

Unattended Births on the Rise Due to Discrimination: Quality Improvement

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Quality improvement is significant in medicine to improve outcomes and deliver preeminent healthcare. It helps institutions prioritize goals and convey impactful, measurable results to families, providers, and staff. Today's healthcare providers operate in an era of accountability, in which quality issues, patient safety, and cost concerns are primary drivers of patient care processes (Houser, 2021). Similarly, QSEN addresses the challenges of preparing future healthcare professionals with the knowledge, skills, and attitudes necessary to improve these institutions (QSEN Institute, 2020). The article focuses on women who chose unassisted birth due to past trauma and discrimination by healthcare professionals. Understanding their decision-making requires an in-depth look at where the system has failed and where quality resources must be applied.

Article Summary

This article centers around eighteen women who are survivors of abuse regarding their choice to have an unassisted birth (UAB) with no professional birth attendant. The study is composed of qualitative interviews of those considered "less represented" (primarily black women) to shine awareness to birth professionals on how impactful their clinical interactions are to patients' future decision-making. These clinical interactions reflect bodily autonomy, physical and emotional safety, anti-racism, and independence (Gabriel & Sperlich, 2022).

Introduction

Quantitative data indicates that women with previous trauma have worse perinatal outcomes and that stress system dysregulation may mediate these adverse outcomes (Gabriel &

Sperlich, 2022). Deeply rooted institutionalized racism and discrimination have been studied as unavoidable traumas for people of color in the United States with known impacts on health outcomes, including disproportionate risk for posttraumatic stress disorder (PTSD) in pregnancy and adverse birth outcomes (Gabriel & Sperlich, 2022). Giving birth is a sacred event in a woman's life. All women should feel safe and cared for throughout their experience by healthcare providers despite their background. This article relates to quality improvement because it is a systemic concern in desperate need of change by all healthcare members.

Quality Improvement

In order to decrease the rate of unattended births, there must be an initial equity-centered approach. This article gathered firsthand information about women's deplorable experiences in healthcare. Their voices and opinions on change must be heard. These changes are far from minuscule; there will need to be excess funding and educational resources. Execution, adaptation, and consistency are required for the quality improvement implementation stages. The revisions will be an initial investment for the institution. The institution must ensure that the funds are allocated to the designated areas. The changes will require an adjustment from staff but will lead to a better experience for both staff and patients.

Application to Nursing

An unattended birth can lead to many complications for both mother and baby. Birthing alternatives should be promoted more in the communities, significantly positively. There are hospital-based birthing centers, home births, and freestanding birth centers. If women are afraid to give birth in a hospital setting, they should be informed about their options. This would be the

easiest and fastest way to implement change to decrease unattended births while funds and other resources are sorted.

Practice

To expand on the usage of resources; it will also improve access to services. “The largest insurer of pregnant people, Medicaid, ends coverage for women 60 days postpartum, which leaves them without critical follow-up care. To reduce the racial inequities in maternal and infant morbidity and mortality, Medicaid coverage could be extended to at least one year postpartum” (The Commonwealth Fund, 2021). Unattended birth complications do not stop after labor. An overlooked issue can occur during birth and have long-lasting or fatal effects on the mother or baby. All women should have the comfort of knowing they are insured throughout and after pregnancy. Safety is the number one concern regarding unattended births.

Education

Funding will provide extra cultural sensitivity courses for nurses and physicians. These courses should be taught at school and not just at the start of a healthcare career. It will allow those training in medicine to be more culturally aware sooner and can implement it. “Connecting cultural competency to professional values rather than legal or organizational requirements, nurturing a safe and respectful learning environment, cultivating cultural humility, and avoiding stereotypes throughout trainings are also recommended” (Cultural Competence Training for Health Care Professionals, 2020).

Research

From a clinical nursing perspective, it is essential to encourage education not just for the patients but for staff as well. There is always more to learn and room to grow as a professional. The world is ever-changing, and medical staff must adjust as needed. Patient care also includes empathy, care, and comfort. Women need to feel that in any healthcare setting, especially at one of the most vulnerable moments of their life. Healthcare providers must recognize their racism, power imbalances, and cultural biases (Cultural Competence Training for Health Care Professionals, 2020). Further studies need to be done on how racism in healthcare can drastically decrease.

Conclusion

Quality improvement is vital in the healthcare system. There will always be an area that needs to be reformed to provide optimal patient care. The premise of QSEN is to inspire professionals to put quality and safety as core values to guide their work (QSEN Institute, 2020). With the rise of unattended births, QSEN's beliefs can be applied to help decrease those numbers. Quality improvement does not end there. Excess funding, educational resources, and alternative birthing options must also be provided to implement systemic change. Pregnant women should not fear being mistreated during birth while in professional care. Every woman can choose how she wants to bring life into this world. However, it should not be made for her because she is afraid to receive medical treatment due to discrimination. Unattended births put both mother and baby at risk for complications. Pregnant women should be provided with quality care and treatment.

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