Objective

Effective communication among patients, companions, and their health care team members is critical for safe, respectful maternity care. During the inpatient postpartum stay, topics of communication span maternal and infant health, warning signs, and care planning. Despite the importance of meaningful communication, the extent to which information is clear, relevant, and culturally aligned has received little attention. Further, patients and companions with Limited English Proficiency navigate the intersecting challenge of access to language concordant health care services.

The Postnatal Patient Safety Learning Laboratory is a multidisciplinary research study at the University of North Carolina at Chapel Hill with multi-institutional partners to evaluate the delivery of health care that contributes to perinatal mortality and morbidity. The purpose of this aspect of the study was to investigate the immediate reactions of Spanish-speaking families after communication with health care team members, to identify strengths and opportunities for more familyfocused systems of care.

Study design

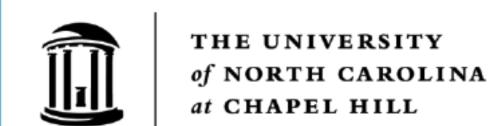
Following UNC IRB approval (#19-1900), filming occurred at North Carolina Women's Hospital within participants' rooms between August-December 2020. Notices of data collection were posted and communicated through multiple channels, and instructions for turning recording equipment off and on were accessible.

This analysis addresses interactions with 6 Latina, Spanish-speaking parents in the 12 hours leading up to their postpartum hospital discharge. Over 66 hours of data were coded, applying definitions of positive, confusing, and negative verbalizations within the 10minutes after health care team members exited rooms. Positive reactions reflected birthing parent and companion comprehension around information provided by a health care team member. Confusing reactions were about lack of clarity with topics verbalized by a health care team member. Negative reactions meant they verbally expressed distress.

Results

Birthing parents and companions discussed 20 health topics over 50 exchanges (15 of which included interpretation service utilization), with 4 positive reactions, 24 instances of confusion, and 14 negative reactions.





Mixed reactions among Spanish-speaking birthing parents and companions after communication from inpatient postpartum health care team members.

Listening to what patients and families say to each other provides insights to the quality of care.

Figure 1. Proportion of positive reactions, instances of confusion, and negative reactions when birthing parents and companions spoke to each other in the 10 minutes after their inpatient postpartum health care team members left their rooms, with example quotes.

¡La traductor que acaba **Negative verbal** de venir no esta reactions traduciendo bien! The interpreter who came Themes:

Yo se que no queremos hacer eso. Y ellos siguen preguntando! I know we do not want to do that. [Expletive!] And they keep asking!

in isn't interpreting well!

reactions Themes:

infant care skill Access to

Positive verbal

Practicing new

La ponen así

¿Se llevaron a mi

They took my

[baby] away?

[bebé]?

They put [do] it like this

supplies

Confusion verbally expressed

Themes:

Quality of communication

Lack of interpretation

service utilization

Disrespectful care

Discharge process

- Unaware of infant location
- Unclear infant security procedures
- Infant heel prick procedure not explained
- Concerns with inpatient catering
- Concerns with access to medications from the hospital pharmacy
- Lack of access to menstrual pads
- Rushed discharge process

Yo no se porque se lo quito. Como que la canasta no es la de el I don't know why they took it [infant ID bracelet] off. It looks like the bassinet isn't his.

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Discussion

Most communication with the Spanish-speaking birthing parents and companion occurred without interpretation services. Listening to verbal reactions are an indicator of satisfaction, clarity, and support experienced. There is opportunity for strengthening information exchange and supporting structural components of the system including safe staffing rations, which are critical for safe, respectful postpartum care. This analysis did not include verbalizations beyond 10 minutes after health care team members left patient rooms, which means the evaluation is not comprehensive. We also did not code other forms of reactions, such as gestures or facial expressions.

Figure 2. A frame from a Postnatal Patient Safety Learning Lab animation of inpatient postpartum care, with the birthing parent, companion, and infant. See PostnatalSafety.com/Our-Work for open access videos.



The team is continuing to develop digital stories of observed scenarios to celebrate what's working well and inform initiatives and integrate into training.

Acknowledgements

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