Principle: Equity and Respectful Care is to be infused through the other 4 R’s. **DRAFT v4**

Readiness: Every Unit—"Prepare and Educate”

* Review patient interview forms and education materials with community advisory group
(focus on how and why are these questions asked? Are stated questions stated in a way that are appropriate for any one target population but omit the needs of others? And are the educational materials culturally congruent for all racial and ethnic groups?
* Ongoing staff/provider education program expanding beyond Implicit and Explicit Bias
* Share definitions of key terms to create a common language including Identify the differences of equality vs equity
* Evaluate the need for a baseline equity needs assessment for the unit/organization to identify opportunities for improvement.

Recognition/Prevention: Every Patient—"Before an Event” --Steps to help build trust—Make a connection!—Set these principles as Unit Expectations

* Actively solicit and share her social history to enable to put her medical care into context
* Reach out: What are your goals? /What is important to you for labor and birth? What are your concerns regarding your birth experience?
* Explicitly support Informed Shared Decision Making: We will provide what, why, how, and alternatives; and most important, time to think it over and ask questions
* Actively engage support persons and/or Doula as part of the team
* Value boundaries: Respect modesty at all times and ask before touching
* Practice “Active Listening”—ensure that you are heard
* Consider posting a list of these principles of care and even sharing with patients

Response: Every Event—"Team Approach”

* Identify leads for each shift to model and train staff in the art of “Active Upstanding” to respond to microaggressions in language and action
* Collect and share brief stories (1-2min) about microaggression observations on the unit in shift huddles
* Identify “champions” of the same race/ethnicity who can hear and help address patient’s concerns.

Reporting/System Learning: Every Unit—"System Improvement”—Feedback using both data and patient experiences

* Stratify process and outcome measures by race and ethnicity. Provide guidance on how to interpret this kind of data
* Collect formal Patient Reported Experience Surveys specific to the obstetric care received
* Alternatively provide simple “Feedback form about the care I received”: Questions such as: What did we do that was helpful or supportive? How could we have improved? Anything you’d like to share?
* Share results from the above approaches back to the staff in huddles and department meetings
* Incorporate patient stories that represent successes and opportunities for improvement into established meeting agenda.