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 INCLUSIVE AND EQUITABLE PATIENT CARE

#### SITUATION
A care provider enters a patient room to meet and establish a relationship with their patient in a maternity care setting (e.g., reproductive center, outpatient clinics, antepartum units, intrapartum units, postpartum units, neonatal unit).

#### BACKGROUND
What are some of the challenges patients and others may face because of stigma and discrimination when receiving health care?
- People who differ from established normative groups (i.e., identities that are believed to align with the historically shared expectations of acceptable behavior or ideals of western society) face the most significant challenges as they engage with health care systems (Gordon et al., 2016; Malatzky et al., 2020).
- Mistreatment, disrespect, and abuse have been highlighted extensively in the maternity care literature and have been linked to poorer childbirth outcomes and experiences (Bohren et al., 2019, 2020).
- Health care interactions can be both positive and negative; however, within this sphere, several factors can influence the provision of and access to Respectful Maternity Care (RMC), including the level of provider awareness and acceptance of the patient’s identities, life experiences and lifestyle, values, and beliefs (de Peralta et al., 2019).

#### ASSESSMENT
Based on what I know, which assessments are a top priority in establishing a positive relationship with this patient and their partner?

Self-assessment:
- I will first engage in self-assessment to identify and recognize any personal bias.
- I will reflect on how my previous experiences may impact my ability to provide non-biased care.
- I will understand personal barriers to care and how to eliminate discrimination and bias.

Patient Assessment:
- I will work to build trust and rapport with this patient and their partner.
- I will ask how this patient and their partner would like to be addressed by confirming their names and pronouns.
- I will ask what words they use to describe themselves, their bodies, and their health care practices.
- I will ask about this patient’s or their partner’s previous birth experiences, listen, and validate their concerns with compassion and respect using a trauma-informed approach.

#### RECOMMENDATIONS
What actions can be taken to help this patient and their partner feel heard and understood?
- I will include this patient and their partner in all care decisions from admission through discharge.
- I will establish a communication style that the patient prefers.
- I will take time to listen respectfully.
- I will validate their care needs and concerns, ensuring the interprofessional team understands their preferences in order to deliver individualized care and support.
- I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm.
- I will promote skin-to-skin care for both parents to facilitate bonding.
- I will avoid assumptions about gender identity from outward appearances and use gender-inclusive language.
- If I make a mistake in my communications, I will apologize.

#### ACTIONS
- After hearing and documenting this patient’s previous birth experience, I will reflect on the experience to determine what I can do to decrease discrimination and bias and ensure that they receive respectful and compassionate care.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work that impact the overall care provided for our patients.

References