Step 2: Provides Accurate, Descriptive, Statistical Information About Birth Care Practices

The Coalition for Improving Maternity Services

ABSTRACT

Step 2 of the *Ten Steps of Mother-Friendly Care* insures that women will have accurate, descriptive, and statistical information about the practices and procedures for birth care at their place of birth, including measures of interventions and outcomes. This information provides a foundation for making informed decisions. The rationales and evidence in support of this step are presented.

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Step 2: Provides accurate, descriptive, and statistical information to the public about its practices and procedures for birth care, including measures of interventions and outcomes.

Accurate Information About Birth Practices

Rationale for Compliance	Evidence Grade
Providing accurate information to patients is a federal requirement under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Chapter 4 of the Consumer Rights and Responsibilities of HIPAA states (2005): Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. In order to ensure a consumer's right and ability to participate in treatment decisions, health-care professionals should: <ul style="list-style-type: none">• Provide patients with easily understood information and opportunity to decide among treatment options consistent with the informed consent process. Specifically,<ul style="list-style-type: none">◦ Discuss all treatment options with a patient in a culturally competent manner, including the option of no treatment at all.◦ Ensure that persons with disabilities have effective communications with members of the health system in making such decisions.◦ Discuss all current treatments a consumer may be undergoing, including those alternative treatments that are self-administered.	Quality: NA Quantity: NA Consistency: NA

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For a description and discussion of the methods used to determine the evidence basis of the Ten Steps of Mother-Friendly Care, see this issue's "Methods" article by Henci Goer on pages 5S–9S.

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Accurate Information About Birth Practices

Rationale for Compliance	Evidence Grade
<ul style="list-style-type: none"> Discuss all risks, benefits, and consequences to treatment or nontreatment. Give patients the opportunity to refuse treatment and to express preferences about future treatment decisions. Discuss the use of advance directives—both living wills and durable powers of attorney for health care—with patients and their designated family members. Abide by the decisions made by their patients and/or their designated representatives consistent with the informed consent process. 	
<p>Providing accurate information and ensuring the right to informed refusal as mandated by the American College of Obstetricians and Gynecologists (ACOG, 2000):</p> <p>“[A] physician must disclose to the patient the risks and benefits that a reasonable person in the patient’s position would want to know in order to make an informed decision. . . . Once a patient has been informed of the material risks and benefits involved with a treatment, test, or procedure, that patient has the right to exercise full autonomy in deciding whether to undergo that treatment, test, or procedure or whether to make a choice among a variety of treatments, tests, or procedures. In the exercise of that autonomy, the informed patient also has the right to refuse to undergo any of these treatments, tests, or procedures.”</p>	<p>Quality: NA</p> <p>Quantity: NA</p> <p>Consistency: NA</p>
<p>Providing evidence-based information about medical procedures does not harm women (O’Cathain, 2002; Stapleton, 2002).</p>	<p>NEH</p> <p>Quality: A</p> <p>Quantity: C (2 analyses from one study)</p> <p>Consistency: NA</p>
<p>“Individuals have a basic human right to personal autonomy, and others must respect this right. This is merely an extension of the democratic concept of self-government applied to the individual. If a person gives his/her consent with complete knowledge of what he/she risks by participating in the research, he/she is allowed to take risks he/she chooses (Committee for the Protection of Human Subjects, 2005).”</p>	<p>Quality: NA</p> <p>Quantity: NA</p> <p>Consistency: NA</p>
<p>Hospitals and other health-care facilities have developed Patient Bill of Rights documents to ensure patients are made aware of their rights. Integral to most of these documents is the provision of accurate data and information to patients so they may make informed choices about their care (Florida, 2005; Minnesota, 2005; New York, 2005; New Jersey, 2005).</p>	<p>Quality: NA</p> <p>Quantity: NA</p> <p>Consistency: NA</p>

A = good, C = weak, NA = not applicable, NEH = no evidence of harm

Quality = aggregate of quality ratings for individual studies

Quantity = magnitude of effect, numbers of studies, and sample size or power

Consistency = the extent to which similar findings are reported using similar and different study designs

INCLUDED STUDIES

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For more information on the Coalition for Improving Maternity Services (CIMS) and copies of the Mother-Friendly Childbirth Initiative and accompanying Ten Steps of Mother-Friendly Care, log on to the organization’s Web site (www.motherfriendly.org) or call CIMS toll-free at 888-282-2467.

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EXCLUDED STUDIES

Elbourne, D., Richardson, M., Chalmers, I., Waterhouse, I., & Holt, E. (1987). The Newbury Maternity Care Study: A randomized controlled trial to assess a policy

of women holding their own obstetric records. *British Journal of Obstetrics and Gynaecology*, 94(7), 612–619. **Reason:** Not applicable. Scope of study too narrowly defined.

National Commission. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. Washington, DC: U.S. Government Printing Office. **Reason:** Seminal government document; date of publication does not affect validity.