involve breast or chest area or pelvic care.
- Offer flexible, progressive office visits to provide care at a person's own pace.
- Support of self-swabbing or self-speculum insertion.
- Allow choices regarding who is present for examinations.
- Get patient input on order of parts of an examination.
- Consider nontraditional positions for examinations or avoidance of lithotomy in stirrups if this is triggering for a person.

*Adapted from LoGiudice JA, Tillman S, Sarguru SS. A Midwifery Perspective on Trauma-Informed Care Clinical Recommendations. J Midwifery Womens Health. 2023 Mar;68(2):165-169. doi: 10.1111/jmwh.13462. Epub 2023 Jan 19. PMID: 36658770.

Resources

[1] Interprofessional Education Collaborative. IPEC Core Competencies for Interprofessional Collaborative Practice. 3rd ed. Interprofessional Education Collaborative. 2023.

[2] HealthCity. Cultural humility vs. cultural competence - and why providers need both. Accessed May 10, 2024. https://healthcity.bmc.org/cultural-humility-vs-cultural-competence-providers-need-both/

[3] Center for Health Care Strategies, Inc.. Key Ingredients for Successful Trauma-Informed Care Implementation. Accessed May 10, 2024. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

[4] Trauma-Informed Care Implementation Research Center. What is Trauma-Informed Care?. Accessed May 10, 2024. https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/#:~:text=A%20trauma-informed%20approach%20to%20care%20acknowledges%20that%20health,effective%20health%20care%20services%20with%20a%20healing%20orientation.

[5] LoGiudice JA, Tillman S, Sarguru SS. A Midwifery Perspective on Trauma-Informed Care Clinical Recommendations. J Midwifery Womens Health. 2023;68(2):165-169. doi: 10.1111/jmwh.13462

[6] American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women. Caring for patients who have experienced trauma. ACOG committee opinion number 825. Obstet Gynecol. 2021;137(4):e94-e99.

[7] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.