



TeamBirth: Process Innovation for Clinical Safety, Effective Communication, and Dignity in Childbirth

Learning Session 1

- Introductions
 - New Jersey Healthcare Quality Institute
 - Ariadne Labs - The Delivery Decisions Initiative
 - New Jersey Birthing sites
- TeamBirth Overview
 - Why TeamBirth?
- Shared Planning Tool Adaptation
- Implementation Pathway
- Next Steps & Questions

About the Quality Institute

- We are a nonprofit, membership organization working to improve the safety, quality, and affordability of health care for everyone.
- Our areas of work focus on:
 - Community Health
 - Policy
 - Quality Improvement



Shared-Decision Making (SDM) in Maternity Care

SDM is a patient-centered, individualized approach to the informed consent process that involves discussion of the benefits and risks of available treatment options in the context of a patient's values and priorities.

- Communication failures are among the most frequently cited root causes in maternal mortality and morbidity reviews.
- Shared decision-making models have demonstrated benefits in obstetrical care → Elevating patient voices and empowering shared decision-making is key to providing safer care.

DELIVERY DECISIONS INITIATIVE



OUR VISION is a world in which every person can choose to grow their family with dignity

The Delivery Decisions Initiative (DDI)



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Director



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BRIGHAM HEALTH



**BRIGHAM AND
WOMEN'S HOSPITAL**



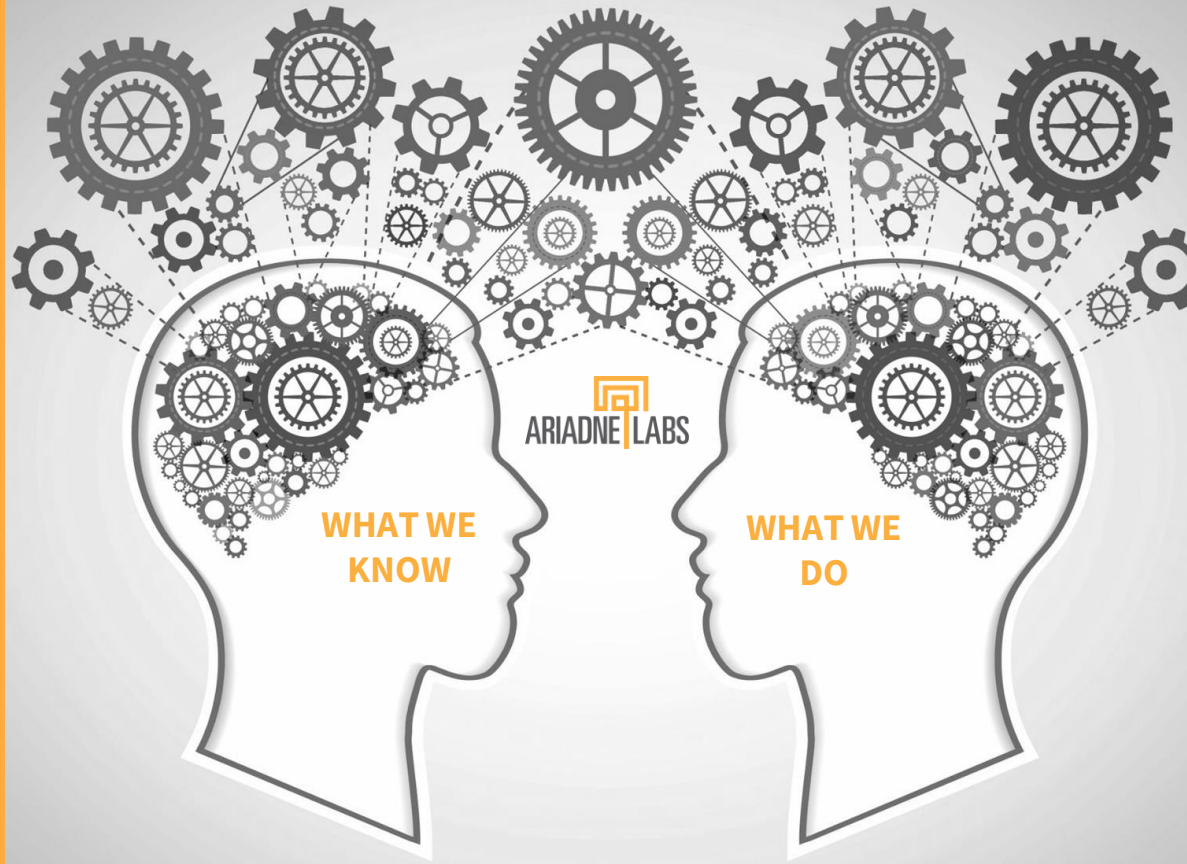
HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

We are a joint center for
health systems innovation at
Brigham & Women's Hospital
and the Harvard T.H. Chan
School of Public Health

OUR WORK

WE FOCUS ON SYSTEMIC BREAKDOWNS “**KNOW- DO**” GAPS

Gaps between what we know should be done, and what actually occurs in our health care and public health systems.



Over the past generation, giving birth in America has become less TRUSTWORTHY

U.S. women have the **highest rate of maternal mortality** among high-income countries, and this rate is rising. These women are also more likely to experience **severe maternal morbidity**.

Black women experience **3-4x higher mortality**.

Two-thirds of pregnancy-related deaths may be **preventable**.

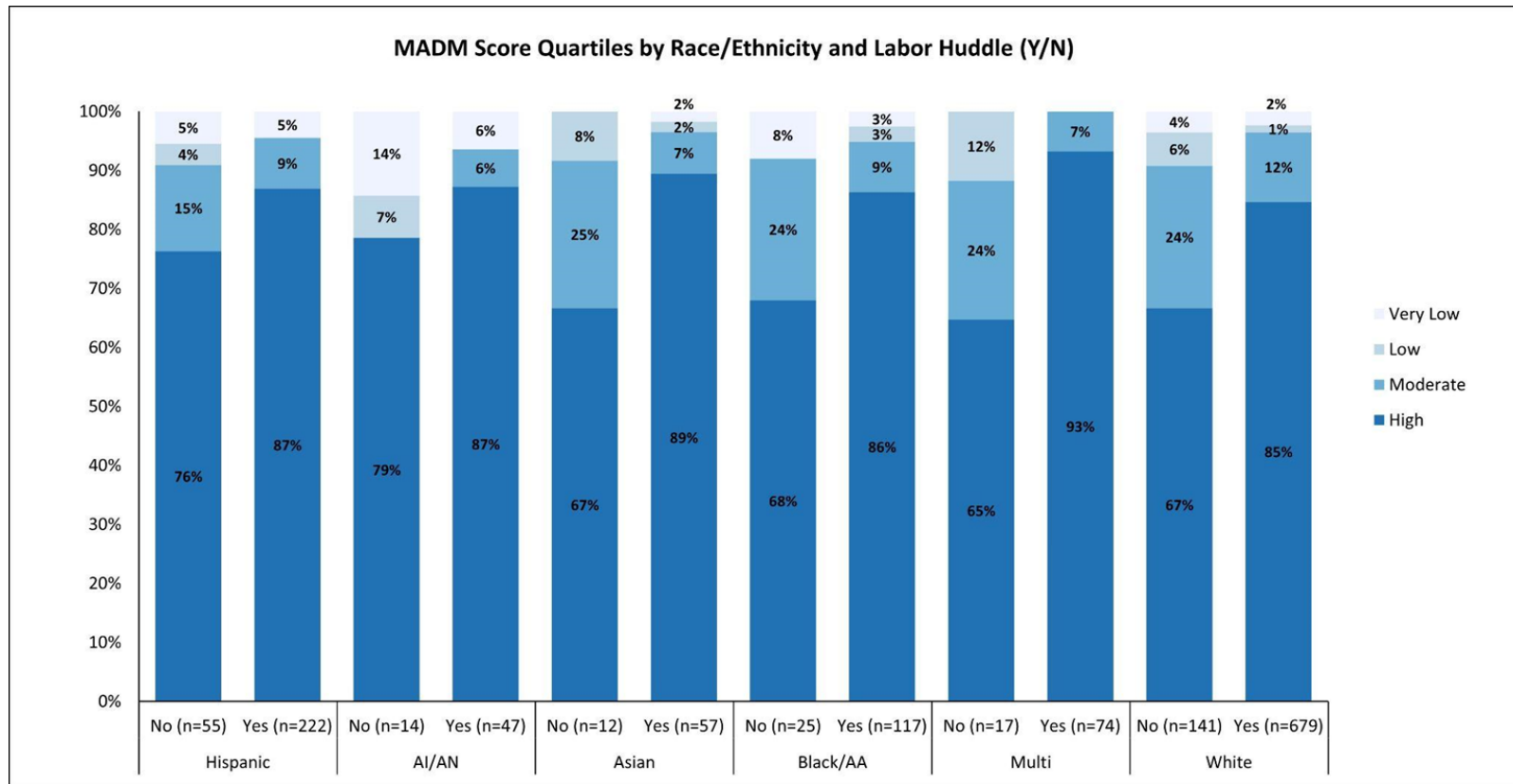
Almost **1/3 of women in U.S.** who gave birth in a hospital **reported experiencing one or more types of mistreatment**, such as loss of autonomy or receiving no response to requests for help

Mistreatment is experienced more frequently by **women of color** and among those with **social, economic or health challenges**

OUR VISION is a world in which every person can choose to grow their family with dignity

80–90%
of reported sentinel events are due
to **failures of communication and teamwork.**

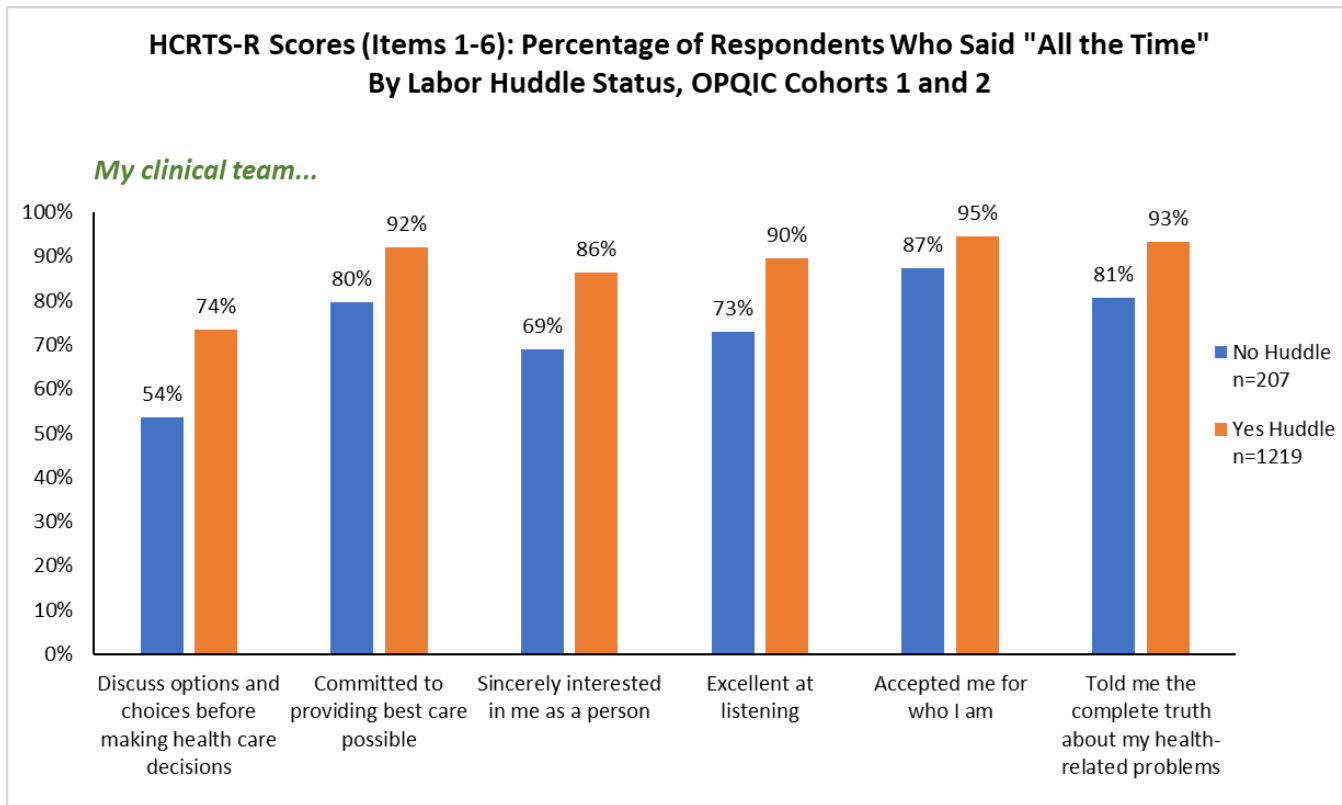
Autonomy increases across race/ethnicity with exposure to TeamBirth



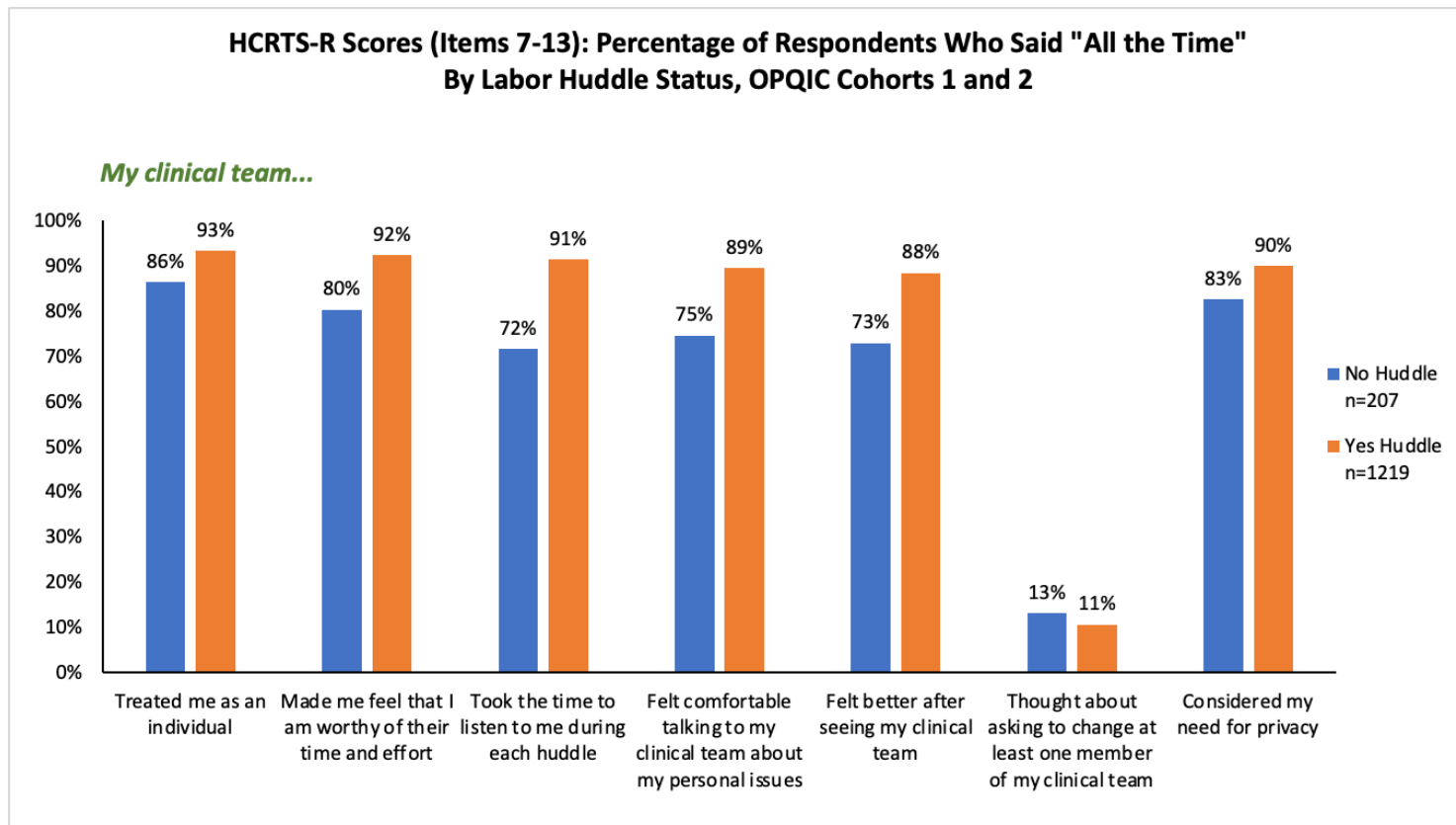
Note: MADM 2 quartiles percentages may not add up to 100% due to missing data.

**Unpublished data; Analysis ran on 8/15/2022*

HCRTS-R Items by Labor Huddle Status (1/2)



HCRTS-R Items by Labor Huddle Status (2/2)



Survey Responses

Patients

97%

Had their **desired role** in the birthing experience

98%

Reported **clear communication** with providers and ability to share care preferences

90%

Felt their **preferences made a difference** in their care

Clinicians

93%

Felt TeamBirth **improved care for their patients** through better communication, teamwork, and shared decision-making

90%

Would recommend TeamBirth to another L&D Unit

84%

Clarified **C-section decision-making** in non-urgent clinical situation

TeamBirth Publications

1. TeamBirth Design (July 2021)

BIRTH ISSUES IN PERINATAL CARE

ORIGINAL ARTICLE | [Open Access](#) |

The design of “TeamBirth”: A care process to improve communication and teamwork during labor

Reena Aggarwal MRCOG, MBBChir, MSc, BPharm, Avery Plough MPH, Natalie Henrich PhD, MPH, Grace Galvin MPH, Amber Rucker BA, Chris Barnes BA, William Berry MD, MPA, MPH, Toni Golen MD, Neel T. Shah MD, MPP

First published: 09 July 2021 | <https://doi.org/10.1111/birt.12566> | Citations: 1

The study was conducted by the Ariadne Labs at Brigham and Women's Hospital and the Harvard TH Chan School of Public Health, Boston, Massachusetts.

Funding information:

The study was funded by the Peterson Center on Healthcare. The Peterson Center on Healthcare was not involved in the study design, the collection, analysis and interpretation of data, the writing of the report, or the decision to submit the article for publication.

SECTIONS PDF TOOLS SHARE

Abstract

Background

Despite evidence that communication and teamwork are critical to patient safety, few care processes have been intentionally designed for this purpose in labor and delivery. The purpose of this project was to design an intrapartum care process that aims to improve communication and teamwork between clinicians and patients.

2. TeamBirth Primary Outcomes (March 2021)

BIRTH ISSUES IN PERINATAL CARE

ORIGINAL ARTICLE | [Open Access](#) |

Improving communication and teamwork during labor: A feasibility, acceptability, and safety study

Amber Weiseth DNP, MSN, RN, Avery Plough MPH, Reena Aggarwal MRCOG, MBBChir, MSc, BPharm, Grace Galvin MPH, Amber Rucker BA, Natalie Henrich PhD, MPH ... [See all authors](#)

First published: 01 March 2022 | <https://doi.org/10.1111/birt.12630>

Clinical Trial Registration: ClinicalTrials.gov, Identifier: NCT03529214.

Funding information:

This research was supported by a grant from the Peterson Center on Healthcare. The funding agency had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review or approval of the manuscript, and decision to submit the manuscript for publication.

SECTIONS PDF TOOLS SHARE

Abstract

Background

TeamBirth was designed to promote best practices in shared decision making (SDM) among care teams for people giving birth. Although leading health organizations recommend SDM to address gaps in quality of care, these recommendations are not consistently implemented in labor and delivery.

3. TeamBirth Implementation (Jan 2022)

BIRTH ISSUES IN PERINATAL CARE

ORIGINAL ARTICLE | [Open Access](#) |

Implementation strategies within a complex environment: A qualitative study of a shared decision-making intervention during childbirth

Lauren Spigel MPH, Avery Plough MPH, Victoria Paterson MPH, Rebecca West MPH, Amanda Jurczak MPH, Natalie Henrich PhD, MPH, Susan Gullo RN, MS, Brett Corrigan BA ... [See all authors](#)

First published: 07 January 2022 | <https://doi.org/10.1111/birt.12611>

SECTIONS PDF TOOLS SHARE

Abstract

Background

Shared decision-making (SDM) may improve communication, teamwork, patient experience, respectful maternity care, and safety during childbirth. Despite these benefits, SDM is not widely implemented, and strategies for implementing SDM interventions are not well described. We assessed the acceptability and feasibility of TeamBirth, an SDM solution that centers the birthing person in decision-making through simple tools that structure communication among the care team. We identified and

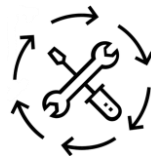
TeamBirth is creating the new **industry-standard process** for a safe and dignified child birth, and provides the **essential tools to implement it**.



TeamBirth uses **standardized team meetings** that occur throughout the care for all laboring patients.



TeamBirth uses simple tools (e.g., dry erase board) to **reliably share core information**. This includes names, the birthing person's preferences, care plans, and expectations for the next huddle.



Implementation Tools

TeamBirth provides the tools necessary to successfully implement its care process. These include **coaching & feedback, data collection & analytics, innovative measurements of patient experience.**



Better Child Birth Outcomes

TeamBirth leads to improved **patient and clinician experience**, better healthcare **quality**, and **lower costs** of care.

RWJ University Hospital



Annual Birth Volume: 2551 **based on 2022 Leapfrog Hospital Survey*

Saint Peter's University Hospital



Annual Birth Volume: 5249 **based on 2022 Leapfrog Hospital Survey*

Virtua Mount Holly Hospital



Annual Birth Volume: 2197 **based on 2022 Leapfrog Hospital Survey*

The tools and processes of the TeamBirth solution embody two design principles:

Teamwork: Promote psychological safety and shared decision-making with the birthing person

Simplicity: Reliably communicate information across the full care team, including the birthing person

And promote four core behaviors:

1.



Promoting each member of the team

2.



Eliciting patient preferences

3.



Distinguishing plan for patient, baby, and labor progress

4.



Setting clear expectations for next huddle

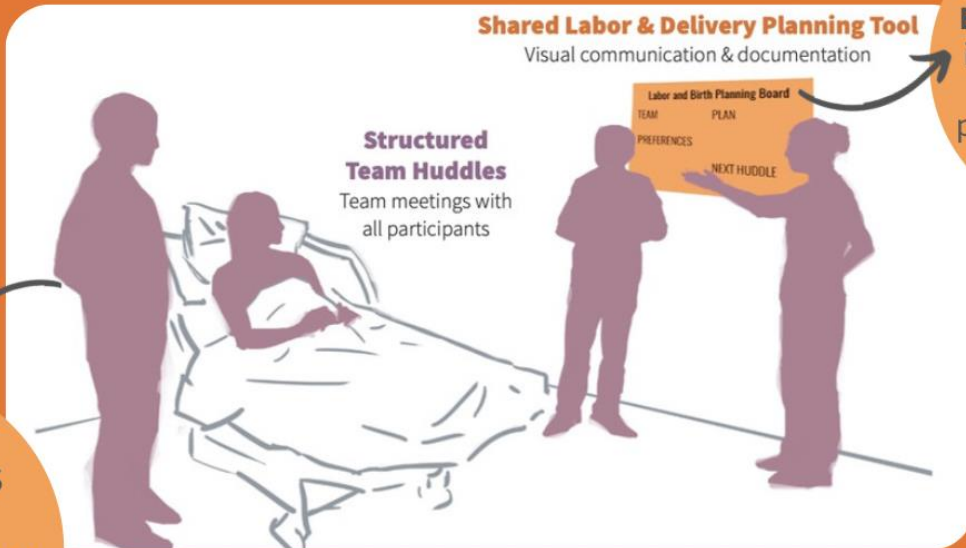
TOOLS & HUDDLES

Shared Labor & Delivery Planning Tool

Visual communication & documentation

Structured Team Huddles

Team meetings with all participants



Use the **SHARED PLANNING BOARD** to share core information: names, preferences, care plans, & expectations for next huddle

Elicit **PATIENT PREFERENCES** and clearly distinguish between **birthing person, baby, & labor progress**

Remember to "HUDDLE"

Standardized team meetings that occur **throughout care** for all laboring patients

Safe and dignified birth *for all.*

TeamBirth Huddles

WHO

The full direct care team, including the person in labor and their support

WHAT

Discuss preferences; care plans for birthing person, baby, and labor progress; and expectations for the next huddle

WHEN

At admission, major decision points or changes in care plans throughout labor and postpartum

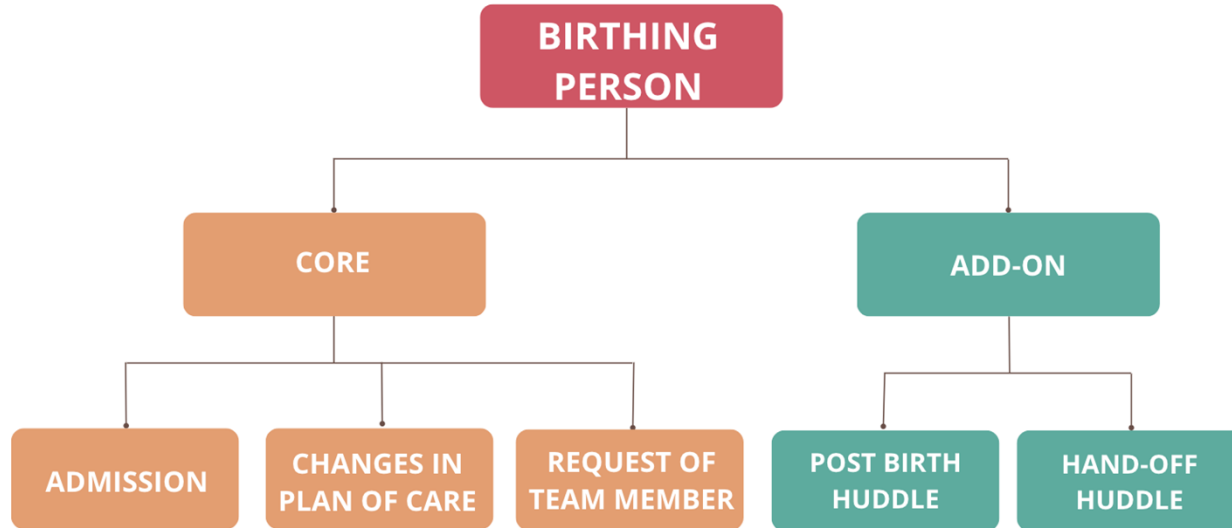
WHY

Give all team members the opportunity to participate in shared decision-making

TeamBirth - When to huddle

TEAMBIRTH

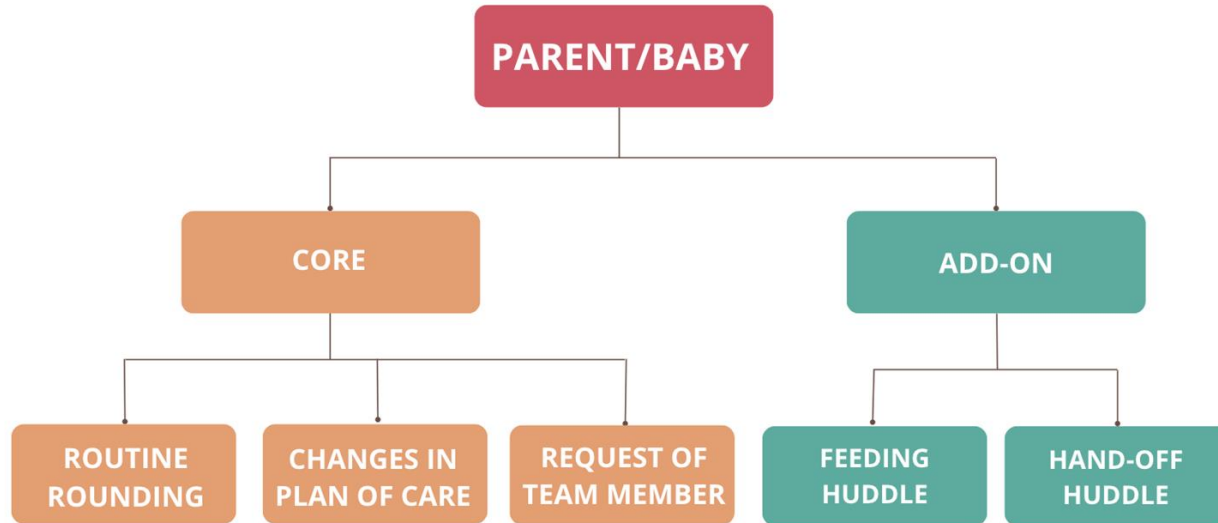
Labor/Birth Huddles



TeamBirth - When to huddle

TEAMBIRTH

Postpartum Huddles



Labor and Delivery Planning Board

TEAM



PREFERENCES



PLAN

Birth Person:

Baby:

Labor Progress:



NEXT HUDDLE

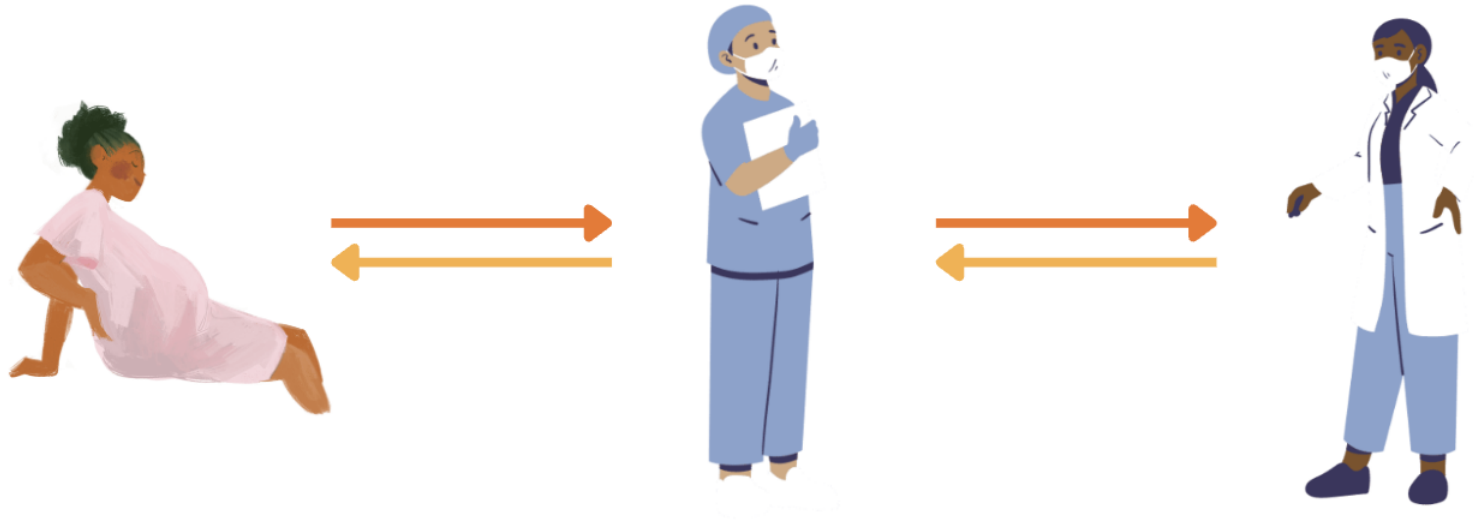


EARLY LABOR

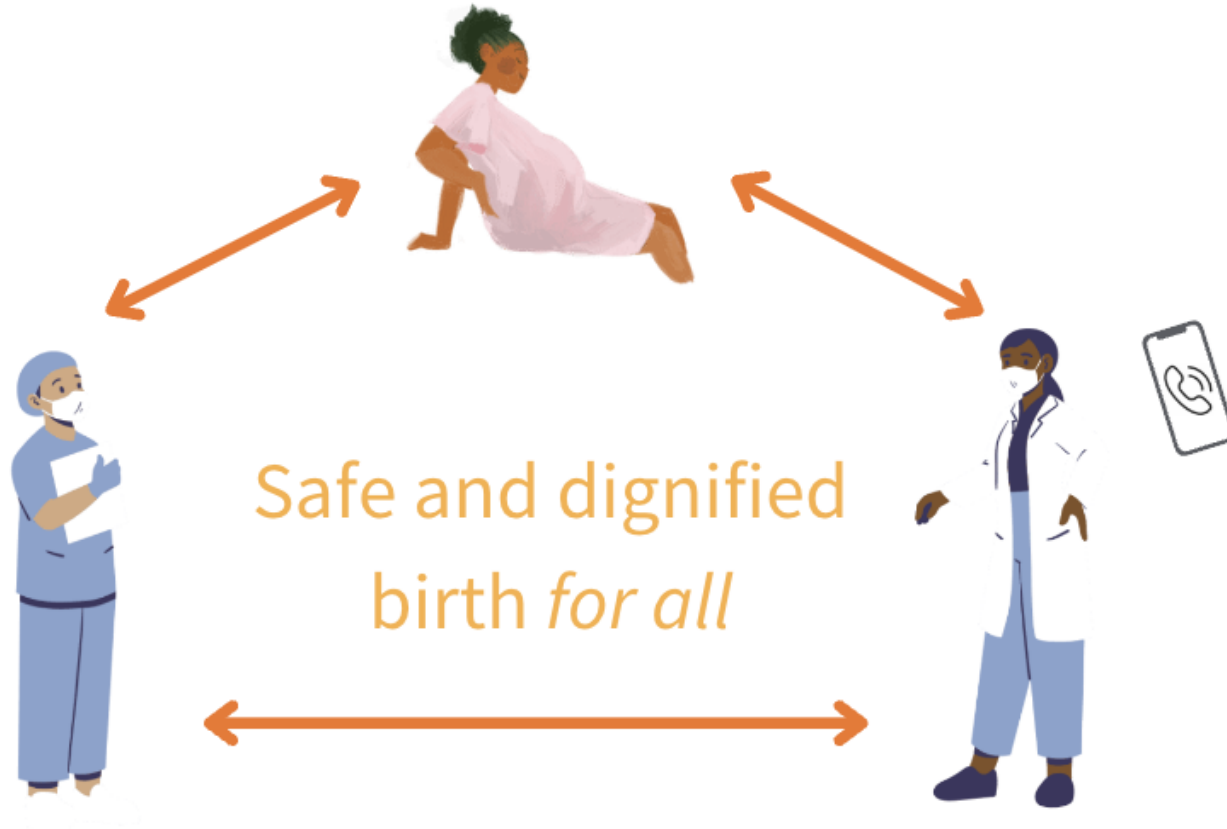
ACTIVE LABOR

PUSHING

Communication Channels: Current



Communication Channels: TeamBirth



Shared Planning Board

A dry-erase board that is divided into quadrants - each corresponding to one of the 4 core behaviors - is used to structure the discussion during team huddles and provide a shared mental model of this information for all members of the care team.

Labor and Delivery Planning Board	
TEAM	PLAN
	Me:
	Baby:
	Labor Progress:
PREFERENCES	NEXT HUDDLE
	EARLY LABOR ACTIVE LABOR PUSHING

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Postpartum Planning Board	
TEAM	PLAN
	Me:
	Baby:
PREFERENCES	NEXT HUDDLE
	Me:
	Baby:

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MY BIRTHING TEAM:



MY PREFERENCES:



PLAN OF CARE FOR:

ME:

MY BABY:

MY LABOR PROGRESS:

NEXT HUDDLE



TeamBirth Add On Components: Discussion & Support Guides

Admission Discussion Guide

Discuss the best next steps with your support person or doula, your nurse, and your provider based on how you are doing, how your baby is doing, and how your labor is progressing.

If you are in EARLY LABOR

You may benefit from
Comfort of home environment
Being active
Staying close to the hospital



If you are in ACTIVE LABOR*

You may benefit from
Admission to hospital
Monitoring
Clinical care



DISCUSS WITH YOUR TEAM
What are the **benefits** of birth at 39 weeks or more?

DISCUSS: STATUS
How am I feeling?
How is my **baby** doing?
Where am I in labor?

DISCUSS: OPTIONS
What are the **benefits** and **risks** of each option?

DISCUSS: ACTIONS
What can I do to be **more comfortable**?
Where can I go **nearby**?
What are my options for **labor support**?

* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4-6cm with accelerated cervical dilation. Your clinical team will update you on your cervical dilation and progress. This guide is designed for use with full-term births.



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$25,000,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Labor Support Guide

Use this guide to identify, discuss, and select options for labor support with your team. These options can benefit you, your baby, and labor progress.

What are your care goals?

What options can we try?

Birthing Person

Support labor

- ☐ **Movement:** Change positions, walk, dance or sway
- ☐ **Breathing:** Take deep breaths or use relaxation methods
- ☐ **Touch:** Massage, stroking, or cuddling
- ☐ **Temperature:** Apply heat or cold with water or packs
- ☐ **Environment:** Use light, smells, or sounds to create a comfortable space
- ☐ **Drink:** Have ice chips or a glass of water
- ☐ **Medications:** Start or change medications for your pain
- ☐ **Other:** _____

Baby

Manage wellbeing

- ☐ **Reposition:** Lay on your side, hands and knees, lunge, squat, etc.
- ☐ **Monitoring:** Change monitoring method
- ☐ **Hydrate:** Drink fluids or use an IV
- ☐ **Medications:** Change or stop medication for your contractions
- ☐ **Other:** _____

Labor Progress

Promote progress

- ☐ **Movement:** Change positions, walk, dance or sway
- ☐ **Breathing:** Take deep breaths or use relaxation methods
- ☐ **Tools:** Use labor support tools, like a birthing ball
- ☐ **Break Water:** Use tools to break your water
- ☐ **Medications:** Change or stop medication for your contractions
- ☐ **Other:** _____



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Assisted Delivery Discussion Guide

Use this guide in team discussions about assisted vaginal birth or C-section. Assisting your birth with vacuum, forceps, or C-section may be appropriate if your condition meets these criteria, but discuss with your team what is best for you and your baby.

What are your reasons for considering assisted delivery?

What are the MINIMUM Conditions for assisted delivery?

Birthing Person

Request

- ☐ You believe that assisted delivery is the best option for you after discussion with your care team

Baby

Concern for wellbeing

- ☐ On-going slow heart rate OR
- ☐ Far away from delivery with either:
 - ☐ Repeated slow downs in heart rate that do not improve with support
 - ☐ High heart rate that does not improve with support

Slow induction

- Either:
- ☐ Early labor (4 cm or less) for 24 hours or more
 - ☐ Medications to support contractions and waters broken for 15 hours or more

Labor Progress

Slow progress

- No cervical change with waters broken and 6 cm or more dilated with either:
- ☐ Good contractions for 4 hours or more
 - ☐ Medications to support contractions for 6 hours or more

Prolonged pushing without progress

- Either:
- ☐ Pushing for at least 3 hours if this is your first labor
 - ☐ Pushing for at least two hours if you have labored before

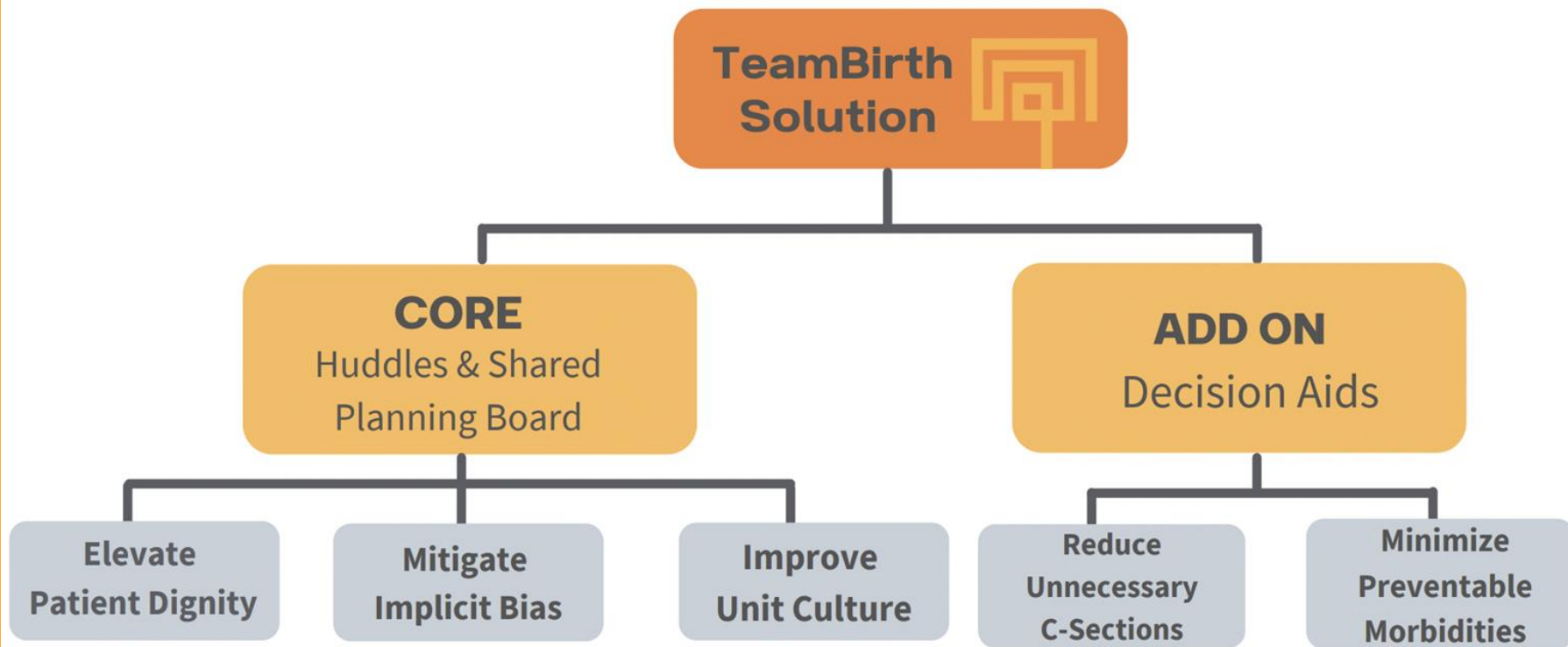
DISCUSS WITH YOUR TEAM:

What are the **benefits** and **risks** of more time in labor?
What are the **benefits** and **risks** of an assisted delivery?
What **options** can we try to support my labor? (See Labor Support Guide)



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Features and Expected Outcomes



Building your implementation team and generating buy-in from hospital leadership and staff early on are essential to TeamBirth's success.

Once your implementation team is established, you should focus your efforts on continuous socialization of TeamBirth, as well as building your implementation and measurement strategies.



Build Your Implementation Team

- ☐ Define who will be on your multidisciplinary implementation team
- ☐ Develop and then assign team member roles, processes, and responsibilities, including designating a team leader
- ☐ Create a plan for engaging additional departments in your hospital that can support the execution or dissemination of the project, such as quality or marketing
- ☐ Define and communicate expectations for project and meeting management (who, how often)
- ☐ Schedule regular implementation meetings
- ☐ Begin engaging physician, nurse and midwife champions
- ☐ Investigate TeamBirth board design

Implementation Teams

WHO

Representatives from each of the following backgrounds:

- ☐ Unit nursing leaders
- ☐ Obstetrical care providers (midwives, physicians)
- ☐ Charge nurses, Staff nurses
- ☐ Data/quality specialists
- ☐ Project managers/coordinators
- ☐ Patient/family representatives
- ☐ Clinicians intermittently throughout the life of the project
(anesthesiologists, neonatologists, pediatricians, childbirth
educators, office practice leaders)

WHEN

Weekly or bi-weekly

Principal Investigator

Duties and Responsibilities

- Site PIs play a critical role in protecting the rights of human subjects and are responsible for carrying out ethical research. They must complete training in the ethical conduct of human research prior to submitting the IRB protocol for approval.
 - Ethics trainings can include CITI training
- Site PIs are responsible for ensuring that their site completes all research activities including:
 - Recruitment of patient and clinician participants
 - Distribution of surveys
 - Data collection



TEAMBIRTH TIMELINE

Prepare

February - May 2023

- Create Implementation Team
- Identify site PI (Primary Investigator)
- Adapt TeamBirth board
- Monthly Collaborative Learning Sessions
- Individual site coaching calls
- Begin to socialize TeamBirth
- Co-create the implementation strategy, including loading videos and training materials onto learning platform
- Recruit and train champions on TeamBirth

Engage & Coach

June - August 2023

- Monthly Collaborative Learning Sessions
- Individual site coaching calls
- Begin inpatient surveying to collect baseline data
- Small-scale testing of TeamBirth components
- Begin launch planning
- Train all clinicians
- Install whiteboards

Implement

September 2023

- Launch Event
- Continue patient surveying
- Incorporate TeamBirth into new clinician onboarding

Individualized Site Coaching Calls

Logistics

What: TeamBirth Coaching Calls

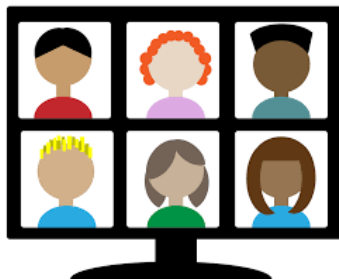
Who: Individual implementation teams with
NJHCQI & DDI

When: Once a month for 55 minutes

How: Calendar invite and Zoom meeting sent by
NJHCQI

Why: Support teams along the implementation
pathway

- Operational Support
- Celebrate Success
- Identify Challenges
- Achieve Solutions



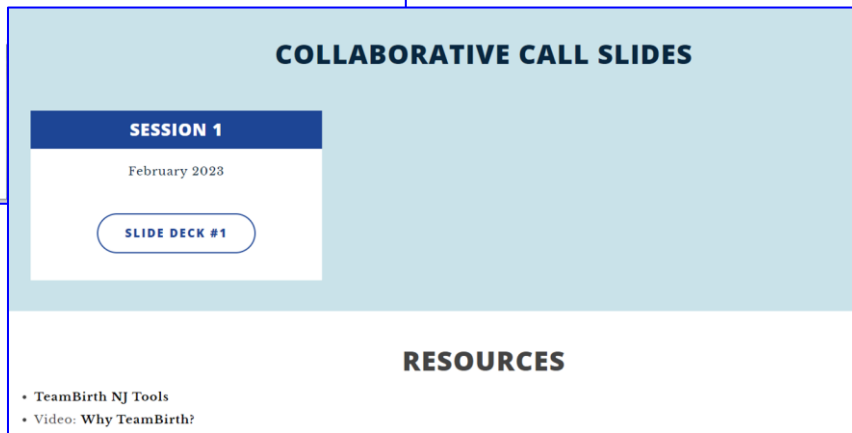
Birthing Site	Coaching Call Date/Time
RWJ University Hospital	2nd Monday @ 2pm
Virtua Mount Holly Hospital	2nd Thursday @ 2pm
St. Peter's University Hospital	2nd Monday @ 3pm
<i>Mary V. O'Shea Birth Center</i>	1st & 3rd Mondays @ 2pm

TeamBirth Cohort 2 Resources



TeamBirth ensures people giving birth and the clinicians who are caring for them have shared input and understanding into decisions during labor and delivery.

TeamBirth was designed to operationalize best practices in communication, teamwork, and clinical care in collaboration with experts from the major professional organizations in obstetrics in the United States, including ACOG, SMFM, ACNM, and AWHONN. The goal is to ensure these practices are occurring reliably with all patients throughout every labor.



Password protected site - www.njchqi.org/teambirthnj-cohort2 ; password: Cohort2!2023
Public TeamBirth NJ website: www.njhqi.org/our-work/qualityimprovement/

Next Steps

- ❑ Form your Implementation Teams
- ❑ Watch “Why TeamBirth” video and share with others
- ❑ Engage external departments: Marketing, Education, Quality/Safety, Research
 - ❑ Invite to upcoming coaching calls and learning sessions
- ❑ Identify a Primary Investigator for your site research and data collection
- ❑ Check that you received the calendar invite for your team’s coaching calls!



Next Learning Session

March 22 @ 12-1:30 pm (Fourth Wednesdays, monthly)

Please reach out with any questions: aperez@njhcqi.org or achallenger@ariadnelabs.org

