

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 Respectful Patient Care for Transgender, Nonbinary, and Gender Expansive Patients

S SITUATION	A care provider enters the patient room to meet a male-presenting patient who is a 30-year-old G1P0 who is currently 40 weeks pregnant and in labor. He is accompanied by his wife of five years.
B BACKGROUND	What are some challenges that this patient and others who identify as transgender may experience because of stigma and discrimination while receiving health care? • Transgender individuals in the United States and globally face systemic violence, resulting in economic, social, and physical barriers that may result in chronic stressors and manifest as health concerns (Bockting et al., 2013; Hoffkling et al., 2017). • There is a lack of knowledgeable health care providers who are well-versed and aware of their biases related to care for transgender individuals. Inadequate information and stigma may lead to individual mistreatment of patients (Bockting et al., 2013). • Transgender, nonbinary, and other gender expansive individuals may experience erasure- where individual providers, nurses, and medical staff ignore preferred pronouns and treat the individual as a woman regardless of how they identify (Dichter et al., 2018). • Mistreatment of transgender, nonbinary, and gender expansive individuals has a significant impact. One study found that 25% of transgender individuals delayed care due to experiences of mistreatment, misgendering, or bias. The effects of this mistreatment also result in psychological and emotional distress (Cruz et al., 2014; Okamuro et al., 2026). • It is well-documented that transgender communities face health risks and persistently experience poorer health outcomes than their cis-gender counterparts; including increased rates of cancer, poorer cardiovascular health, sexually transmitted infections, mental health concerns and chronic diseases such as Hypermobile Ehlers-Danlos syndrome (Najafian et al., 2022; Lo & Horton, 2016; Park & Safer, 2018; Streed et al., 2019; Taylor et al., 2018; Underman et al., 2016).
A ASSESSMENT	Based on what I know, which assessments are top priorities for establishing a positive relationship with this patient and his wife? Self-Assessment: • I will engage in self-assessment of my personal knowledge of transgender, gender nonconforming, and nonbinary communities and seek out national resources. • I will reflect on how my previous experiences may impact my ability to provide non-biased care. • I will deepen my own reflection on how my biases affect the care I provide and seek input from colleagues or my support system. • I will educate myself on the barriers to care faced by transgender, gender non-conforming, or nonbinary communities. • I will educate myself on the additional risk factors associated with conditions of higher prevalence in this population, such as connective tissue disorders. Patient Assessment: • I will work to build trust and rapport with my patient and his partner, using skills of empathy and cultural humility. • I will respect any additional support people who are in the room, including doulas, partner(s), or friends, and engage them throughout the birthing process. • I will ask about how my patient would like to be referred to, including pronouns, name, and parental descriptor (Mom, Dad, parent, etc.), and document these in their chart. • I will ask about this patient's previous birth or health care experiences, listen, and validate their concerns utilizing a trauma-informed approach. • I will ask about preferred language and plans regarding lactation, including chest-feeding, desire to co-lactate, and milk suppression options.
R RECOMMENDATIONS	What actions can be taken to help this patient and his wife feel heard and understood? • I will include this patient and his partner or any other support people in all care decisions from admission through discharge. • I will establish a communication style that the patient and his wife prefer, including respecting the patient's name, pronouns, and parental descriptor. • I will advocate for my patients' preferred communication style with other members of clinical staff, including other nurses, doctors, midwives, or students. • I will act promptly on the signs and symptoms of expression to prevent, minimize, or eliminate harm. • I will promote skin bonding for all partners who would like to participate and provide lactation education for whichever partner is interested. • I will support whichever lactation plan the patient desires (e.g., supporting bottle-feeding or the non-gestational parent, inducing lactation). • I will avoid assumptions about gender identity from outward appearances and use gender-inclusive language. If I make a mistake, I will apologize and change my behavior.

ACTIONS

- After hearing and documenting the patient's and/or partner's previous birth experience, I will reflect on what I can do to decrease discrimination and bias to ensure they receive respectful and compassionate care.
- I will strive to identify and address unit, hospital, and system issues in the facility where I work that affect the overall care provided to LGBTQIA+ patients.

CITATIONS

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