

PA PQC Patient Care Communication Sprint Series: Respectful Maternity Care (RMC) in Practice

A two-page reference guide for integrating respectful language into patient care communication, clinical documentation, and case review.

1. Choose accurate, non-stigmatizing language

Avoid labeling or stigmatizing terms	Use specific, person-centered language
Addict; alcoholic; substance abuser	Person with a substance use disorder
Addicted baby	Newborn with prenatal substance exposure; specify clinical condition if diagnosed
Clean/dirty (toxicology result)	Negative/positive toxicology result
Clean (describing a person)	Person in recovery; abstinent; not currently using substances
Drug addiction; substance abuse	Substance use; substance use disorder, when clinically appropriate
Replacement or substitution therapy	Medication for opioid use disorder/treatment for substance use

Respect the language patients use for themselves. The aim is to model non-stigmatizing person-centered language, not to correct a patient's identity or lived experience.

2. Ask without assumptions

Make screening a routine part of care; normalize sensitive screening by explaining that the same questions are asked of all patients. Use specific, neutral, nonjudgmental language that avoids assumptions about patients' behaviors, experiences, or circumstances and encourages honest, open communication.

Instead of...	Try...
"You don't use drugs, do you?"	"What substances, including alcohol, tobacco, or other drugs, have you used recently, if any?"
"Have you been taking your medications like you're supposed to?"	"How has taking your medication been going? Have you experienced any challenges?"
"Why didn't you come to your prenatal appointments?"	"Were there any barriers that made it difficult to attend your prenatal appointments?"
"You're not planning to breastfeed, are you?"	"What are your thoughts or preferences about feeding your baby?"
"Do you feel safe at home?" (without further exploration)	"How are things going at home? Is there anything about your relationships or living situation that you'd like support with?"

3. Practice harm reduction

- Humanism: affirm dignity.
- Individualism: tailor options.
- Incrementalism: recognize small steps.
- Core message: Whether or not a patient is using drugs, they deserve respectful care and support for a healthy pregnancy.
- Pragmatism: acknowledge real-world circumstances.
- Autonomy: support informed choices.
- Accountability without termination: maintain care and support when goals are not met.

Recognize Bias → Improve Care

Use this page during documentation review, team reflection, and quality improvement discussions.

4. Recognize how bias can affect clinical decisions

Implicit bias can influence perception and treatment without conscious intent, especially under stress, time pressure, or uncertainty. Cognitive biases are shortcuts in judgement that can contribute to missed or delayed diagnoses.

Pattern	What to watch for
Anchoring	Holding to an initial impression despite new findings.
Confirmation bias	Seeking evidence that supports an existing assumption while discounting contrary evidence.
Availability bias	Favoring a familiar or recent diagnosis over other possibilities.
Diagnostic momentum	Accepting a prior label or diagnosis without reassessing independently.

5. Use neutral, precise documentation

Check for unsupported judgment words (e.g., “adamant,” “claims,” “insists”), quotation marks that cast doubt on symptoms, and labels such as “difficult” or “noncompliant.” Record the patient’s perspective and observable facts.

Potentially biased wording	More neutral documentation
“Patient claims medication caused a reaction.”	“Patient describes symptoms after receiving the medication.”
“Patient is noncompliant.”	Document the specific recommendation, patient decision, and any stated barriers.

Context matters: words such as “reports” or “refused” are not inherently stigmatizing. Prioritize accuracy, clinical relevance, and a respectful account of the patient’s experience.

6. Apply an RMC lens in case reviews

- ☐ Were patient concerns heard, evaluated, and accurately documented?
- ☐ Did a stereotype, initial impression, or previous diagnosis influence care?
- ☐ Did the record contain judgment words or stigmatizing language?
- ☐ What system or communication change could improve the next encounter?

QI Sprint action: test one small change

As an example, a team may review a small sample of de-identified notes or a recent case, identify one communication or documentation opportunity, test a change, and revisit.

Additional Resources

NIDA, Words Matter (preferred language): nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Beach, M.C., Saha, S., Park, J. *et al.* Testimonial Injustice: Linguistic Bias in the Medical Records of Black Patients and Women. *J GEN INTERN MED* **36**, 1708–1714 (2021). <https://doi.org/10.1007/s11606-021-06682-z>

Barcelona, V., Scharp, D., Idnay, B. R., Moen, H., Goffman, D., Cato, K., & Topaz, M. (2023). A qualitative analysis of stigmatizing language in birth admission clinical notes. *Nursing inquiry*, 30(3), e12557. <https://doi.org/10.1111/nin.12557>

ASHRM Patient Safety Tip Sheet: Cognitive Biases in Health Care. <https://www.ashrm.org/system/files/media/file/2024/02/Patient-Safety-Tip-Sheet-Cognitive-Biases-in-Health-Care.pdf>

Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Reuel Friedman, M., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm reduction journal*, 14(1), 70. <https://doi.org/10.1186/s12954-017-0196-4>