

MENDS

Resource Sheet

Respect patient preferences

This document provides additional information and resources about the following community-generated recommendation for hospitals:



“Respect our preferences, wishes, and boundaries, including around changes of providers/nurses and about our birth plan.”

The Current Challenge:

A large body of research affirms that respectful maternity care (RMC) is critical to improving maternal health outcomes and patient experience, particularly for birthing people from historically marginalized communities.¹⁻⁴ RMC is defined as, “an approach to maternity care that honors the dignity, personhood, autonomy, and interests of birthing people; prevents disrespect, mistreatment, or abuse toward individuals who are using maternal care services; and provides a practical paradigm for the delivery and receipt of peripartum care through a rights- and reproductive justice–based framework.”⁵ **Despite national guidelines emphasizing the need for dignity and person-centered care during childbirth and clinicians’ efforts to provide excellent care, many patients report experiencing disrespect and mistreatment even in routine, low-risk deliveries.**⁶⁻⁹ Approximately one in five people in California who have given birth reported “rarely” or “never” feeling heard by providers during their delivery.¹⁰

How the MENDS Community Recommendations could help:

Clear communication between maternity care patients and their care teams is a foundational component of respectful care. Communication breakdown has been repeatedly linked to negative experiences and diminished trust, especially among Black and Indigenous birthing people.^{11,12} Therefore, the considerations below focus on best practices that have been designed to operationalize clear, inclusive, and respectful communication between patients and their care teams.

Though this recommendation focuses on routine labor and delivery, respectful care must remain central across all birth settings, including higher-risk and emergent scenarios. Additional community input is needed to adapt practices for those contexts.

Implementation Considerations & Strategies:

Hospitals can adopt and strengthen existing systems that promote mutual understanding between patients and their care teams. Established best practices include:

- Educating and training clinical teams on respectful maternity care standards and best practices as an ongoing practice. See resources below.
- Highlighting respectful care as a unit priority, particularly by well-respected champions.
- Standardizing the use of multidisciplinary “huddles” throughout labor and delivery: Regularly bringing together the maternity care patient, nurse, OB, midwife, doula, and others on the care team to clearly discuss and align on expectations and goals.

Important aspects of team “huddles” include:

- Transparent communication tools: Using in-room whiteboards to track agreed-upon decisions, care team members, and timing of next check-ins.
- Scheduled follow-ups: Setting a shared expectation for when the next care team discussion will happen, to revisit needs and ensure continuity.

Practices like using huddles – successfully implemented in hospitals across California, the United States, and internationally – are associated with improved trust, greater autonomy, and lower rates of reported mistreatment.^{13,14} In a pilot study of the TeamBirth initiative, which incorporates these practices, 97% of patients had the role they wanted in their childbirth experience, and 93% of clinicians felt that the intervention improved care.¹⁵ These practices align with current recommendations by the AWHONN respectful maternity care implementation toolkit.¹⁶

Hospitals may also consider the following:

- Engaging community advisors and patient advocates to co-develop policies that center agency and healing, particularly for populations historically harmed by medical institutions.
- Fostering empathy for patients among care teams, which has been shown to improve patient outcomes across settings¹⁷, may help care teams to provide RMC.
- Reviewing and clarify internal processes for requesting a change in provider or nurse, and ensuring these are accessible, non-punitive, and culturally sensitive. This entails:
 - Communicating these processes clearly to patients before or during admission, ideally via multiple formats (verbal, written, visual).
 - Providing training for staff on how to respond supportively and non-defensively to patient requests for changes in care personnel.
- Using a validated measure of RMC such as the Childbirth Options, Information, and Person-Centered Explanation (CHOICES) measure to evaluate care provided.¹⁸ A summary of validated tools to measure RMC can be found in Table 3 of the Cantor et al. 2024 article.⁵



Resources:

- [ACOG's Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guidelines](#)¹⁹
- [AWHONN Evidence Based Guidelines and RMC Implementation Toolkit](#)
- [TeamBirth Data and Implementation Toolkit](#)
- The [Childbirth Options, Information, and Person-Centered Explanation](#) measure

Note: This is a dynamic resource sheet that will evolve as more evidence becomes available on interventions that support this recommendation. Last Updated January 2026.

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