



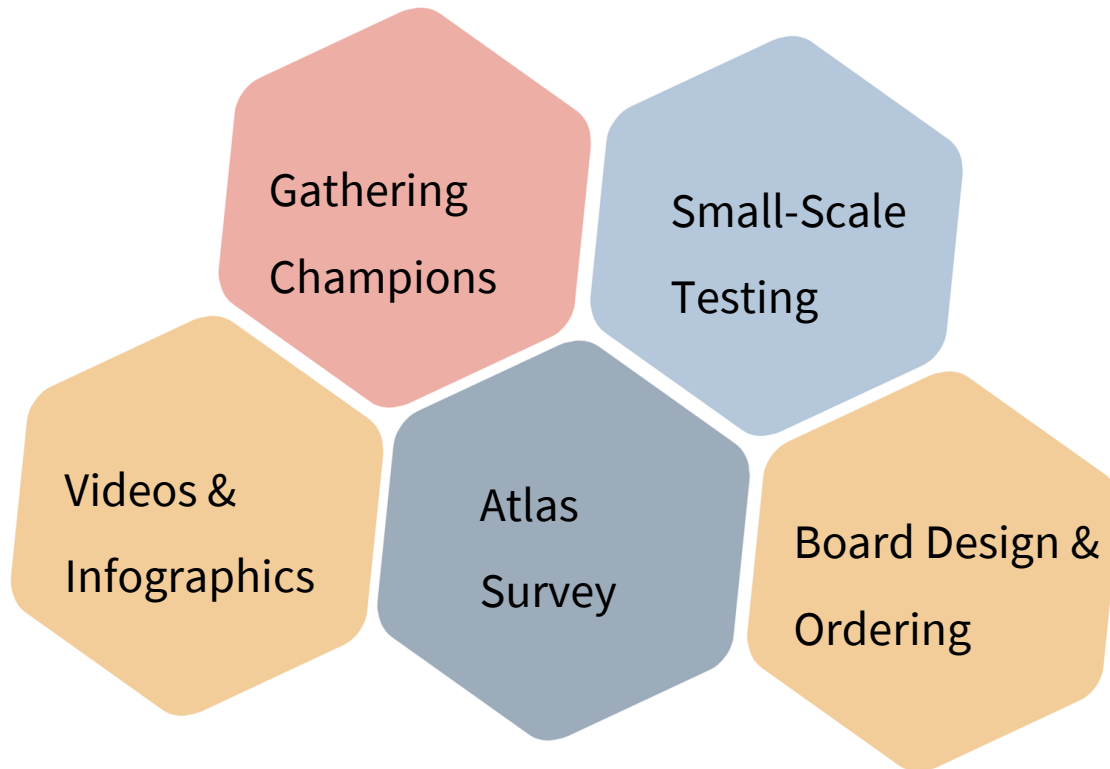
Collaborative Session 4

May 24, 2023

Learning Session 4

- Recap - Learning Session 3
 - Gather Champions
 - Small scale testing - PDSA cycles
 - TeamBirth Videos + Infographics
 - Final Atlas push
 - Board Section - Care Plans, Next Huddle
 - When to Huddle
- Implementation Pathway: Engage and Coach
 - Train Staff and Providers
 - Discussion Guides
 - Scenario
- Next steps/June Focus
 - Launch Overview

Implementation Progress Check-in



Board Design

DESIGN + TEST STRATEGIES

WHILE LEARNING CORE AND FLEXIBLE BOARD COMPONENTS, DRAFT A TEAMBIRTH BOARD TO TEST

TEST OUT PAPER VERSIONS OF BOARDS! CLINICIAN CHAMPIONS CAN PAIR UP AND DO A HUDDLE.

FINALIZE DESIGN, POST TO CHANNEL FOR TEAMBIRTH APPROVAL (FOUR CORE SECTIONS NEEDED)

DETERMINE DEADLINES FOR PURCHASING, ORDERING, AND INSTALLING BOARDS!

PROJECT MANAGEMENT STRATEGIES

WHITEBOARD NEEDS ASSESSMENT:
HOW MANY ROOMS? (POSTPARTUM?
TRIAGE? HIGH RISK?)
NEW FRAMES NEEDED? INSERTS?

INVESTIGATE BUDGETS FOR BOARDS, EXISTING VENDOR CONTRACTS, REGULATORY REQUIREMENTS FOR BOARDS.

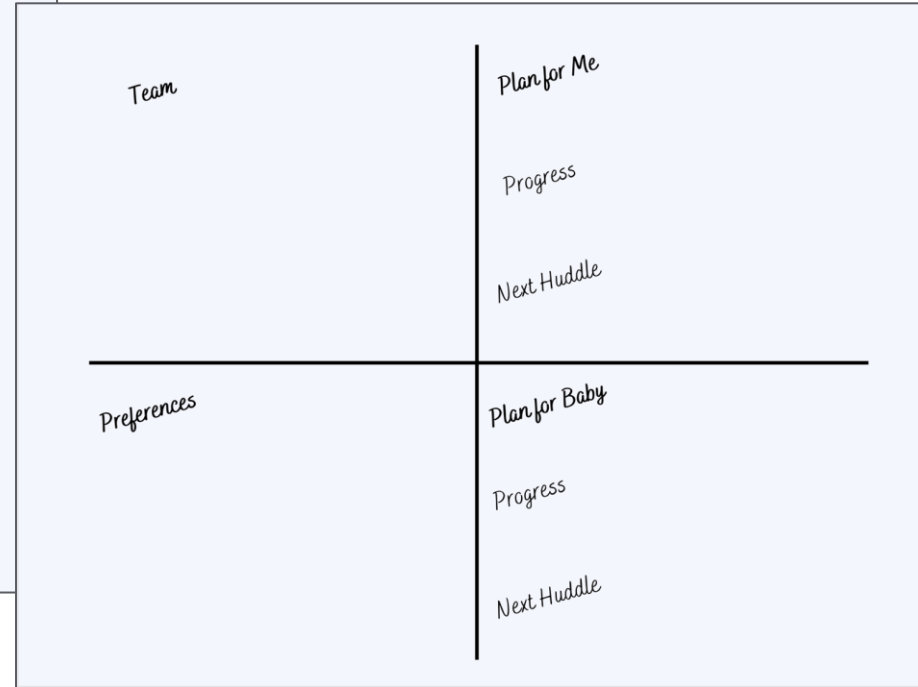
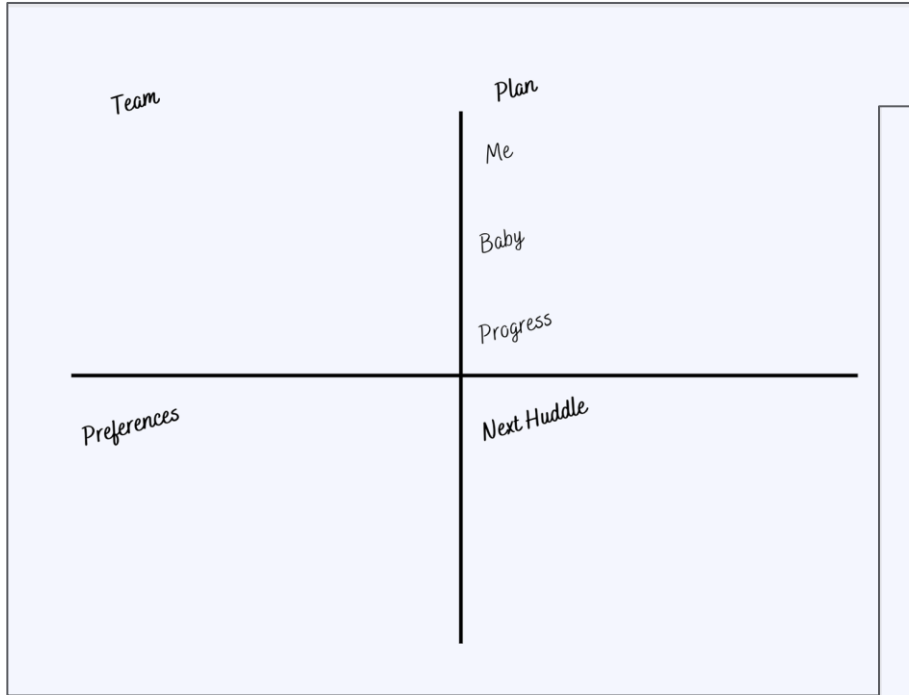
ARE THE RIGHT DEPARTMENTS INVOLVED?
-MARKETING/PATIENT EXPERIENCE
-PURCHASING
-ENGINEERING/FACILITIES SERVICES

AND DON'T FORGET THE MARKERS!

The screenshot shows a digital interface for a huddle board. At the top, it says 'TeamBirth at Swedish Huddle Board' and 'Providence SWEDISH'. Below this, there are several sections: 'My Care Team' with fields for Support, Doctor/Midwife, Resident, Doctor, Nurse, and My Preferences; 'Labor Plan for' with fields for Baby, Labor, and a progress bar for Early Labor, Active Labor, and Pushing; 'Next Assessment'; 'Baby Information' with fields for Name, Sex, Provider, Birth Date, Birth Time, and Weight; and 'Counts & Notes'.



Board Basics



PI Designation & Atlas Responses

Hospital Name	PI Identified	CITI/NIH Training	IRB Department Contacted	Atlas Responses ENDS MAY 22ND
RWJ New Brunswick	Barb Kenny	Yes	Yes	43%
Virtua Mt. Holly	Dr. Michelle Salvatore	Yes	Yes	31%
St. Peter's	Kate Rasmus & Caitlyn Kenney	Yes	Yes	32%

Atlas - Context Assessment Tool

Summary Page

ATLAS INITIATIVE PRE-IMPLEMENTATION SURVEY RESULTS



SAMPLE SITE

3/14/2022

Respondents: 47 total*

4 healthcare workers and other staff

43 leaders

*All respondents are involved in the practice change. The total may not equal the sum of roles because roles aren't mutually exclusive.

SITE CAPACITY



SITE ALIGNMENT

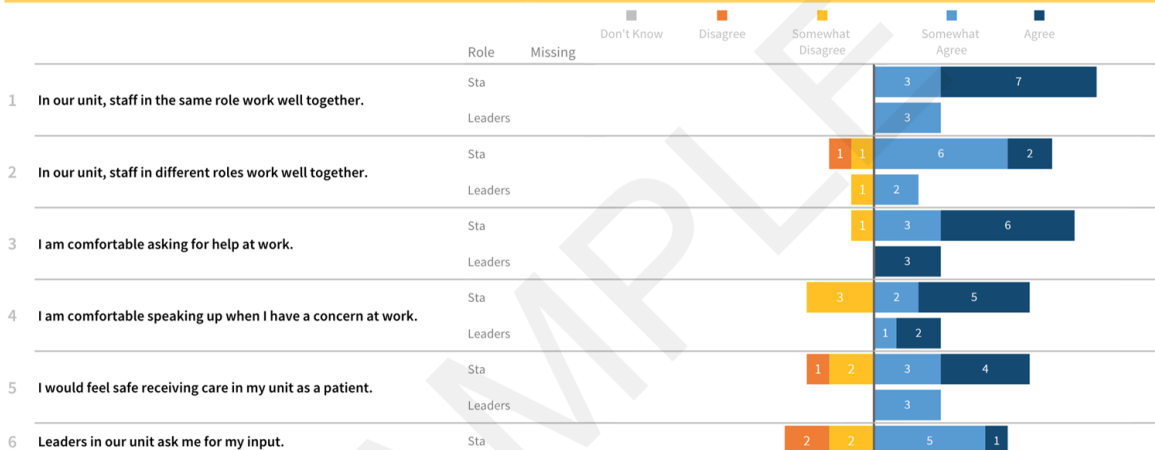
These graphs show the agreement between the responses of leaders and healthcare workers. The less distance between the two shapes, the greater the agreement between respondent types. When a bar only shows one shape, this means only one respondent type answered that set of questions.



[Sample Practice Change] PRE-IMPLEMENTATION RESULTS [Sample Site] 1/19/2021



Domain: Internal Culture



Engage: Gather Champions

Assertive

Determined

Activated

Persistent

Innovative

Kind

Motivating

Concerned

Advocate

Coachable

Genuinely curious

Brave

Humble

Active listener

Patient Reported Experience Measures - MADM

- Developed by team of researchers at the Birth Place Lab (BPL) at the University of British Columbia to assess patient experiences with maternity care
- Measures a single construct: Autonomy in decision-making during maternity care
 - Women's ability to lead decision making, whether they were given enough time to consider their options, and whether their choices were respected
- It is a reliable and validated tool (version 1.0 is most recent)



Vedam S, Stoll K, Martin K, et al. The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. PLOS ONE. <http://dx.doi.org/10.1371/journal.pone.0171804>.

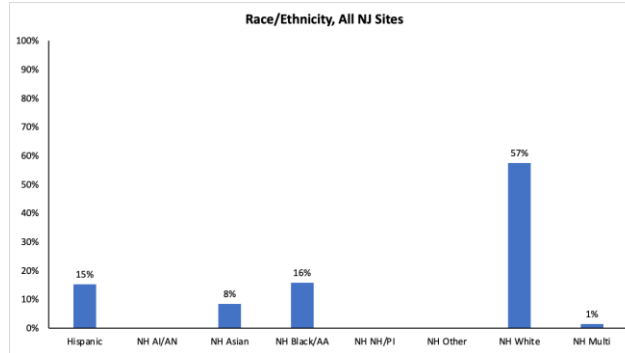
TeamBirth Surveys

Please describe your experiences with decision making during your pregnancy, labour and/or birth. (select one option for each)						
	Completely Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree
My doctor or midwife asked me how involved in decision making I wanted to be.	1	2	3	4	5	6
My doctor or midwife told me that there are different options for my maternity care.	1	2	3	4	5	6
My doctor or midwife explained the advantages/disadvantages of the maternity care options.	1	2	3	4	5	6
My doctor or midwife helped me understand all the information.	1	2	3	4	5	6
I was given enough time to thoroughly consider the different care options.	1	2	3	4	5	6
I was able to choose what I considered to be the best care options.	1	2	3	4	5	6
My doctor or midwife respected my choices.	1	2	3	4	5	6
SUM OF ALL CIRCLED ITEMS = TOTAL SCORE:						

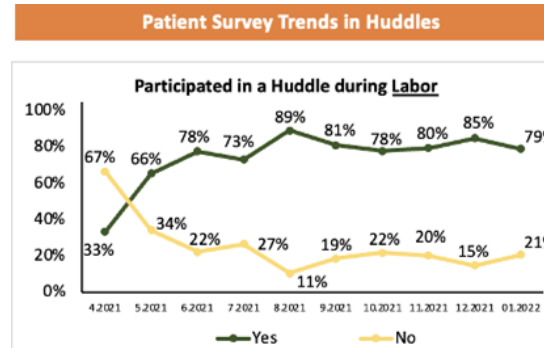
KEY Level of Autonomy (by quartiles)	
<i>Total Score</i>	<i>Indication of Respect</i>
7 - 15	Very Low Patient Autonomy
16 - 24	Low Patient Autonomy
25 - 33	Moderate Patient Autonomy
34 - 42	High Patient Autonomy

Data Report Example Data

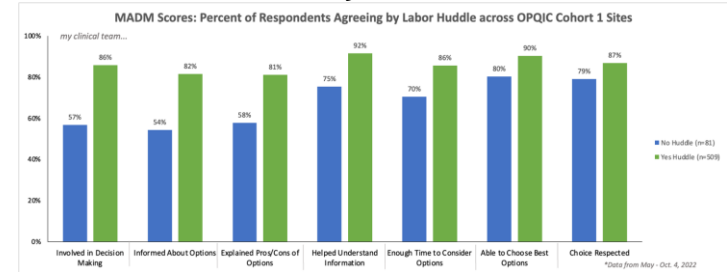
Demographics



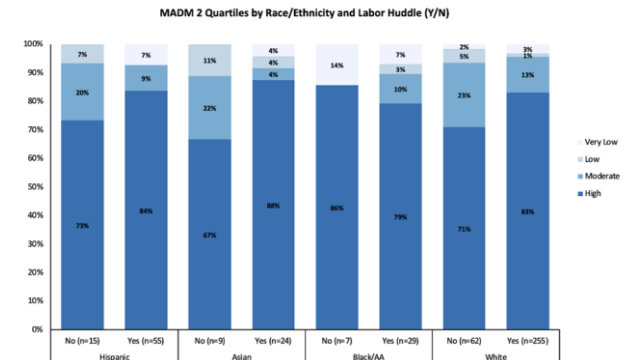
Participation in huddles



MADM scores by huddle



MADM scores across demographics



Patient Survey Process



SURVEY PREPARATION

SURVEY DISTRIBUTION

SURVEY COLLECTION

DATA ENTRY

SHARING SURVEY RESULTS WITH CLINICAL TEAMS

**UNIT CLERK, PROJECT MANAGER,
NURSING ASSISTANT, VOLUNTEER,
PATIENT ADVOCATE, IN-HOUSE
PRINT SHOP, ADMIN ASSISTANT**

**LEADERSHIP - MANAGERS,
DIRECTORS, CNO, PERINATAL
NURSE SPECIALIST, PATIENT
EXPERIENCE DIRECTOR**

**NURSE TECHS, NURSING
ASSISTANTS, SHIFT LEADS,
POSTPARTUM NURSES**

**TEAMBIRTH
IMPLEMENTATION TEAM**

**TEAMBIRTH
IMPLEMENTATION TEAM**

☐ PRINT OR COPY SURVEYS
ONE DAY PER WEEK

☐ ENSURE TRANSLATED SURVEYS
ARE AVAILABLE

☐ PLACE IN (NUMBERED)
ENVELOPES

☐ LOAD IN DESIGNATED PLACE
FOR DISTRIBUTION

☐ GATHER COMPLETED SURVEYS
FROM COLLECTION SITES AND
PREP FOR DATA ENTRY

☐ DISTRIBUTE SURVEYS WHILE
ROUNDING ON ELIGIBLE
PATIENTS POST-BIRTH.

☐ DESIGNATE A DAILY TIME FOR
ROUNDING, CAN ASSIGN A
DIFFERENT LEADER DAILY

**SHIFT LEADS, CHARGE NURSES,
LABOR NURSES, PHYSICIANS,
MIDWIVES, CHAMPIONS**

☐ IDENTIFY A CARE CONSTANT
POST-BIRTH (ROLE
DEPENDENT) TO INTRODUCE
SURVEY TO PATIENTS AND
FAMILIES. INCLUDE SCRIPTING

☐ REMIND PATIENTS ABOUT
SURVEY IN CONJUNCTION
WITH A CARE CONSTANT,
COLLECT IF COMPLETED

**NURSE MANAGERS, PATIENT
EXPERIENCE DIRECTOR,
CNS, EDUCATOR, SAFETY
OFFICER**

☐ COLLECT SURVEYS WHILE
ROUNDING ON ELIGIBLE
PATIENTS POST-BIRTH

☐ DESIGNATE TIME 1X/WEEK
FOR DATA ENTRY -
CAN ASSIGN A DIFFERENT
LEADER WEEKLY

☐ REPORT WEEKLY OR
MONTHLY LIVE BIRTH
VOLUMES TO GENERATE
RESPONSE RATES

☐ PROVIDE FEEDBACK TO STAFF
AND PROVIDERS ON THE UNIT
(~EVERY MONTH)

SURVEY ELIGIBILITY:

- LIVE BIRTH
- AGE 15 AND OVER

****DOUBLE LAYERED APPROACH***

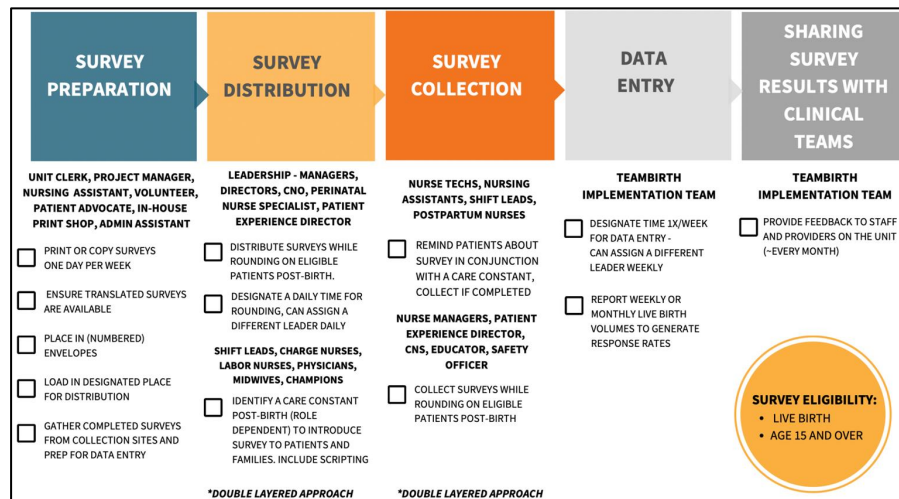
****DOUBLE LAYERED APPROACH***

Patient Surveying Toolkit

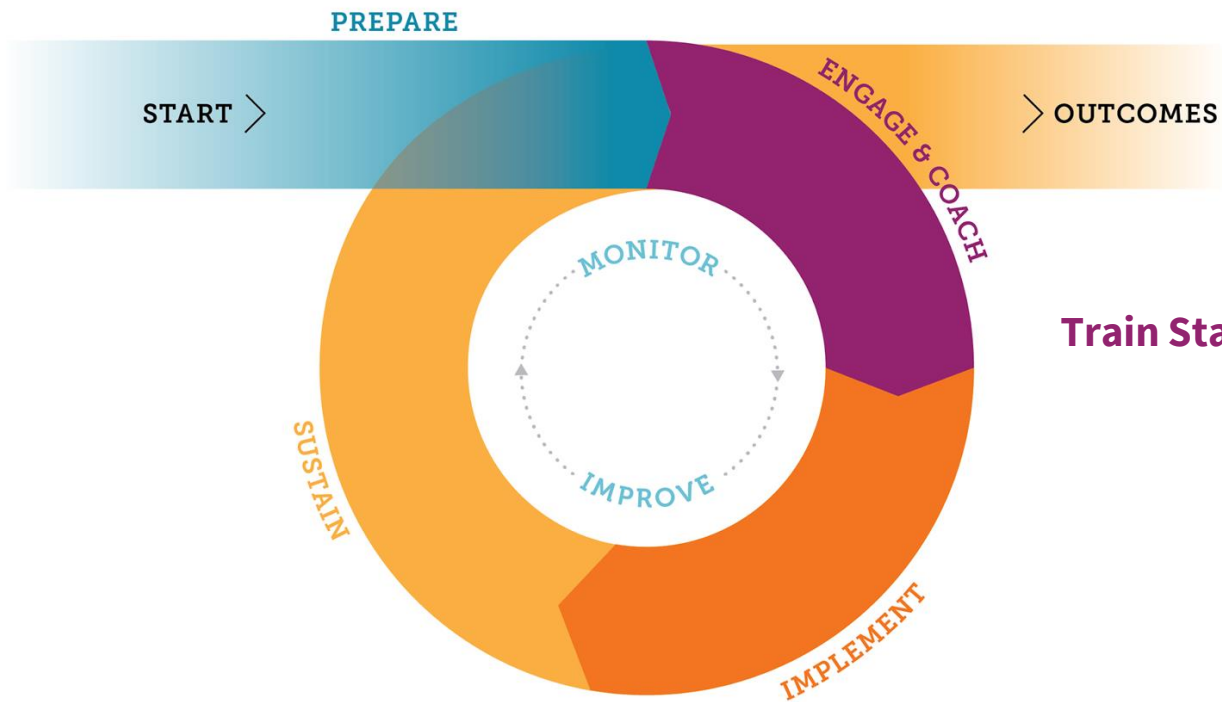


TeamBirth Patient Survey Data Entry Tips

- Tracking the number of surveys handed out every week.**
 - This is important for tracking the response rates, which tells us how representative the data is relative to your patient population and helps us know how many surveys are completed and how many passed out.. You can maintain the numbers distributed by numbering surveys or reporting the number of births per month.
- If a respondent has left a question blank, please select "Prefer not to answer".**
 - All questions have a "Prefer not to answer" response option with the exception of the question that asks how many miles the patient traveled from home to get to the hospital. If the respondent left the mileage question blank, simply leave that field blank on the survey.
- Data entry time frame: Please try to enter all paper surveys in the same month that they were completed.**
 - For example, ideally all paper surveys received in August 2022 would be entered into the electronic system in August 2022.
 - The survey date is automatically generated when you enter the survey into the electronic system. So if a survey that was received in June isn't entered into the electronic system until July, it will be incorrectly dated as a July survey. Having an accurate date is important since we frequently look at the data over time, by month.
 - We recommend avoiding entering all the surveys at the end of the month.
- If you are entering a test record, please add "TEST RECORD" in the "Please share any additional thoughts or comments you have about your labor and delivery." field.**
 - This will allow us to easily identify and remove any test records.
- Do not leave surveys incomplete on Qualtrics:** If you have a question as you're entering data and aren't sure what to do, please finish entering the record and add "QUESTION ABOUT DATA ENTRY" in the "Please share any additional thoughts or comments you have about your labor and delivery." so we can identify the record. We're able to make edits on our end, so if changes need to be made after we discuss your question, the Ariadne Labs team will be able to make that change.



Implementation Pathway: Engage & Coach

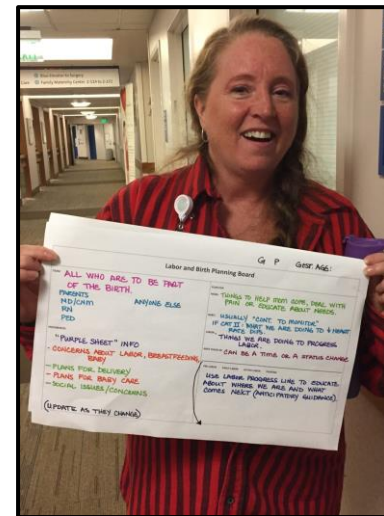


Train Staff and Providers



Tips for TeamBirth training:

- Ensure training reaches **all clinicians** who may be part of the direct care team
- Conduct **scenario-based, multidisciplinary trainings** to educate clinicians
- Provide a **range of training opportunities** and venues, such as dedicated training sessions, “office hours,” and on the unit trainings
- **Acknowledge and elevate champions'** roles in the project by inviting them to lead or co-lead training sessions with the implementation team
- Focus on **distinguishing mom, baby, and labor progress** in statuses and care plans and the way these categories reframe how clinicians currently think and communicate



Train Staff & Providers

Socialization - Get the word out!

- Infographics
 - Large poster size
 - Small pocket size
- TeamBirth information board
- TeamBirth “roadshows”
- TB info on meeting agendas
- Swag with QR code & TB info
- Online groups, social media

Approaches to Training

- Scenario station for training
- TeamBirth education board
- Off-unit events:
 - OB clinics
 - SIM lab
- TeamBirth “roadshows”
- Office hours
- Multidisciplinary training - on the fly, come (or call in!) off-shift, combo
- Repurpose staff meetings, rounds, previously scheduled training



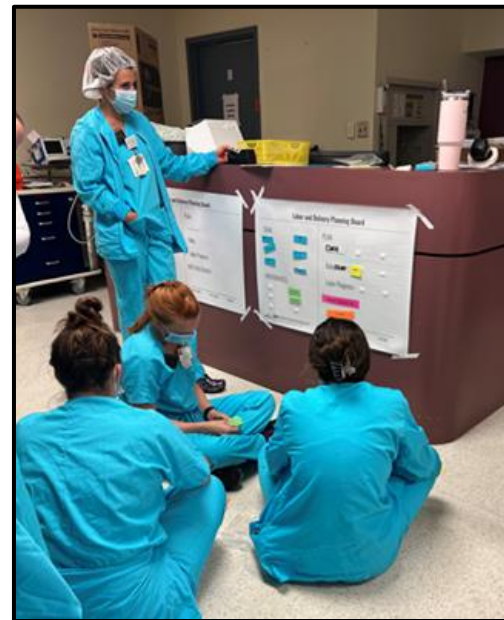
Train Staff and Providers

Aim to include both didactic and interactive sessions in the training:

- Didactic sessions can facilitate further buy-in for the program as well as introduce key behaviors and tools.
- Interactive sessions can include reflections, discussions, and role play, to allow clinicians to react to the behaviors and tools and begin to practice implementing them in hypothetical, simulated scenarios.

Format the training based on clinician availability at your site.

- Consider leveraging both existing educational opportunities (e.g. skills fair,) and creating new, specialized sessions (e.g. lunch trainings at providers' offices for sites with large private practices). Clinicians will likely benefit from multiple training sessions and being exposed to different training methods to feel comfortable with the material.



Train Staff & Providers

Look for opportunities to provide examples that will resonate with the care team and provide a model for how to incorporate TeamBirth into their practice

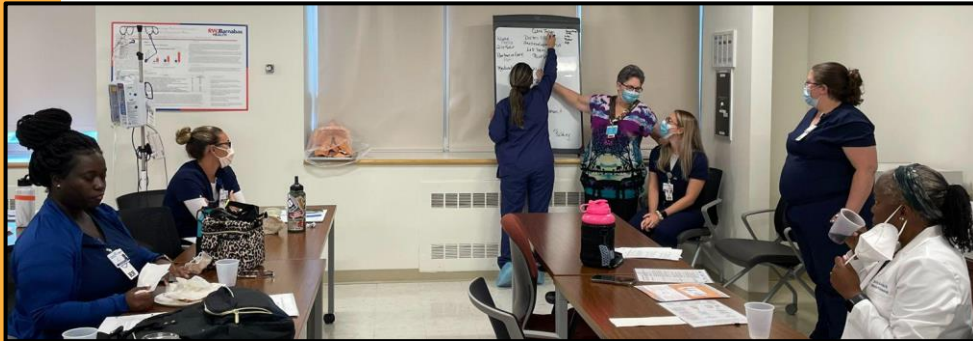


- Training scenarios customized to your practice patterns and patient population based on your experiences in small-scale testing.
- Scripts for how to do huddles and how to talk with care team members and train them to engage in huddles and use the Shared Labor & Delivery Planning Board and/or aids.
- Instructional videos or role plays modeling how to do a huddle and use the Shared Labor & Delivery Planning Board and/or aids with patients.

Train Staff & Providers

Key Questions

- What are the best training methods to reach all the staff and providers in your unit?
- How do these methods differ for different groups?
- How will the implementation team support ongoing practice and education, as well as onboarding of new staff?
- How will the implementation team identify and mitigate barriers?



- ★ 28 people attended the first simulation session.
- ★ They really got into the acting!
- ★ We made up scenarios after using Scenario A.
- ★ The feedback and questions were good.
- ★ Next task is to attract more docs.
- ★ The pizza and gift cards were a hit.
- ★ “Feeling excited and hopeful.”

Providers - Residents, Laborists, MFM, Anesthesia, Peds, CNMs

Labor and Birth Planning Board

DATE: _____
ROOM: _____

TEAM *Shaneel hubby*
Nurse: Shreya
Dr. Thompson

PREFERENCES
Cut the cord
epidural

PLAN FOR
Me: *position change*
Baby: *pacifier heart rate went down, keep nothing in*
Labor Progress: *- Baby Girl 9/11 / amniotic fluid*
NEXT HUDDLE
if baby h.R drops
OR pt. IS pushing

PRE-LABOR | EARLY LABOR | ACTIVE LABOR | PUSHING



Example: TeamBirth Scenario Station

Providence Holy Family Hospital
Know Me - Care for me - Ease my way

Name: Miss Kim
Phone: FMC Front Desk: 482-2229
Date: Nurse Phone:

LABOR ACTIVE LABOR PUSHING

My Care Team
Name:
Support Person(s):
Nurse:
Provider:
Nurse Leader:
Newborn Provider(s):
Anesthesia:

It's a ☐ !
Name:
Birthday: Time:
Weight: Length:

My Preferences
Feeding Plan: ☐ Breast ☐ Bottle ☐ Combo
☐ Hep B Vaccine ☐ Vit K ☐ Erythromycin Eye Oint

Medications
Next @
Next @
Next @
Prepare for Discharge:
☐ ☐ ☐
GBS Blood Type ☐ Rhogam

My Care Plan
Baby:
Labor Progress:
Last Exam: / / @
Next Huddle:
Our Core Values
Compassion - Dignity - Justice - Excellence - Integrity
#HolyFamilyDelivers



Providence Holy Family Hospital
Know Me - Care for me - Ease my way

Name: Miss Kim
Phone: FMC Front Desk: 482-2229
Date: Nurse Phone:

LABOR ACTIVE LABOR PUSHING

My Care Team
Name: Beth
Support Person(s): Todd Doula-Anna
Nurse: Cindy
Provider: Dr. Prest
Nurse Leader: Sonja
Newborn Provider(s):
Anesthesia: Josh, CRNA

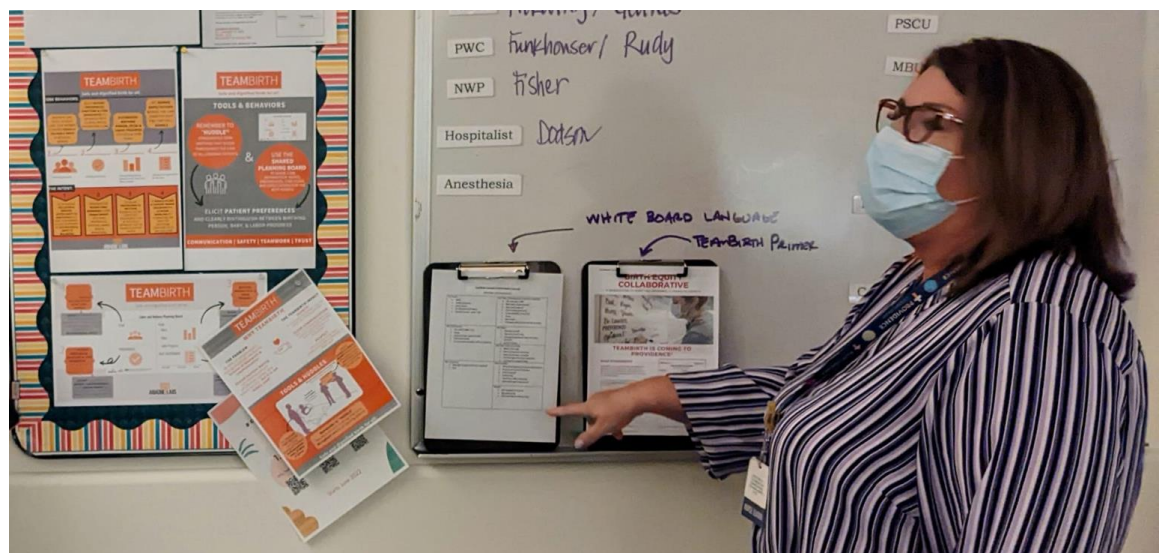
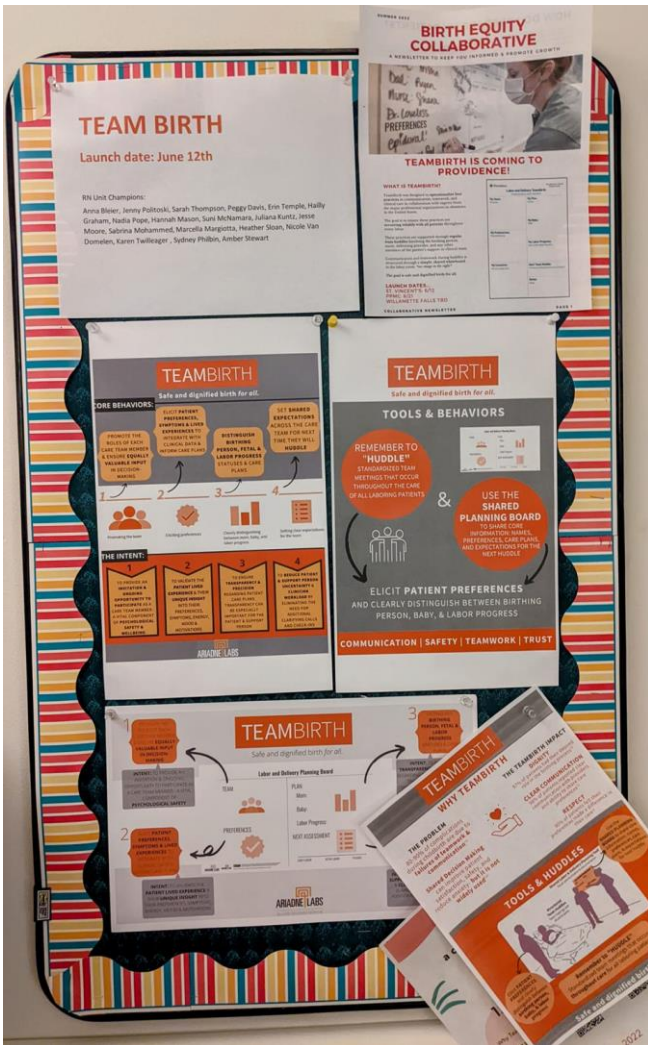
It's a ☐ !
Name:
Birthday: Time:
Weight: Length:

My Preferences
Pain relief - wants epidural
Bring my placenta home
Todd/Anna give me massages
Wear my own gown
Skin to skin after birth
Push when pushing

My Care Plan
Mom: Small meals until labor starts
Baby: Monitor baby on and off
Labor Progress: Walking
Last Exam: 6/75/-1 @ 3:30
Next Huddle: At 10pm or if labor starts
Feeding Plan: ☐ Breast ☐ Bottle ☐ Combo
☐ Hep B Vaccine ☐ Vit K ☐ Erythromycin Eye Oint

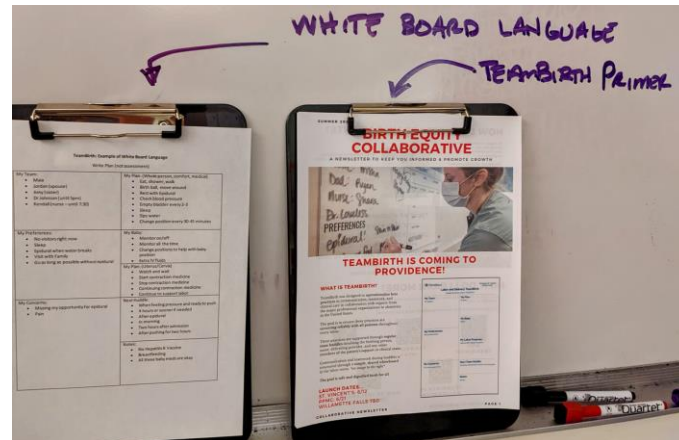
Medications
Next @
Next @
Next @
Prepare for Discharge:
☐ ☐ ☐
GBS Blood Type ☐ Rhogam

Our Core Values
Compassion - Dignity - Justice - Excellence - Integrity
#HolyFamilyDelivers



TeamBirth education station for training

- Clipboards hold prompts that can be taken into rooms during huddles.



Train Staff & Providers

Milestones to Move on:

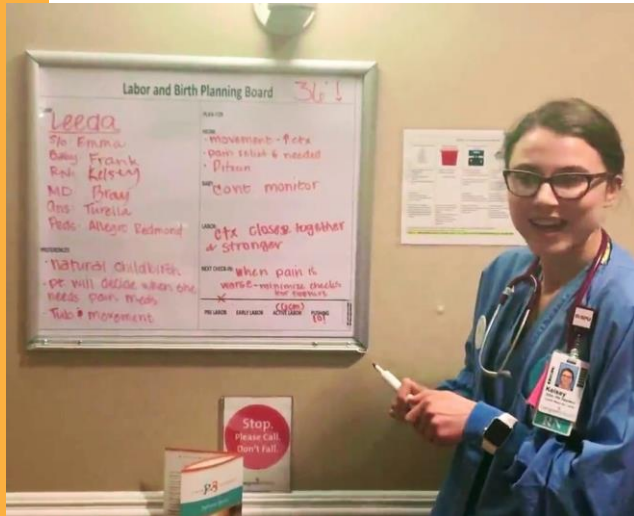
Create a system for tracking staff and providers who have attended training to promote buy-in and accountability for participating



Train all clinicians who may be part of the direct care team (e.g. nurses, midwives, physicians)




Establish a process with your champions for ongoing coaching to reinforce skills and behaviors from trainings



TeamBirth Cohort 2 Resources



NEW JERSEY HEALTH CARE
QUALITY INSTITUTE

ABOUTOUR WORKMEMBERSHIPCONTACT

SEARCH

MEDIA CENTEREVENTSRESOURCES#QIMEMBERJOBS

TEAMBIRTH NJ COHORT 2

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.

SESSION 1	SESSION 2	SESSION 3
February 2023	March 2023	April 2023
SLIDE DECK #1	SLIDE DECK #2	SLIDE DECK #2
HANDOUT #1	HANDOUT #2	HANDOUT #2

*Session recordings available upon request.

RESOURCES

- Eliciting Preferences PDF
- TeamBirth Core Behaviors Infographic
- TeamBirth Flexible Components
- TeamBirth NJ Tools – “Mom”
- TeamBirth NJ Tools – “Birthing Person”
- TeamBirth Training Videos – Dropbox Link
- TeamBirth Training Videos – QR Codes
- TeamBirth Training Videos – YouTube Link

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

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

Discussion Guides



Huddles give everyone on the team – you, your support person(s), your provider, your nurse – time to discuss your care.

TeamBirth Discussion 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



Home



Nearby the Hospital

If you are in ACTIVE LABOR*

You may benefit from
Admission to hospital
Monitoring
Clinical care



Labor & Delivery

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.

TEAMBIRTH



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?

Mom

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:** _____

TEAMBIRTH



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 \$10,362,133.00 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.

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?

Mom

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 (6 cm or less) for 24 hours or more
 - ☐ Medications to support contractions and waters broken for at least 12-18 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)

TEAMBIRTH



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Home



Nearby by the Hospital

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Labor & Delivery

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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.

PLAN FOR

Me:

Baby:

Labor Progress:

TEAMBIRTH



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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?

Mom

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?

Mom

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 (6 cm or less) for 24 hours or more
 - ☐ Medications to support contractions and waters broken for at least 12-18 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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What are your reasons for considering assisted delivery?

What are the MINIMUM Conditions for assisted delivery?

Mom	Request	➡	<input type="checkbox"/> You believe that assisted delivery is the best option for you after discussion with your care team
Baby	Concern for wellbeing	➡	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <ul style="list-style-type: none"> <input type="checkbox"/> Repeated slow downs in heart rate that do not improve with support <input type="checkbox"/> High heart rate that does not improve with support
	Slow induction	➡	Either: <input type="checkbox"/> Early labor (6 cm or less) for 24 hours or more <input type="checkbox"/> Medications to support contractions and waters broken for at least 12-18 hours or more
Labor Progress	Slow progress	➡	No cervical change with waters broken and 6 cm or more dilated with either: <input type="checkbox"/> Good contractions for 4 hours or more <input type="checkbox"/> Medications to support contractions for 6 hours or more
	Prolonged pushing without progress	➡	Either: <input type="checkbox"/> Pushing for at least 3 hours if this is your first labor <input type="checkbox"/> Pushing for at least two hours if you have labored before

DISCUSS WITH YOUR TEAM:

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Huddle 2

Shanell was recently admitted for labor; now getting comfortable with the epidural.

- FHR reassuring.
- Contractions are regular & palpate mod-strong.
- Copious clear fluid noted.
- Cervix was 4/100/0 on admission exam (has not been rechecked).
- On-call OB is expecting a speakerphone huddle now that Shanell is comfortable with the epidural.

Huddle 3

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 almost 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. A huddle is appropriate at this time.

Plan

Me

Baby

Progress



(<https://www.healthline.com/health/pregnancy/cephalic-position#definition>)

Plan

Me

Baby



Next Steps/Focus for June:

Shared-Planning Boards

- Finalize design with DDI approval- June
- Purchase/Order boards - June/July
- Install in advance of September launch

Meetings & Launch

- Implementation teams -bi-weekly
- Meet with Champions - monthly
- Add TeamBirth to existing agendas
- Alert marketing/communication about September launch


Clinician Training

- Assign/circulate training videos - Now
- Create system for tracking training completion
- Socialize TeamBirth
- Scenario training - July/August

Data collection

- Atlas Surveys - Now
 - Distribute QR codes/links
- PDSA patient surveying - June/July
 - Develop survey process

Aftershock Screening



DOWNLOADABLE RESOURCES

[Promotional & Social Media](#)

[Watch Together - FAQs](#)

[Post-Screening Activities](#)

[Discussion Guide](#)

[Film Website](#)

Link to Screening Toolkit: <https://sites.google.com/picturemotion.com/aftershock-website-toolkit/home>

Looking ahead: Launch the project!



