Person-Centered Maternity Care (PCMC) 13 Item Short Scale Guide

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OVERVIEW

Maternal mortality continues to be unacceptably high in lowand middle-income countries. Providing high quality maternity care needs to go beyond clinical components to also include respectful and dignified care. Person-centered maternity care (PCMC) has been documented as a key factor in reducing maternal mortality, newborn complications, and low rates of facility-based deliveries.¹⁻⁵ Good PCMC is "respectful of and responsive to individual women and their families' preferences, needs, and values."⁶ PCMC is thus equivalent to terms such as respectful maternity care and patient-centered, womancentered, or people-centered care.⁶

Researchers at the University of California, San Francisco and the University of California, Los Angeles developed a 30-item scale to assess PCMC. Together, we have developed a simplified scale to support routine measurement and management decision-making in health facilities. This guide provides instructions for how to implement the shortened scale. The scale provides domain-specific insight in the areas of dignity, respect, communication, autonomy, and emotional support. It allows users to 1) understand a woman's experience of care and 2) inform quality assessment and improvement efforts.

SCALE DEVELOPMENT

The shortened 13 item scale presented here is derived from a 30 item PCMC scale⁷ developed using standard procedures for scale development.⁸ The scale was validated in four settings: rural Kenya, urban Kenya, rural Ghana and peri-urban India. The methods, sample populations, and psychometric analysis results for the original scale are described in detail elsewhere.^{7,9-11}

To shorten the scale, a two-step process was used. First, a global survey of maternal and child health experts (n=96) selected up to 15 items that each expert determined was most essential to the PCMC construct. Items receiving less than 33% response were dropped. Second, exploratory factor analysis in a random half of the sample for each setting yielded shortened setting-specific scales, which were tested in the remaining sample using confirmatory factor analysis. The resulting 13 item scale was shown to have high reliability as well as high content, construct, and criterion validity.¹²

Audience: Who can use this scale?

- Quality Improvement (QI) personnel
- Maternal Health researchers
- Hospital/clinic staff and managers
- Health providers
- Government Ministries
- Departments of Health

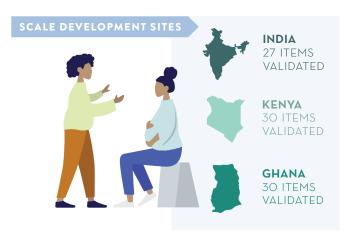
Sample population: Who to survey?

Women who have recently given birth to a baby

Administration method: How to use this scale?

All women must be consented before the scale is administered. Both the consent and scale should be conducted in a private setting by trained researchers certified in human subjects research ethics. Previous scale implementation has included the following methods:

- At the facility with 48 hours following a woman's delivery in a private room or at their post-natal ward bed.⁷
- 2. At a woman's home or postnatal clinic from 1 to 9 weeks after delivery.



GUIDE

This section provides the questionnaire, scoring guidelines, and guidance on specific prompts and questions that previously demonstrated different understandings of the item itself, and therefore standardization of explanations was deemed necessary to better ensure comparability of responses.

SCALE INTRODUCTION:

At the beginning of the survey, read the survey prompt. Below is an example prompt that can be used or adapted. The key features of the prompt are highlighted.

Now I am going to ask you some questions about your experiences in the health facility during your <u>last delivery visit</u>. Remember that all the questions in this section refer specifically to the time you were <u>in the health facility</u> for this last delivery. Also, know that everything you tell me is <u>confidential</u> and will not be shared with the health facility.

This reminder above is important because we are interested in gathering information about the delivery care experience, and not other visits at the health facility such as antenatal care visits, etc. The preface to the survey should take efforts to alleviate some of the women's worries about sharing her honest experiences at the facility, which may include potentially unfavorable things about her experience or about the facility. This is especially important when we are conducting the survey at the health facility where the woman gave birth, as opposed to her home or another location outside of the facility. This also highlights the importance of finding a private place to conduct the interview so that health care workers cannot hear her responses.

SCALE QUESTIONS:

The questions in the PCMC scale were written very carefully and tested in the field extensively through qualitative interviews. It is important that we read them exactly as they appear without making changes. The research team engaged local partners to ensure that the instructions and questions are phrased appropriately for the context. These questions can be asked in either English or a local language but please read exactly as they appear. This is important for standardization and consistency. For some questions, additional explanation is provided below the question in *italics*. These explanations should be reviewed during data collector training.

All questions in the survey have the same response options.

0 1 2 3

No, never Yes, a few times Yes, most of the time (3+ times) time (3+ times)

Describe the response options to the post-partum respondent:

Now I will ask you some questions about how you were treated at the health facility. Tell me if the following things happened all the time, most of the time, a few times, or it never happened. You can say a few times if it happened one or two times, and most of the time if it happened 3 or more times, but not all the time. All of these questions concern your time at the facility during your most recent delivery.

PROBE FOR ALL QUESTIONS: If the woman just responds "yes", ask her: "Did this occur a few times, most of the time, or all the time?"



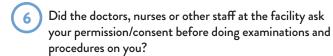
Did the doctors, nurses, or other health care providers call you by your name?

This question specifically refers to the woman's interactions with the providers such as "How are you feeling today, Nancy?" We are not referring to any time that a provider called the woman by her name using an ANC card, patient file, etc. Here we refer specifically to the interpersonal use of someone's name in a rapport-building and conversational style. It is important that this is explained to the woman if she is confused or mentions that they called her into the room by her name.

- Did the doctors, nurses or other staff at the facility treat you with respect?
- Did the doctors, nurses or other staff at the facility treat you in a friendly manner?
- During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?
- Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?

Additional response option: For those women who did not make any decisions:

- Instead of using "not applicable," the response option here is, "I did not have to make any decisions."
- The other response options are the same: "No, never,"
 "Yes, a few times," "Yes, most of the time," "Yes, all the
 time," "I did not have to make any decisions."



When asked this question, it is possible that the woman has had only one procedure or examination. If this is the case and the provider did ask for permission for this procedure or examination, then we would indicate this by choosing "Yes, all the time." If the provider did not ask permission, then we would indicate "No, never."

7 During the delivery, do you feel like you were able to be in the position of your choice?

Some women prefer to deliver while standing up, while some prefer to sit, others to lie down, and others on their hands and knees. We ask, "During the delivery, do you feel like you were able to be in the position of your choice?" For this, we are not referring to what position she prefers, but whether she was allowed to deliver her child in a position of her choice, and if so, whether this was for some period during the delivery ("a short time" or "most of the time" depending on her assessment) or the whole period ("all the time"). Note the slightly different second response option, "Yes, for a short time."

- B Did doctors and nurses explain to you why they were carrying out examinations or procedures?
- Did the doctors and nurses explain to you why they were giving you any medicine?

Additional response option: For those women who did not receive any medicine:

- Instead of using "not applicable," the response option here is, "I did not get any medicine."
- The other response options are the same: "No, never,"
 "Yes, a few times," "Yes, most of the time," "Yes, all the
 time," "I did not get any medicine."
- Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?
- Did the doctors and nurses at the facility talk to you about how you were feeling?
- When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?
- Did you feel the doctors, nurses or other staff at the facility took the best care of you?

SCORING GUIDANCE FOR PCMC SCALE

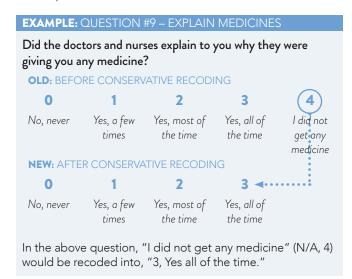
To generate the PCMC score, all the items in the scale should be summed to generate a score between 0 and 39. A high score corresponds to high PCMC. Therefore, all underlying values should follow the rubric below and be scored as a sum per woman. This sum can be used to create an average PCMC score by facility, method type, delivery type, and provider type that delivered the woman. Per the PCMC scale, we recommend using the underlying values and corresponding response options.



CONSERVATIVE RECODING FOR "NOT APPLICABLE" OPTION

As recommended in the validation paper for the 30 item scale, ¹¹ we suggest recoding not applicable options (N/A's) into the highest response categories.

For the 13-item PCMC scale, this refers to questions 5 and 9. Both have a 5th option with an underlying value of 4. See above guidance for these specific questions and their relevant N/A responses.



REFERENCES

- 1. Koblinsky M, Chowdhury ME, Moran A, Ronsmans C. Maternal morbidity and disability and their consequences: neglected agenda in maternal health. J Health Popul Nutr. 2012;30(2):124-130. doi:10.3329/jhpn.v30i2.11294
- 2. Storeng KT, Baggaley RF, Ganaba R, Ouattara F, Akoum MS, Filippi V. Paying the price: the cost and consequences of emergency obstetric care in Burkina Faso. Soc Sci Med. 2008;66(3):545-557. doi:10.1016/j.socscimed.2007.10.001
- 3. Diamond-Smith N, Sudhinaraset M, Montagu D. Clinical and perceived quality of care for maternal, neonatal and antenatal care in Kenya and Namibia: the service provision assessment. Reprod Health. 2016;13(1):92. doi:10.1186/s12978-016-0208-y
- 4. Tuncalp, Were WM, MacLennan C, et al. Quality of care for pregnant women and newborns-the WHO vision. BJOG. 2015;122(8):1045-1049. doi:10.1111/1471-0528.13451
- 5. Sudhinaraset M, Treleaven E, Melo J, Singh K, Diamond-Smith N. Women's status and experiences of mistreatment during childbirth in Uttar Pradesh: a mixed methods study using cultural health capital theory. *BMC Pregnancy Childbirth*. 2016;16(1):332. doi:10.1186/s12884-016-1124-4
- 6. Sudhinaraset M, Afulani P, Diamond-Smith N, Bhattacharyya S, Donnay F, Montagu D. Advancing a conceptual model to improve maternal health quality: The Person-Centered Care Framework for Reproductive Health Equity. *Gates Open Res.* 2017;1:1. doi:10.12688/gatesopenres.12756.1
- 7. Afulani PA, Diamond-Smith N, Golub G, Sudhinaraset M. Development of a tool to measure person-centered maternity care in developing settings: validation in a rural and urban Kenyan population. Reproductive Health. 2017;14(1):118.
- 8. DeVellis RF. Scale Development: Theory and Applications. SAGE Publications; 2016.
- 9. Afulani PA, Diamond-Smith N, Phillips B, Singhal S, Sudhinaraset M. Validation of the person-centered maternity care scale in India. Reproductive Health. 2018;15(1):147. doi:10.1186/s12978-018-0591-7
- 10. Afulani PA, Aborigo RA, Walker D, Moyer CA, Cohen S, Williams J. Can an integrated obstetric emergency simulation training improve respectful maternity care? Results from a pilot study in Ghana. Birth. January 2019. doi:10.1111/birt.12418
- 11. Afulani PA, Phillips B, Aborigo RA, Moyer CA. Person-centred maternity care in low-income and middle-income countries: analysis of data from Kenya, Ghana, and India. The Lancet Global Health. 2019;7(1):e96-e109. doi:10.1016/S2214-109X(18)30403-0
- 12. Afulani PA, Feeser K, Sudhinaraset M, Aborigo R, Montagu D, Chakraborty NM. Toward the development of a short multi-country person-centered maternity care scale. *International Journal of Gynecology & Obstetrics*. https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.12827. Accessed May 22, 2019.

PCMC 13 ITEM QUESTIONNAIRE

			RESPONSE OPTIONS				
DOMAIN		QUESTION	0	1	2	3	N/A
DIGNITY/RESPECT	1	Did the doctors, nurses or other healthcare providers call you by your name?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
	2	Did the doctors, nurses or other staff at the facility treat you with respect?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
	3	Did the doctors, nurses or other staff at the facility treat you in a friendly manner?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
PRIVACY/ CONFIDENTIALITY	4	During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
AUTONOMY	5	Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	Did not have to make any decisions
	6	Did the doctors, nurses or other staff at the facility ask your permission/consent before carrying out procedures and examinations?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
	7	During the delivery, do you feel like you were able to be in the position of your choice?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
COMMUNICATION	8	Did the doctors and nurses explain to you why they were carrying out examinations or procedures?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
	9	Did the doctors and nurses explain to you why they were giving you any medicine?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	Did not get any medicine
	10	Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
SUPPORTIVE	11	Did the doctors and nurses at the facility talk to you about how you were feeling?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
	12	When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	
TRUST	13	Did you feel the doctors, nurses or other staff at the facility took the best care of you?	No, never	Yes, a few times	Yes, most of the time	Yes, all of the time	