

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.

Respectful Maternity Care for Individuals with Substance Use Disorder (SUD)

SITUATION	A care provider enters a patient's room to meet and establish a relationship with their patient in a maternity care setting. The patient is a 21-year-old G4, P1 female who is 35 weeks pregnant in early labor. She has been diagnosed with opioid use disorder and presents with her supportive partner.
BACKGROUND	<p>What are some of the challenges patients and others may face because of stigma and discrimination when receiving health care?</p> <ul style="list-style-type: none">• The disease of substance use or addiction is a "chronic, relapsing biological and behavioral disorder with genetic components" (ACOG, 2011, reaffirmed 2019).• State-specific statutes regarding pregnant women with an opioid use disorder often pose punitive measures to the mother-infant dyad, involving the child welfare and criminal justice systems (Howard et al., 2019) which may lead to infant removal. This increases the risk of attachment disorders causing significant emotional, social, and academic issues, along with an increased risk of substance disorders later in the child's life (Mirick & Steenrod, 2016).• Opioid use disorder is a highly stigmatized health condition, specifically for pregnant and parenting individuals, as societal expectations of mothering often differ from the life experiences of women in this population (Crawford et al., 2022; Recto et al., 2020).• Shared decision making can provide a structure to share information, explore options, and encourage honest communication (Howard et al., 2019) which can empower people with substance use disorder to engage in prenatal, postpartum, and newborn care and adhere to their treatment plans (Legare & Witteman, 2013).
ASSESSMENT	<p>Based on what I know, which assessments are a top priority in establishing a positive relationship with this patient and their partner?</p> <p>Self-assessment:</p> <ul style="list-style-type: none">• I will first engage in self-assessment to identify and recognize any personal bias I may have regarding substance use in pregnancy.• I will reflect on how my previous experiences in caring for people with SUD may impact my ability to provide non-biased care.• I will recognize that some people may not seek prenatal care for fear of discrimination, legal action, incarceration, or loss of their newborn.• I will recognize that although SUD may be managed successfully by combining behavioral therapy with medication management, patients may face barriers to these services. <p>Patient Assessment:</p> <ul style="list-style-type: none">• I will work to build trust and rapport with this patient and their partner.• I will ask what words they use to describe themselves, their bodies, and their health care practices. I will be cognizant of terms that may further stigmatize the patient (i.e., "addict").• I will use person-first language (i.e., a person with an addiction or a person with a substance use disorder).• I will use a trauma-informed approach to ask about this patient's or their partner's previous birth experiences, experiences with medication management, or behavioral therapy. I will listen and validate their concerns with compassion and respect.
RECOMMENDATIONS	<p>What actions can be taken to help this patient and their partner feel heard and understood?</p> <ul style="list-style-type: none">• I will avoid assumptions about people with substance abuse disorders.• I will include this patient and their partner in all care decisions from admission through discharge.• I will discuss organizational policies regarding toxicology screening with the patient.• I will validate their care needs and concerns, ensuring the interprofessional team understands their history, preferences, and collaborative treatment plans to ensure individualized care and support.• I will ensure they are involved in decision-making and all aspects of care for their newborn.

ACTIONS

- After hearing and documenting this patient's previous experiences, I will determine what I can do to decrease discrimination and bias and ensure that they receive respectful and compassionate care.
- I will ensure that they have access to postpartum psychosocial support services, including SUD treatment.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work that impact the overall care provided for patients with SUD.

References:

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