

# **AWHONN – Infant and Maternal Health Insights**

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**AWHONN**

PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

# Objectives for today:

- SHARE A BIT ABOUT AWHONN
- PROVIDE HIGHLIGHTS OF OUR INFANT AND MATERNAL HEALTH PORTFOLIO
- OFFER INSIGHT FROM WHAT WE'RE HEARING FROM THE FIELD
- EXPLORE OPPORTUNITIES FOR ALIGNMENT



# AWHONN Mission and Vision

## Our Vision

“Making a difference in the lives of women and newborns.” Our members are committed to the health of women and newborns.

## Our Mission

Empower and support nurses caring for women, newborns, and their families through research, education, and advocacy.



# AWHONN – Who Are We and What Do We Do?

- Nursing Organization
- 25k+ members
- Represent the 377k+ Nurses in the WHONN Specialties
- Member Profile – Bed side nurses, Researchers, Nurse Admin, Nurse Educators, Academicians, etc.
- Provide support through education, guideline/standard development, research, programming, advocacy, etc.

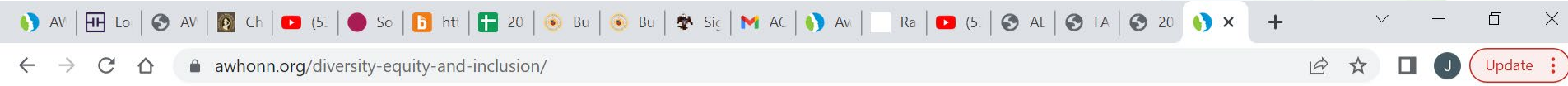


# Our Grounding

- All patients deserve equitable and respectful care
- An understanding of the growing U.S. maternal morbidity and mortality crisis
- An understanding of the disparities in maternal and infant health in the U.S.
- The importance of a systemic approach to addressing the issues we are facing with respect to these issues
- That while many of the issues we are facing are related to social determinants of health and the systems that impact the provision of high-quality healthcare still has a role to play in addressing and improving these matters



# DEI Roadmap



About Us

Nurse  
Resources

Education

Professional  
Development

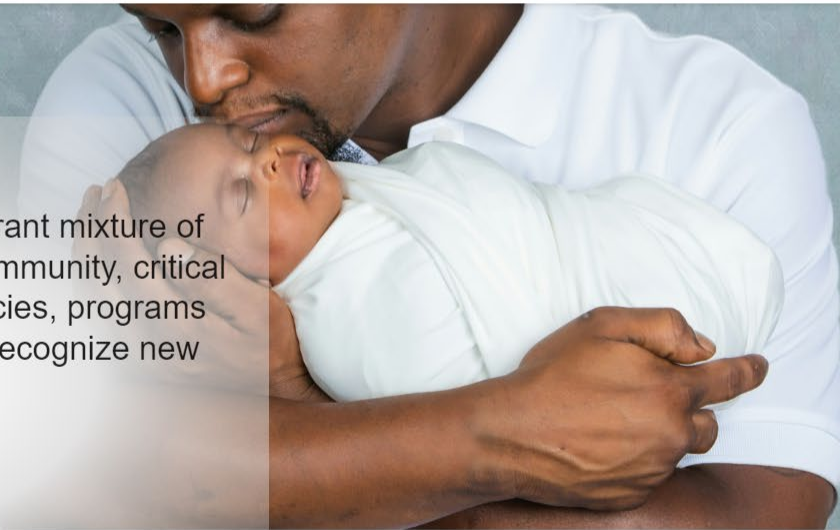
Media, Advocacy &  
Journals

Industry  
Partners

Membership

## THIS IS TRULY JUST THE BEGINNING

At AWHONN, we believe DEI brings a vibrant mixture of experiences and backgrounds into our community, critical to informing our association's values, policies, programs and strategies. As a result, we will better recognize new and different opportunities and institute meaningful, systemic change.



# DEI Roadmap Pillars

- Transparency:
  - Goal 1: AWHONN's values & messaging explicitly demonstrate a commitment to DEI
  - Goal 2: Establish internal and member facing leadership for DEI including structured committees to support the ongoing accountability and implementation of DEI strategy
- Powersharing:
  - Goal 3: Amplify and highlight the vantage points of underrepresented populations within AWHONN
- Operational Accountability
  - Goal 4: Ensure AWHONN resources, programs, events and meetings are inclusive and accessible
  - Goal 5: Understand the DEI needs of AWHONN members and design relevant DEI-centered engagement strategies
- People and Culture
  - Goal 6: Design and implementation of a DEI-centered learning journey for all AWHONN stakeholders (board, membership, staff)
  - Goal 7: Design strategy to support inclusion & belonging within AWHONN stakeholders
- Systems
  - Goal 8: Ensure equity within AWHONN's policies, systems & processes



# Racism and Bias in Maternity Care Settings

The screenshot shows a web browser window with the URL [jognn.org/action/showPdf?pii=S0884-2175%2821%2900096-4&utm\\_source=AWHONN&utm\\_medium=page-clicks&utm\\_campaign=positio...](https://jognn.org/action/showPdf?pii=S0884-2175%2821%2900096-4&utm_source=AWHONN&utm_medium=page-clicks&utm_campaign=positio...). The page title is "Racism and Bias in Maternity Care Settings". The document is a PDF viewer showing page 1 of 3 at 100% zoom. The content includes the AWHONN logo and the following text:

**AWHONN POSITION STATEMENT**

**Racism and Bias in Maternity Care Settings**

An official position statement from the Association of Women's Health, Obstetric and Neonatal Nurses.

AWHONN 1800 M Street, NW, Suite 740 South, Washington, DC 20036, (800) 673-8499

Approved by the AWHONN Board of Directors June 1, 2021.

**Position**

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) maintains that maternity care providers should be aware of the effect of possible implicit bias and racism on their language and actions. We commit to reflective practice, self-development, and life-long learning and to identify and mitigate the causes and outcomes of structural racism.

**Background**

Profound racial and ethnic disparities in maternal health outcomes and health care quality continue to be major public health issues in the United States, and non-Hispanic Black women are most profoundly affected (Petersen et al., 2019). In a 2003 consensus study report, the Institute of Medicine concluded that racial and ethnic disparities in health care were associated with worse health outcomes: occurred

(McLemore et al., 2018). Moreover, maternity care providers of all backgrounds, races, and ethnicity need to know how racially biased attitudes and beliefs, whether explicit or implicit, affect their actions, behaviors, and decisions (Scott et al., 2019).

Differential management and treatment for women of all races and ethnicities must be examined within the context of racial attitudes. Eliminating the inequities related to poor maternal health outcomes can be advanced if one understands the experiences of Black women in the United States from chattel slavery to the present (Noonan et al., 2016; Owens & Fett, 2019). Nurses must seek to change the structures, institutions, attitudes, beliefs, and practices that have legally or otherwise perpetuated racism, discrimination, mistreatment, and lack of treatment of Black women in the U.S. healthcare system (Owens & Fett, 2019; Prather et al., 2018).

**Role of the Nurse**



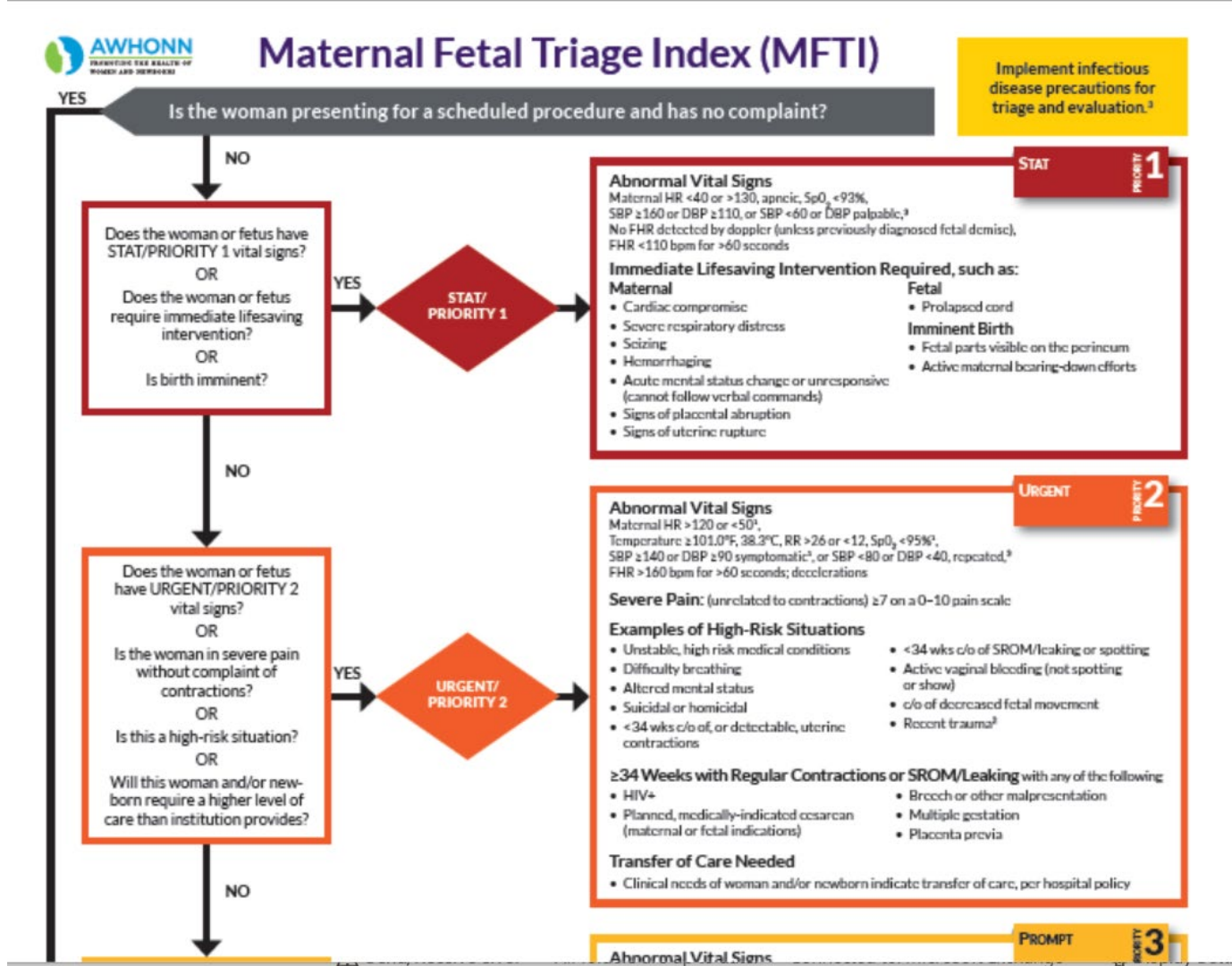


# AWHONN Maternal Health Portfolio

- Perinatal Orientation and Education Program (POEP)
  - *Online modules focus on the essential educational components required for perinatal nurses*
- Fetal Heart Rate Monitoring Education Program
- Maternal Immunizations
- Maternal Fetal Triage Index (MFTI)
  - *Educates perinatal nurses about obstetric triage basics—the meaning of triage in obstetrics, the nurse’s role, and the benefits of using a systematic approach to improve the process of triage and outcomes factoring in social determinants of health, health equity, and implicit bias.*
- Post Birth Warning Signs
- Staffing Standards
  - *Provides health care leaders with a vetted tool to justify the measures needed to reach appropriate nursing levels that ensure safe and appropriate staffing to promote high-quality care and the best possible outcome*
- Obstetric Patient Safety Bundle
  - *The curriculum for this program is guided by the leading causes of maternal morbidity and mortality. The focus of the workshop is on various obstetric emergencies that may occur at any point during pregnancy or in the postpartum period.*
- OB Triage
  - *AWHONN’s first course addressing obstetric triage unit nursing care and is an essential component in a triage unit nurse’s orientation*
- Respectful Maternity Care Toolkit and Evidence Based Guidelines



# Maternal Fetal Triage Index (MFTI)



# POST-BIRTH Warning Signs

**SAVE  
YOUR  
LIFE:**

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

**POST-  
BIRTH  
WARNING  
SIGNS**

### Call 911

if you have:

- P**ain in chest
- O**bstructed breathing or shortness of breath
- S**eizures
- T**houghts of hurting yourself or someone else

### Call your healthcare provider

if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- I**ncision that is not healing
- R**ed or swollen leg, that is painful or warm to touch
- T**emperature of 100.4°F or higher
- H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

**Trust  
your instincts.**  
ALWAYS get medical  
care if you are not  
feeling well or  
have questions or  
concerns.

Tell 911  
or your  
healthcare  
provider:

"I gave birth on \_\_\_\_\_ and  
(Date)

I am having \_\_\_\_\_"  
(Specific warning signs)



# Respectful Nursing Care

- Treating every patient equally
- Using cultural and linguistic competency
- Understanding the patient's perspective
- Communicating with respect
- Creating collaborative, inclusive & supportive work environments



# Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline

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## EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

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### Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline

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#### PURPOSE STATEMENT

The purpose of this Guideline is to establish a framework for practice and provide evidence-based clinical practice recommendations that facilitate the provision of respectful maternity care (RMC) to all people presenting to maternity care settings. The overall goals of this Guideline are to give nurses and other members of the health care team a deeper understanding of what constitutes respectful care within the maternal health arena; promote patient-centered care rooted in dignity, autonomy, respect, and shared decision making; and identify strategies that facilitate the likelihood that people experience respectful care at every patient-provider interaction. This Guideline provides evidence-based approaches to accomplish the following:

- Identify the essential aspects of respectful care
- Enhance awareness regarding the need for RMC
- Encourage reflection to identify opportunities for personal and organizational improvement to provide RMC
- Participate in improving the birth experience for people obtaining health care in maternity settings
- Support the implementation of RMC processes

The primary research question was, “What actions can health care team members take to provide RMC and to work toward a culture of respect for all patients, at all times, and in all settings?”

#### TARGET POPULATION

This Guideline is directed toward any person seeking health care in a maternity care setting, including inpatient and outpatient settings. It applies to people in preconception, interconception, prenatal, antepartum, intrapartum, and postpartum phases of care.

#### SETTINGS

This Guideline is applicable to any setting where health care providers care for women, pregnant and postpartum people, or other individuals,



# SBAR for Inclusive and Equitable Patient Care

## SBAR FOR INCLUSIVE AND EQUITABLE PATIENT CARE

SBAR is a technique that is typically used to frame conversations between health care providers regarding a patient's condition and clinical status. SBAR in this circumstance is adapted to promote respectful and inclusive patient communication and care. It is important to recognize that each patient, couple, and family are unique. These sample SBARs are not all-inclusive.

### SBAR for Women, Pregnant, and Postpartum People with Limited English Proficiency (LEP)

<b>SITUATION</b>	A care provider enters a clinic room to meet and establish a relationship with their patient in a maternal-fetal medicine office. She presents for genetic testing for a concerning finding on 20-week ultrasound. The patient is a 21-year-old G1 P0 woman who self-identifies as Hispanic and female. Her primary language is Spanish, and she states that she understands minimal English. She also has a history of Type 2 diabetes. The patient is accompanied by her boyfriend and mother. She appears to be anxious and frightened.
<b>BACKGROUND</b>	<p>What are some challenges patients and their families with limited English proficiency (LEP) may face when receiving health care?</p> <ul style="list-style-type: none"> <li>Federal and state legislation and regulatory bodies such as the Joint Commission require translation services to ensure the needs of individuals with LEP are met in health care settings that accept federal funding (Taira et al., 2019).</li> <li>According to the United States (U.S.) Census Bureau, anyone above the age of five who reported speaking English less than "very well" is classified as having LEP. There are approximately 25.1 million individuals inhabiting the U.S. that are considered to have LEP (Zong, 2015).</li> <li>Attitudes, beliefs, and the quality of interpretation resources available to the LEP population may exacerbate communication barriers and are associated with increased frequency of medical errors, readmission rates, length of stay, and isolation felt by the patient and their families (Howell et al., 2018).</li> <li>Health care interactions can be both positive and negative; however, several factors can influence the provision of and access to Respectful Maternity Care (RMC), including the level of provider awareness and acceptance of patients' cultural differences, life experiences, and ability to communicate effectively (de Peralta et al., 2019).</li> <li>Disparities in health care are exacerbated when English is not the primary language of the patient (Howell et al., 2018).</li> <li>Cultural awareness includes committing to cross-cultural care while being able to understand our own biases and prejudices towards people who are different (Shorey &amp; Downe, 2021).</li> <li>Care providers should utilize culturally responsive interventions to help mitigate structural barriers that diverse communities may experience when accessing health care services (Meléndez Guevara et al., 2020).</li> </ul>
<b>ASSESSMENT</b>	<p>Based on what I know about my patient, which assessments are a top priority in establishing a positive relationship with this patient and their family?</p> <p>Self-assessment:</p> <ul style="list-style-type: none"> <li>I will first engage in a self-assessment to identify and recognize any personal bias that I may have.</li> <li>I will reflect on how language barriers add another layer of vulnerability and can impact disparities in care and outcomes.</li> <li>I will reflect on how language and culture are linked. I may need to do additional research to increase my own knowledge about other practices, languages, and resource availability.</li> <li>I will understand personal and institutional barriers to delivering care and how to eliminate discrimination and bias in people with LEP.</li> </ul> <p>Patient Assessment:</p> <ul style="list-style-type: none"> <li>I will work to build trust and rapport with this patient and their family by engaging with medically approved interpretation services.</li> <li>I will ask which translation interpretation modality (in person, virtual) the patient and family members prefer.</li> <li>I will ask if there are any customs that they plan to bring forth in their birthing experience and be respectful of those customs.</li> <li>I will ask about this patient's or their partner's previous obstetrical or medical experience/history, listen, and validate their concerns with compassion and respect using a trauma-informed approach.</li> </ul>
<b>RECOMMENDATIONS</b>	<p>What actions can be taken to help this patient and their partner feel heard and understood?</p> <ul style="list-style-type: none"> <li>I will include this patient and their partner in all care decisions from admission through discharge.</li> <li>I will establish a communication modality that the patient prefers and continue to use it throughout their hospital stay. I will ensure the patient is fully informed and demonstrates a clear understanding before consent is signed.</li> <li>I will validate their care needs and concerns, ensuring the interprofessional team understands their preferences to deliver individualized care and support.</li> <li>I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm.</li> <li>I will avoid assumptions about cultural practices and English proficiency.</li> <li>If there is a mistake in my communications, I will apologize and adapt my communication strategies as needed.</li> </ul>

### ACTIONS

- After hearing and documenting this patient's previous experiences, I will reflect on the experience to determine what I can do to decrease discrimination and bias and ensure that they receive respectful, informed, and compassionate care.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work, specifically those that impact the ability to communicate effectively with people with LEP.



# AWHONN Infant Health Portfolio

- Neonatal Orientation and Education Program (POEP)
  - *Online modules focus on the essential educational components required for perinatal nurses*
- Staffing Standards
  - *Provides health care leaders with a vetted tool to justify the measures needed to reach appropriate nursing levels that ensure safe and appropriate staffing to promote high-quality care and the best possible outcome*



# What Does it Take To Have a Healthy Pregnancy and Birth Outcome?

- How can more babies reach their first birthday –
  - Components (once discussed) but now apart of the AIM Safety Bundles continue to permeate all of our resources and still provide a good basis to answer this question.
- **Readiness** – Processes and structures to manage an event
- **Response** – Standardized process to respond to an issue once recognized
- **Reporting** – Creating a culture of data gathering, monitoring, debriefing, data sharing, and system learning focused on process improvement
- **Respectful Care** – Center the patient and approach all care that emphasizes the right of patients and promotes equitable access to care in an unbiased manner





# What Does it Take To Have a Healthy Pregnancy and Birth Outcome? (cont'd)

- Provision of unbiased and equitable by a...
  - A trained perinatal workforce
  - A diverse perinatal workforce
  - A valued perinatal workforce
- Support for the maternal workforce outside of the maternity unit in the hospital (ICU, ER, Urgent Care Center, Community Rural Centers, etc.)
- Support for the communities receiving care in areas where rural ob units/hospitals are closing



# Challenges – What We're Hearing From the Field?

- Nursing workforce shortage...and growing
- Nursing burnout
- Nurse training
- Nurses are undervalued and overworked
- Nursing units are under-resourced
- Workplace violence against nurses (feel unsafe)



# Opportunities for Alignment

- Support the utilization of AWHONN and other organization training tools
- Efforts to diversify the nursing workforce
- Support the adoption of Staffing Standards
- Accountability around Respectful Maternity Care Guidelines...link to CMS Birthing Friendly Hospital Designation
- Nurses with NPI - <https://www.nursingworld.org/news/news-releases/2023/anaenterprise-leads-rn-value-reimbursement/>
  - Leveraging the National Provider Identifier (NPI) as the Unique Nurse Identifier:
    - NPIs are the gold standard for identifying and reimbursing health care professionals who provide care to patients. Use of NPIs allows providers, including Advanced Practice Registered Nurses (APRNs), to bill Medicare and Medicaid for services provided to patients. While registered nurses (RN) do not bill directly with an NPI, any nurse can obtain one. ANA is conducting a rigorous assessment of the utility of NPIs for valuing RN care. Additionally, we are considering the various operational changes required for providers and payers to be able to capture accurately the RN inputs, in aggregate or at the encounter level. Registering for an NPI is a first step toward full recognition of the value of nursing in the health care delivery system. To learn more, read ANA's official position [National Provider Identifier \(NPI\) as the Unique Nurse Identifier](#) and [watch this quick take video](#).



# Thank You!

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