

AHRQ Safety Program for Perinatal Care

Engage Patients and Families for Perinatal Safety

SAY:

The Patient and Family Engagement module focuses on an important topic: making sure patients and their family members understand what is happening during the patient's hospital stay and are active participants in the patient's care.

Slide 1

AHRQ Safety Program for Perinatal Care

Patient and Family Engagement



AHRQ Publication No. 17-0003-6-EF
October 2016

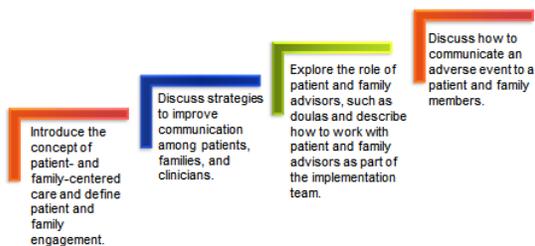
SAY:

In this module we will—

- Introduce the concept of patient- and family-centered care and define patient and family engagement.
- Present tools to improve communication among patients, families, and clinicians.
- Explore the role of patient and family advisors in ensuring that patients' and families' views are incorporated into hospital policies and procedures and describe how to work with patient and family advisors as part of the implementation team.
- Discuss how to communicate an adverse event to patients and family members.

Slide 2

Learning Objectives



AHRQ Safety Program for Perinatal Care

Patient & Family 2



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov



Engage Patients and Families for Perinatal Safety

SAY:

Being aware of what patients face when they are in the hospital can help labor and delivery or L&D unit staff better understand a patient's perspective.

- Hospitals can present a very unfamiliar setting, system, and culture for patients.
- Patients may not understand the roles of different staff on their care team.
- Patients are often in pain and may feel vulnerable in the hospital.
- Patients may be hesitant to make requests of busy staff.

Slide 3

The Patient's Hospital Experience¹

| Clinicians and Hospital Staff | Patients |
|--|--|
| <ul style="list-style-type: none"> • Know how the hospital works and how to achieve results • Know who hospital staff are and what they do • Are busy and under a lot of stress | <ul style="list-style-type: none"> • Are strangers in this environment • Don't understand the system or culture • Don't know who different staff are or what they do • Are often in pain or uncomfortable, vulnerable, or afraid • Are aware that hospital staff are busy and may not want to bother anyone |

AHRQ Safety Program for Perinatal Care
Patient & Family 3

SAY:

According to the Institute for Patient- and Family-Centered Care, patient- and family-centered care involves “collaborating with patients and families of all ages, at all levels of care, and in all health care settings. It acknowledges that families, however they are defined, are essential to patients’ health and well-being.”

Core concepts of patient- and family-centered care include dignity and respect, information sharing, participation, and collaboration.

Slide 4

Patient- and Family-Centered Care²

- Involves “...collaborating with patients and families of all ages, at all levels of care, and in all health care settings acknowledges that families, however they are defined, are essential to patients’ health and well-being...”
- Core concepts of patient- and family-centered care
 - Dignity and respect
 - Information sharing
 - Participation
 - Collaboration

AHRQ Safety Program for Perinatal Care
Patient & Family 4

SAY:

The goal of patient and family engagement is to create a set of conditions in which patients, family members, clinicians, and hospital staff work together as partners to improve the quality and safety of care. This partnership is important because health care quality and safety directly affect patients and families.

Slide 5

What Is Patient and Family Engagement?¹

Patient and family engagement—

- Is an important component of patient- and family-centered care
- Creates an environment where patients, families, clinicians, and hospital staff work together as partners to improve the quality and safety in all healthcare settings.
- Involves patients and their families as members of the health care team

AHRQ Safety Program for Perinatal Care
Patient & Family 5

Engage Patients and Families for Perinatal Safety

| | |
|---|--|
| <p>SAY:</p> <p>A team should consider using these three engagement strategies:</p> <ul style="list-style-type: none">• Engaging in everyday care• Engaging after an adverse event• Engaging in planning and design | <p style="text-align: right;">Slide 6</p> <p style="text-align: center;">Engagement Strategies</p> <ul style="list-style-type: none">• Engaging in everyday care• Engaging after an adverse event• Engaging in planning and design  <p style="text-align: right;"><small>AHRQ Safety Program for Perinatal Care</small> <small>Patient & Family 6</small></p> |
| <p>Engaging in Everyday Care</p> <p>On one level, patient and family engagement means providing day-to-day care experiences that welcome and engage patients and families as members of the health care team. For example, care team members can provide opportunities for patients and family members to be involved in their care by—</p> <ul style="list-style-type: none">• Inviting patients and family members to partner with their health care team throughout the patient's stay.• Conducting change-of-shift report at the bedside so patients and families can participate.• Involving patients and families in discharge planning and plans for safe care at home. | <p style="text-align: right;">Slide 7</p> <p style="text-align: center;">Engaging in Everyday Care</p> <p>Care team members can provide opportunities for patients and family members to be involved in their care by—</p> <ul style="list-style-type: none">• Inviting patients and family members to partner with their health care team throughout their stay• Conducting change-of-shift report at the bedside so patients and families can participate• Involving patients and families in discharge planning and plans for safe care at home  <p style="text-align: right;"><small>AHRQ Safety Program for Perinatal Care</small> <small>Patient & Family 7</small></p> |

Engage Patients and Families for Perinatal Safety

| | |
|--|---|
| <p>SAY:</p> <p>How hospital staff members communicate with patients and families can affect patient engagement. Simple actions, such as entering a room and assessing a patient, can affect the patient's attitude toward her care.</p> <p>Entering a room</p> <p>L&D unit staff responsible for a patient's care should read the patient's chart before stepping into the patient's room. Once they enter a room, they should—</p> <ul style="list-style-type: none">• Make eye contact with the patient and her family,• Introduce themselves by name and role, and• Introduce new people in the room by name and role, and explain what they will do. | <p style="text-align: right;">Slide 8</p> <p style="text-align: center;">Engaging From the Beginning¹</p> <p>Labor and delivery (L&D) unit staff should read the patient's chart before entering her room. Once they enter they should—</p> <ul style="list-style-type: none">• Make eye contact with the patient and her family• Introduce themselves by name and role• Introduce new people in the room by name and role, explaining what they will do <p><small>AHRQ Safety Program for Perinatal Care</small></p>  |
| <p>SAY:</p> <p>Assessing a patient</p> <p>When L&D staff first assess the patient, they should—</p> <ul style="list-style-type: none">• Ask how the patient prefers to be addressed.• Identify family members or others, such as a doula, who are involved in the patient's care, and highlight main points of communication tools—for example, call button, phone, rapid response activation procedures, whiteboards.• Invite the patient and family members to write questions on the whiteboard to “talk” with the clinicians. | <p style="text-align: right;">Slide 9</p> <p style="text-align: center;">Engaging at the First Assessment¹</p> <p>When staff first assess the patient, they should—</p> <ul style="list-style-type: none">• Ask how the patient prefers to be addressed• Identify family members or others, such as a doula, who are involved in the patient's care• Highlight main points of communication strategies• Invite the patient and family members to write questions on the whiteboard to “talk” with the clinicians <p><small>AHRQ Safety Program for Perinatal Care</small></p>  |

Engage Patients and Families for Perinatal Safety

SAY:

Communication among L&D team members and patient and family members is important to the delivery of high-quality, patient-centered care.

Effective communication and collaboration with patients and family members affect patient outcomes, patient safety, and perceptions of quality. If patients feel involved in their care, they will be more likely to follow their treatment plans and may experience better clinical outcomes.

Slide 10

The Link Between Communication and Patient Safety¹

- Patient outcomes
- Patient safety
- Perceptions of quality



AHRQ Safety Program for Perinatal Care

Patient & Family 10

SAY:

When communicating with patients and their families, unit team members should follow the tips below to ensure their messages are communicated clearly.

Educate the patient and family in these ways:

- Speak slowly
- Use plain language
- Reassure the patient and family by providing information
- Thank the patient or family for raising concerns
- Invite questions

Slide 11

Communication Tips¹

When educating the patient and family—

- Speak slowly.
- Use plain language.
- Reassure patient and family by giving information.
- Thank patient or family for calling attention to any issue raised.
- Invite them to continue asking questions.



AHRQ Safety Program for Perinatal Care

Patient & Family 11

Engage Patients and Families for Perinatal Safety

| | |
|---|---|
| <p>SAY:</p> <p>L&D staff should ask about and listen to the patient's and family's needs and concerns. They should—</p> <ul style="list-style-type: none">• Use open-ended questions, not questions that can be answered with a “yes” or “no.”• Try to see the experience through the patient's eyes.• Listen to, respect, and act on what the patient and family say.• Help the patient and family articulate their concerns.• Enlist the help of a translator for the patient or family member when necessary. | <p style="text-align: right;">Slide 12</p> <p style="text-align: center;">Listening and Explaining¹</p> <p>Staff should ask about and listen to the patient's and family's needs and concerns and should—</p> <ul style="list-style-type: none">• Use open-ended questions• Try to see the experience through the patient's eyes• Listen to, respect, and act on what the patient and family say• Help the patient and family articulate their concerns when needed• Enlist a translator's assistance when needed <p><small>AHRQ Safety Program for Perinatal Care</small></p>  |
| <p>SAY:</p> <p>Day-to-day patient and family engagement on the L&D unit can also be enhanced by the presence of other members of a birthing team, such as a doula.</p> <p>A doula provides continuous physical, emotional, and informational support to the mother before, during, and just after birth. They often attend births, and their presence provides various benefits to the mother and her family. A doula—</p> <ul style="list-style-type: none">• Provides emotional and physical support before, during, and after labor.• Suggests comfort measures during labor to the woman and her partner.• Provides support and suggestions for the partner (both on how to cope themselves and how to support their partner).• Provides education on L&D practices and procedures before and during labor. | <p style="text-align: right;">Slide 13</p> <p style="text-align: center;">Role of a Doula³</p> <p>A doula accompanies a woman in labor to—</p> <ul style="list-style-type: none">• Provide emotional and physical support• Suggest comfort measures• Provide support and suggestions for the partner• Provide education on L&D practices and procedures before and during labor <p><small>AHRQ Safety Program for Perinatal Care</small></p>  |

Engage Patients and Families for Perinatal Safety

| | |
|--|---|
| <p>A doula also—</p> <ul style="list-style-type: none"> • Provides assistance in acquiring the knowledge necessary to make informed decisions during pregnancy, labor, delivery, and postpartum. • Advocates for clients by empowering clients to speak up for themselves and encourages patient/clinician communication. • Improves engagement of mothers and families in the birthing process and in their communication with the clinical team. | <p style="text-align: center;">Slide 14</p> <div style="background-color: #0099cc; color: white; padding: 5px; text-align: center; margin-bottom: 10px;"> Role of a Doula³ </div> <p>A doula also can—</p> <ul style="list-style-type: none"> • Provide assistance in acquiring the knowledge necessary to make informed decisions • Advocate for clients by empowering them to speak up for themselves and encouraging patient-clinician communication • Improve engagement of mothers and families in the birthing process and communication with the clinical team <p style="font-size: small; margin-top: 20px;">AHRQ Safety Program for Perinatal Care Patient & Family 14</p> |
| <p>SAY:</p> <p>Doulas are a great resource for increasing patient and family engagement in the L&D unit. For example—</p> <ul style="list-style-type: none"> • Clinicians and nurses can work with a doula to better understand the patient's birth plan or any wishes or expectations the woman and her family have for labor. • Doulas may have more time available than clinicians to explain in plain language what to expect at various points throughout labor and any technical procedures that might be required. | <p style="text-align: center;">Slide 15</p> <div style="background-color: #0099cc; color: white; padding: 5px; text-align: center; margin-bottom: 10px;"> Engaging With the Help of a Doula </div> <p>Doulas can help increase patient and family engagement by—</p> <ul style="list-style-type: none"> • Helping clinicians better understand the patient's birth plan or the woman's and her family's wishes or expectations for labor • Having more time available than clinicians to explain in plain language what to expect at various points throughout labor and any technical procedures that might be required <p style="font-size: small; margin-top: 20px;">AHRQ Safety Program for Perinatal Care Patient & Family 15</p> |

Engage Patients and Families for Perinatal Safety

- Doulas can also assess level of patient understanding and help the patient or family ask additional questions or voice concerns.
- Doulas have usually worked hard to build a relationship with their patient and their families prior to the labor and birth. If clinicians are having a difficult time interacting with a patient or the patient's family, often a doula can be very helpful as an intermediary in working with the family because of their preexisting relationship and trust.
- Doulas are a constant presence throughout labor. They rarely take breaks and pay special attention to how a mother is coping with labor. Because clinicians are busy and often in and out of the room, they can engage with doulas and rely on them for a longitudinal perspective on how the patient is coping with labor, what her energy levels are, and how she is doing emotionally.

SAY:

Adverse events occur when a patient is harmed as a result of receiving medical care. Medical providers are committed to caring for their patients; however, adverse events can happen. When they do, staff members need to know how to communicate with the patient and family.

Prompt, compassionate, honest, and accurate communication with the patient and family after an adverse event ensures that they receive information they can use to chart their next steps.

Slide 16

Engaging With the Help of a Doula

Doulas can help the L&D team increase patient and family engagement by—

- Assessing the level of patient understanding and helping the patient or family ask questions or voice concerns
- Leveraging the relationship built with the patient and her family prior to the labor and birth to collaborate with the care team
- Being a constant presence throughout labor

AHRQ Safety Program for Perinatal Care

Patient & Family 16

Slide 17

Engaging After Adverse Events

- An adverse event is an injury to a patient caused by medical intervention rather than by the underlying disease or condition of the patient.
- The mission of health care providers is to help and care for patients without harming them, but adverse events happen.
- When an adverse event occurs, it can be difficult for a health care worker to take ownership and communicate with the patient and family.
- Prompt, compassionate, and honest communication with the patient and family after an adverse event is essential.

AHRQ Safety Program for Perinatal Care

Patient & Family 17

Engage Patients and Families for Perinatal Safety

SAY:

Each hospital has policies and procedures for actions to take after an adverse event occurs, and most involve working with a risk-management professional. Immediately after an adverse event, care providers:

- Provide care. Caring for the patient's physical needs after an event is the first step a provider must take.
- Report. Providers report the incident to the unit manager and the risk-management department, according to the hospital's incident-reporting policy.
- Communicate. Providers communicate the facts of what happened and assure the patient and family that they will receive new information as it is discovered. We will discuss this in more detail in a moment.
- Document. Providers must document in the medical record the facts of the incident and any care the patient received as a result of the incident. The discussion with the patient and family should also be documented. The documentation should include an objective description of the event, the patient's response to the event, and the care provided as a result of the event.

Communication is an ongoing process that occurs from initial reporting of the incident through investigation and resolution. Generally, only findings that are reasonably certain to have occurred and unlikely to change should be reported to the patient and family.

During the initial communication with the patient and family, providers should—

- Communicate only relevant facts that are reasonably certain at the time because further investigation and resolution may be necessary.

Slide 18

Immediate Response to an Adverse Event⁴

- Care for the patient
- Report to the appropriate parties
- Communicate with the patient (who, what, when, where, and why)
- Document the event in the medical record

AHRQ Safety Program for Perinatal Care

Patient & Family 18

Slide 19

Adverse Event Initial Communication⁴

During initial communication with patient and family—

- Communicate only relevant facts
- Advise the patient and family that communication will be ongoing during the followup investigation
- Provide a designated contact person for patient and family concerns

AHRQ Safety Program for Perinatal Care

Patient & Family 19

Engage Patients and Families for Perinatal Safety

| | |
|---|---|
| <ul style="list-style-type: none"> • Advise the patient and family that communication will be ongoing as the followup investigation progresses. • Advise the patient and family of a designated contact person for their questions and concerns. | |
| <p>SAY:</p> <p>Patients and family members experience a number of emotions when an adverse event occurs. The care provider should speak slowly and use clear language. The provider should begin with an alert, such as, “I’m afraid I have some news I need to share with you,” and then provide the information in a few short sentences. The provider should wait for a response. A hospital committed to transparency offers an apology that the incident happened.</p> | <p style="text-align: center;">Slide 20</p> <p style="text-align: center;">How To Communicate About an Adverse Event⁵</p> <ul style="list-style-type: none"> • Speak slowly and use clear language. • Give an advance alert (“I’m afraid I have some bad news to share with you.”). • Give the news in a few, brief sentences. • Quietly wait for the reaction. • Watch and listen for response signals. <p style="font-size: small; text-align: center;">AHRQ Safety Program for Perinatal Care Patient & Family 20</p> |
| <p>SAY:</p> <p>When an incident occurs, the hospital will investigate and analyze it (e.g., a root cause analysis may be conducted) to determine whether patient harm occurred. When the hospital determines that unreasonable care was provided, the following information should be communicated to the patient and family:</p> <ul style="list-style-type: none"> • An apology for any unreasonable care • An explanation of what happened • A meaningful discussion of projected outcomes • An early offer of remediation (such as waiving hospital bills) and compensation. <p>The hospital should use information learned from the investigation to identify and implement system and process improvement. It should track, trend, and analyze necessary data for quality assurance and other identified purposes. The hospital should also establish initial and continual training requirements for professional, administrative, and support staff.</p> | <p style="text-align: center;">Slide 21</p> <p style="text-align: center;">Next Steps in Responding to an Adverse Event⁶</p> <ul style="list-style-type: none"> • Investigation • Continued communication with the patient and family • Apology and remediation • System and process improvement • Measurement and evaluation • Education and training <p style="font-size: small; text-align: center;">AHRQ Safety Program for Perinatal Care Patient & Family 21</p> |

Engage Patients and Families for Perinatal Safety

| | |
|--|--|
| <p>SAY:</p> <p>Adverse events are often system failures. Rarely does an adverse event occur as a result of intent. Health care workers hold themselves to very high standards, and when an incident happens, they should request support from the hospital and their peers to regain their confidence. Hospitals today recognize that health care workers are the second victims of adverse events and often provide psychological support through employee assistance programs and medically induced trauma support services after an incident occurs.</p> | <p style="text-align: right;">Slide 22</p> <p>The Second Victim: Health Care Workers⁷</p> <ul style="list-style-type: none">• Health care workers involved in an adverse event experience their own trauma.• Health care workers should request ongoing support from their hospital and peers.• Many hospitals have developed employee assistance programs and medically induced trauma support services. <p><small>AHRQ Safety Program for Perinatal Care</small></p> <p style="text-align: right;"><small>Patient & Family 22</small></p> |
| <p>SAY:</p> <p>Beyond the clinical team's engaging current patients and their families directly, patient and family engagement means that patients and family members are involved beyond their own care as organizational partners or advisors. Examples include working with staff, clinicians, and leaders to improve policies, processes, programs, facility design, and education for hospital staff, clinicians, and trainees in the health professions. In addition to serving as part of the unit team to provide their perspective, patients and their family members can also be advisors to the hospital staff to improve policies and procedures.</p> | <p style="text-align: right;">Slide 23</p> <p>Engaging in Planning and Design: Continuing Patient and Family Involvement¹</p> <ul style="list-style-type: none">• Beyond their own care, patients can become organizational partners, known as advisors.• Advisors work with staff, clinicians, and leaders of the hospital to improve—<ul style="list-style-type: none">– Policies– Processes– Programs– Facility design– Education <p><small>AHRQ Safety Program for Perinatal Care</small></p> <p style="text-align: right;"><small>Patient & Family 23</small></p> |

Engage Patients and Families for Perinatal Safety

SAY:

A patient and family advisor is a former patient or family member of a patient who is a collaborative partner at all stages in developing hospital policies, procedures, and practices.

For more information on an advisor's role and responsibilities, patients and family members who are interested in becoming advisors can refer to the Am I Ready to Become an Advisor? tool, which is listed as one of several tools at the end of this module.

Advisors collaborate with hospital staff to develop patient- and family-centered policies and procedures. Hospital staff members rely on the opinions of patient and family advisors and consult them when deciding matters concerning patient experiences, care delivery, educational materials, and facility design.

For more information on how to partner with advisors, hospitals can refer to the Working with Advisors handout, which is listed as one of several tools at the end of this module.

Slide 24

Who Are Advisors and What Do They Do?

- Advisors are—
 - Collaborative partners in developing and revising hospital policies, procedures, and practices
 - Patients and family members who have received care at our hospital and who want to help improve experiences for others
- They help our hospital improve quality and safety of care by—
 - Giving input and feedback
 - Identifying potential changes
 - Planning and implementing changes that matter to patients and families



AHRQ Safety Program for Perinatal Care

Engage Patients and Families for Perinatal Safety

| | |
|---|--|
| <p>SAY:</p> <ul style="list-style-type: none"> • Effective engagement and communication among patients, family members, and other members of the health care team can benefit health outcomes and patient and family satisfaction. • L&D staff can involve patients and families in day-to-day care, welcoming and engaging them as members of the health care team. • Doulas can be a valuable resource for mothers and their families and for labor and delivery units. They also can improve patient and family engagement during the birthing process. • Organizations need to engage in strategies to address adverse events. • Patient and family advisors provide valuable insight about patient and family experiences and care delivery. | <p style="text-align: center;">Slide 25</p> <div style="background-color: #00a0c0; color: white; padding: 5px; text-align: center; font-weight: bold;">Summary</div> <ul style="list-style-type: none"> • Effective engagement and communication among patients, families, and members of the health care team affect health outcomes and patient and family satisfaction. • Doulas can be a valuable resource for mothers and their families and for labor and delivery units. They also can improve patient and family engagement during the birthing process. • Organizations should be prepared to respond and communicate proactively when adverse events occur. • Patient and family advisors provide valuable insight about patient and family experiences and care delivery. <p style="font-size: small; margin-top: 20px;">AHRQ Safety Program for Perinatal Care Patient & Family 25</p> |
| <p>SAY:</p> <p>In addition to the information presented in this module, CUSP tools are available through the Safety Program for Perinatal Care.</p> <p>The tools in this module will help clarify the roles and responsibilities of advisors as part of the CUSP team and present communication strategies for patients and family members.</p> <p>Am I Ready to Become an Advisor?</p> <p>This tool provides a series of statements to help someone determine whether they are ready to become an advisor. Sample statements include—</p> <ul style="list-style-type: none"> • I am willing to talk about the positive and negative care experiences I had as a patient or family member of a patient. • If I had any negative experiences, I am coping well and am ready to | <p style="text-align: center;">Slide 26</p> <div style="background-color: #00a0c0; color: white; padding: 5px; text-align: center; font-weight: bold;">Tools</div> <ul style="list-style-type: none"> • Am I Ready To Become an Advisor?¹  • Working with Patient and Family Advisors¹ • Be a Partner in Your Care¹ <p style="font-size: small; margin-top: 20px;">AHRQ Safety Program for Perinatal Care Patient & Family 26</p> |

Engage Patients and Families for Perinatal Safety

| | |
|--|--|
| <p>respectfully share my ideas about how things could have gone differently.</p> <p>Working with Patient and Family Advisors</p> <p>This handout discusses the importance of working with patient and family advisors and ways an organization can engage patient and family advisors.</p> <p>Be a Partner in Your Care</p> <p>This handout gives information on routine events and highlights tools the hospital uses to talk with the patient and family (e.g., whiteboards). It summarizes the main action items from the other handouts for the patient, family, and clinicians.</p> | |
| <p>References</p> | <p>Slide 27</p> <p>References</p> <ol style="list-style-type: none">1. Guide to Patient and Family Engagement in Hospital Quality and Safety. AHRQ Publication No. 13-0033. Rockville, MD: Agency for Healthcare Research and Quality; May 2013.2. Conway J, Johnson B, Edgman-Levitan S, et al. Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: A Roadmap for the Future. A work in progress. Bethesda, MD: Institute for Family-Centered Care; June 2006.3. Dona International. Standards of Practice—Birth Doula. http://www.dona.org/PDF/Standards%20of%20Practice_Birth.pdf. Accessed May 11, 2016.4. Bonacum D, Houk C, Moidel BI, et al. Communicating about episodes of harm to patients. In: Leonard M, ed. Achieving Safe and Reliable Healthcare. Chicago: Health Administration Press; 2004:93-112. <p>AHRQ Safety Program for Perinatal Care Patient & Family 27</p> |

Engage Patients and Families for Perinatal Safety

| | |
|--------------------|--|
| References | <p style="text-align: right;">Slide 28</p> <p style="text-align: center;">References</p> <ol style="list-style-type: none">5. Haltenback JL. Palliative Care Perspectives. 1st ed. New York: Oxford University Press; 2003.6. McDonald T, Helmche L, Smith K, et al. Responding to patient safety incidents: the 'seven pillars.' Qual Saf Health Care;19:e11. PMID: 20194217.7. Wu AW. Medical error: the second victim. The doctor who makes the mistake needs help, too. BMJ. 2000 Mar 18;320(7237):726-727. PMID: 10720336. <p style="font-size: small;">AHRQ Safety Program for Perinatal Care Patient & Family 28</p> |
| Disclaimers | <p style="text-align: right;">Slide 29</p> <p style="text-align: center;">Disclaimers</p> <p>Every effort was made to ensure the accuracy and completeness of this resource. However, the U.S. Department of Health and Human Services makes no warranties regarding errors or omissions and assumes no responsibility or liability for loss or damage resulting from the use of information contained within.</p> <p>The U.S. Department of Health and Human Services cannot endorse, or appear to endorse derivative or excerpted materials, and it cannot be held liable for the content or use of adapted resources. Any adaptations of this resource must include a disclaimer to this effect.</p> <p>Reference to any specific commercial products, process, service, manufacturer, company, or trademark does not constitute endorsement or recommendation by the U.S. Government, HHS, or AHRQ of the linked Web resources or the information, products, or services contained therein. The Agency does not exercise any control over the content on these sites.</p> <p style="font-size: small;">AHRQ Safety Program for Perinatal Care Patient & Family 29</p> |