

From The National Perinatal Information Center: Respectful Care in the Neonatal Intensive Care Unit

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The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care.

For over 30 years, NPIC has worked with hospitals, public and private entities, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns.



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Last fall, this column introduced the importance of the Alliance for Innovation on Maternal Health (AIM) and the critical contributions that neonatologists and those in the neonatal space can make to improve maternal and neonatal outcomes. In review, the following bundle elements were discussed:

- ✓ Readiness
- ✓ Recognition
- ✓ Response
- ✓ Reporting/Systems Learning

In 2021, a 5th bundle element will be incorporated into the AIM patient care bundles, **Respectful Care**. Understanding the value and importance of respectful Care in the neonatal care setting is and will be an essential conversation to engage. Respectful Ma-

ternity Care (RMC) is defined as the preservation of a birthing person’s dignity, choices, and preferences during birth and during the postpartum period¹⁻². Respectful Care has been and continues to be a priority for maternal and neonatal outcomes, particularly with the continued disparities described throughout the literature, including significant outcome disparities found within Black and Brown birthing persons, particularly maternal care³⁻⁵ and NICU care⁶⁻⁸. While the Respectful Care model typically focuses on the mother/birthing person, these elements must be applied to the supportive Care of the mother/birthing person and newborn dyad in the Neonatal Intensive Care Unit. Several of these elements are described below:

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- **Alleviation of Environmental Stressors:** Providing support to the mother/birthing person to assure opportunities for bonding and care provision are essential. Transportation, food security, and the Care of other dependent children as needed for frequent visitation to the NICU provide stability. Financial challenges compound these issues and further accelerate the disparities that are found within neonatal Care. The National Perinatal Information Center provides a Race and Ethnicity Dashboard Report for all member hospitals. The NPIC database during the period 7/01/2019 – 6/30/2020 ($n = 322,592$) discerned the same socioeconomic findings (Table 1) found in contemporary disparities literature,⁹⁻¹⁰ including the length of stay and payer mix. These findings continue to support social determinants of health discussions and speak to the promotion of dignity, autonomy, and the ability to care for their newborn amid turmoil, such as an unexpected admission to the NICU.
- **Provision of a NICU Family Navigator/Support Structures:** The ability for a mother/birthing person to achieve the highest levels of autonomy during a NICU stay relies on the ability to comprehend and understand the course of Care fully. A NICU Family Navigator or NICU Family Support Program can facilitate communication and ensure that every newborn and family are assured the same level of Care and

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	Discharges/%	ALOS	% Medicaid
NPIC Database	322,592	4.36	37.6%
Race			
Asian	18,778 (6%)	3.76	19.8%
Black	60,234 (19%)	5.56	59.5%
AI/AN	1,633 (1%)	5.67	58.4%
PI	934 (0.8%)	3.61	45.0%
White	152,738 (47%)	4.18	28.8%
Other	21,185 (7%)	3.92	52.0%
Unknown	67,090 (21%)	3.99	37.7%
Ethnicity	Discharges/%	ALOS	% Medicaid
Hispanic	66,310 (21%)	3.96	54.6%
Non-Hispanic	239,910 (74%)	4.50	32.6%
Other	16,372 (5%)	4.02	42.8%

Table 1. NPIC Medicaid Payer Analysis, Metrics for Neonatal Discharges (7/1/19 – 6/30/20)

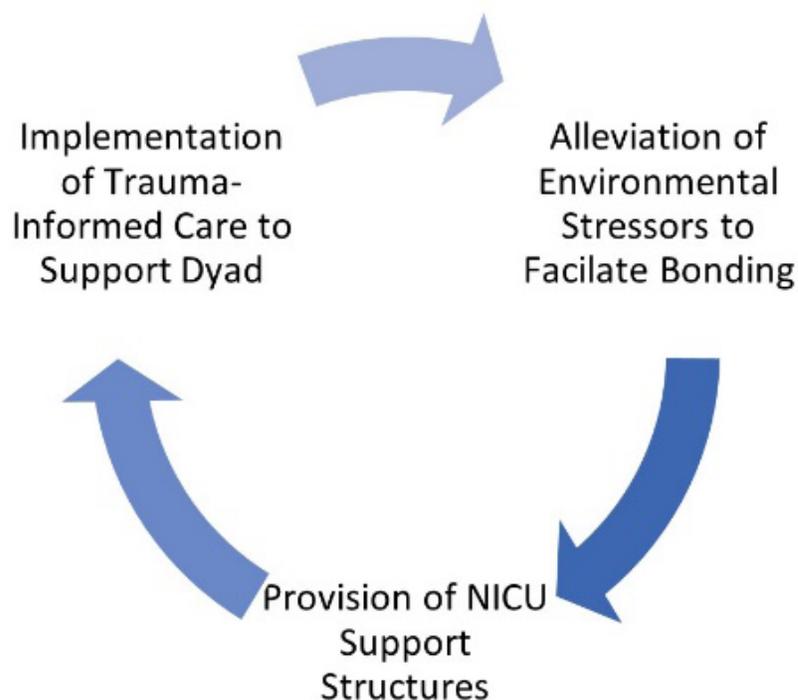


Figure 1. Respectful Care Continuum in the Neonatal Intensive Care Unit

discharge planning¹¹. Lake and colleagues described disparities in NICU outcomes related to race, and failure to offer the same level of discharge care to all families is antithetical to the Respectful Care model. Any differences in Care, specifically racial and/or ethnic outcomes discovered during inpatient care or the discharge process, should be immediately evaluated. The inclusion of postpartum doulas to offer support for the woman/birthing person during the NICU stay should be encouraged.

- **Trauma-Informed Care:** Trauma-informed Care is an essential principle of the Respectful Care model. Facets of trauma-informed Care, such as previous experiences of trauma and subsequent response and reducing the impact of a current trauma¹² (such as an unexpected admission to the NICU), provide a meaningful foundation to the Care of mothers/birthing people during a stay in the NICU. Maternal/newborn separation can exacerbate trauma, and facilitation of visitation and information is key. Again, identification of environmental and social/structural determinants of health and their mitigation can ease the impact of further trauma on a family unit. These elements are cyclical, and all serve as conduits within a Respectful Care paradigm.

The Black Mamas Matter Alliance¹³ describes best practices for holistic maternal and neonatal Care:

- Addresses gaps in Care and ensures continuity of Care
- Affordable and accessible Care
- Ensures informed consent
- Confidential, safe, and trauma-informed
- Provides wraparound services and connections to social services

Achieving a care model that not only supports but promotes and sustains Respectful Care should be considered requisite for any facility caring for women/birthing people and their newborns. Strategic planning should include a focus on equity and include the voices of those most impacted by disparate outcomes. Continuous quality improvement through an equity lens and self-reflection performed by individuals, departments, and organizations is fundamental to the continued evolution of a robust and holistic care program. Respectful Care in maternal and neonatal settings will be critical to elevating both short and long-term outcomes and supporting a strong foundation for autonomy, dignity, and a well-defined transition to home and access to community resources.

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