

RESPECTFUL MATERNITY CARE DATA COLLECTION



AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

RESPECTFUL
MATERNITY
CARE PROGRAM

RESPECT
Every Patient
Every Interaction
Every Time

This guide is designed to assist with preparing and submitting RMC data. It outlines the required information needed for submission and can be used as a reference during the data collection process.

FACILITY INFORMATION

FACILITY	
Name:	
Address:	

PRIMARY CONTACT	
Name:	
Phone Number:	Email:

SECONDARY CONTACT	
Name:	
Phone Number:	Email:

SYSTEM AFFILIATION

Describe your facility's affiliation with a hospital system: Independent (not affiliated with a system)		
Small system (2-5 hospitals)	Mid-size system (6-20)	Large system (21+)

FACILITY CAPACITY & VOLUME

Annual birth volume (previous calendar year): [Choose one]						
25-249	250-499	500-999	1,000-1,999	2,000-3,999	4,000-6,999	≥ 7,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of hospital beds:				
<25 beds	25-99 beds	100-249 beds	250-499	≥500 beds

LEVELS OF CARE

Maternal Level of Care

Please identify the level of maternal care that best represents your facility: [Choose One]				
Accredited Birth Center <input type="checkbox"/>	Level I: Basic Care <input type="checkbox"/>	Level II: Specialty Care <input type="checkbox"/>	Level III: Specialty Care <input type="checkbox"/>	Level IV: Regional Perinatal Health Care Center <input type="checkbox"/>

<https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>

Neonatal Level of Care

Please identify the level of neonatal care that best represents your facility: [Choose One]			
Level I: Well Newborn Nursery <input type="checkbox"/>	Level II: Special Care Nursery <input type="checkbox"/>	Level III: Neonatal Intensive Care Unit (NICU) <input type="checkbox"/>	Level IV: Regional NICU <input type="checkbox"/>

<https://publications.aap.org/pediatrics/article/130/3/587/30212/Levels-of-Neonatal-Care>

Patient Care Level

Please identify the level of patient care that best represents your facility: [Choose One]			
PRIMARY: General health, first point of contact <input type="checkbox"/>	SECONDARY: Specialized care for specific conditions <input type="checkbox"/>	TERTIARY: Highly specialized, complex procedures in hospitals <input type="checkbox"/>	QUATERNARY: Advanced, experimental care <input type="checkbox"/>

Hospital type: [Select all that apply]			
Academic Medical Center (affiliated with School of Medicine) <input type="checkbox"/>	Teaching Hospital <input type="checkbox"/>	Community Hospital (non-teaching) <input type="checkbox"/>	
Critical Access Hospital <input type="checkbox"/>	Specialty Hospital (Women's /Children's) <input type="checkbox"/>	Free-Standing Birth Center <input type="checkbox"/>	
Other <input type="checkbox"/>			

Hospital Ownership Type:		
For-profit <input type="checkbox"/>	Non-profit <input type="checkbox"/>	Government-Federal <input type="checkbox"/>
Government-state/local <input type="checkbox"/>	Tribal <input type="checkbox"/>	Other <input type="checkbox"/>

Hospital Geographic Setting:		
Rural <input type="checkbox"/>	Suburban <input type="checkbox"/>	Urban <input type="checkbox"/>

PATIENT DEMOGRAPHICS

Race/Ethnicity

Please indicate the percentage of your perinatal patients from each racial/ethnic category served during the previous calendar year.							
American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (unknown, prefer not to answer)
%	%	%	%	%	%	%	%

Languages

Describe how interpreter services are accessed at your facility:			
Scheduled in Advance	On-Demand (available when needed)	Delayed (not immediately available)	Not available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximately what percentage of your perinatal patients identify English as their primary language?					
<25%	25-49%	50-74%	75-89%	90-100%	Unknown

Payer Mix

Please indicate the percentage of your perinatal patients in each of the following payment categories during the previous calendar year:		
Private Insurance	Medicaid	Self-Pay
%	%	%

STAFFING AND CAPACITY

Perinatal Staffing	Number
Total number of nurses in the perinatal unit (obstetric emergency department, antepartum, labor and delivery, postpartum/newborn; include full-time, part-time, p.r.n.):	
Number of ancillary staff in the perinatal unit (certified nursing assistants [CNAs], technicians, unit clerks, etc.):	
Number of lactation team members:	
Number of perinatal education and coordination staff (e.g., birth coordinators, clinical nurse specialists [CNS], educators):	
Average percentage vacancy rate for licensed nursing positions in the perinatal unit over the past year:	%
Percentage of FTEs/staffing hours covered with temporary staff (travelers, seasonal, locums):	%

NICU Staffing (if applicable)

Do you have a separate NICU/SCN in your facility?	Y / N
Number of nurses in the NICU/SCN (including full-time, part-time, p.r.n.)	
Number of neonatal education and coordination staff (e.g., CNS, educators)	
Number of ancillary staff in the NICU/SCN (CNAs, technicians, unit clerks, etc.)	
Average percentage vacancy rate for licensed nursing positions in the NICU/SCN over the past year	

STAFFING STANDARDS

<https://www.awhonn.org/resources-and-information/published-resources/staffing-standards/>

How often does your unit follow AWHONN's Staffing Standards (Standards for Professional Registered Nurse Staffing for Perinatal Units)?					
100% of the time	75%-99% of the time	50%-74% of the time	25%-49% of the time	Less than 25% of the time	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCREDITATION & RECOGNITION

Accreditation Bodies

Please indicate your facility's current accrediting body (Select One)					
Center for Improvement in Healthcare Quality (CIHQ)	Det Norske Veritas Healthcare Quality, Inc. (DNV)	Healthcare Facilities Accreditation Program (HFAP)	The Joint Commission	None	Other (Please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Designation & Recognitions

Please indicate if your facility/unit currently holds any of the following designations or recognitions: [Select Checkbox for each of the items on this list- minimum 1]	
<input type="checkbox"/> ANCC Well-Being Excellence	<input type="checkbox"/> Safe Sleep Certification
<input type="checkbox"/> Baby-Friendly	<input type="checkbox"/> The Joint Commission's Advanced Certification in Perinatal Care
<input type="checkbox"/> Blue Distinction Centers for Maternity Care	<input type="checkbox"/> The Joint Commission's Maternal Levels of Care Verification
<input type="checkbox"/> CMS Birthing Friendly Designation	<input type="checkbox"/> U.S. News and World Report designation
<input type="checkbox"/> ANCC Magnet recognition	<input type="checkbox"/> None of the above
<input type="checkbox"/> ANCC Pathway to Excellence	

Is your facility/unit part of a perinatal quality collaborative?

Y / N

RESPECTFUL MATERNITY CARE (RMC) IMPLEMENTATION

Date when began or will begin integrating AWHONN's elements of RMC and the 10-Step C.A.R.E. P.A.A.T.T.H. into your facility: [Month/Year]

THE JOINT COMMISSION MEASURES

Performance on PC-01, PC-02, PC-05, PC-06, ePC-07 Joint Commission Measures. Rates for the previous calendar quarter (may be NA if not mandated by TJC).

PC-01 Elective Vaginal Delivery

Numerator:
Patients with elective deliveries from the denominator.

Denominator:
Patients delivering newborns \geq 37 weeks and $<$ 39 weeks of gestation completed.

Indicator source:

[https://manual.jointcommission.org/releases/TJC2025B/MIF0166.html - :~:text=The%20PC%2D01%20measure%20is%20a%20performance%20measure,Other%20Diagnosis%20Codes%20*%20Checking%20Gestational%20Age](https://manual.jointcommission.org/releases/TJC2025B/MIF0166.html#:~:text=The%20PC%2D01%20measure%20is%20a%20performance%20measure,Other%20Diagnosis%20Codes%20*%20Checking%20Gestational%20Age)

[CLICK HERE](#)

PC-02 Cesarean Section

Numerator:
Patients with cesarean births from the denominator.

Denominator:
Nulliparous patients (first-time mothers) who delivered a live-term singleton newborn in vertex presentation.

Indicator source:

<https://manual.jointcommission.org/releases/TJC2023B/MIF0167.html>

[CLICK HERE](#)

PC-05 Exclusive Human Milk Feeding

Numerator:
Newborns that were fed human milk only since birth

Denominator:
Single term newborns discharged alive from the hospital

Indicator source:

<https://manual.jointcommission.org/releases/TJC2023B/MIF0167.html>

[CLICK HERE](#)

PC-06 Unexpected Complications in Term Newborns

Numerator:
Newborns with severe complications and moderate complications.

Denominator:
Liveborn single term newborns 2500 gm or over in birth weight.

Indicator source: <https://manual.jointcommission.org/releases/TJC2025A/MIF0393.html>

[CLICK HERE](#)

PC-06.1 (severe rate)

Numerator:
Newborns with severe complications.

Denominator:
Liveborn single term newborns 2500 gm or over in birth weight.

Indicator source: <https://manual.jointcommission.org/releases/TJC2025A/MIF0393.html>

[CLICK HERE](#)

ePC-07* Severe Obstetric Complications

Numerator:

Inpatient hospitalizations for patients with severe obstetric complications (not present on admission that occur during the current delivery encounter) including the following:

- Severe maternal morbidity diagnoses (see list below)
- Severe maternal morbidity procedures (see list below)
- Discharge disposition of expired
- Adult respiratory distress syndrome
- Pulmonary edema
 - Sepsis
 - Other OB
- Air and thrombotic embolism
- Amniotic fluid embolism
- Eclampsia
- Severe anesthesia complications
 - Other Medical
- Puerperal cerebrovascular disorder
- Sickle cell disease with crisis
- Severe Maternal Morbidity Procedures:
 - Blood transfusion
 - Conversion of cardiac rhythm
 - Hysterectomy
 - Temporary tracheostomy
 - Ventilation
- [Show less](#)
- Severe Maternal Morbidity Diagnoses:
 - Cardiac
- Acute heart failure
- Acute myocardial infarction
- Aortic aneurysm
- Cardiac arrest/ventricular fibrillation
- Heart failure/arrest during procedure or surgery
 - Hemorrhage
- Disseminated intravascular coagulation
- Shock
 - Renal
- Acute renal failure
 - Respiratory

Please note that present on admission codes may be those entered by coding staff, extracted from billing/claims data.

Denominator:

Inpatient hospitalizations for patients delivering stillborn or live birth with ≥ 20 weeks, 0 days gestation completed

Indicator source: <https://ecqi.healthit.gov/ecqm/hosp-inpt/2024/cms1028v2>

[CLICK HERE](#)

HCAHPS SCORES (PATIENT EXPERIENCE MEASURES)

Questions 1,2,3,4,5,6,14, 20

Does your hospital report HCAHPS?

If so:

Y / N

Per question aggregate for prior calendar quarter for Perinatal Unit:

Question 1 - During this hospital stay, how often did nurses treat you with courtesy and respect?
Aggregate yearly total

Never (%)

Sometimes (%)

Usually (%)

Always (%)

Question 2 - During this hospital stay, how often did nurses listen carefully to you?
Aggregate yearly total

Never (%)

Sometimes (%)

Usually (%)

Always (%)

Question 3 - During this hospital stay, how often did nurses explain things in a way you could understand?
Aggregate yearly total

Never (%)

Sometimes (%)

Usually (%)

Always (%)

Question 4 - During this hospital stay, how often did doctors treat you with courtesy and respect?
Aggregate yearly total

Never (%)

Sometimes (%)

Usually (%)

Always (%)

Question 5 - During this hospital stay, how often did doctors listen carefully to you?
Aggregate yearly total

Never (%)

Sometimes (%)

Usually (%)

Always (%)

Question 6 – During this hospital stay, how often did doctors explain things in a way you could understand? *Aggregate yearly total*

<input type="checkbox"/> Never (%)	<input type="checkbox"/> Sometimes (%)	<input type="checkbox"/> Usually (%)	<input type="checkbox"/> Always (%)
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Question 14 – During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed? *Aggregate yearly total*

<input type="checkbox"/> Never (%)	<input type="checkbox"/> Sometimes (%)	<input type="checkbox"/> Usually (%)	<input type="checkbox"/> Always (%)	<input type="checkbox"/> I never asked for help right away (%)
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Question 20 – Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital
Aggregate yearly total

<input type="checkbox"/> Yes, definitely (%)	<input type="checkbox"/> Yes, somewhat (%)	<input type="checkbox"/> No (%)	<input type="checkbox"/> I did not have family or a caregiver watch for symptoms or health problems (%)
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LEVINE ATTITUDES AND BEHAVIORS ABOUT BIRTH SCALE (LABBS)

LABBS Questions

Thank you for taking the time to complete the Levine Attitudes & Beliefs about Birth Scale (LABBS). Your input is important in understanding and improving respectful care practices. Read each statement carefully and select the response that best reflects your experience or opinion.

Participation in this survey is voluntary and once you submit the survey, you are consenting to participate. The information you provide may be used for research. Anonymous and aggregated results from this survey may be published in scientific journals or presented at professional meetings; no individual participants will be identified.

There are no anticipated significant risks associated with participation in this survey beyond those encountered in everyday life. There may be no direct benefit to you, but your responses may help improve care and inform future research.

You will not be able to edit your responses after submission. This survey will take about 15 minutes to complete. You can stop taking the survey at any time; however, we truly value your input and feedback to improve patient care.

Demographic Questions

1. Month/Year of education

2. Age (select a range)						
<input type="checkbox"/> 19 or younger	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-69	<input type="checkbox"/> 70+

3. Do you identify as a member of the LGBTQIA community?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to disclose

4. Race/Ethnicity (select all that apply):							
American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (prefer not to answer)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is your highest level of education?						
High school graduate or equivalent	Diploma or certificate	Associate's Degree	Bachelor's Degree	Master's Degree	Doctorate Degree	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What unit do you work in at the hospital? (select all that apply)					
Antepartum	Labor & Delivery	Neonatal Intensive Care Unit	Postpartum	Low risk newborn	Women's Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please select your scope of practice:										
LPN/LVN	RN	CNS	CNM	CRNA	NP	PA	MD/DO	Nursing Assistant	Unit Clerk/Secretary	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Please indicate your years of experience in this department:

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26-30	<input type="checkbox"/> >30
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9. Employment status

<input type="checkbox"/> Full time (36-40)	<input type="checkbox"/> Part time (16-35)	<input type="checkbox"/> Per diem	<input type="checkbox"/> Other
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Q1. When a woman is in labor, the safest place for her to be is in the hospital.

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
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Q2. Doulas improve maternal and newborn outcomes.

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
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Q3. The use of epidural analgesia early in labor (< 4 cms) increases a woman's risk of cesarean delivery.

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
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Q4. Breech presentations should always be delivered via cesarean.

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
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Q5. A vaginal birth is more empowering than a cesarean delivery.

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
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Q6. A woman who has an unexpected cesarean delivery needs an opportunity to grieve.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q7. A woman's personal experience influences her labor progress.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q8. Nursing care can influence whether a woman has a vaginal birth or a cesarean delivery.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q9. The cesarean delivery rate can be safely reduced.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q10. Low risk pregnant women with breech presentations should be offered the option of vaginal birth.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q11. Childbirth is a natural, normal process.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q12. Women with low risk pregnancies should have the option to choose a home birth.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q13. Epidural anesthesia increases the use of oxytocin.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q14. Vaginal breech delivery is safe for women with low-risk pregnancies.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q15. The increasing cesarean delivery rate in our country is a sign of improvement in maternity care.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q16. Women with epidurals are unable to push adequately.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q17. The cesarean delivery rate should be reduced.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q18. Epidural anesthesia increases the cesarean delivery rate.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q19. Epidural anesthesia interferes with the normal progress of labor.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q20. Epidural anesthesia administered in early labor is associated with the development of fetal malposition's such as occiput transverse or posterior.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q21. Most women are capable of vaginal birth.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q22. A woman's labor experience is a significant and meaningful event in her life.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q23. Giving birth at a free-standing birth center is a safe choice for women with low-risk pregnancies.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q24. Vaginal birth is the ideal mode of delivery.

Strongly Disagree

Disagree

Agree

Strongly Agree

Q25. Childbirth usually requires medical intervention.

Strongly Disagree

Disagree

Agree

Strongly Agree

WOMEN'S PERCEPTION OF RESPECTFUL MATERNITY CARE (WP-RMC)

WP-RMC Questions

Thank you for taking the time to complete the Women's Perception of Respectful Maternity Care Survey. Your feedback helps us understand your experience during labor and birth and how we can improve patient care.

By completing the survey, you are providing consent to participate. Your responses will be anonymous (no one will know they came from you) and combined with others and used only to improve care and potentially for research.

There are no anticipated significant risks associated with participation in this survey beyond those encountered in everyday life. There may be no direct benefit to you, but your responses may help improve care and inform future research.

Completing the survey is voluntary and you can stop at any time. Once you submit your survey, you will not be able to change your answers. The survey takes about 15 minutes to complete. We truly appreciate your time and feedback.

Demographic Questions

1. Month/Year you gave birth (most recent birth)

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2. Age (select a range)

<input type="checkbox"/> 19 or younger	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50+
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3. Do you identify as a member of the LGBTQIA community?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to disclose
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4. Race/Ethnicity (select all that apply):							
American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	Other (prefer not to answer)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. My caregivers supported me emotionally.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I was in a calm and quiet environment.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. My caregivers supported me emotionally.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. My caregivers treated me in a friendly manner.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. My caregivers provided me with timely care based on my needs.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. My caregivers gave understandable answers to my questions.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. My caregivers preserved my privacy.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. My caregivers introduced themselves and showed me the labor unit.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. My caregivers gave required information about care and procedures.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I was informed about the progress of my labor.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. My caregivers performed examinations and care with my permission.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. I was free to choose my favorable position.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. My relatives were informed of the progress of my labor.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. I was allowed to have companion of my choice during labor.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. I could freely ask questions.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. I was threatened/insulted.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. My caregivers beat me.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. My caregivers shouted at me if I would not follow their instructions.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. My caregivers treated all women equally.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. My caregivers spoke privately with his/her colleague in my presence.				
Always	Often	Sometimes	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>