

SBAR FOR INCLUSIVE AND EQUITABLE PATIENT CARE

SBAR is a technique that is typically used to frame conversations between health care providers regarding a patient's condition and clinical status. SBAR in this circumstance is adapted to promote respectful and inclusive patient communication and care. It is important to recognize that each patient, couple, and family are unique. These sample SBARs are not all-inclusive.

SBAR for Individuals Considering Adoption

SITUATION

A maternity care provider enters a patient's room to meet and establish a relationship. The patient is a 24-year-old female, at 37 weeks of gestation, and presents alone in early labor. The patient explains that she has an adoption plan for the newborn and that the potential adoptive family is on their way from out of state.

BACKGROUND

What factors are relevant when providing care for patients who are considering a newborn adoption plan?

- Maternity care providers should recognize that while some patients may have an established birth adoption plan, others have not yet made a decision and may only be considering adoption.
- The number of birth mothers who perceived at least some level of stigma about their decisions to place their newborns for adoption increased from 20% to 31.7% since 1970 (National Council for Adoption, 2022).
- Nurses and other health care professionals should refer to licensed adoption agencies and should not participate in the adoption process (American College of Obstetricians and Gynecologists [ACOG], 2012).
- It is important to maintain a neutral, compassionate stance during adoption discussions to ensure the maternity care provider's personal perspective does not influence a patient's decision. Birth mothers identified noncoercive decision-making and accurate receipt of information as the strongest predictors of satisfaction during the adoption process (National Council for Adoption, 2022).
- Each state has individual legal requirements governing adoption practices. Health care professionals should be aware of the laws regarding adoption in the state where they practice (Sisson, 2022).
- Information that includes accurate, local referrals for adoption counseling should be available for patients.

ASSESSMENT

Based on what I know, which assessments are a top priority in establishing a positive relationship with this patient?

Self-assessment

- I will first engage in self-assessment to identify and recognize any personal bias I may have regarding patients who choose adoption.
- I will reflect on my previous experiences in caring for patients considering adoption and potential adoptive families and how that experience could affect my ability to provide unbiased care.
- I will recognize that some patients may not seek prenatal care if they are not confident in their decision for adoption, fear judgment for their decisions, or lack information on where to seek adoption-sensitive care.
- I will recognize that outside influences can affect my own beliefs on adoption decisions.

Patient Assessment

- I will work to build trust and rapport with the patient and honor the patient's requests during their time in the hospital.
- I will use updated adoption language and avoid terms that stigmatize or overly celebrate the patient's decision such as "You are making the right choice for your baby."
- I will use person-first language such as "patient considering adoption" and "family hoping to adopt."
- I will use a trauma-informed approach to ask about the patient's previous birth experiences, as well as the patient's desire for contact with the newborn, and the patient's desire for in-person interactions with the potential adoptive family.
- I will listen to and validate the patient's concerns with compassion and respect.
- I will listen to the patient's desires without discussing my own experiences or beliefs.

RECOMMENDATIONS

What actions can I take to help this patient feel heard and understood?

- I will avoid assumptions about people with alternate parenting choices or adoption placement plans.
- I will discuss organizational policies regarding adoption and provide resources on available counseling services to support families in the adoption process.
- I will validate the patient's care needs and concerns and ensure that the interprofessional team understands the history, preferences, and birth plans.
- I will ensure the patient is involved in decision-making regarding the care for the newborn and the involvement of the potential adoptive parents, and I will focus on individualized care.

ACTIONS

- After hearing and documenting the patient's plan, I will determine what I can do to decrease stigma and bias and ensure that the patient receives respectful and compassionate care.
- I will strive to identify professionals trained in adoption to provide psychosocial support services after birth.
- I will make referrals for support to assist the patient with grief and ambiguous loss that may be experienced during and after the adoption placement.

References:

- American College of Obstetricians and Gynecologists. (2012). ACOG committee opinion no. 528: Adoption. *Obstetrics & Gynecology*, 119(6), 1320–1324. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/06/adoption>
- National Council for Adoption. (2022). *Highlights from profiles in adoption*. https://adoptioncouncil.org/pdfviewer/birth-parent-research/?auto_viewer=true#page=&zoom=auto&pagemode=none
- Sisson G. (2022). Who are the women who relinquish infants for adoption? Domestic adoption and contemporary birth motherhood in the United States. *Perspectives on Sexual and Reproductive Health*, 54(2), 46–53. <https://doi.org/10.1363/psrh.12193>