RESPECTFUL MATERNITY CARE DATA COLLECTION

AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

RESPECTFUL MATERNITY CARE PROGRAM

RESPECT

Every Patient
Every Interaction
Every Time

This guide is designed to assist with preparing and submitting RMC data. It outlines the required information needed for submission and can be used as a reference during the data collection process.

FACILITY INFORMATION

FACILITY
Name:
Address:

PRIMARY CONTACT	
Name:	
Phone Number:	**Email:**

SECONDARY CONTACT	
Name:	
Phone Number:	**Email:**

SYSTEM AFFILIATION

Describe your facility's affiliation with a hospital system: Independent (not affiliated with a system)		
Small system (2-5 hospitals)	Mid-size system (6-20)	Large system (21+)

FACILITY CAPACITY & VOLUME

Annual birth volume (previous calendar year): [Choose one]						
25-249 ☐	250-499 ☐	500-999 ☐	1,000-1,999 ☐	2,000-3,999 ☐	4,000-6,999 ☐	≥ 7,000 ☐

Number of hospital beds:				
<25 beds	25-99 beds	100-249 beds	250-499	≥500 beds

LEVELS OF CARE

Maternal Level of Care

Please identify the level of maternal care that best represents your facility: [Choose One]				
Accredited Birth Center ☐	**Level I: Basic Care** ☐	**Level II: Specialty Care** ☐	**Level III: Specialty Care** ☐	**Level IV: Regional Perinatal Health Care Center** ☐

https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care

Neonatal Level of Care

Please identify the level of neonatal care that best represents your facility: [Choose One]			
Level I: Well Newborn Nursery ☐	**Level II: Special Care Nursery** ☐	**Level III: Neonatal Intensive Care Unit (NICU)** ☐	**Level IV: Regional NICU** ☐

https://publications.aap.org/pediatrics/article/130/3/587/30212/Levels-of-Neonatal-Care

Patient Care Level

Please identify the level of patient care that best represents your facility: [Choose One]			
PRIMARY: General health, first point of contact ☐	**SECONDARY: Specialized care for specific conditions** ☐	**TERTIARY: Highly specialized, complex procedures in hospitals** ☐	**QUATERNARY: Advanced, experimental care** ☐

Hospital type: [Select all that apply]		
Academic Medical Center (affiliated with School of Medicine) ☐	**Teaching Hospital** ☐	**Community Hospital** (non-teaching) ☐
Critical Access Hospital ☐	**Specialty Hospital** (Women's /Children's) ☐	**Free-Standing Birth Center** ☐
Other ☐		

Hospital Ownership Type:		
For-profit ☐	**Non-profit** ☐	**Government-Federal** ☐
Government-state/local ☐	Tribal ☐	**Other** ☐

Hospital Geographic Setting:		
Rural ☐	**Suburban** ☐	**Urban** ☐

PATIENT DEMOGRAPHICS

Race/Ethnicity

Please indicate the percentage of your perinatal patients from each racial/ethnic category served during the previous calendar year.							
American Indian or Alaska Native	**Asian**	**Black or African American**	**Hispanic or Latino**	**Middle Eastern or North African**	**Native Hawaiian or Pacific Islander**	**White**	**Other (unknown, prefer not to answer)**
%	%	%	%	%	%	%	%

Languages

Describe how interpreter services are accessed at your facility:			
Scheduled in Advance	**On-Demand** (available when needed	**Delayed** (not immediately available)	**Not available**
☐	☐	☐	☐

Approximately what percentage of your perinatal patients identify English as their primary language?					
<25%	**25-49%**	**50-74%**	**75-89%**	**90-100%**	**Unknown**

Payer Mix

Please indicate the percentage of your perinatal patients in each of the following payment categories during the previous calendar year:		
Private Insurance	Medicaid	Self-Pay
%	%	%

STAFFING AND CAPACITY

Perinatal Staffing

	Number
Total number of nurses in the perinatal unit (obstetric emergency department, antepartum, labor and delivery, postpartum/newborn; include full-time, part-time, p.r.n.):	
Number of ancillary staff in the perinatal unit (certified nursing assistants [CNAs], technicians, unit clerks, etc.):	
Number of lactation team members:	
Number of perinatal education and coordination staff (e.g., birth coordinators, clinical nurse specialists [CNS], educators):	
Average percentage vacancy rate for licensed nursing positions in the perinatal unit over the past year:	%
Percentage of FTEs/staffing hours covered with temporary staff (travelers, seasonal, locums):	%

NICU Staffing (if applicable)

Do you have a separate NICU/SCN in your facility?	Y / N
Number of nurses in the NICU/SCN (including full-time, part-time, p.r.n.)	
Number of neonatal education and coordination staff (e.g., CNS, educators)	
Number of ancillary staff in the NICU/SCN (CNAs, technicians, unit clerks, etc.)	
Average percentage vacancy rate for licensed nursing positions in the NICU/SCN over the past year	

STAFFING STANDARDS

https://www.awhonn.org/resources-and-information/published-resources/staffing-standards/

How often does your unit follow AWHONN's Staffing Standards (Standards for Professional Registered Nurse Staffing for Perinatal Units)?					
100% of the time	75%-99% of the time	50%-74% of the time	25%-49% of the time	Less than 25% of the time	Unsure
☐	☐	☐	☐	☐	☐

ACCREDITATION & RECOGNITION

Accreditation Bodies

Please indicate your facility's current accrediting body (Select One)					
Center for Improvement in Healthcare Quality (CIHQ)	Det Norske Veritas Healthcare Quality, Inc. (DNV)	Healthcare Facilities Accreditation Program (HFAP)	The Joint Commission	None	Other (Please specify)
☐	☐	☐	☐	☐	

Designation & Recognitions

Please indicate if your facility/unit currently holds any of the following designations or recognitions: [Select Checkbox for each of the items on this list- minimum 1]	
☐ ANCC Well-Being Excellence	☐ Safe Sleep Certification
☐ Baby-Friendly	☐ The Joint Commission's Advanced Certification in Perinatal Care
☐ Blue Distinction Centers for Maternity Care	☐ The Joint Commission's Maternal Levels of Care Verification
☐ CMS Birthing Friendly Designation	☐ U.S. News and World Report designation
☐ ANCC Magnet recognition	☐ None of the above
☐ ANCC Pathway to Excellence	

Is your facility/unit part of a perinatal quality collaborative?	Y / N

RESPECTFUL MATERNITY CARE (RMC) IMPLEMENTATION

Date when began or will begin integrating AWHONN's elements of RMC and the 10-Step C.A.R.E. P.A.A.T.T.H. into your facility: [Month/Year]

THE JOINT COMMISSION MEASURES

Performance on PC-01, PC-02, PC-05, PC-06, ePC-07 Joint Commission Measures. Rates for the previous calendar quarter (may be NA if not mandated by TJC).

PC-01 Elective Vaginal Delivery	
☐ **Numerator:** Patients with elective deliveries from the denominator.	☐ **Denominator:** Patients delivering newborns >= 37 weeks and < 39 weeks of gestation completed.

Indicator source: https://manual.jointcommission.org/releases/TJC2025B/MIF0166.html#:~:text=The%20PC%2D01%20measure%20is%20a%20performance%20measure,Other%20Diagnosis%20Codes%20*%20Checking%20Gestational%20Age

CLICK HERE

PC-02 Cesarean Section	
☐ **Numerator:** Patients with cesarean births from the denominator.	☐ **Denominator:** Nulliparous patients (first-time mothers) who delivered a live-term singleton newborn in vertex presentation.

Indicator source: https://manual.jointcommission.org/releases/TJC2023B/MIF0167.html

CLICK HERE

PC-05 Exclusive Human Milk Feeding	
☐ **Numerator:** Newborns that were fed human milk only since birth	☐ **Denominator:** Single term newborns discharged alive from the hospital

Indicator source: https://manual.jointcommission.org/releases/TJC2023B/MIF0167.html

CLICK HERE

PC-06 Unexpected Complications in Term Newborns	
☐ **Numerator:** Newborns with severe complications and moderate complications.	☐ **Denominator:** Liveborn single term newborns 2500 gm or over in birth weight.

Indicator source: https://manual.jointcommission.org/releases/TJC2025A/MIF0393.html

CLICK HERE

PC-06.1 (severe rate)	
☐ **Numerator:** Newborns with severe complications.	☐ **Denominator:** Liveborn single term newborns 2500 gm or over in birth weight.

Indicator source: https://manual.jointcommission.org/releases/TJC2025A/MIF0393.html

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ePC-07* Severe Obstetric Complications

☐ **Numerator:**
Inpatient hospitalizations for patients with severe obstetric complications (not present on admission that occur during the current delivery encounter) including the following:

- Severe maternal morbidity diagnoses (see list below)
- Severe maternal morbidity procedures (see list below)
- Discharge disposition of expired

Please note that present on admission codes may be those entered by coding staff, extracted from billing/claims data.

- Severe Maternal Morbidity Diagnoses:
  - Cardiac
- Acute heart failure
- Acute myocardial infarction
- Aortic aneurysm
- Cardiac arrest/ventricular fibrillation
- Heart failure/arrest during procedure or surgery
  - Hemorrhage
- Disseminated intravascular coagulation
- Shock
  - Renal
- Acute renal failure
  - Respiratory
- Adult respiratory distress syndrome
- Pulmonary edema
  - Sepsis
  - Other OB
- Air and thrombotic embolism
- Amniotic fluid embolism
- Eclampsia
- Severe anesthesia complications
  - Other Medical
- Puerperal cerebrovascular disorder
- Sickle cell disease with crisis
- Severe Maternal Morbidity Procedures:
  - Blood transfusion
  - Conversion of cardiac rhythm
  - Hysterectomy
  - Temporary tracheostomy
  - Ventilation
- Show less

☐ **Denominator:**
Inpatient hospitalizations for patients delivering stillborn or live birth with >= 20 weeks, 0 days gestation completed

Indicator source: https://ecqi.healthit.gov/ecqm/hosp-inpt/2024/cms1028v2

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HCAHPS SCORES (PATIENT EXPERIENCE MEASURES)

Questions 1,2,3,4,5,6,14, 20

Does your hospital report HCAHPS?
If so: **Y / N**

Per question aggregate for prior calendar quarter for Perinatal Unit:

Question 1 - During this hospital stay, how often did nurses treat you with courtesy and respect? *Aggregate yearly total*			
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**

Question 2 - During this hospital stay, how often did nurses listen carefully to you? *Aggregate yearly total*			
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**

Question 3 – During this hospital stay, how often did nurses explain things in a way you could understand? *Aggregate yearly total*			
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**

Question 4 – During this hospital stay, how often did doctors treat you with courtesy and respect? *Aggregate yearly total*			
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**

Question 5 – During this hospital stay, how often did doctors listen carefully to you? *Aggregate yearly total*			
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**

Question 6 – During this hospital stay, how often did doctors explain things in a way you could understand? *Aggregate yearly total*			
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**

Question 14 – During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed? *Aggregate yearly total*				
☐ **Never (%)**	☐ **Sometimes (%)**	☐ **Usually (%)**	☐ **Always (%)**	☐ **I never asked for help right away (%)**

Question 20 – Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital *Aggregate yearly total*			
☐ **Yes, definitely (%)**	☐ **Yes, somewhat (%)**	☐ **No (%)**	☐ **I did not have family or a caregiver watch for symptoms or health problems (%)**

LEVINE ATTITUDES AND BEHAVIORS ABOUT BIRTH SCALE (LABBS)

LABBS Questions

Thank you for taking the time to complete the Levine Attitudes & Beliefs about Birth Scale (LABBS). Your input is important in understanding and improving respectful care practices. Read each statement carefully and select the response that best reflects your experience or opinion.

Participation in this survey is voluntary and once you submit the survey, you are consenting to participate. The information you provide may be used for research. Anonymous and aggregated results from this survey may be published in scientific journals or presented at professional meetings; no individual participants will be identified.

There are no anticipated significant risks associated with participation in this survey beyond those encountered in everyday life. There may be no direct benefit to you, but your responses may help improve care and inform future research.

You will not be able to edit your responses after submission. This survey will take about 15 minutes to complete. You can stop taking the survey at any time; however, we truly value your input and feedback to improve patient care.

Demographic Questions

1. Month/Year of education

2. Age (select a range)						
☐ 19 or younger	☐ 20-29	☐ 30-39	☐ 40-49	☐ 50-59	☐ 60-69	☐ 70+

3. Do you identify as a member of the LGBTQIA community?		
☐ Yes	☐ No	☐ Prefer not to disclose

4. RaceEthnicity (select all that apply):							
American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (prefer not to answer)
☐	☐	☐	☐	☐	☐	☐	☐

5. What is your highest level of education?						
High school graduate or equivalent	Diploma or certificate	Associate's Degree	Bachelor's Degree	Master's Degree	Doctorate Degree	Other
☐	☐	☐	☐	☐	☐	☐

6. What unit do you work in at the hospital? (select all that apply)					
Antepartum	Labor & Delivery	Neonatal Intensive Care Unit	Postpartum	Low risk newborn	Women's Health
☐	☐	☐	☐	☐	☐

7. Please select your scope of practice:										
LPN/ LVN	RN	CNS	CNM	CRNA	NP	PA	MD/ DO	Nursing Assistant	Unit Clerk/ Secretary	Other:
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

8. Please indicate your years of experience in this department:							
☐ Less than 1 year	☐ 1-5	☐ 6-10	☐ 11-15	☐ 16-20	☐ 21-25	☐ 26-30	☐ >30

9. Employment status			
☐ Full time (36-40)	☐ Part time (16-35)	☐ Per diem	☐ Other

Q1. When a woman is in labor, the safest place for her to be is in the hospital.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q2. Doulas improve maternal and newborn outcomes.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q3. The use of epidural analgesia early in labor (< 4 cms) increases a woman's risk of cesarean delivery.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q4. Breech presentations should always be delivered via cesarean.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q5. A vaginal birth is more empowering than a cesarean delivery.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q6. A woman who has an unexpected cesarean delivery needs an opportunity to grieve.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q7. A woman's personal experience influences her labor progress.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q8. Nursing care can influence whether a woman has a vaginal birth or a cesarean delivery.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q9. The cesarean delivery rate can be safely reduced.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q10. Low risk pregnant women with breech presentations should be offered the option of vaginal birth.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q11. Childbirth is a natural, normal process.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q12. Women with low risk pregnancies should have the option to choose a home birth.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q13. Epidural anesthesia increases the use of oxytocin.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q14. Vaginal breech delivery is safe for women with low-risk pregnancies.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q15. The increasing cesarean delivery rate in our country is a sign of improvement in maternity care.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q16. Women with epidurals are unable to push adequately.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q17. The cesarean delivery rate should be reduced.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q18. Epidural anesthesia increases the cesarean delivery rate.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q19. Epidural anesthesia interferes with the normal progress of labor.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q20. Epidural anesthesia administered in early labor is associated with the development of fetal malposition's such as occiput transverse or posterior.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q21. Most women are capable of vaginal birth.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q22. A woman's labor experience is a significant and meaningful event in her life.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q23. Giving birth at a free-standing birth center is a safe choice for women with low-risk pregnancies.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q24. Vaginal birth is the ideal mode of delivery.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

Q25. Childbirth usually requires medical intervention.			
☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree

WOMEN'S PERCEPTION OF RESPECTFUL MATERNITY CARE (WP-RMC)

WP-RMC Questions

Thank you for taking the time to complete the Women's Perception of Respectful Maternity Care Survey. Your feedback helps us understand your experience during labor and birth and how we can improve patient care.

By completing the survey, you are providing consent to participate. Your responses will be anonymous (no one will know they came from you) and combined with others and used only to improve care and potentially for research.

There are no anticipated significant risks associated with participation in this survey beyond those encountered in everyday life. There may be no direct benefit to you, but your responses may help improve care and inform future research.

Completing the survey is voluntary and you can stop at any time. Once you submit your survey, you will not be able to change your answers. The survey takes about 15 minutes to complete. We truly appreciate your time and feedback.

Demographic Questions

1. Month/Year you gave birth (most recent birth)

2. Age (select a range)				
☐ 19 or younger	☐ 20-29	☐ 30-39	☐ 40-49	☐ 50+

3. Do you identify as a member of the LGBTQIA community?		
☐ Yes	☐ No	☐ Prefer not to disclose

4. Race/Ethnicity (select all that apply):							
American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (prefer not to answer)
☐	☐	☐	☐	☐	☐	☐	☐

5. My caregivers supported me emotionally.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

6. I was in a calm and quiet environment.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

7. My caregivers supported me emotionally.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

8. My caregivers treated me in a friendly manner.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

9. My caregivers provided me with timely care based on my needs.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

10. My caregivers gave understandable answers to my questions.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

11. My caregivers preserved my privacy.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

12. My caregivers introduced themselves and showed me the labor unit.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

13. My caregivers gave required information about care and procedures.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

14. I was informed about the progress of my labor.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

15. My caregivers performed examinations and care with my permission.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

16. I was free to choose my favorable position.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

17. My relatives were informed of the progress of my labor.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

18. I was allowed to have companion of my choice during labor.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

19. I could freely ask questions.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

20. I was threatened/insulted.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

21. My caregivers beat me.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

22. My caregivers shouted at me if I would not follow their instructions.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

23. My caregivers treated all women equally.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

24. My caregivers spoke privately with his/her colleague in my presence.				
Always	Often	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

WELCOME

Welcome to the Respectful Maternity Care (RMC) Benchmarking Platform. We hope this data collection details guide is useful in providing you with a resource on your data collection journey for the AWHONN RMC program. If, at any time, you have questions about the data collection process, please email rmc@awhonn.org.

WHAT INFORMATION IS COLLECTED?

The RMC Data Collaborative collects information across six major domains:

- Organizational Characteristics
- Patient Population Characteristics
- Perinatal Workforce & Staffing
- Clinical Quality Measures
- Patient Experience Measures (HCAHPS)
- Perception Measures
  - Levine Attitudes and Beliefs on Birth Scale (LABBS)
  - Women's Perception on Respectful Maternity Care (WP-RMC)

HOW IS THE DATA USED?

According to your data use agreement, the data may be used in the following contexts:

- Clinical benchmarking
- Quality improvement
- Research
- Hospital operations consultation

Patient- or nurse-identifiable publication is prohibited, while identification or promotion of the hospital's participation depends on a separate hospital permission.

PARTICIPATION EXPECTATIONS

- Participating organizations agree to:
- Submit complete and accurate data according to the reporting schedule.
- Use standardized definitions contained within this manual.
- Designate an organizational contact responsible for data submission.
- Notify the AWHONN of significant organizational changes.
- Participate in data validation activities when requested.
- Review benchmarking reports to support local quality improvement.
- Maintain compliance with applicable Data Use Agreements and confidentiality requirements.

Participation does not require organizations to achieve specific performance thresholds.

REPORTING SCHEDULE

Reporting periods are based on each participating organization's initiative start date. Organizations joining after the initial cohort should use their own start date to establish the applicable baseline and subsequent reporting periods. When a reporting period has already begun, organizations should begin with the next complete month, quarter, or calendar year, as applicable.

Item	Initial Data Collection Period	Data Collection Frequency
HCAHPS Data	Most recently completed quarter before the initiative start date	Quarterly
Levine Attitudes and Beliefs on Birth Scale (LABBS) Pre-Initiative Data	Before implementation or staff training begins	Once, at baseline
LABBS Post-Initiative Data	Six months after implementation begins	Monthly thereafter, if monthly administration is intended
Selected Patient Outcome Measures	Most recently completed quarter before the initiative start date	Quarterly
Staffing and Workforce Measures	Most recently completed calendar year	Annually
Patient Demographics Measures	Most recently completed calendar year	Annually
Patient Payor Mix Measures	Most recently completed calendar year	Annually
WP-RMC Data	Beginning within the first month after implementation begins	Monthly

PREPARING FOR PARTICIPATION

Before submitting data, organizations should review this manual, identify responsible staff, verify data sources, establish internal validation processes, and confirm organizational contacts.

DATA VALIDATION

Submitted information may be reviewed for missing values, invalid responses, numerator/denominator consistency, outliers, and trends over time.

BENCHMARKING REPORTS

Reports may include organization trends, peer comparisons, national benchmarks, workforce metrics, clinical quality measures, and patient experience measures.

Accessing the Data Collection System:

1. Instructions

Instructions for signing in, resetting a password, and managing authorized users

Website: Go to https://qi.awhonn.org.
Returning users should enter their username and password on the sign-in page.

Getting Started

Access to the AWHONN Quality Improvement (QI) site is invitation-based. New users receive an email invitation that links to a registration page associated with their email address. After registration, users can return directly to the website to sign in.

1. Open the website. In a supported web browser, go to https://qi.awhonn.org.
2. Enter your username. Enter the username associated with your account. This will generally be the email address used for your invitation.
3. Enter your password. Enter your password exactly as created. Passwords are case-sensitive.
4. Select Sign in. After signing in, the pages and facilities you can access will depend on your assigned authorization and role.

Signing In for the First Time

1. Open the invitation email. Locate the invitation to the AWHONN Quality Improvement site and select "Accept invitation." The link will open a registration page associated with your email address.
2. Confirm your name. Verify that your first and last names are spelled correctly.
3. Create a password. Enter a password that meets the displayed complexity requirements in both the "Password" and "Password confirmation" fields.
4. Complete registration. Select "Continue." After your account is established, use https://qi.awhonn.org for future sign-ins.

Invitation not found: Check your spam or junk folder. If you still cannot locate the invitation, contact your facility administrator or AWHONN program contact and confirm that the correct email address was used.

Resetting a Forgotten Password

1. Open the sign-in page. Go to https://qi.awhonn.org and select "Forgot your password?"
2. Submit your account email. Enter the email address associated with your account and select "Send me reset password instructions." A reset email should arrive within a few minutes.
3. Open the reset email. Locate the password-reset message and select "Change my password." This opens the password-reset screen.
4. Create a new password. Enter a password meeting the displayed complexity requirements in both the "New password" and "Confirm new password" fields.
5. Save the new password. Select "Change my password." After the password is changed, return to https://qi.awhonn.org and sign in using your username and new password.

2. User Access and Roles

Access is controlled through authorizations. An authorization identifies both the level of the site a person may access and the role the person has at that level.

Role	What the role permits
Administrator	Can manage users and access at the level covered by the administrator authorization. Can also enter data.
Data Entry	Can enter and submit information at the authorized level.
Read-only	Can view information but cannot enter, submit, or administer data.

Administrator Instructions

Users with an Administrator role may manage users within the scope of their authorization. A facility administrator may manage users for that facility. A system administrator may manage users for the facility system and associated facilities.

Inviting or Authorizing a New User

- Sign in as an administrator. Your account must include at least one Administrator authorization.
- Open Users. From the navigation menu, select Admin > Users.
- Start the invitation. Select "Add User."
- Enter the user's information. Complete all required fields, which are marked with an asterisk. Each user must have a unique email address.
- Create the user. Select "Add User." A new user will receive an email invitation. An existing user who is being given access to another facility will receive a notification describing the new authorization.

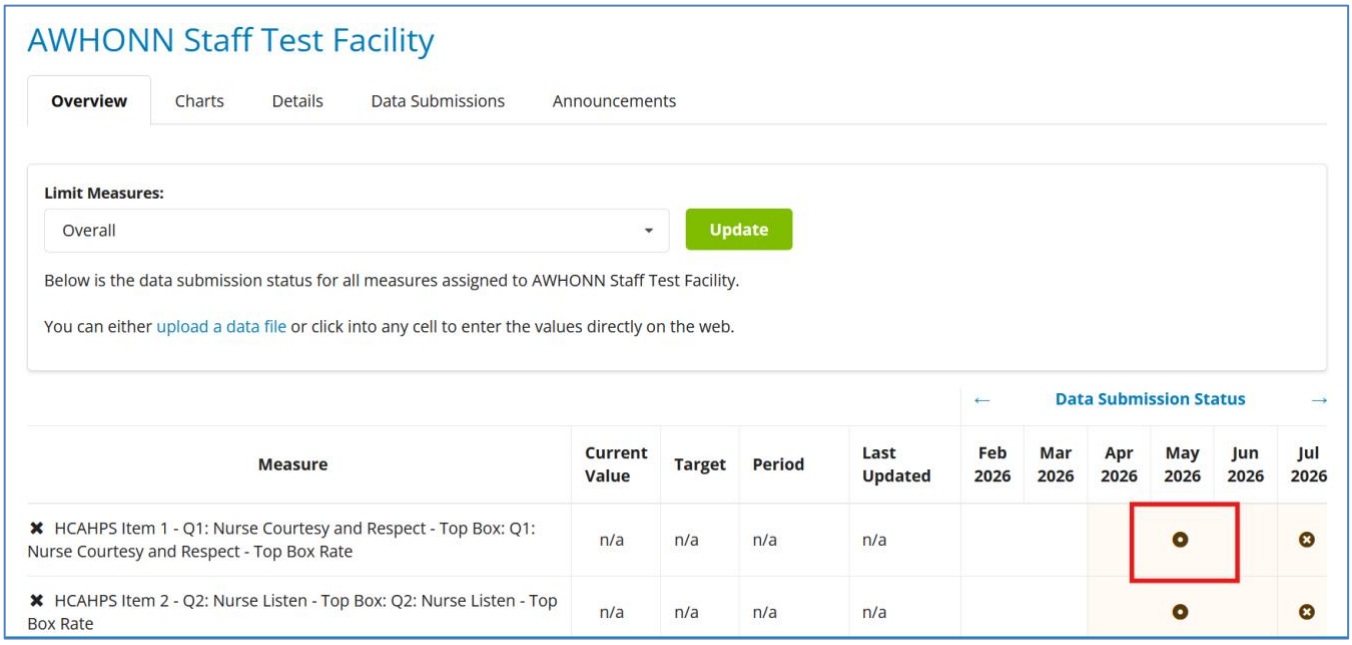
Before selecting Add User: Confirm the spelling of the email address, the intended facility or system, and the appropriate role. Incorrect access assignments may expose information outside the user's responsibilities.

4. Entering Data

Data may be entered directly through the web interface or submitted using a CSV upload when supported by the measure.

Entering Data in the User Interface

Users who have access to enter data can log in via the user interface to begin the data entry process. From the main facility home screen, scroll down to the areas that are available for data entry. For example, in the following screen shot, you can click on HCAHPS item 1 for April – June 2026 to begin the data entry process.



Once you have clicked on the round button, you will be taken to the following screen:

Enter the appropriate data and click "Save."

Uploading Data (CSV)

1. Sign in to the AWHONN Quality Improvement site.
2. Select Upload Data from the navigation menu.
3. Review the File Format Instructions for the measure.
4. Download the sample CSV if needed.
5. Choose the completed CSV file.
6. Select Upload.
7. Review the upload summary.
8. Reviewing Validation Errors

If validation errors are identified, review the error messages, correct the CSV file, and upload the revised file. Repeat until the upload completes successfully.

DETAILED DATA COLLECTION ITEMS

SECTION I: ORGANIZATIONAL CHARACTERISTICS

Purpose

This section describes the organizational characteristics collected by the collaborative. These data provide important context for benchmarking and allow participating organizations to be compared with similar facilities.

Reporting Instructions

Unless otherwise specified, report organizational characteristics as they exist on the date the survey is completed.

Hospital or Facility Data Elements

Report the following variables using the definitions provided in this manual:

Reporting Frequency: Update yearly or as needed.

Item	Definition
Hospital Name	Official name of the hospital or facility
NPI Number	Official NPI Number of the hospital or facility. This item is used as the unique hospital or facility identifier for AWHONN.
System	Select the affiliated hospital system for the hospital or facility. If you do not see your system on the drop down list, please email rmc@awhonn.org to have it added.
Street Address, City, State Code, Zip Code	Enter all of these items for the participating hospital or facility
RMC Implementation Date	Enter the date of the first training that your RMC Instructor(s) held their first course at your hospital or facility. If you have not held it yet, leave it blank and update once it is held.
Data when 90% of your staff is trained	Enter the date by which at least 90% of the designated staff completed the RMC training.
Suppress Reminder Email	The system automatically will send reminder emails on missing data. If you would like to suppress these reminder emails, select "Yes." Otherwise, select "No."

Item	Definition
Hospital Type	Select one of the following based upon your hospital type that best represents your hospital. Please only select one: • **Academic Medical Center:** Facility is affiliated with a School of Medicine • **Teaching Hospital:** Facility is affiliated with teaching nurses, midwives, or physicians. • **Community Hospital:** Hospital with no teaching of nurses, midwives, or physicians. • **Critical Access Hospital:** Designated Critical Access Hospital by CMS • **Specialty Hospital:** Free standing Women's/Children's hospital. • **Free-Standing Birth Center:** Facility is a free-standing birth center • **Other:** Select for any other hospital or facility types not listed above
Hospital Ownership Type	Select the Hospital or Facility Ownership Type that best represents your facility: • **For profit:** Facility is a for-profit organization according to the IRS. • **Non-profit:** Facility is a not-for-profit organization according to the IRS. • **Government – Federal:** Facility is affiliated with the Federal Government. • **Government – State/Local:** Facility is affiliated with state or local government entity. • **Tribal:** Facility is affiliated with a tribal community. • **Other:** Select Other if facility does not meet any of the above criteria
Hospital Geographic Setting	Select the Hospital or Facility Geographic Setting that most closely aligns with your facility: • **Rural:** A community outside a metropolitan area or designated as rural by HRSA. • **Suburban:** A community within a metropolitan area but outside its principal city or urban core. • **Urban:** A principal city or densely developed core of a metropolitan area.
Hospital Annual Birth Volume	Select the annual birth volume category from the previous calendar year that most closely aligns with your facility's annual birth volume: 25-249; 250-499; 500-999; 1000-999; 2000-3999; 4000-6999; 7000+`

Item	Definition
Maternal Level of Care	Select the option that best reflects your facility's designated maternal level of care and associated capabilities: • **Accredited Birth Center:** Provides peripartum care for low-risk patients with uncomplicated, singleton, term pregnancies and an anticipated uncomplicated birth. • **Level I – Basic Care:** Provides care for low- to moderate-risk pregnancies and can detect, stabilize, and begin managing unexpected maternal, fetal, or neonatal complications until transfer to a facility offering specialty care. • **Level II – Specialty Care:** Provides all Level I services, plus care for appropriate moderate- to high-risk conditions during the antepartum, intrapartum, and postpartum periods. • **Level III – Subspecialty Care:** Provides all Level I and II services, plus care for complex maternal medical conditions, obstetric complications, and fetal conditions. • **Level IV – Regional Perinatal Health Care Center:** Provides all Level I, II, and III services, plus on-site medical and surgical care for the most complex maternal conditions and critically ill pregnant or postpartum patients and fetuses.
Neonatal Level of Care	Select the option that best reflects your facility's designated neonatal level of care and associated capabilities: • **Level I – Well-Newborn Nursery:** Provides routine care for healthy newborns, neonatal resuscitation at every delivery, care for physiologically stable infants born at 35 weeks' gestation or later, and stabilization of ill or preterm newborns until transfer. • **Level II – Special Care Nursery:** Provides all Level I services, plus care for infants born at 32 weeks' gestation or later and weighing at least 1,500 grams who are moderately ill or require short-term respiratory support, as well as infants recovering after intensive care. • **Level III – Neonatal Intensive Care Unit (NICU):** Provides all Level I and II services, plus comprehensive care for extremely preterm, critically ill, or medically complex newborns requiring sustained life support, advanced respiratory support, imaging, and access to pediatric medical and surgical specialists. • **Level IV – Regional Neonatal Intensive Care Unit (Regional NICU):** Provides all Level I, II, and III services, plus on-site surgical care for newborns with the most complex congenital or acquired conditions, access to a full range of pediatric subspecialists, and regional neonatal transport and outreach services.

Item	Definition
Patient Care Level	Select the option that best reflects the highest level of patient care routinely provided by your facility: • **Primary Care – General and Preventive Care:** Provides first-contact, routine, preventive, and ongoing care for common health needs and coordinates referrals to specialists when needed. • **Secondary Care – Specialized Care:** Provides diagnosis and treatment by specialists for specific conditions, typically following referral from a primary care provider. • **Tertiary Care – Highly Specialized and Complex Care:** Provides advanced specialty care, complex procedures, and intensive treatment that require specialized teams, technology, or hospital-based resources. • **Quaternary Care – Advanced or Experimental Care:** Provides the most advanced and highly specialized services, such as rare or exceptionally complex procedures, experimental treatments, clinical trials, or therapies available only at select medical centers.
Accrediting Body	Select the organization that currently accredits your hospital: • **Center for Improvement in Healthcare Quality (CIHQ):** A national accrediting organization that evaluates hospitals for compliance with healthcare quality, patient-safety, and applicable Medicare requirements. • **DNV Healthcare (DNV):** A national accrediting organization that evaluates hospital compliance with Medicare requirements and integrates accreditation with ISO 9001 quality-management principles. • **Healthcare Facilities Accreditation Program (HFAP/ACHC):** A hospital accreditation program now operating within the Accreditation Commission for Health Care (ACHC) that evaluates compliance with Medicare requirements and healthcare quality and safety standards. • **The Joint Commission (TJC):** An independent national organization that accredits hospitals based on established standards for healthcare quality, patient safety, organizational performance, and regulatory compliance. • **None:** The hospital is not currently accredited by a national accrediting organization. • **Other:** The hospital is accredited by an organization not listed above; please specify the organization.
Hospital System Affiliation	Select the option that best describes your hospital's affiliation with a health system. Count all hospitals that operate under the same parent organization, ownership structure, or centralized governance as your hospital: • **Independent:** Not owned, operated, or governed as part of a health system. • **Small Health System:** Part of a health system comprising 2–5 hospitals. • **Mid-Size Health System:** Part of a health system comprising 6–20 hospitals. • **Large Health System:** Part of a health system comprising 21 or more hospitals.

Item	Definition
Number of Hospital Beds at the Facility	Select the range that represents the total number of licensed inpatient beds at your hospital, including all beds authorized for inpatient use, whether currently staffed or occupied. • Fewer than 25 beds • 25–99 beds • 100–249 beds • 250–499 beds • 500 or more beds
How Interpreters are Accessed at the Facility	Indicate how qualified medical interpretation services are typically accessed at your facility, whether provided in person, by telephone, or by video. Select the answer that most aligns with your facility: • **Scheduled in Advance:** Interpretation services must generally be arranged before the patient encounter. • **On Demand:** Interpretation services are available when requested, without advance scheduling. • **Delayed:** Interpretation services are available, but patients or staff typically must wait before connecting with an interpreter. • **Not Available:** The facility does not provide access to qualified medical interpretation services.
Percentage of Patients Whose Primary Language is English	Select the range that best represents the percentage of patients served by your facility whose self-reported primary or preferred language for healthcare communication is English. Use data from the most recently completed calendar year, if available. • Less than 25% • 25%–49% • 50%–74% • 75%–89% • 90%–100% • Unknown or not tracked
Compliance with AWHONN Staffing Standards	Select the percentage of time during the most recently completed calendar year that your perinatal units met all applicable AWHONN nurse-to-patient staffing standards based. • 100% of the time • 75%–99% of the time • 50%–74% of the time • 25%–49% of the time • Less than 25% of the time • Unsure or not tracked
Perinatal Quality Collaborative Membership	Indicate whether your hospital currently participates as a member of a state, regional, or territorial Perinatal Quality Collaborative (PQC)—a network that uses data-driven quality-improvement initiatives to improve maternal and infant health outcomes. • **PQC Member:** The hospital currently participates in a recognized Perinatal Quality Collaborative. • **Non-PQC Member:** The hospital does not currently participate in a Perinatal Quality Collaborative.

Item	Definition
RMC Training Program	Select the Program You Use for RMC Training • **AWHONN Train-the-Trainer Program:** The facility participates in AWHONN's Respectful Maternity Care Train-the-Trainer Program, which prepares designated internal RMC champions to train staff and lead implementation and sustainable culture change within the facility. • **Facility- or Hospital System-Developed RMC Program:** The facility uses a respectful maternity care education or training program developed internally by the facility or its affiliated hospital or health system. • **Family-to-Family RMC Program:** The facility uses the Family-to-Family Support Network's Respectful, Equitable Care education or certification program to prepare healthcare professionals and organizations to provide respectful and equitable care to perinatal and neonatal patients and families. • **NICHQ RMC Program:** The facility uses the National Institute for Children's Health Quality Respectful Maternity Care Toolkit, including its Resource Guide and Clinical Care Training Modules, to integrate respectful, patient-centered practices into maternity care. The program addresses dignity, communication, autonomy in decision-making, informed consent, and accountability. • **TeamBirth Training Program:** The facility implements TeamBirth, an Ariadne Labs program designed to improve communication, teamwork, and shared decision-making among patients, support persons, and clinicians throughout labor and birth. • **Other:** The facility uses a formal respectful maternity care education or training program that is not included among the options above. The facility should specify the name of the program.

SECTION II: PATIENT DEMOGRAPHICS

Perinatal Patient Race and Ethnicity Distribution and Patient Demographic and Language Profile: The distribution of unique perinatal patients served by the facility during the most recently completed calendar year, based on patients' self-reported race, ethnicity, and primary or preferred language for healthcare communication. This measure also includes the percentage of patients requiring qualified interpreter services and whether in-person interpretation is available. When patients identify with more than one race or ethnicity, they should be included in each category selected; therefore, the combined percentages may exceed 100%.

Reporting Frequency: Yearly

Race or ethnicity	Definition	Data Type
White	Percentage of perinatal patients who self-identified as White.	Numeric percentage (0–100)
Black or African American	Percentage of perinatal patients who self-identified as Black or African American.	Numeric percentage (0–100)
American Indian or Alaska Native	Percentage of perinatal patients who self-identified as American Indian or Alaska Native.	Numeric percentage (0–100)
Asian	Percentage of perinatal patients who self-identified as Asian.	Numeric percentage (0–100)
Native Hawaiian or Other Pacific Islander	Percentage of perinatal patients who self-identified as Native Hawaiian or Other Pacific Islander.	Numeric percentage (0–100)
Hispanic or Latino	Percentage of perinatal patients who self-identified as Hispanic or Latino.	Numeric percentage (0–100)
Middle Eastern or North African	Percentage of perinatal patients who self-identified as Middle Eastern or North African.	Numeric percentage (0–100)
Other, Unknown, or Prefer Not to Answer	Percentage of perinatal patients whose race or ethnicity was recorded as "Other," was unknown or not documented, or who declined to answer.	Numeric percentage (0–100)
Patients Requiring Interpreter Services	Percentage of perinatal patients who required a qualified interpreter to communicate effectively with healthcare providers during their care.	Numeric percentage (0–100)
English as Primary Language	Percentage of perinatal patients whose self-reported primary or preferred language for healthcare communication was English.	Numeric percentage (0–100)
In-Person Interpreter Services	Indicates whether the facility provides access to qualified interpreters who are physically present during patient encounters. Do not include interpretation provided solely by telephone or video, or by family members or unqualified staff.	Yes/No

SECTION III: PERINATAL PATIENT PAYER DISTRIBUTION

Formal definition: The percentage distribution of unique perinatal patients served by the facility during the most recently completed calendar year, categorized according to the primary payer recorded for their perinatal care. Each patient should be assigned to one mutually exclusive payer category based on the primary expected source of payment. The percentages across all categories should total 100%.

Reporting frequency: Yearly

Payer category	Definition	Type
Private/Commercial Insurance	Percentage of perinatal patients whose primary payer was an employer-sponsored or individually purchased commercial health insurance plan.	Numeric percentage (0–100)
Medicaid	Percentage of perinatal patients whose primary payer was Medicaid, including pregnancy-related Medicaid coverage and Medicaid managed-care plans.	Numeric percentage (0–100)
Uninsured/Self-Pay	Percentage of perinatal patients who had no health insurance recorded and were primarily responsible for payment themselves, including charity-care patients when no third-party payer was identified.	Numeric percentage (0–100)
Other Payer	Percentage of perinatal patients whose primary payer did not fall within the categories above, such as Medicare, TRICARE, Veterans Affairs, Indian Health Service, or another governmental or specialized payment program.	Numeric percentage (0–100)

SECTION IV: WORKFORCE PROFILE

Formal definition: The facility's current perinatal and neonatal workforce capacity, including employed and regularly assigned clinical staff, workforce vacancies, reliance on temporary or contract registered nurses, and compliance with applicable AWHONN perinatal nurse-staffing standards. Current staff counts should be reported as of the date of the end of the specified calendar year; vacancy, temporary staffing, and compliance percentages should reflect the most recently completed calendar year.

Unless otherwise specified, report staff counts as the number of unique individuals rather than budgeted positions. Include full-time and part-time staff, but do not count the same person more than once within a measure. Include shared staff only when they regularly support the identified unit.

Reporting Frequency: Yearly

Workforce Measure	Definition	Type
Perinatal RN Staff Count	Number of unique employed RNs regularly assigned to antepartum, labor and delivery, obstetric operating or recovery, and postpartum units, as applicable. Exclude temporary, agency, travel, and contract nurses.	Numeric count
Lactation Staff Count	Number of unique lactation professionals regularly supporting the perinatal units, including IBCLCs and other qualified lactation consultants or counselors.	Numeric count
Perinatal Educator Staff Count	Number of unique educators assigned to provide education, orientation, competency assessment, or professional-development support to perinatal staff. Include shared educators only when they regularly support the units.	Numeric count
Perinatal RN Vacancy Rate	Percentage of budgeted perinatal RN FTE positions that were vacant, calculated by dividing average number of vacant budgeted RN FTEs for the perinatal unit divided by total budgeted perinatal RN FTEs and multiplying by 100.	Numeric percentage (0–100)
Temporary/Contract Perinatal RN Percentage	Percentage of the total perinatal RN workforce, measured using FTEs, supplied by temporary, agency, travel, or contract nurses.	Numeric percentage (0–100)
NICU RN Staff Count	Number of unique employed RNs regularly assigned to the NICU. Exclude temporary, agency, travel, and contract nurses.	Numeric count
NICU Ancillary Staff Count	Number of unique ancillary staff regularly assigned to the NICU, such as nursing assistants, respiratory therapists, technicians, and unit clerks. Exclude physicians, advanced practice providers, RNs, and educators reported separately.	Numeric count
NICU Educator Staff Count	Number of unique educators assigned to provide education, orientation, competency assessment, or professional-development support to NICU staff. Include shared educators only when they regularly support the NICU.	Numeric count

Workforce Measure	Definition	Type
NICU RN Vacancy Rate	Percentage of budgeted NICU RN FTE positions that were vacant, calculated by dividing average number of vacant budgeted RN FTEs for the NICU divided by total budgeted NICU RN FTEs and multiplying by 100.	Numeric percentage (0–100)
Temporary/Contract NICU RN Percentage	Percentage of the total NICU RN workforce, measured using FTEs, supplied by temporary, agency, travel, or contract nurses.	Numeric percentage (0–100)
Compliance With AWHONN Staffing Standards	Percentage of time the facility's perinatal units met all applicable AWHONN staffing standards based on patient acuity and clinical circumstances. Approximate value is ok.	Numeric percentage (0–100)

SECTION V: CLINICAL QUALITY MEASURES

PC-01: Elective Delivery

Formal measure definition: The percentage of patients with elective vaginal deliveries or elective cesarean births occurring at 37 weeks 0 days through 38 weeks 6 days of gestation, without a documented medical indication for delivery before 39 weeks. PC-01 is a process measure for which a lower rate indicates better performance.

Source: The Joint Commission

Measure Component	Definition	Type
PC-01 Numerator	Count denominator-eligible patients who underwent either: **(1)** medical induction of labor when they were not in labor before the procedure; or **(2)** cesarean birth when they were not in labor and had no history of prior uterine surgery.	Numeric whole-number count
PC-01 Denominator	Count patients who delivered at 37 weeks 0 days through 38 weeks 6 days of gestation and met the applicable Joint Commission delivery-code criteria, after applying all denominator exclusions.	Numeric whole-number count
PC-01 Rate calculation	Percentage of eligible early-term deliveries that were elective. Calculate by dividing the PC-01 numerator by the PC-01 denominator and multiplying by 100.	Calculated numeric percentage (0–100)

Numerator Definition

Include patients from the denominator who had one or more of the following:

- A medical induction of labor when the patient was not in labor before the procedure; or
- A cesarean birth when the patient:
  - Was not in labor; and
  - Had no history of prior uterine surgery.

There are no additional numerator exclusions after the denominator criteria have been applied.

Denominator Definition

Include patients who:

- Delivered a newborn during the reporting period;
- Were at least 37 weeks 0 days but less than 39 weeks 0 days of gestation; and
- Met the applicable Joint Commission ICD-10 delivery criteria, including qualifying delivery procedures or planned cesarean birth in labor.

Denominator Exclusions

Exclude patients with any of the following:

- A documented condition that may justify delivery before 39 weeks, as defined by the current Joint Commission Appendix A, Table 11.07;
- A history of prior stillbirth;
- Age younger than 8 years;
- Age 65 years or older;
- Gestational age below 37 weeks, 39 weeks or greater, or unable to determine; or
- A case rejected under the Joint Commission data-validation or initial-population rules because required data are missing or invalid.

Calculation

$$\text{PC-01 Rate} = \frac{\text{Number of eligible patients with an elective delivery}}{\text{Number of eligible patients delivering at 37 0/7–38 6/7 weeks}} \times 100$$

Official Specifications

These definitions align with the current Joint Commission PC-01 specification, version 2026A. Hospitals can use their officially abstracted PC-01 numerator and denominator counts rather than re-interpreting the ICD-10 code tables.

PC-02: Cesarean Birth

Formal measure definition: The percentage of nulliparous patients with a live, term, singleton newborn in vertex presentation who delivered by cesarean birth. This population is commonly referred to as NTSV: nulliparous, term, singleton, vertex.

PC-02 is an outcome measure. The Joint Commission identifies improvement as performance within an optimal range.

Measure Component	Definition	Type
PC-02 Numerator	Count denominator-eligible NTSV patients whose delivery included an ICD-10-PCS cesarean-birth procedure code specified in Joint Commission Appendix A, Table 11.06.	Numeric whole-number count
PC-02 Denominator	Count nulliparous patients who delivered a live, term, singleton newborn in vertex presentation and met the applicable Joint Commission delivery and outcome-of-delivery criteria after all exclusions were applied.	Numeric whole-number count
PC-02 Rate	Percentage of denominator-eligible NTSV patients who delivered by cesarean birth.	Calculated numeric percentage (0–100)

Numerator Definition

Include patients from the PC-02 denominator whose delivery included an ICD-10-PCS principal or other procedure code for cesarean birth, as defined in Appendix A, Table 11.06: Cesarean Birth.

There are no additional numerator exclusions after the denominator criteria have been applied.

Denominator Definition

Include patients who meet all of the following:

- Nulliparous: No previous birth at 20 weeks 0 days of gestation or later;
- Delivered a live newborn;
- Term gestation: 37 weeks 0 days or later;
- Singleton: Only one fetus or newborn;
- Vertex presentation: Newborn presented head-first;
- Met the applicable Joint Commission ICD-10 delivery and outcome-of-delivery criteria; and
- Were not subject to a denominator exclusion.

Denominator Exclusions

Exclude patients with any of the following:

- Multiple gestation;
- Nonvertex or abnormal fetal presentation;
- A condition that may justify cesarean delivery, as defined in Appendix A, Table 11.09: Multiple Gestations, Abnormal Presentations, and Conditions Justifying Cesarean Delivery;
- Age younger than 8 years;
- Age 65 years or older;
- Gestational age below 37 weeks or unable to determine;
- One or more previous births; or
- Missing or invalid information required to establish gestational age, previous-birth status, or inclusion in the initial patient population.

Table 11.09 includes qualifying conditions such as active genital herpes, placenta previa, vasa previa, and placenta accreta spectrum, along with the applicable ICD-10-CM codes.

Calculation

$$\text{PC-02 Rate} = \frac{\text{NTSV patients delivered by cesarean birth}}{\text{All eligible NTSV patients who delivered}} \times 100$$

Official Specification

Joint Commission PC-02—2026A Measure Specification and Exclusions

Hospitals can use their officially abstracted PC-02 numerator and denominator counts rather than re-interpreting the ICD-10 code tables.

PC-05: Exclusive Human Milk Feeding

Formal measure definition: The percentage of eligible, term, singleton newborns discharged alive from the hospital who received only human milk throughout the entire birth hospitalization.

Measure Component	Definition	Type
PC-05 Numerator	Count eligible denominator newborns who received only human milk from birth through discharge.	Numeric whole-number count
PC-05 Denominator	Count eligible term, singleton newborns discharged alive from the hospital after applying all PC-05 exclusions.	Numeric whole-number count
PC-05 Rate	Percentage of eligible newborns who received only human milk throughout the entire hospitalization.	Calculated numeric percentage (0–100)

Numerator Definition

Include newborns from the denominator who received only human milk throughout the entire hospitalization, whether delivered:

- Directly at the breast or chest;
- By bottle, syringe, feeding tube, or another feeding method;
- As expressed human milk;
- As donor human milk; or
- With human-milk fortifier added.

The following do not disqualify a newborn from the numerator:

- Vitamins, minerals, or medications administered as drops or syrups;
- Intravenous fluids;
- Dextrose or glucose gel used as medication; or
- Sucrose solutions used to reduce discomfort during a procedure.

Exclude from the numerator any denominator-eligible newborn who received an actual feeding of formula, water, or another nonhuman-milk liquid or solid at any time during the hospitalization.

There are no additional numerator exclusions after the denominator criteria have been applied.

Denominator Definition

Include newborns who meet all of the following:

- Were documented as a single liveborn newborn using the applicable Joint Commission ICD-10-CM criteria;
- Were born at 37 weeks 0 days of gestation or later;
- Were discharged alive from the hospital; and
- Were not subject to a PC-05 denominator exclusion.

Denominator Exclusions

Exclude newborns with any of the following:

- Admission to the NICU at the reporting hospital during the birth hospitalization;
- Galactosemia, as defined by Joint Commission Appendix A, Table 11.21;
- Receipt of parenteral nutrition, as defined by Appendix A, Table 11.22;
- Death during the hospitalization;
- Transfer to another hospital;
- Preterm status or gestational age below 37 weeks; or
- Missing term status or gestational age when birth weight was below 3,000 grams.

Cases missing required information—such as discharge disposition, birth weight when needed, NICU admission status, or feeding documentation—may be rejected under the Joint Commission's data-validation rules.

Calculation

$$\text{Quarterly PC-05 Rate} = \frac{\text{Eligible newborns fed only human milk}}{\text{All eligible term singleton newborns discharged alive}} \times 100$$

Official Specifications

The Joint Commission PC-05: Exclusive Human Milk Feeding—2026A

The exclusions appear under **Denominator Statement** → **Excluded Populations**. The official definition of an exclusive human-milk feeding is available in the PC-05 Exclusive Human Milk Feeding data element.

Hospitals can use their officially abstracted PC-05 numerator and denominator counts rather than re-interpreting the ICD-10 code tables.

PC-06: Unexpected Complications in Term Newborns

Formal measure definition: The rate of severe or moderate unexpected complications among liveborn, singleton, term newborns without specified congenital, fetal, or in-utero drug-exposure conditions and with a birth weight of at least 2,500 grams.

PC-06 is an outcome measure divided into three related rates:

- **PC-06.0:** Overall unexpected-complication rate
- **PC-06.1:** Severe-complication rate
- **PC-06.2:** Moderate-complication rate

Note: AWHONN is not formally tracking PC-06.2, but it is required for calculation of PC-06.0 so the definitions are included here.

A lower rate indicates better performance. Each rate is reported **per 1,000 eligible live births**, not as a percentage.

Measure Component	Definition	Type
PC-06.1 Severe Numerator	Count denominator-eligible newborns meeting the Joint Commission criteria for a severe complication.	Numeric whole-number count
PC-06.2 Moderate Numerator	Count denominator-eligible newborns meeting the Joint Commission criteria for a moderate complication but not classified as having a severe complication.	Numeric whole-number count
PC-06.0 Overall Numerator	Sum of the severe- and moderate-complication numerator counts. Each newborn should be counted only once in the overall numerator.	Calculated whole-number count
PC-06 Denominator	Count all eligible in-hospital, liveborn, singleton, term newborns weighing at least 2,500 grams after applying the PC-06 exclusions. The same denominator is used for all three rates.	Numeric whole-number count
PC-06.0 Overall Rate	Number of eligible newborns with either a severe or moderate complication per 1,000 eligible live births.	Calculated rate per 1,000
PC-06.1 Severe Rate	Number of eligible newborns with a severe complication per 1,000 eligible live births.	Calculated rate per 1,000
PC-06.2 Moderate Rate	Number of eligible newborns with a moderate complication per 1,000 eligible live births.	Calculated rate per 1,000

Severe-Complication Numerator

Include eligible newborns with one or more of the following:

- Death during the birth hospitalization;
- Transfer to another acute-care hospital for a higher level of care under the applicable Joint Commission transfer and complication logic;
- Severe birth trauma;
- Severe hypoxia or asphyxia;
- Severe shock or resuscitation;
- Severe respiratory complications;
- Severe infection;
- Severe neurological complications;
- Severe respiratory, neurological, shock, or resuscitation procedures; or
- Neonatal septicemia with a hospital length of stay greater than four days.

The applicable diagnoses and procedures are defined in Joint Commission Appendix A, Tables 11.36–11.45.

Moderate-Complication Numerator

Include eligible newborns who do not meet the severe-complication criteria and have one or more of the following:

- Transfer to another hospital for a higher level of care with a qualifying moderate-complication code;
- Moderate birth trauma;
- Moderate respiratory complications or procedures;
- Qualifying birth trauma, respiratory, neurological, or infection conditions accompanied by a prolonged hospitalization:
  - More than two days following a vaginal birth; or
  - More than four days following a cesarean birth; or
- A hospital stay longer than five days without a qualifying jaundice, phototherapy, or social-indication exclusion.

The applicable diagnoses and procedures are defined in Appendix A, Tables 11.46–11.53. Tables 11.33–11.35 identify jaundice, phototherapy, and social indications used in the prolonged-stay logic.

Denominator Definition

Include newborns who meet all of the following:

- Born in the reporting hospital;
- Documented as a single liveborn newborn;
- Term, with at least 37 completed weeks of gestation;
- Birth weight of at least 2,500 grams; and
- No applicable denominator exclusion.

If term status or gestational age is missing, the newborn must weigh at least 3,000 grams to remain eligible under the Joint Commission algorithm.

Denominator Exclusions

Exclude newborns with any of the following:

- Not born in the reporting hospital;
- Part of a multiple gestation;
- Birth weight below 2,500 grams or unable to determine;
- Preterm status or gestational age below 37 weeks;
- Missing term status or gestational age with birth weight below 3,000 grams;
- Congenital malformation or genetic disease listed in Appendix A, Table 11.30;
- Preexisting fetal condition listed in Table 11.31;
- In-utero exposure from maternal drug use listed in Table 11.32; or
- Missing or invalid information required by the Joint Commission processing algorithm.

Calculation

$$\text{PC-06.0 Overall Rate} = \frac{\text{Severe cases + Moderate cases}}{\text{Eligible newborns}} \times 1{,}000$$

$$\text{PC-06.1 Severe Rate} = \frac{\text{Severe cases}}{\text{Eligible newborns}} \times 1{,}000$$

Quarterly Reporting

Submit separate numerator and denominator counts for each calendar quarter. Unlike PC-05, PC-06 is not eligible for sampling; hospitals must include the entire eligible PC-newborn population.

Official Metric and Exclusions

The Joint Commission PC-06: Unexpected Complications in Term Newborns—2026A1

The numerator logic, denominator exclusions, applicable ICD-10 tables, and calculations are provided on the official measure page.

PC-07 electronic (ePC-07) – Severe Obstetric Complications

Formal Measure Definition: Measures the risk-adjusted rate of severe obstetric complications occurring during inpatient delivery hospitalizations.

Measure type: Outcome measure
Measure scoring: Proportion, reported as a risk-adjusted rate per 10,000 delivery hospitalizations
Reporting frequency: Quarterly
Official 2026 specification: CMS1028v4

Measure Component	Definition	Type
Denominator	Inpatient hospitalizations involving a live birth or stillbirth at 20 weeks and 0 days of gestation or later among patients aged 8 years or older and younger than 65 years.	Numeric count
Numerator	Denominator-eligible delivery hospitalizations with a qualifying severe maternal morbidity diagnosis or procedure occurring during the delivery encounter, or a discharge disposition of expired, after applying numerator exclusions.	Numeric count
Rate	The number of delivery hospitalizations with severe obstetric complications divided by the number of eligible inpatient delivery hospitalizations, multiplied by 10,000. Enter the rate per 10,000 delivery hospitalizations.	Numeric rate per 10,000

Numerator

Formal numerator definition

Inpatient hospitalizations for patients with severe obstetric complications that were not present on admission and occurred during the current delivery encounter, including one or more of the following:

- A qualifying severe maternal morbidity diagnosis;
- A qualifying severe maternal morbidity procedure, including blood transfusion; or
- A discharge disposition of expired.

Qualifying Severe Maternal Morbidity Diagnoses

Category	Qualifying complications
Cardiac	Acute heart failure; acute myocardial infarction; aortic aneurysm; cardiac arrest or ventricular fibrillation; heart failure or arrest during a procedure or surgery
Hemorrhage	Disseminated intravascular coagulation; shock
Renal	Acute renal failure
Respiratory	Adult respiratory distress syndrome; pulmonary edema
Infection	Sepsis
Obstetric	Air or thrombotic embolism; amniotic fluid embolism; eclampsia; severe anesthesia complications
Other medical	Puerperal cerebrovascular disorder; sickle cell disease with crisis

Qualifying Severe Maternal Morbidity Procedures

- Blood transfusion
- Conversion of cardiac rhythm
- Hysterectomy
- Temporary tracheostomy
- Ventilation

Denominator

Formal denominator definition

Inpatient hospitalizations for patients who:

- Are at least 8 years of age and younger than 65 years;
- Are admitted for inpatient acute care;
- Undergo a delivery procedure;
- Deliver a liveborn or stillborn infant;
- Have completed at least 20 weeks and 0 days of gestation; and
- Have a discharge date occurring during the reporting period.

Exclusions

Denominator exclusions

None for the 2026 reporting period.

Numerator exclusions

Exclude inpatient hospitalizations involving blood transfusion or hysterectomy when:

- The patient has a diagnosis of placenta percreta or placenta increta; and
- No additional severe obstetric complication occurred.

Placenta accreta alone is not an exclusion.

Calculation

Observed rate

$$\text{ePC-07 observed rate} = \frac{\text{Numerator}}{\text{Denominator}} \times 10{,}000$$

The official ePC-07 result is risk-adjusted using the CMS/Joint Commission methodology. Therefore, the calculation above produces an observed rate, not the official risk-adjusted measure score.

Quarterly Reporting

Submit separate numerator and denominator counts for each calendar quarter. Sampling is not permitted.

Data Source

Electronic health record data submitted according to the eCQM specifications, including applicable diagnosis codes, procedure codes, present-on-admission indicators, clinical results, and discharge disposition.

The official web resource is found here.

SECTION VI: PATIENT EXPERIENCE MEASURES—HCAHPS

Detailed Measure Specifications

Each measure should be reported using the current CMS HCAHPS methodology. For each item, report the numerator, denominator, and Top Box rate for the most recent reporting period aligned with the collaborative's quarterly reporting schedule.

Measure type: Outcome measure—patient experience
Reporting frequency: Quarterly
Desired direction: Higher is better
Data source: Hospital HCAHPS survey results calculated using the current CMS methodology

HCAHPS Question 1—Nurses Treated You with Courtesy and Respect

Survey question: During this hospital stay, how often did nurses treat you with courtesy and respect?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 1.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always".	Numeric count
Rate	Percentage of eligible respondents reporting that nurses always treated them with courtesy and respect. (numerator/denominator x 100).	Numeric percentage (0–100)

HCAHPS Question 2—Nurses Listened Carefully

Survey question: During this hospital stay, how often did nurses listen carefully to you?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 2.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that nurses always listened carefully to them.	Numeric percentage (0–100)

HCAHPS Question 3—Nurses Explained Things in a Way You Could Understand

Survey question: During this hospital stay, how often did nurses explain things in a way you could understand?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 3.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that nurses always explained things in a way they could understand.	Numeric percentage (0–100)

HCAHPS Question 4—Doctors Treated You with Courtesy and Respect

Survey question: During this hospital stay, how often did doctors treat you with courtesy and respect?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 4.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that doctors always treated them with courtesy and respect.	Numeric percentage (0–100)

HCAHPS Question 5—Doctors Listened Carefully

Survey question: During this hospital stay, how often did doctors listen carefully to you?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 5.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that doctors always listened carefully to them.	Numeric percentage (0–100)

HCAHPS Question 6—Doctors Explained Things in a Way You Could Understand

Survey question: During this hospital stay, how often did doctors explain things in a way you could understand?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 6.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that doctors always explained things in a way they could understand.	Numeric percentage (0–100)

HCAHPS Question 11—Staff Worked Well Together

Survey question: During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?

Measure Component	Definition	Type
Denominator	Total number of eligible respondents providing a valid response to Question 11.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that doctors, nurses, and other hospital staff always worked well together.	Numeric percentage (0–100)

HCAHPS Question 14—Help Right Away

Survey question: During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?

Measure Component	Definition	Type
Denominator	Respondents selecting "Never," "Sometimes," "Usually," or "Always." Respondents selecting "I never asked for help right away" are not included in the denominator.	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Always."	Numeric count
Rate	Percentage of eligible respondents reporting that they always received help as soon as they needed it.	Numeric percentage (0–100)

HCAHPS Question 20—Information About Symptoms

Survey question: Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?

Response options:

- Yes, definitely
- Yes, somewhat
- No
- I did not have family or a caregiver watch for symptoms or health problems

Measure Component	Definition	Type
Denominator	Total number of eligible respondents selecting "Yes, definitely," "Yes, somewhat," or "No." Exclude respondents selecting "I did not have family or a caregiver watch for symptoms or health problems."	Numeric count
Numerator	Number of respondents included in the denominator who selected the Top Box response, "Yes, definitely."	Numeric count
Rate	Percentage of applicable respondents reporting that hospital staff definitely gave their family or caregiver enough information about symptoms or health problems to watch for after discharge.	Numeric percentage (0–100)

Rate Calculation

For Questions 1–6, 11, and 14:

$$\text{Top Box rate} = \frac{\text{Number selecting "Always"}}{\text{Number providing an eligible response}} \times 100$$

For Question 20:

$$\text{Top Box rate} = \frac{\text{Number selecting "Yes, definitely"}}{\text{Number selecting "Yes, definitely," "Yes, somewhat," or "No"}} \times 100$$

References

- Current CMS HCAHPS survey instrument
- HCAHPS technical specifications and reporting information
- CMS HCAHPS Program

SECTION VII: LEVINE ATTITUDES AND BELIEFS ABOUT BIRTH SCALE (LABBS)

Measure name
Levine Attitudes and Beliefs about Birth Scale (LABBS)—25-Item Survey

Purpose
The LABBS assesses perinatal professionals' attitudes and beliefs about childbirth, physiologic birth, clinical intervention, cesarean birth, epidural anesthesia, birth setting, patient autonomy, birth safety, and the significance of the birth experience.

Measure Description
The LABBS contains 25 statements organized into three subscales:

1. Women's Experience of Birth;
2. Intervention Conflict;
3. Childbirth Safety; and
4. Intervention Necessity.

Respondents indicate their level of agreement with each statement using a four-point Likert response scale. Four questions are reverse-scored before the applicable subscale and overall scores are calculated.

The survey also contains nine pre-LABBS questions describing respondents' demographic characteristics, professional backgrounds, work settings, experience, and employment status. These descriptive questions are not included in LABBS scoring.

Measure Type
Staff attitudes and beliefs measure

Respondent Population
Eligible perinatal and women's health personnel participating in the Respectful Maternity Care program, including clinical, administrative, education, and support personnel working in applicable perinatal departments.

Reporting Level
Results are reported in aggregate at the facility, department, professional-role, or other approved respondent-group level. Individual responses are anonymous and should not be reported or used to identify individual respondents.

Reporting Frequency
Administer and report according to the Respectful Maternity Care program's established baseline and follow-up schedule.

Data Source
Anonymous LABBS surveys completed through the AWHONN Respectful Maternity Care data-collection system.

Pre-LABBS Respondent Characteristics

Purpose

The nine questions administered before the scored LABBS items describe the participating staff population. They may be used to evaluate survey reach, assess differences among respondent groups, and determine whether the composition of respondents' changes between baseline and follow-up administrations.

These questions are descriptive variables and are not included in:

- LABBS item scores;
- LABBS subscale scores; or
- The overall LABBS score.

Pre-LABBS Question 1—Month and Year of Education

Question: Month/Year of education

Response: Calendar month and four-digit year

Type: Month/year

Scoring: Not scored

Pre-LABBS Question 2—Age

Question: What is your age?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response
○ 19 or younger
○ 20-29
○ 30-39
○ 40-49
○ 50-59
○ 60-69
○ 70 or older

Pre-LABBS Question 3—LGBTQIA Community Identification

Question: Do you identify as a member of the LGBTQIA community?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response
○ Yes
○ No
○ Prefer not to disclose

Pre-LABBS Question 4—Race/Ethnicity

Question: What is your race/ethnicity?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response
○ American Indian or Alaska Native
○ Asian
○ Black or African American
○ Hispanic or Latino
○ Middle Eastern or North African
○ Native Hawaiian or Pacific Islander
○ White
○ Other/Prefer not to answer

Pre-LABBS Question 5—Highest Level of Education

Question: What is your highest level of education?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response	Definition
○ High school graduate or equivalent	Completed high school or obtained an equivalent credential, such as a GED, without completing a higher credential listed below.
○ Diploma or certificate	Completed a postsecondary diploma or certificate program that did not result in an associate's or higher degree.
○ Associate's degree	Completed an associate-level academic degree.
○ Bachelor's degree	Completed a bachelor's-level academic degree.
○ Master's degree	Completed a master's-level academic or professional degree.
○ Doctorate degree	Completed a doctoral-level academic or professional degree.
○ Other	Highest completed level of education is not represented by the listed categories.

Pre-LABBS Question 6—Hospital Unit

Question: What unit do you work in at the hospital?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response	Definition
○ Antepartum	Respondent primarily works in a unit or service caring for patients during pregnancy before labor and birth.
○ Labor and Delivery	Respondent primarily works in a unit or service providing intrapartum care during labor and birth.
○ Neonatal Intensive Care Unit	Respondent primarily works in a NICU or equivalent service providing intensive care to newborns.
○ Postpartum	Respondent primarily works in a unit or service providing care to postpartum patients and, where applicable, their newborns.
○ Low-Risk Newborn	Respondent primarily works in a well-newborn nursery or service providing routine care to newborns who do not require intensive or specialty neonatal care.
○ Women's Health	Respondent primarily works in a clinical service providing reproductive, gynecologic, or perinatal health care not otherwise represented.

Pre-LABBS Question 7—Scope of Practice

Question: Please select your scope of practice.

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response	Definition
○ LPN/LVN	Licensed practical nurse or licensed vocational nurse.
○ RN	Registered nurse.
○ CNS	Clinical nurse specialist.
○ CNM	Certified nurse-midwife.
○ CRNA	Certified registered nurse anesthetist.
○ NP	Nurse practitioner.
○ PA	Physician assistant or physician associate.
○ MD/DO	Physician holding a Doctor of Medicine or Doctor of Osteopathic Medicine degree.
○ Nursing assistant	Nursing assistant, certified nursing assistant, patient care technician, or comparable assistive role.
○ Unit clerk/secretary	Unit clerk, unit secretary, health unit coordinator, or comparable administrative support role.
○ Other	Professional or occupational role not represented by the listed categories.

Pre-LABBS Question 8—Departmental Experience

Question: Please indicate your years of experience in this department.

Selection method: Select one

Type: Single-select ordinal categorical

Scoring: Not included in LABBS scoring

Response
○ **Less than 1 year**
○ **1–5 years**
○ **6–10 years**
○ **11–15 years**
○ **16–20 years**
○ **21–25 years**
○ **26–30 years**
○ **More than 30 years**

Pre-LABBS Question 9—Employment Status

Question: What is your employment status?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response	Definition
○ **Full time, 36–40 hours**	Respondent ordinarily works between 36 and 40 hours per week in a full-time employment arrangement.
○ **Part time, 16–35 hours**	Respondent ordinarily works between 16 and 35 hours per week in a part-time employment arrangement.
○ **Per diem**	Respondent works on an as-needed basis without a regular full-time or part-time schedule.
○ **Other**	Respondent's employment status is not represented by the listed categories.

LABBS Response Scale

Each of the 25 scored LABBS questions requires the respondent to select one response reflecting their level of agreement with the statement.

Type: Single-select ordinal categorical response

Standard scoring

Response	Definition	Score
○ **Strongly disagree**	Respondent firmly rejects or does not support the statement.	1
○ **Disagree**	Respondent generally does not support the statement, although with less certainty than Strongly disagree.	2
○ **Agree**	Respondent generally supports the statement, although with less certainty than Strongly agree.	3
○ **Strongly agree**	Respondent firmly supports or endorses the statement.	4

Reverse scoring

Questions 1, 4, 15, and 25 are reverse-scored.

Response	Original value	Reverse-scored value
○ **Strongly disagree**	1	4
○ **Disagree**	2	3
○ **Agree**	3	2
○ **Strongly agree**	4	1

Reverse-scored value = 5 − Original response value

LABBS Subscales

Subscale	Included questions	Reverse-scored questions
Women's Experience of Birth	Q2, Q6, Q7, Q8, Q9, Q11, Q17, Q21, Q22, Q23, Q24	None
Intervention Conflict	Q3, Q5, Q13, Q16, Q18, Q19, Q20	None
Childbirth Safety	Q10, Q12, Q14	None
Intervention Necessity	Q1, Q4, Q15, Q25	Q1, Q4, Q15, Q25

Subscale 1—Women's Experience of Birth

QUESTION 2
Question: Doulas improve maternal and newborn outcomes.
Scoring: Standard, 1–4

QUESTION 6
Question: A woman who has an unexpected cesarean delivery needs an opportunity to grieve.
Scoring: Standard, 1–4

QUESTION 7
Question: A woman's personal experience influences her labor progress.
Scoring: Standard, 1–4

QUESTION 8
Question: Nursing care can influence whether a woman has a vaginal birth or a cesarean delivery.
Scoring: Standard, 1–4

QUESTION 9
Question: The cesarean delivery rate can be safely reduced.
Scoring: Standard, 1–4

QUESTION 11
Question: Childbirth is a natural, normal process.
Scoring: Standard, 1–4

QUESTION 17
Question: The cesarean delivery rate should be reduced.
Scoring: Standard, 1–4

QUESTION 21
Question: Most women are capable of vaginal birth.
Scoring: Standard, 1–4

QUESTION 22
Question: A woman's labor experience is a significant and meaningful event in her life.
Scoring: Standard, 1–4

QUESTION 23
Question: Giving birth at a freestanding birth center is a safe choice for women with low-risk pregnancies.
Scoring: Standard, 1–4

QUESTION 24
Question: Vaginal birth is the ideal mode of delivery.
Scoring: Standard, 1–4

Subscale 2—Intervention Conflict

QUESTION 3
Question: The use of epidural analgesia early in labor, before 4 cm, increases a woman's risk of cesarean delivery.
Scoring: Standard, 1–4

QUESTION 5
Question: A vaginal birth is more empowering than a cesarean delivery.
Scoring: Standard, 1–4

QUESTION 13
Question: Epidural anesthesia increases the use of oxytocin.
Scoring: Standard, 1–4

QUESTION 16
Question: Women with epidurals are unable to push adequately.
Scoring: Standard, 1–4

QUESTION 18
Question: Epidural anesthesia increases the cesarean delivery rate.
Scoring: Standard, 1–4

QUESTION 19
Question: Epidural anesthesia interferes with the normal progress of labor.
Scoring: Standard, 1–4

QUESTION 20
Question: Epidural anesthesia administered in early labor is associated with the development of fetal malpositions such as occiput transverse or posterior.
Scoring: Standard, 1–4

Subscale 3—Childbirth Safety

QUESTION 10
Question: Low-risk pregnant women with breech presentations should be offered the option of vaginal birth.
Scoring: Standard, 1–4

QUESTION 12
Question: Women with low-risk pregnancies should have the option to choose a home birth.
Scoring: Standard, 1–4

QUESTION 14
Question: Vaginal breech delivery is safe for women with low-risk pregnancies.
Scoring: Standard, 1–4

Subscale 4 – Intervention Necessity

QUESTION 1

Question: When a woman is in labor, the safest place for her to be is in the hospital.
Scoring: Reverse-scored, 4–1

QUESTION 4

Question: Breech presentations should always be delivered via cesarean.
Scoring: Reverse-scored, 4–1

QUESTION 15

Question: The increasing cesarean delivery rate in our country is a sign of improvement in maternity care.
Scoring: Reverse-scored, 4–1

QUESTION 25

Question: Childbirth usually requires medical intervention.
Scoring: Reverse-scored, 4–1

LABBS Calculations

Item response percentage	$\text{Response percentage} = \frac{\text{Respondents selecting the response}}{\text{Respondents answering the question}} \times 100$
Item mean	$\text{Item mean} = \frac{\text{Sum of valid scored responses}}{\text{Number of valid responses}}$
Women's Experience of Birth summed score	$\text{Subscale 1} = Q2 + Q6 + Q7 + Q8 + Q9 + Q11 + Q17 + Q21 + Q22 + Q23 + Q24$
Possible range: **11–44** **Intervention Conflict summed score**	$\text{Subscale 2} = Q3 + Q5 + Q13 + Q16 + Q18 + Q19 + Q20$
Possible range: **7–28** **Childbirth Safety**	$\text{Subscale 3} = Q10 + Q12 + Q14$
Possible range: **3-12** **Intervention Necessity summed score**	$\text{Subscale 4} = Q1_R + Q4_R + Q15_R + Q25_R$
Possible range: **4-16** The subscript R identifies a reverse-scored response. **Overall LABBS summed score**	Overall LABBS score = Subscale 1 + Subscale 2 + Subscale 3 + Subscale 4
Possible range: **25–100**	
Possible range: **1.00–4.00** **Change over time**	Change in score = Follow-up Overall score − Baseline score

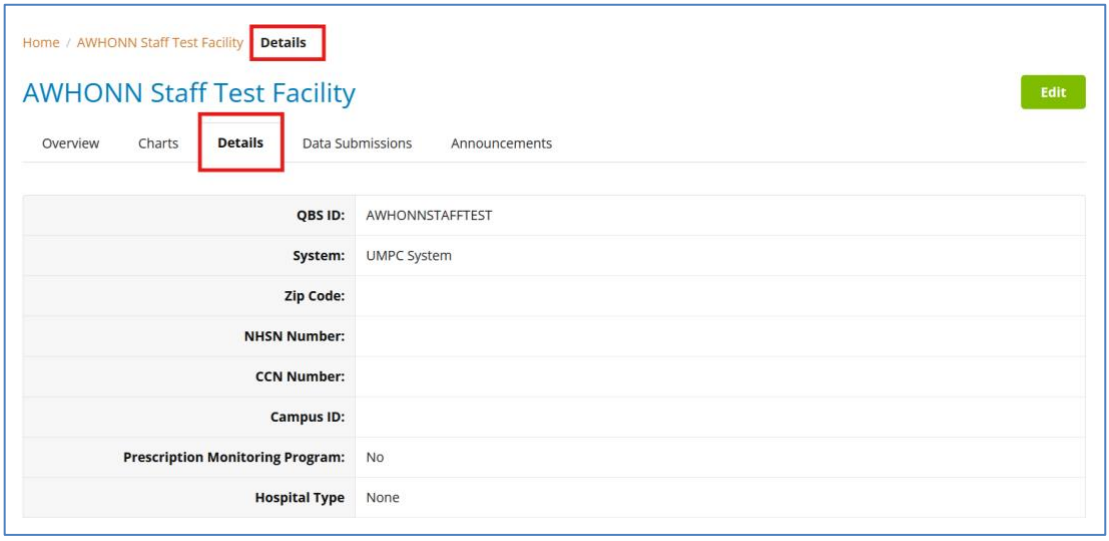
Because responses are anonymous, baseline and follow-up results should be compared at the aggregate facility or respondent-group level rather than matched at the individual level.

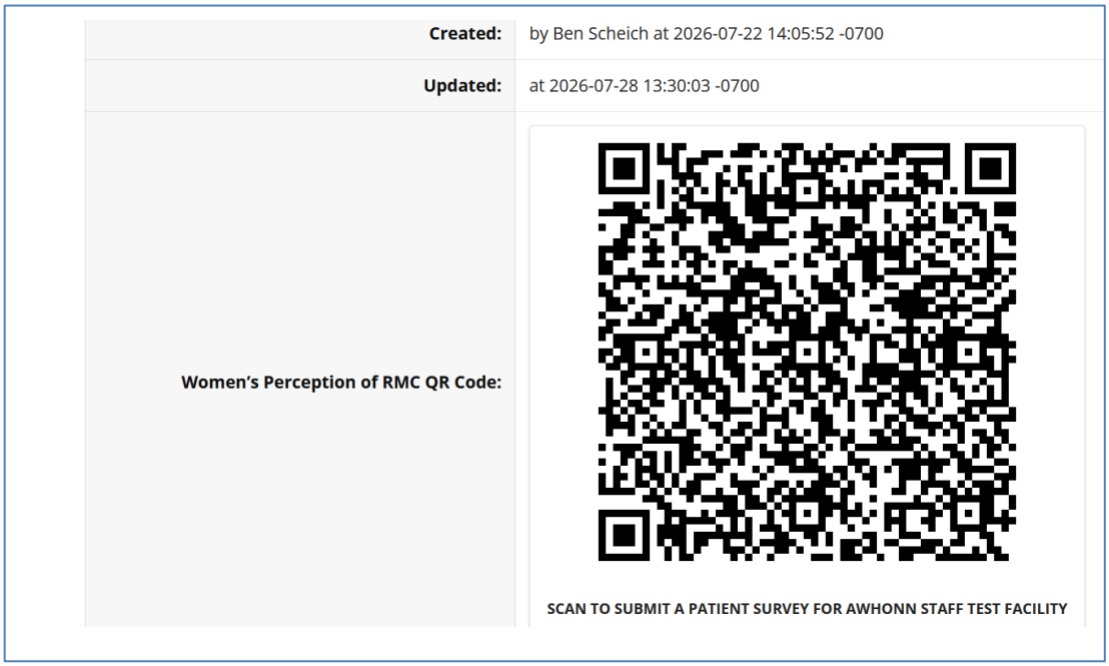
SECTION 8: WOMEN'S PERCEPTION OF RESPECTFUL MATERNITY CARE QUESTIONNAIRE (WP-RMC)

Collecting Responses for the WP-RMC

Hospitals can collect responses for the WP-RMC using a QR code which is facility-specific. The QR code can be given directly to patients, who can then scan and use the code to complete the survey. Surveys are anonymous and responses will only be used in the aggregate.

To obtain a copy of your facility's QR code for this survey, log in to https://qi.awhonn.org. Once you are on the home page, navigate to the details tab. Scroll down to the bottom of the page to see the facility-specific QR code.





Survey Details

Respondent Population
Patients only

Purpose
The WP-RMC assesses patients' perceptions of the respectful maternity care they received during labor and birth.

Measure Description
The WP-RMC is a 19-item patient-reported experience questionnaire organized into three factors:

1. Providing Comfort;
2. Participatory Care; and
3. Mistreatment.

Patients indicate how often they experienced each statement using a five-point response scale ranging from *Never to Always*.

Four negatively worded mistreatment questions are reverse-scored before the Mistreatment factor and overall WP-RMC scores are calculated.

The questionnaire also includes four patient demographic questions. These descriptive questions are not included in WP-RMC scoring.

Measure Type
Patient-reported experience outcome measure

Reporting Level
Results are reported in aggregate at the facility, unit, approved patient-group, or collaborative level. Individual responses are anonymous and should not be used to identify individual patients.

Reporting Frequency
Administer and report according to the Respectful Maternity Care program's established patient-survey and collaborative reporting schedule. Administer at least 3 months prior to implementing the AWHONN RMC program at your facility to obtain baseline data.

Data Source
Anonymous WP-RMC questionnaires completed by eligible patients through the AWHONN Respectful Maternity Care data-collection system.

Patient Instructions
Please indicate how often you experienced each of the following during your labor and birth.

Select one response for each statement:

- Never
- Seldom
- Sometimes
- Often
- Always

Participation is voluntary. Responses are anonymous and will be combined with the responses of other patients for quality improvement and, where applicable, research.

Pre-WP-RMC Patient Demographics

Purpose

The four questions administered before the scored WP-RMC items describe the participating patient population.

The demographic questions may be used to:

- Evaluate the reach and representativeness of survey administration;
- Describe the patients participating in the survey;
- Identify potential differences in care experiences among patient groups;
- Support equity-focused quality-improvement analysis; and
- Compare patient populations across reporting periods.

These questions are descriptive variables and are not included in:

- WP-RMC item scores;
- WP-RMC factor scores; or
- The overall WP-RMC score.

Patient Demographic Question 1—Month and Year of Most Recent Birth

Question: In what month and year did you give birth most recently?

Field	Formal Documentation
Definition	Calendar month and year of the respondent's most recent birth at the participating facility.
Purpose	Establishes the birth experience being evaluated and supports assignment of the response to the appropriate survey-administration and reporting period.
Response	Calendar month and four-digit year
Type	Month/year
Scoring	Not scored
Missing value	Not reported or unknown

Data Guidance

- Collect only the month and year, not the complete birth date.
- The response should refer to the labor and birth experience evaluated in the WP-RMC questionnaire.
- Do not include this response in WP-RMC scoring.

Patient Demographic Question 2—Age

Question: What is your age?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response
19 or younger
20–29
30–39
40–49
50 or older

Patient Demographic Question 3—LGBTQIA Community Identification

Question: Do you identify as a member of the LGBTQIA community?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response
○ Yes
○ No
○ Prefer not to disclose

Patient Demographic Question 4—Race/Ethnicity

Question: What is your race/ethnicity?

Selection method: Select one

Type: Single-select categorical

Scoring: Not scored

Response
○ American Indian or Alaska Native
○ Asian
○ Black or African American
○ Hispanic or Latino
○ Middle Eastern or North African
○ Native Hawaiian or Pacific Islander
○ White
○ Other/Prefer not to answer

WP-RMC Response Scale

Each of the 19 scored WP-RMC questions requires the respondent to select one response reflecting how frequently the experience occurred.

Type: Single-select ordinal categorical response

STANDARD SCORING

Standard scoring applies to Items 1–14 and Item 18.

Response	Formal Definition	Score
Never	The respondent reports that the experience did not occur.	1
Seldom	The respondent reports that the experience occurred infrequently.	2
Sometimes	The respondent reports that the experience occurred on some occasions but not consistently.	3
Often	The respondent reports that the experience occurred frequently but not every time.	4
Always	The respondent reports that the experience occurred consistently or every applicable time.	5

REVERSE SCORING

Reverse scoring applies to Items 15, 16, 17, and 19.

Response	Original value	Reverse-scored value
Never	1	5
Seldom	2	4
Sometimes	3	3
Often	4	2
Always	5	1

$$\text{Reverse-scored value} = 6 - \text{Original response value}$$

After reverse scoring, higher item, factor, and overall scores consistently represent a more positive perception of respectful maternity care.

WP-RMC Factors

Factor	Included items	Number of items	Possible summed score	Possible mean
Providing Comfort	Items 1–7	7	7–35	1.00–5.00
Participatory Care	Items 8–14	7	7–35	1.00–5.00
Mistreatment	Items 15–19	5	5–25	1.00–5.00
Overall WP-RMC	Items 1–19	19	19–95	1.00–5.00

FACTOR 1—PROVIDING COMFORT

Item 1—Emotional Support	**Question:** My caregivers supported me emotionally. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 2—Calm and Quiet Environment	**Question:** I was in a calm and quiet environment. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 3—Friendly Treatment	**Question:** My caregivers treated me in a friendly manner. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 4—Timely Care	**Question:** My caregivers provided me with timely care based on my needs. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 5—Understandable Answers	**Question:** My caregivers gave understandable answers to my questions. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 6—Privacy	**Question:** My caregivers preserved my privacy. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 7—Caregiver Introduction and Orientation	**Question:** My caregivers introduced themselves and showed me the labor unit. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical

FACTOR 2—PARTICIPATORY CARE

Item 7—Caregiver Introduction and Orientation	**Question:** My caregivers introduced themselves and showed me the labor unit. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 8—Information About Care and Procedures	**Question:** My caregivers gave required information about care and procedures. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 9—Information About Labor Progress	**Question:** I was informed about the progress of my labor. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 10—Permission for Examinations and Care	**Question:** My caregivers performed examinations and care with my permission. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 11—Choice of Position	**Question:** I was free to choose my favorable position. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 12—Information Provided to Relatives	**Question:** My relatives were informed of the progress of my labor. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 13—Companion of Choice	**Question:** I was allowed to have a companion of my choice during labor. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 14—Freedom to Ask Questions	**Question:** I could freely ask questions. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical

FACTOR 3—MISTREATMENT

Item 14—Freedom to Ask Questions	**Question:** I could freely ask questions. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 15—Threats or Insults	**Question:** I was threatened or insulted. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Reverse, 5–1 **Type:** Single-select ordinal categorical
Item 16—Physical Abuse	**Question:** My caregivers beat me. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Reverse, 5–1 **Type:** Single-select ordinal categorical
Item 17—Shouting	**Question:** My caregivers shouted at me if I would not follow their instructions. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Reverse, 5–1 **Type:** Single-select ordinal categorical
Item 18—Equal Treatment	**Question:** My caregivers treated all women equally. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Standard, 1–5 **Type:** Single-select ordinal categorical
Item 19—Private Caregiver Conversation in the Patient's Presence	**Question:** My caregivers spoke privately with their colleagues in my presence. **Response options:** Never; Seldom; Sometimes; Often; Always **Scoring:** Reverse, 5–1 **Type:** Single-select ordinal categorical

WP-RMC Calculations

Item response percentage	$\text{Response percentage} = \frac{\text{Respondents selecting the response}}{\text{Respondents answering the item}} \times 100$
Item mean Reverse scoring must be applied to Items 15, 16, 17, and 19 before calculating their item means for inclusion in factor or overall scores.	$\text{Item mean} = \frac{\text{Sum of valid scored responses}}{\text{Number of valid responses}}$
Providing Comfort summed score Possible range: **7–35**	$\text{Providing Comfort} = I1 + I2 + I3 + I4 + I5 + I6 + I7$
Participatory Care summed score Possible range: **7–35**	$\text{Participatory Care} = I8 + I9 + I10 + I11 + I12 + I13 + I14$
Mistreatment summed score Possible range: **5–25** The subscript R identifies a reverse-scored item.	$\text{Mistreatment} = I15_R + I16_R + I17_R + I18 + I19_R$
Overall WP-RMC summed score Possible range: **19–95**	Overall WP-RMC score = Providing Comfort + Participatory Care + Mistreatment