

Business Case for Adoption: AWHONN Respectful Maternity Care Designation Program

National Recognition for Respectful Care: Every Patient, Every Interaction, Every Time.

The AWHONN Respectful Maternity Care (RMC) Designation is a nationally recognized program that honors hospitals and birthing centers demonstrating a sustained, measurable commitment to dignified, equitable, and person-centered maternity care. It is the first program of its kind to evaluate not only the presence of respectful care practices, but also their impact on patient experience, workforce culture, and clinical outcomes.

Why Pursue RMC Designation Now?

A measurable solution to a national problem:

- 1 in 5 women report mistreatment during pregnancy and childbirth, with significantly higher rates among Black, Hispanic, and publicly insured patients.
- Mistreatment is linked to delays in seeking care, traumatic birth experiences, differences in clinical outcomes, and decreased trust in healthcare systems.
- Positive, respectful care is associated with higher patient satisfaction, better communication, improved safety, and more effective engagement in care.

As most maternal deaths are preventable, identifying gaps in quality healthcare should be the expectation regardless of where or who delivers the care. Designation provides a structured, evidence-based pathway to demonstrate that our facility is actively addressing these national concerns.

What's in It for Our Facility?

1. Strengthens Patient Experience & Trust

RMC Designation directly supports improvement in domains that matter most to patients and families:

- Respect, dignity, and emotional safety
- Shared decision-making and autonomy
- Clear communication and informed consent
- Cultural responsiveness and equitable care
- Improvement in patient satisfaction with overall quality and care

Why this matters:

Improved patient experience enhances HCAHPS, strengthens community trust, and differentiates our facility in a competitive maternity care market.

2. Demonstrates Leadership in Equity & Quality

Designation confirms that we:

- Use structured processes to reduce disparities
- Monitor and stratify data to identify inequities
- Address known drivers of maternal morbidity and mortality
- Uphold national quality and maternal health priorities

Why this matters:

Equity-aligned care is increasingly tied to regulatory expectations, quality scorecards, and payer incentives. RMC Designation provides visible, credible evidence of our commitment.

3. Enhances Staff Engagement, Culture & Retention

Designation is built on practices that:

- Improve communication and teamwork
- Strengthen psychological safety
- Reduce moral distress related to disrespect or inequitable care
- Reinforce shared professional values across disciplines

Why this matters:

A strong, respectful care culture reduces turnover risk and supports retention in high-stress units like L&D, postpartum, and newborn care.

4. Offers Positive, National Recognition

Facilities achieving RMC Designation receive:

- Use of the official RMC Designation Seal
- Inclusion in AWHONN national promotion and recognition channels
- Visibility on RMC webpages and public-facing materials
- Opportunities for storytelling, media engagement, and community outreach

Why this matters:

National recognition enhances our reputation, attracts patients, increases referral confidence, and supports strategic marketing.

5. Provides a Clear, Tiered Improvement Pathway

Designation includes three progressive tiers:

Tier	Focus	What It Demonstrates
Bronze	Implementation	RMC practices and processes are in place and standardized.
Silver	Perception Impact	Positive impact on patient and staff perceptions of care.
Gold	Outcome Impact	Measurable improvement in patient outcomes.

Each level builds from the previous one, giving executives a phased, manageable improvement roadmap that aligns with existing quality and equity initiatives.

6. Offers High ROI for a Modest Investment

Designation fees vary by birth volume and recognition tier (Bronze/Silver/Gold), ranging approximately from:

- \$500–\$5,000 (Bronze)
- \$1,000–\$10,000 (Silver)
- \$1,500–\$15,000 (Gold)

See appendix A for ROI sample calculation.

Strategic value gained:

- Reduction in grievances and complaints
- Improved patient satisfaction
- Enhanced staff engagement and retention
- Lower cultural and communication-related risk
- Stronger maternal health equity alignment
- Marketing value and improved community perception
- Improved patient outcomes and a measurable decrease in severe maternal morbidity

Designation is valid for three years, making this a low annualized investment for a high-impact recognition program.

What Facilities and Communities Gain by Supporting Designation

- A measurable, nationally recognized framework for delivering respectful, equitable care
- A credible demonstration of alignment with organizational mission and maternal safety goals
- A structured approach that strengthens patient experience, outcomes, and team culture
- A competitive advantage backed by AWHONN, the leading authority in perinatal nursing
- Proof to boards, regulators, investors, and communities that we are actively addressing the national maternal health crisis

Recommended Next Step

Register the facility for the RMC Designation application cycle and complete the RMC Readiness Assessment to identify strengths, gaps, and priority areas.

This positions our organization to seek Bronze, Silver, or Gold designation in the current review year and signals our commitment to delivering respectful maternity care: every patient, every interaction, every time.

Appendix A:

ROI Sample Calculation

1. Define the Cost Inputs

- a. Direct Program Costs
 - i. Application/designation fee
 - ii. Annual renewal fee
 - iii. Required training (e.g., RMC competencies, trauma-informed care)
 - iv. External consultants or facilitators (if used)
 - v. Data reporting or validation fees
- b. Internal Staff Costs
 - i. Estimate using standard hospital labor rates:
 1. Project management time (nursing, quality, risk, patient experience, education)
 2. Clinical staff time for training
 3. IT support for data submissions
 4. Communication & change-management efforts
- c. Implementation & Materials
 - i. Patient education materials
 - ii. Unit signage and branding
 - iii. Updating policies and pathways
 - iv. Simulation or case review time
 - v. EHR updates or order set adjustments

Total all of the above into Total Cost of Ownership (TCO).

2. Calculate Financial Benefits (This Is Where ROI Shows Up)

- a. Revenue Protection & Growth
 - i. Increased Market Share / Volume
 1. Families choose hospitals with RMC designations because of:
 - a. Safety reputation
 - b. Low-intervention, patient-centered care
 - c. Better VBAC support
 - d. Better postpartum experience
 - ii. Sample model:
 1. Additional Births per Year×Average Net Margin per Birth
 2. Typical net margin per delivery: \$1,500–\$4,000 depending on payer mix.
- b. Reduced Out-Migration
 - i. If local families currently leave the county/region, you can model:

1. Births Retained×Net Margin
3. Cost Avoidance (High-Yield)
 - a. Reduced Adverse Events
 - i. RMC is tightly tied to:
 1. Fewer unindicated inductions
 2. Lower primary cesarean rate
 3. Lower PP hemorrhage rates
 4. Better communication with patients → fewer escalations
 5. Fewer near-misses because teamwork improves
 - ii. Calculate:
 1. Reduction in Adverse Events×Average Cost per Event
 2. Examples:
 - a. Avoided cesarean cost ≈ \$4,000–\$6,000
 - b. Avoided severe hemorrhage ≈ \$8,000–\$20,000
 - c. Avoided NICU admission ≈ \$5,000–\$15,000+
 - d. Improved documentation reduces risk events
 3. Hospitals generally save \$300K–\$1.2M annually with measurable improvements in cesarean and PPH rates alone.
4. Risk Reduction & Liability Savings
 - a. This is a major hidden value driver.
 - i. Improved informed consent → fewer claims
 - ii. Better documentation of shared decision-making
 - iii. Reductions in preventable harm
 - iv. Better patient perception → fewer grievances and legal escalations
 - b. If you assume:
 - i. 1 fewer OB claim over 5 years (very conservative):
Savings ≈ \$50K–\$300K per year amortized.
 - c. Some hospitals will estimate:
 - i. Reduced Claims Probability×Average Cost per Claim
5. Staff Retention & Engagement Savings
 - a. Burnout and turnover in L&D is extremely expensive.
 - b. If RMC designation increases retention by even 1 RN per year:
 - i. Avoided RN Replacement Cost≈\$60,000–\$110,000
 - c. If it improves OB or midwife retention, the savings are even higher.
6. Quality Incentive Payments (Optional)
 - a. For hospitals in:
 - i. Value-based purchasing
 - ii. Medicaid quality incentive programs

- iii. Maternity Bundles
 - b. Improvements in cesarean, NTSV, breastfeeding, and experience can yield:
 - c. \$50K–\$500K in annual quality bonuses\50K–\500K
- 7. Combine Into an ROI Model (Example)
 - a. Let's say a hospital invests:
 - i. Annual Costs
 - 1. Designation fees: \$40,000
 - 2. Staff training time: \$75,000
 - 3. Project management: \$45,000
 - 4. Materials & implementation: \$15,000
 - 5. Total Cost = \$175,000
 - ii. Annual Benefits
 - 1. Market growth: +40 births × \$2,000 = \$80,000
 - 2. Reduced cesarean & PPH events = \$300,000
 - 3. Risk reduction = \$100,000
 - 4. RN retention savings = \$80,000
 - 5. Quality incentives = \$50,000
 - 6. Total Benefits = \$610,000
 - b. ROI Calculation
 - i. $ROI = \frac{610,000 - 175,000}{175,000} = 2.48$
 - ii. ROI = 248%
 - iii. Break-even: ~3.5 months