



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

Session 3

Collaborative Learning Session 3

- Recap - Learning Session 2*
 - Surveying - Atlas, PREM
 - Core and Flexible
 - Board Section - Team, Preferences
 - Board Design
- Board Section - Care Plans, Next Huddle
- When to Huddle
- Implementation Pathway - Engage and Coach
 - Engage Champions
 - Small scale testing - PDSA cycles
- Next steps/May Focus
 - TeamBirth Videos + Infographics
 - Final Atlas push
 - TeamBirth Launch - Save the Date

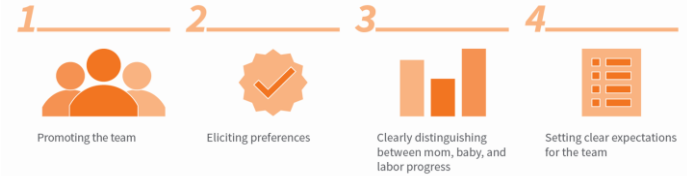
TeamBirth Project Surveying

- Continue to distribute Atlas survey to staff
 - Link via email or QR code
 - Closes on May 22nd
- Baseline patient surveying with PREM
 - June-September
 - Opportunity to test surveying process
- Post-launch surveying begins in September

PI Designation & Atlas Responses

Hospital Name	PI Identified	CITI/NIH Training	IRB Department Contacted	Atlas Responses ENDS MAY 22ND
RWJ New Brunswick	Barb Kenny	Pending	Pending	31/?
Virtua Mt. Holly	Dr. Michelle Salvatore	Yes	Yes	10/?
St. Peter's	Kate Rasmus & Caitlyn Kenney	Pending	Yes	9/?

Cohort 2 Team Section



patient
support
person
nurse
physician
mother
provider
charge
resident.
attending.
maybe
laborist
social worker
resident
primary
doula.

Preferences and Plan Sections

Labor and Delivery Planning Board

TEAM



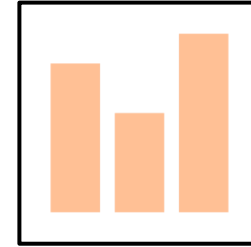
PREFERENCES



PLAN

Mom:

Baby:



Labor Progress:

NEXT HUDDLE

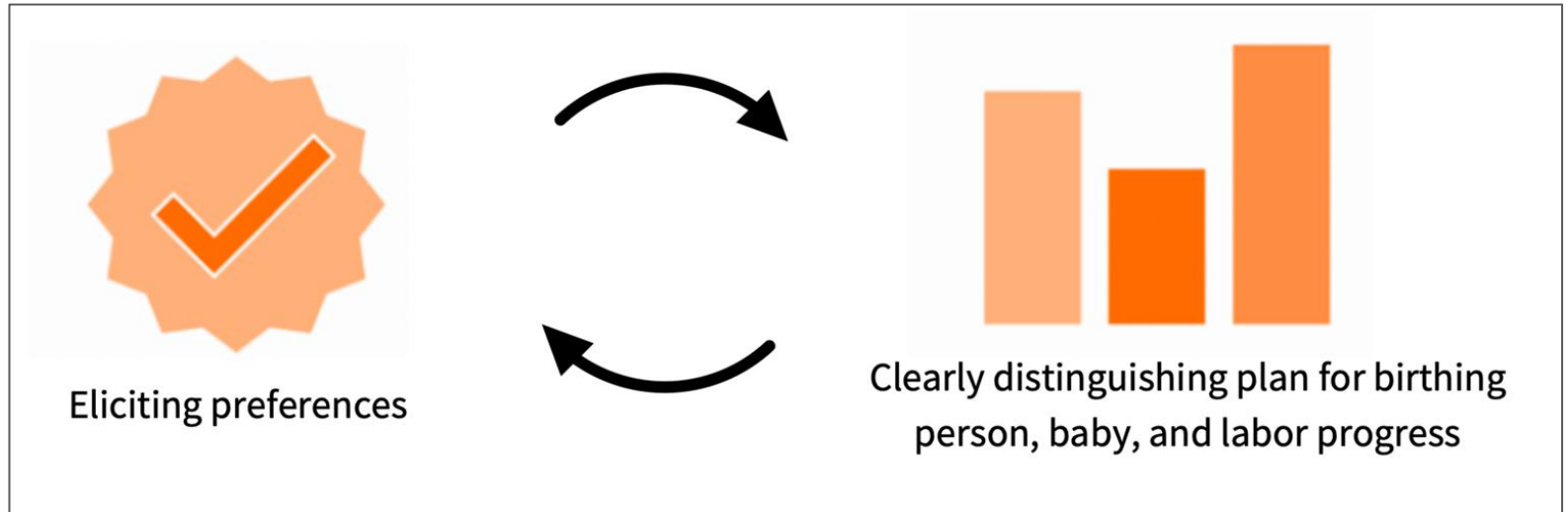


EARLY LABOR

ACTIVE LABOR

PUSHING

Connection: Preferences + Plans



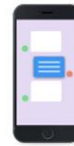
Preferences ~ Concerns ~ Thoughts ~ Hopes

Join by Web



- 1 Go to **PollEv.com**
- 2 Enter **TEAMBIRTH385**
- 3 Respond to activity

Join by Text



- 1 Text **TEAMBIRTH385** to **22333**
- 2 Text in your message

Join by QR code



Labor and Delivery Planning Board

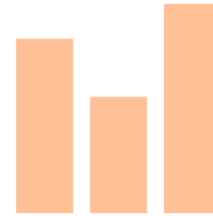
TEAM

PLAN

Alea

Baby:

Labor Progress:



PREFERENCES

*9 cm

- *Another nap before baby*
- *feel to push*
- *visitors*

NEXT HUDDLE



Preferences:

- should change and be applicable to the moment, assessment and plan.
- can be updated as often as needed but should be discussed every huddle.

LABOR

PUSHING



HEAR



Learn more at cdc.gov/HearHer

Labor and Delivery Planning Board

TEAM

Alea

Aizpea

Mariana- doula

Trisha - RN (here til 7pm)

Dr Chien - MD (here til 7am)

PREFERENCES

*6 cm

Sleep!

No visitors

Hope water breaks on its own

PLAN

Alea Naps between moves

Baby: Watch on monitor

Labor Progress: Turn-turn-turn! Pitocin before breaking water

NEXT HUDDLE



EARLY LABOR

ACTIVE LABOR

PUSHING

Postpartum Shared Planning Board

Team:



Alea & baby Avi

Aizpea

Trisha (nurse)

Dr. Sugar (Baby's Dr.)

Dr Chien (Alea's Dr.)

Preferences:



-Go home ASAP

-Sleep!

-Breastfeeding, needing help

Plan of Care



For Alea

-Cluster Care (call us when you're awake!)

-Sleep between feeds

-Shower in AM

Next Huddle:



-as needed


-on request

Plan of Care



For Baby Avi

-breastfeed on demand, no more than 3 hrs

-test  after next feed

Next Huddle:



-after bili level

-as needed

Board Section: Next Huddle

Labor and Delivery Planning Board

TEAM



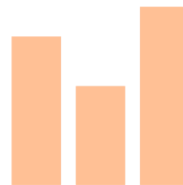
PREFERENCES



PLAN

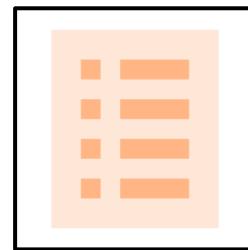
Mom:

Baby:



Labor Progress:

NEXT HUDDLE



EARLY LABOR

ACTIVE LABOR

PUSHING

Sample scenario - Shanell

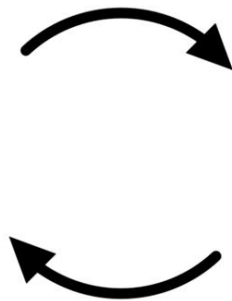
- Shanell is a G3P0 at 39.2 weeks, uncomplicated pregnancy

Shanell has been resting comfortably with the epidural since the last huddle.

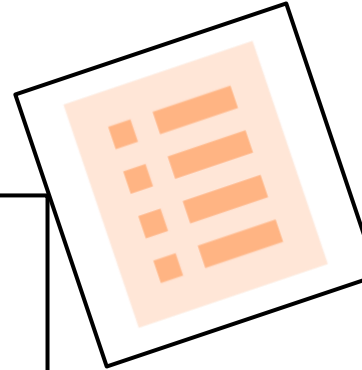
- FHR has just recovered to baseline with minimal variability after a prolonged deceleration into the 60's for about 3 minutes.
- Cervix was checked during the deceleration, now 9/100/+1.
- Meconium-stained fluid noted.
- On-call OB was paged during the intrauterine resuscitation and has just arrived.



Eliciting preferences



Clearly distinguishing plan for birthing person, baby, and labor progress



Next Check-in, Next Huddle, Next TeamBirth Talk, Next Pause

Join by Web



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- 3 Respond to activity

Join by Text

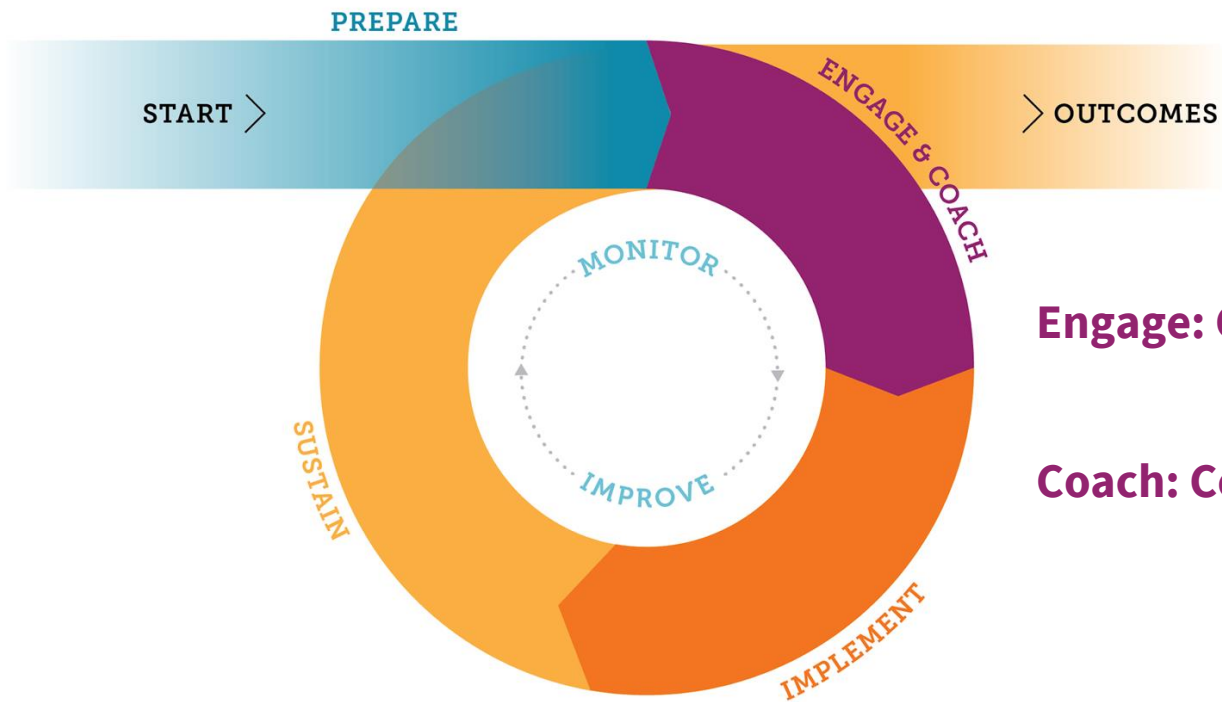


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Join by QR code



Implementation Pathway: Engage & Coach



Engage: Gather Champions

Coach: Conduct small-scale testing

Engage: Gather Champions

Champions are an integral part of TeamBirth implementation. By offering leadership, education, and project support, as well as TeamBirth socialization and coaching, champions help to ensure that TeamBirth is a success. Champions can be:

Assertive **Determined** **Activated**
Motivating **Innovative** **Kind**
Persistent **Concerned**
Coachable **Advocate** **Genuinely curious**
Brave **Humble** **Active listener**

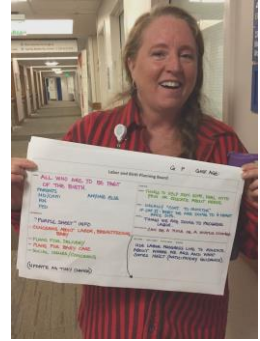
Engage: Gather Champions

Those who have expressed concerns about the healthcare system, structural racism, moral distress, burnout, trauma, and birth equity could also be champions who are:

Assertive
Determined
Activated
Motivating
Innovative
Persistent
Kind
Concerned
Coachable
Advocate
Genuinely curious
Brave
Humble
Active listener

Engage: Gather Champions

- Join internal team meetings, learning sessions, coaching calls
- Meet together to strategize and accomplish tasks
- Speak boldly and respectfully while trialing TeamBirth
- Train peers on TeamBirth - scenarios, 1:1, staff education stations
- Coach peers - Observing and giving respectful and constructive feedback
- Launch - planning
- Partnering with implementation team members to socialize TeamBirth
- Facilitate communication between peers and implementation team



Engage: Gather Champions

Advice from Sites: Checking in with Champions

Our pilot sites found the following strategies to be successful:

- Hold a small event specifically for TeamBirth champions in the early stages of this project.
- Organize regular check-ins or calls for champions to discuss strategies, successes, and challenges in a supportive and collaborative environment.
- Add TeamBirth as a standing agenda item at all department meetings-encourage champions to share TeamBirth information and insights applicable to those in attendance.

Engage: Gather Champions

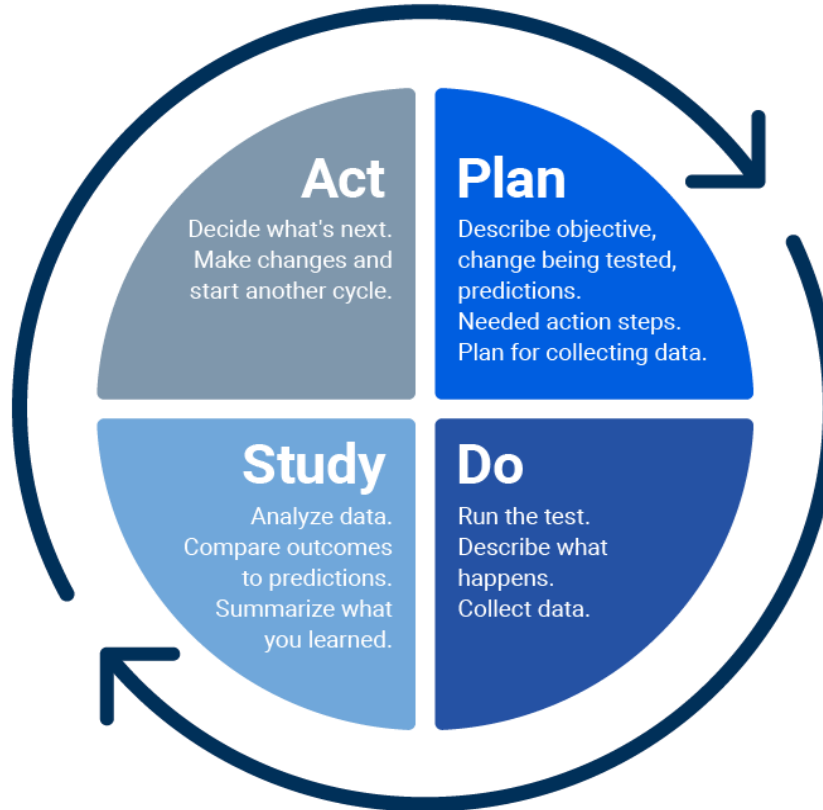
Key Questions:

- Which early adopters on your unit possess the qualities and skills to be effective champions?
- Who will you intentionally invite to champion various aspects of the project?
- How will champions get feedback and questions from their colleagues?
- How will you collect information from champions and support their efforts?
- When will champions meet together?



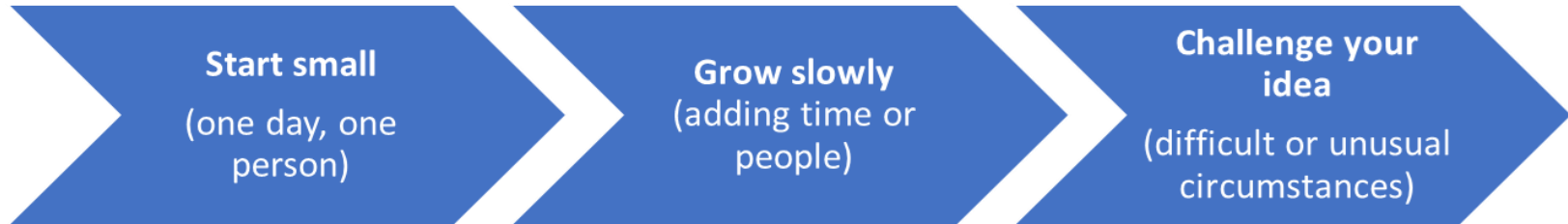
Coach: Conduct Small-Scale Testing

PDSA Model



Coach: Conduct Small-Scale Testing

PDSA Model



Coach: Conduct Small-Scale Testing

Testing TeamBirth before rolling it out for your full unit will help you:

- Learn what works and what doesn't
- Identify changes that will make TeamBirth work better with clinical teams in your facility and with patients delivering on your unit
- Avoid frustrating or costly mistakes
- Move towards tools and processes that are ready for use on your unit

Engage and Coach:

Gather Champions and Conduct Small-Scale Testing

Milestones to Move on:	
Adapt the flexible and add-on components of TeamBirth to your local site using small-scale tests and the PDSA model	<input data-bbox="1754 456 1792 489" type="checkbox"/>
Share lessons learned from your small scale testing to make sure the learning from test cycles is visible	<input data-bbox="1754 618 1792 650" type="checkbox"/>
Support champions as they test and gather feedback	<input data-bbox="1754 773 1792 805" type="checkbox"/>

CORE & FLEXIBLE TEAMBIRTH

Huddles

WHO should be present for this huddle?
WHERE is the patient? In triage? In the nursery?
WHEN should huddles happen in labor? Postpartum?
HOW should we talk? Speakerphone? Interpreter?

Shared Planning Tool

FORMAT & DESIGN

What graphics, labels, and sections will be added?
Will the tool be vertical or horizontal?
A dry-erase board on the wall, or something portable?

Implement

TESTS & TRIALS

Who will test out TeamBirth?
How will discussion guides be used?
Which processes will include huddles?

Train

MATERIALS & METHODS

How will scenarios be customized?
What training formats will be used?
Which clinicians will be assigned videos?

Launch

EVENTS - PARTICIPANTS

How will clinicians, families, the hospital/healthcare site, and local community be notified that TeamBirth is live?

Flexible Components and Examples

Components which must be done, but that could be delivered in different ways



Structured Team Huddles

Huddles

Team participation

Huddles should give all team members the opportunity to participate in the conversation.

Flexible Components

Huddle leader

Any member of the team may call for a huddle and/or lead the conversation

Examples

- » Designate a facilitator to prompt huddle, lead discussion, and ensure all team members have the opportunity to participate

Speaking order

Members of the care team may participate in the huddle in any order as long as all members of the team have the opportunity to speak

Huddle discussion topics

Huddles should discuss preferences, care plans (distinguishing plans for mom, baby, and labor progress), and expectations for the next huddle.

Flexible Components

Huddle topic order

The order in which these discussion topics are covered during the huddles can be adapted to the patient, clinicians, and natural flow of conversation as long as all are covered

Examples

- » In the order sections appear on the shared visual tool
- » Contingency plans for changes in condition over night

Care plans

Huddles should at least discuss current care plans, but can also discuss future plans and/or adjustments that may happen if conditions change between huddles

Flexible Components and Examples

Components which must be done, but that could be delivered in different ways



Structured Team Huddles

Huddles

Huddle timing

Huddles should occur throughout labor at a minimum at admission, at decision points or changes in the plan of care, or at the request of any team member.

Flexible Components

Additional times

Huddles may occur at any additional times throughout care that add value for the team

Examples

- » Transfer of care
- » Change of shift
- » Tuck-in (before bed to plan for night-shift contingencies)
- » Unit-wide prioritization

NJ Cohort brainstorming about when to huddle:

Individual responses

Response

During all shift changes or hand off

Every cervical exam, change in patient status

Breastfeeding and contraception choices

Lactation or feeding huddles

NICU admission

Patient questions about options

Shift change

Post op pain control

Failure to progress

Change in management plan

Management of PPH

Outpatient follow up

We huddle shift/shift in L&D for all pts daily. Mbu does rounds daily for ot barriers

Discussion and Support Guides

Admission Discussion Guide

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



* 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

TEAMBIRTH



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Labor Support Guide

Use this guide to identify, discuss, and select options for labor support with your team.

	What are your care goals?	What options can you try?	What options can you try with your team?
MOM			
Support labor	→	<ul style="list-style-type: none"> Movement: Change positions, walk, or move Breathing: Take deep breaths or use relaxation methods Therapeutic 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, water, juice, or other drink Other: _____ 	<ul style="list-style-type: none"> Medication: Start or change medications for your pain Deliver: Assist vaginal delivery or perform C-section
Treat medical condition	→	<ul style="list-style-type: none"> Other: _____ 	<ul style="list-style-type: none"> Medications: Start or change medications for your condition
BABY			
Manage wellbeing	→	<ul style="list-style-type: none"> Reposition: Lay on your side Other: _____ 	<ul style="list-style-type: none"> Monitoring: Change monitoring method Re-energize: Use IV or oxygen for you Medications: Change or stop medications for your contractions Deliver: Assist vaginal delivery or perform C-section
PROGRESS			
Promote progress	→	<ul style="list-style-type: none"> Movement: Change positions, walk, or move Breathing: Take deep breaths or use relaxation methods Tools: Use labor support tools, like a birth ball Other: _____ 	<ul style="list-style-type: none"> Break Water: Use tools to break your water Medication: Start or change medications for your contractions Deliver: Assist vaginal delivery or perform C-section

Assisted Delivery Discussion Guide

Use this guide in team discussions about assisted vaginal delivery or C-section. Assisting delivery may be appropriate if your condition meets these criteria, but **discuss with your team what is best for you and your baby** (see Labor Support Guide for options).

	What are your reasons for considering assisted delivery?	What are the MINIMUM conditions for assisted delivery?
MOM	Request →	<ul style="list-style-type: none"> You believe that operative delivery is the best option for you after discussion with your care team
BABY	Concerns about wellbeing →	<ul style="list-style-type: none"> On-going slow heart rate OR Far away from delivery with either: <ul style="list-style-type: none"> Repeated slow downs in heart rate that do not improve with support High heart rate that does not improve with support
	Slow induction →	<p>Either:</p> <ul style="list-style-type: none"> Early labor (4 cm or less) for 24 hours or more Medications to support contractions and waters broken for 15 hours or more
PROGRESS	Slow progress →	<p>No cervical change with waters broken and 6 cm or more dilated with either:</p> <ul style="list-style-type: none"> Good contractions for 4 hours or more Medications to support contractions for 6 hours or more
	Prolonged pushing without progress →	<p>Either:</p> <ul style="list-style-type: none"> Pushing for at least 3 hours if this is your first labor Pushing for at least 2 hours if you have labored before

TEAMBIRTH



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TeamBirth Socialization

How should we begin to socialize and build support?

- Engage colleagues and build will by understanding the solution together:
 - Model and test the use of the solution
 - Review the TeamBirth data and literature
- Work with senior- and unit-level leadership to identify areas of implementation in which they may want to be engaged, and plan to provide support and resources to maintain this engagement over time.


TEAMBIRTH

WHY TEAMBIRTH

THE PROBLEM

80-90% of complications during childbirth are due to **failures of teamwork & communication**^{1,2}

Shared Decision Making can improve patient satisfaction, safety, and reduce anxiety- **but it is not widely used**^{3,4,5}



THE TEAMBIRTH IMPACT

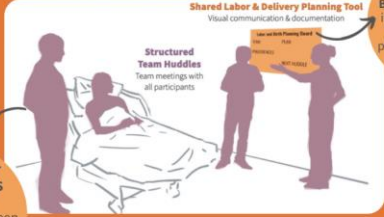
DIGNITY
97% of patients had their desired role in the birthing process

CLEAR COMMUNICATION
98% reported clear communication with providers and ability to share care preferences

RESPECT
90% of patients felt their preferences made a difference in their care

TOOLS & HUDDLES

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



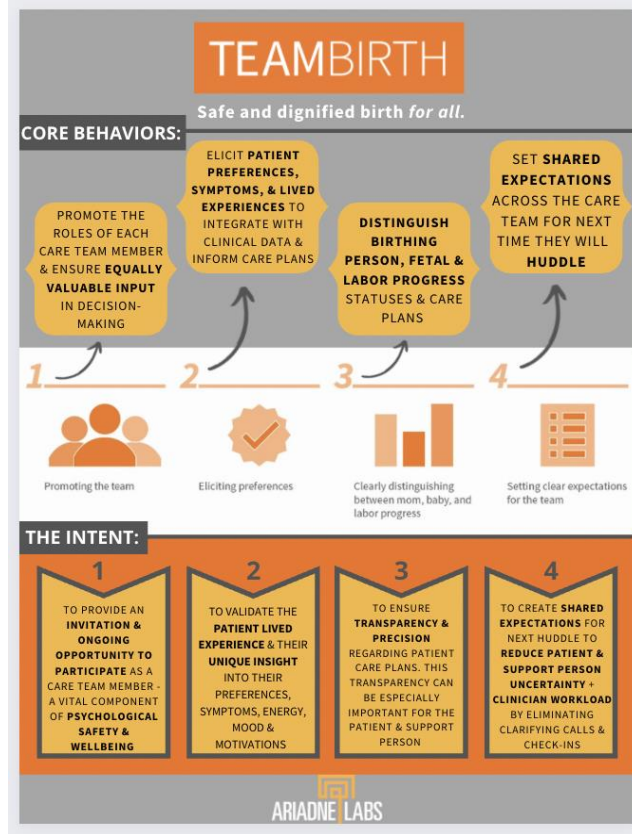
Remember to "HUDDLE"
Standardized team meetings that occur throughout care for all laboring patients

Safe and dignified birth for all.

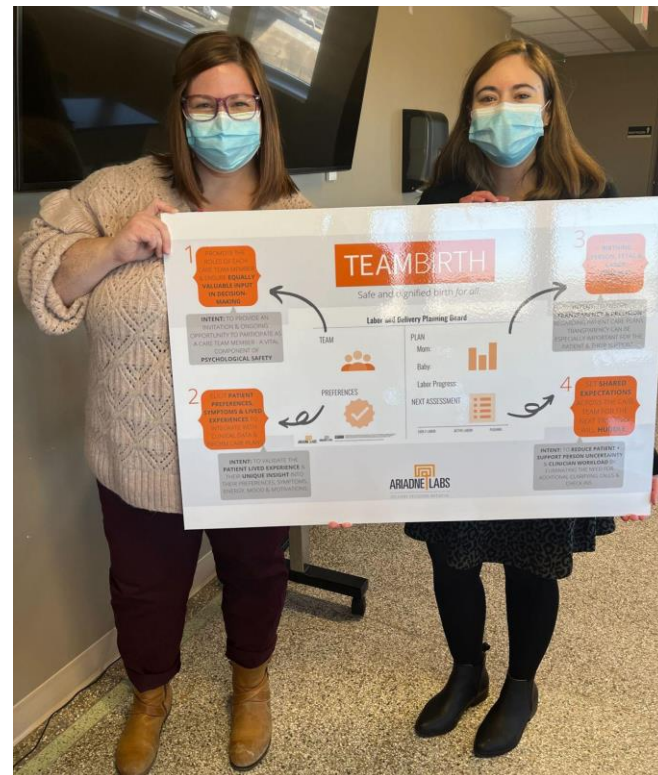
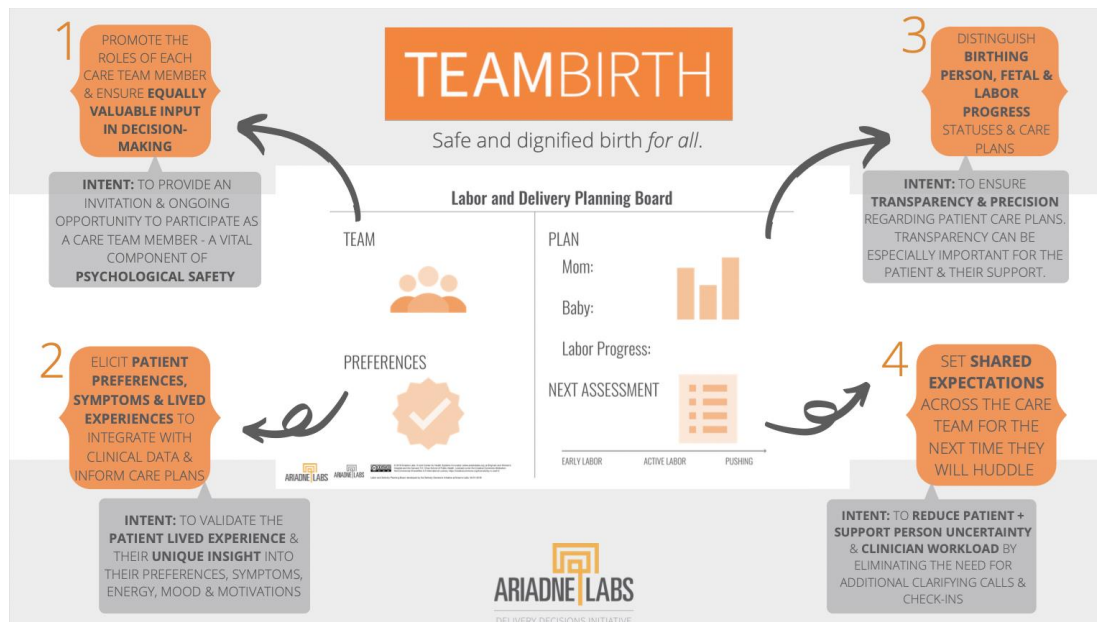
TeamBirth Socialization

What are the key communication points when engaging colleagues one-on-one?

- **The basics:** What the project is and why it is important.
- **The goals:** How this project is aligned with local goals and how it will be sustained over time; share where you are with data.
- **Their role:** What will be asked of them and how they will benefit by participating (what's in it for me?).
- **What to expect:** [PDSA cycles](#) to adapt socialization strategy - test it in different conditions with different people (e.g., different shifts)



TeamBirth Infographics



TeamBirth Videos - Who Should Watch Which Video?

Implementation Team	Videos 1-7
OB Providers & Midwives	Videos 1-6
Anesthesiologists/CRNAs	Videos 1, 2, 6
Labor and Delivery Nurses	Videos 1-3, 5-6
Postpartum Nurses Newborn Providers Lactation Specialists	Videos 1-2, 4
LDRP Nurses Doulas, CBEs	Videos 1-6

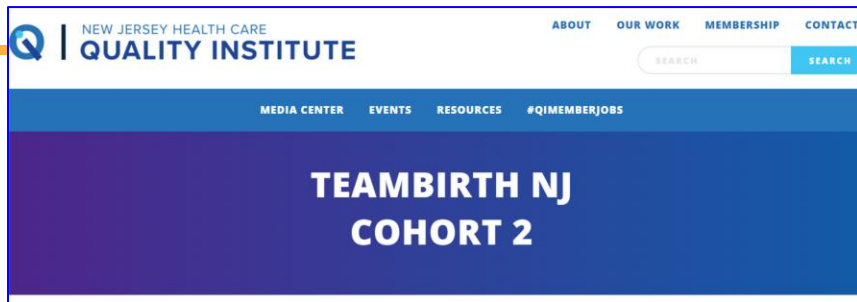
1. Access videos:

- **Option 1: NJHCQI**
- **Option 2: QR Codes & DropBox**

2. Develop training strategy:

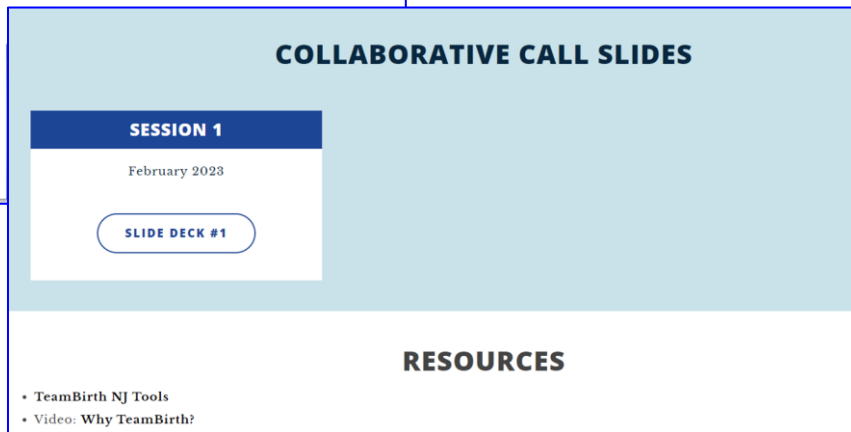
- Upload to learning management systems
- Does this reach every clinician?
- Can assign via email or QR code
- Will you assign & distribute videos incrementally or all at once?
- Note: video 7 is for leaders

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 - njhcqi.org/teambirthnj-cohort2 ; password: Cohort2!2023
Public TeamBirth NJ website: www.njhcqi.org/our-work/qualityimprovement/

Next Steps/Focus for May

Core and Flexible

- Review Flexible Worksheet
- Review and Strategize Core + Flexible Huddle Components for Triage, Labor, Postpartum across your site
- Continue pursuing board design and installment planning

Socialization + Testing + Training

- Assign/circulate videos - May/June
- Utilize Infographics
- Test out TeamBirth in small increments

Meetings

- Implementation teams need to be meeting internally on a cadence
- Add TeamBirth to existing department meeting agendas
- Gather champions for TeamBirth

Data Collection

- Atlas Surveys
 - Surveying is live, goal to close by May coaching calls
- Patient Survey Process
 - CITI or NIH training to Alea ASAP

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

