



DELIVERY DECISIONS INITIATIVE

TEAMBIRTH



NEW JERSEY  
HEALTH CARE  
**QUALITY  
INSTITUTE**



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

January 30, 2024

# Learning Session 1

- Introductions
  - New Jersey Healthcare Quality Institute
  - Ariadne Labs - The Delivery Decisions Initiative
- Why TeamBirth?
  - New Jersey Birthing sites
- TeamBirth Overview
- New Jersey Patient Survey Data
- Project Timeline
- Next Steps & Questions

# About the Quality Institute

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



# Shared-Decision Making (SDM) in Maternity Care

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**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.



**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.



We have the breakthroughs  
to save countless lives  
around the world.

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We need  
*follow-through innovations*  
to ensure these  
innovations reach  
every patient, everywhere.

We Call These 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.





Our vision is a world in which every person  
can choose to grow their family with dignity.



# Meet the DDI Team



Amber Weiseth  
DNP, MSN, RNC-  
OB: Director



Jonathan Wolinsky  
MPP: Assistant  
Director



Joyce Edmonds  
PhD MPH, RN: Sr.  
Research Scientist



Trisha Short RN:  
Sr. Implementation  
Specialist



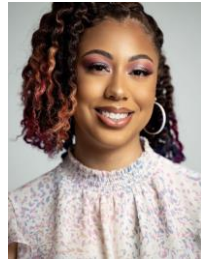
Misha Severson  
RN: Implementation  
Specialist



Angela Chien  
MD: TeamBirth  
Faculty



Abby Slattery  
MPH, MSN, RN:  
Implementation  
Specialist



Shanell Brown  
MSN, BSN:  
Implementation  
Specialist



Yara Altaher  
MPH: Research  
Coordinator



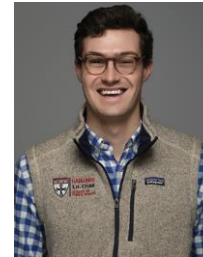
Alea Challenger  
Research Assistant



Lynn El Chaer MPH:  
Research Assistant



Lindsey Renner  
MPH: Research  
Coordinator



Tyler Fox  
Strategy & Project  
Coordinator



Kaya Duguay  
MPH: Project  
Coordinator



Anusha Venkatesh  
MBBS, MPH: Intern



Christie Louis  
Intern

## 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.

80% of pregnancy-related deaths may be preventable.

Almost 1/3 of women in the 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

# 80–90%

of reported sentinel events are due to failures of communication and teamwork.

# Hospital Introductions



# RWJ Jersey City Medical Center

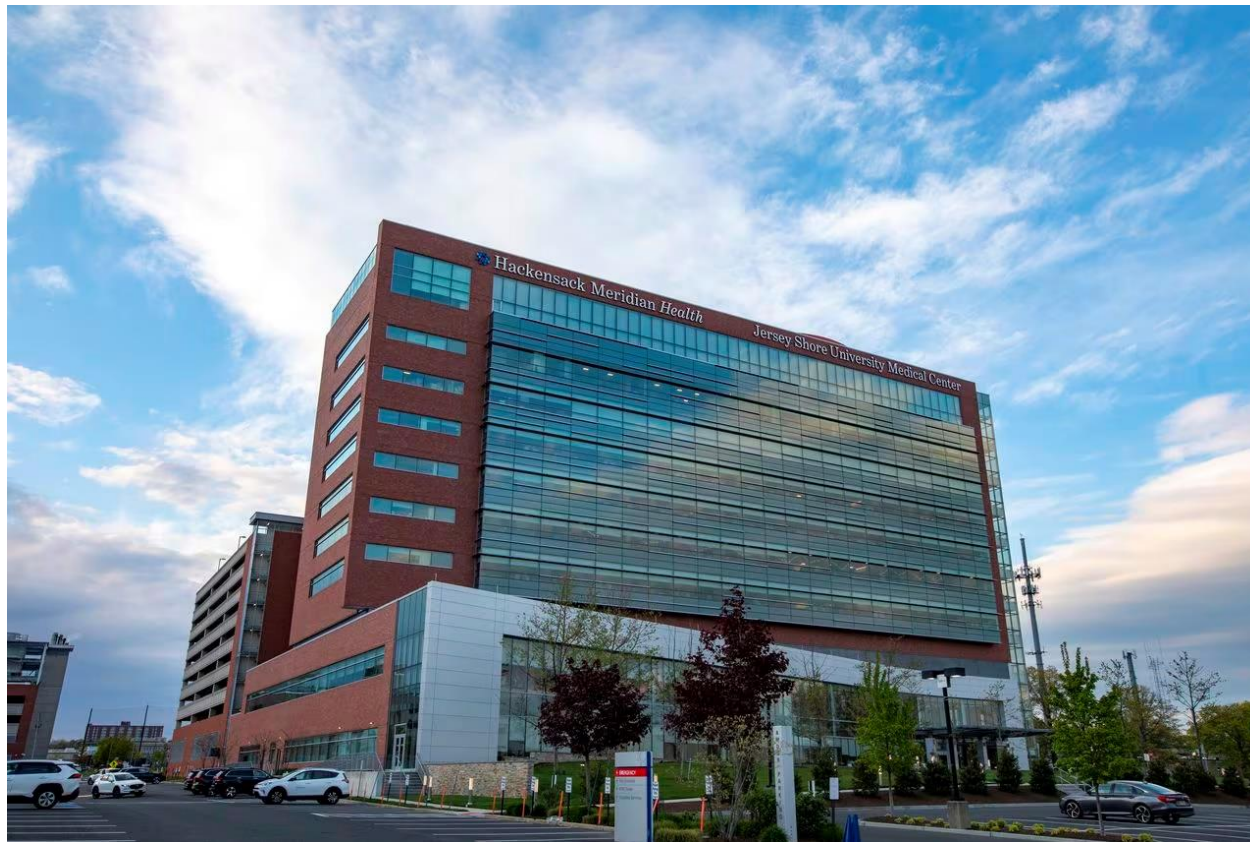


# Hackensack University Medical Center





# HMH Jersey Shore University Medical Center



# TeamBirth Background and Overview



# What is TeamBirth?





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 key behaviors*:



Promoting each  
member of the team



Eliciting Patient  
Preferences



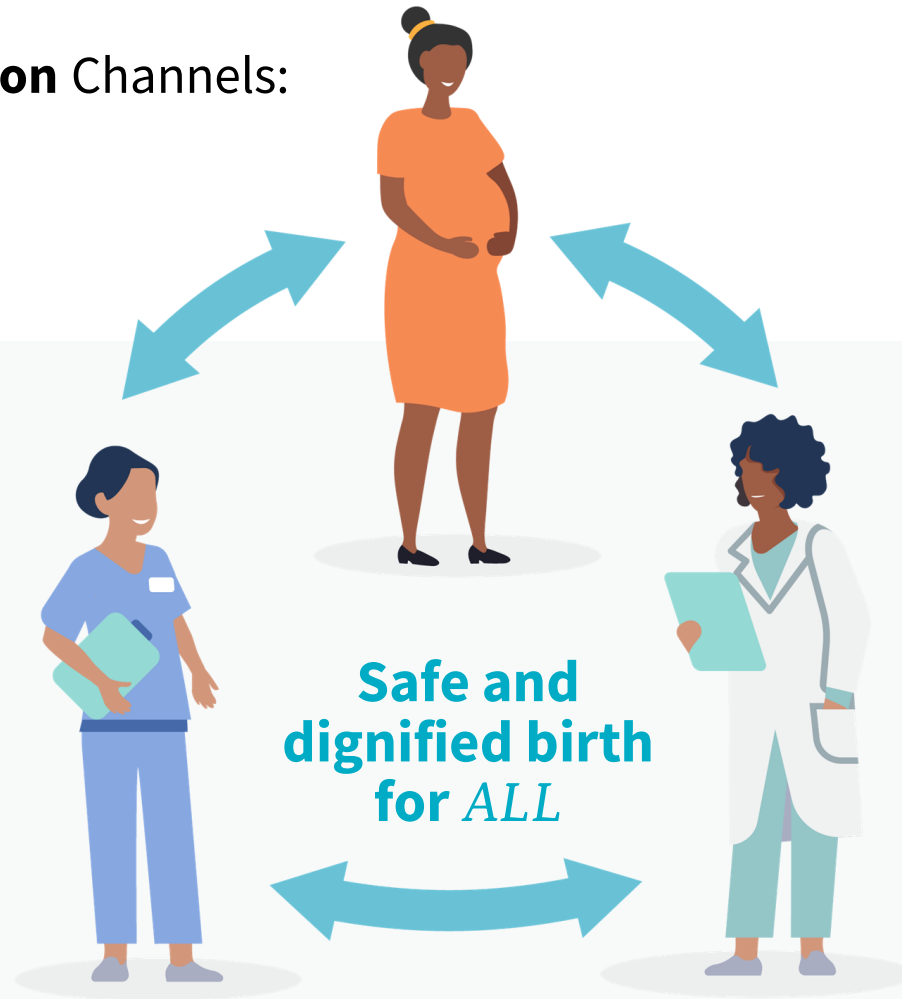
Distinguishing plan for  
patient, baby, and  
\*labor progress



Setting clear  
expectations for next  
huddle

\* Labor progress refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.

## Communication Channels: TeamBirth



# TeamBirth **Core** Components:

## 1. SHARED HUDDLE



## 2. SHARED PLANNING BOARD



# TeamBirth Huddles:

## WHO

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

## WHAT

**Discuss preferences;** care plans for mom and baby; \*labor progress; and expectations for the next huddle



## WHEN

At **admission** and at **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

\* 'Labor progress' refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.

# Labor and Delivery Planning Board

TEAM



PREFERENCES



PLAN

-----

Baby:

Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

# LABOR & BIRTH PLANNING BOARD

DATE:

ROOM #:

ROOM PHONE:

MY BIRTHING TEAM:



PLAN OF CARE FOR:

ME:

MY BABY:



MY PREFERENCES:



MY LABOR PROGRESS:

NEXT HUDDLE



DATE

ROOM #

ROOM PHONE

# POSTPARTUM PLANNING BOARD

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TEAM



PLAN FOR ME



PLAN FOR MY BABY

PROGRESS



PROGRESS

NEXT HUDDLE



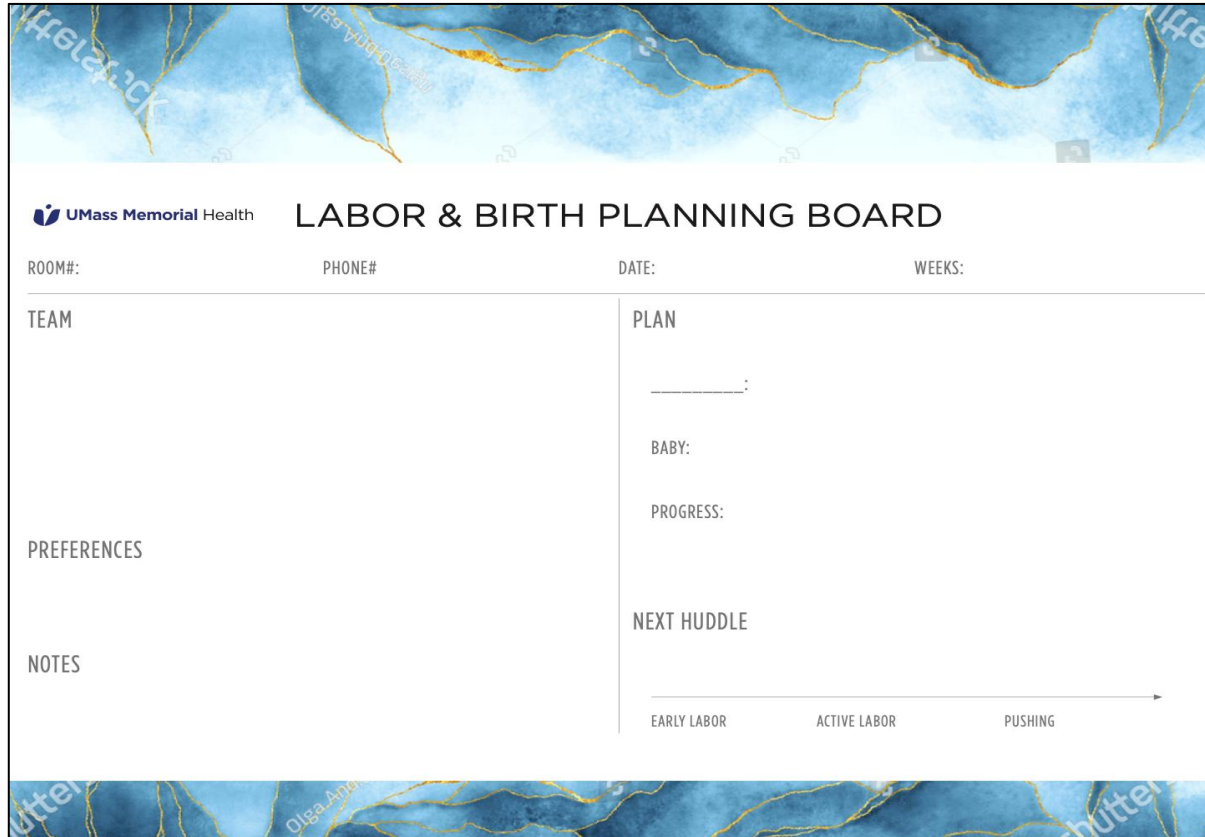
NEXT HUDDLE

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MY THOUGHTS AND CONCERNS



# Shared Planning Board Example: UMass Memorial



The image shows a digital shared planning board for labor and birth at UMass Memorial Health. The board has a decorative blue and gold marbled border at the top and bottom. The main content area is white and contains several sections for planning and documentation.

**UMass Memorial Health** **LABOR & BIRTH PLANNING BOARD**

ROOM#: \_\_\_\_\_ PHONE# \_\_\_\_\_ DATE: \_\_\_\_\_ WEEKS: \_\_\_\_\_

TEAM	PLAN
	_____:
	BABY:
	PROGRESS:
PREFERENCES	
NOTES	NEXT HUDDLE
	_____→
	EARLY LABOR      ACTIVE LABOR      PUSHING



# Additional Resources: 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, 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 cm with accelerated cervical dilation.



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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?
<b>MOM</b>	Support labor	<ul style="list-style-type: none"> <li><b>Movement:</b> Change positions, walk, or move</li> <li><b>Breathing:</b> Take deep breaths or use relaxation methods</li> <li><b>Therapeutic Touch:</b> Massage, stroking, or cuddling</li> <li><b>Temperature:</b> Apply heat or cold with water or packs</li> <li><b>Environment:</b> Use light, smells, or sounds to create a comfortable space</li> <li><b>Drink:</b> Have ice chips, water, juice, or other drink</li> <li><b>Other:</b> _____</li> </ul>	<ul style="list-style-type: none"> <li><b>Medication:</b> Start or ch your pain</li> <li><b>Deliver:</b> Assist vaginal C-section</li> </ul>
	Treat medical condition	<ul style="list-style-type: none"> <li><b>Other:</b> _____</li> <li><b>Reposition:</b> Lay on your side</li> </ul>	<ul style="list-style-type: none"> <li><b>Medications:</b> Start or d your condition</li> </ul>
<b>BABY</b>	Manage wellbeing	<ul style="list-style-type: none"> <li><b>Other:</b> _____</li> <li><b>Movement:</b> Change positions, walk, or move</li> <li><b>Breathing:</b> Take deep breaths or use relaxation methods</li> <li><b>Tools:</b> Use labor support tools, like a birth ball</li> <li><b>Other:</b> _____</li> </ul>	<ul style="list-style-type: none"> <li><b>Monitoring:</b> Change mc</li> <li><b>Re-energize:</b> Use IV or c</li> <li><b>Medications:</b> Change o your contractions</li> <li><b>Deliver:</b> Assist vaginal C-section</li> </ul>
<b>PROGRESS</b>	Promote progress	<ul style="list-style-type: none"> <li><b>Break Water:</b> Use tools</li> <li><b>Medication:</b> Start or ch your contractions</li> <li><b>Deliver:</b> Assist vaginal C-section</li> </ul>	

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



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# Published Research

## [TeamBirth Design](#)

*(Birth Issues in Prenatal Care, July 2021)*

## [TeamBirth Primary Outcomes](#)

*(Birth Issues in Prenatal Care, March 2022)*

## [TeamBirth Implementation](#)

*(Birth Issues in Prenatal Care, Jan 2022)*



Implementing shared decision making in labor and delivery: TeamBirth is a model for person-centered birthing care  
*(OBG Management, OCT 2023)*




Standardization is  
**EQUALITY**

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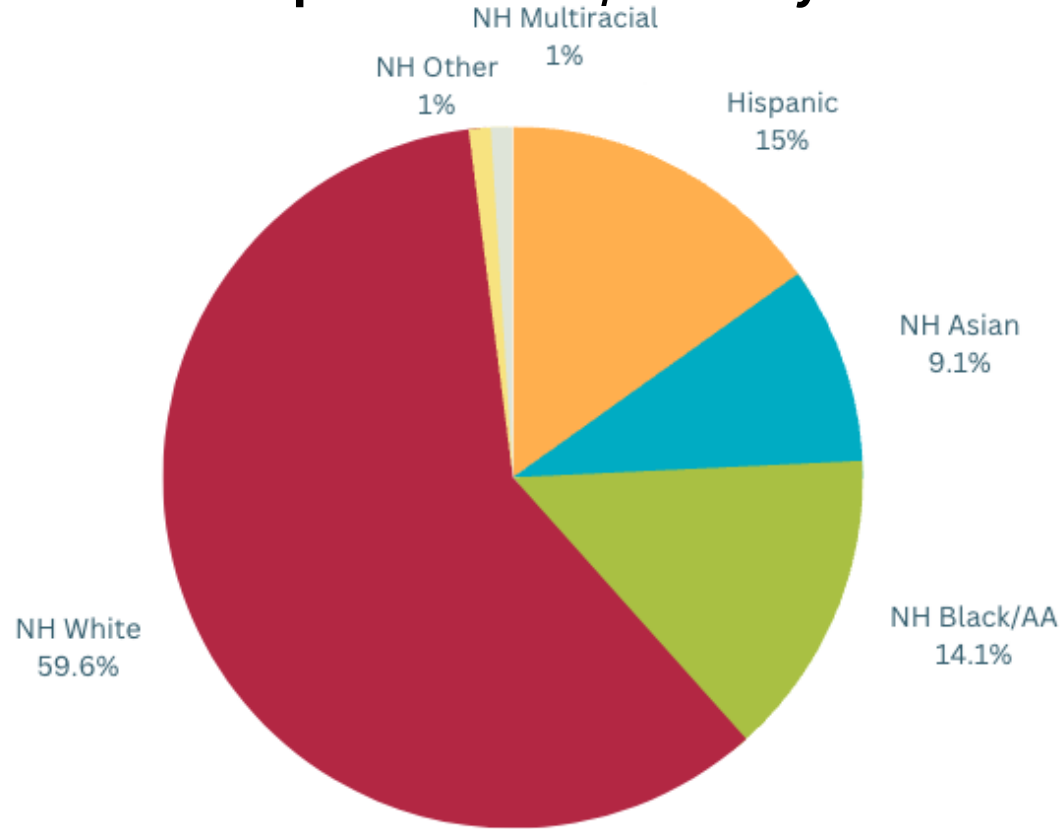
*Individualized care is critical  
for equity*

# New Jersey TeamBirth Research

"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 to the New Jersey State Department of Health. 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](https://www.hrsa.gov)"



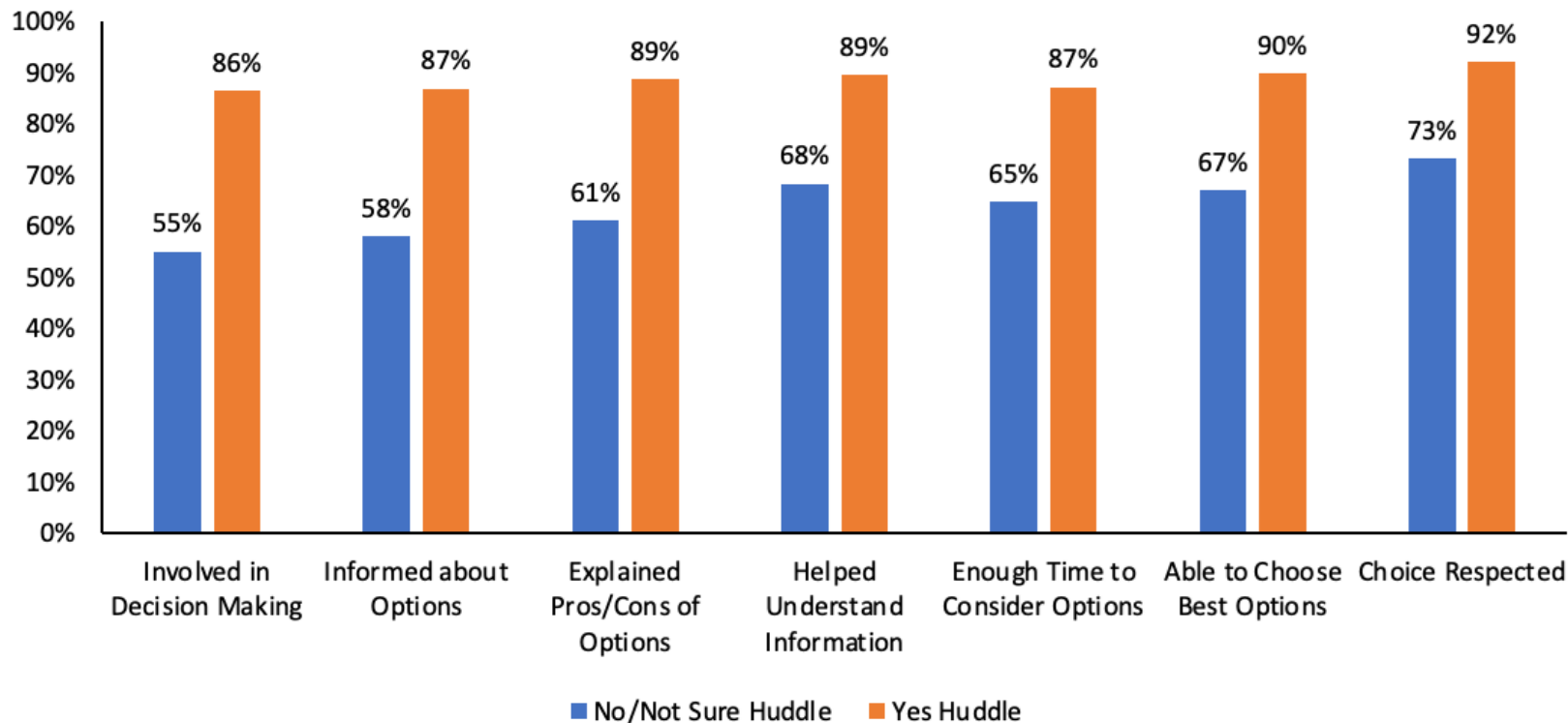
## Respondent Race/Ethnicity



Data from September 1, 2022 to August 14, 2023

*NH AI/AN and NH NH/PI are suppressed due to small numbers*

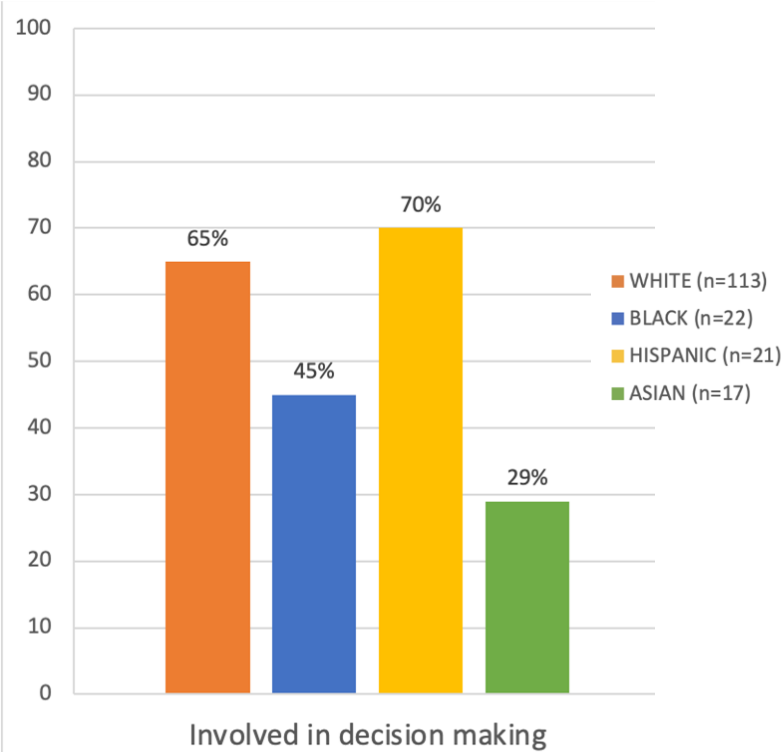
## MADM Items: Percentage of Respondents Strongly or Completely Agreeing by Labor Huddle Status



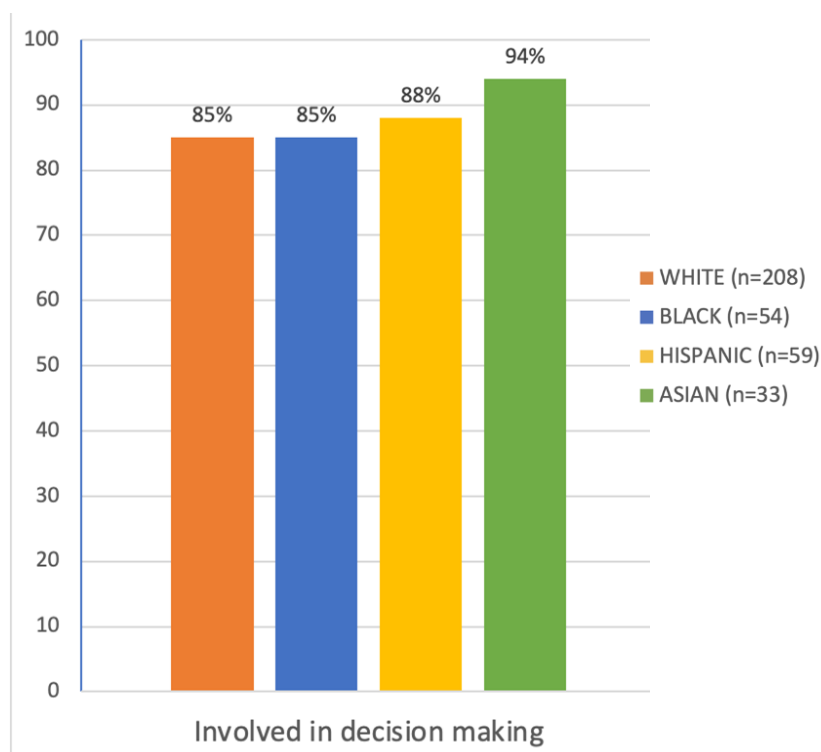
TOTAL n = 516

No huddle: n = 164    Yes huddle: n = 352

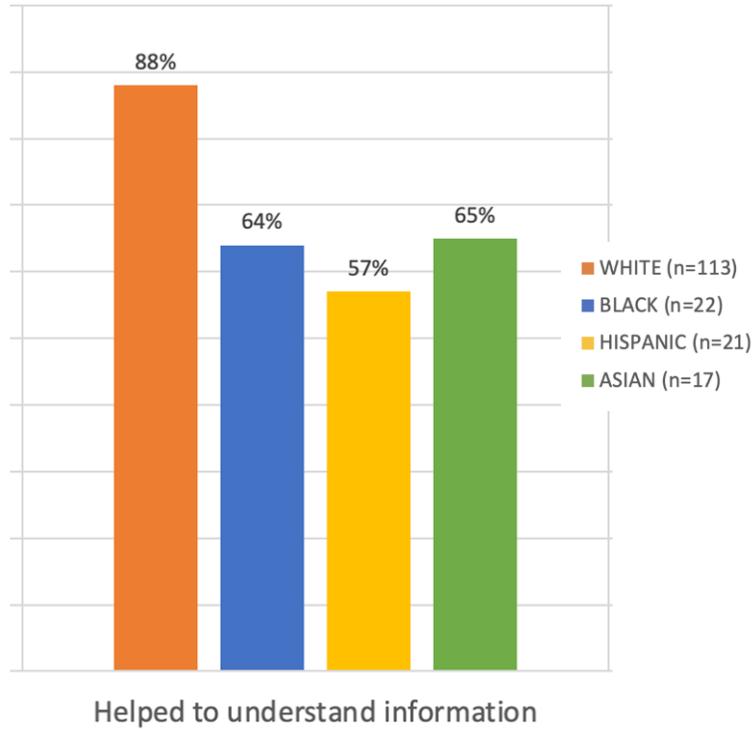
## Patients that **DID NOT** Participate in a Labor Huddle



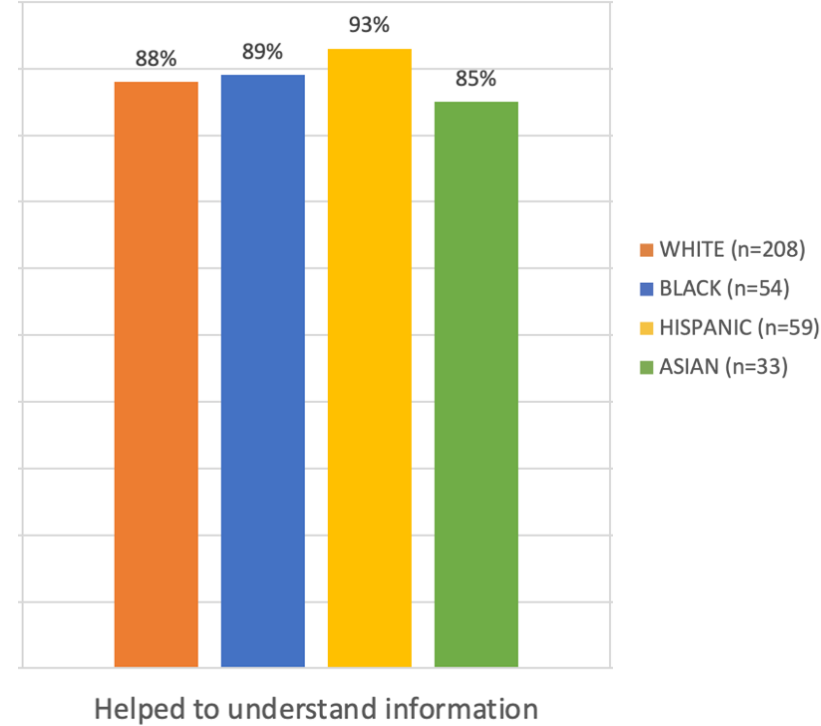
## Patients that **DID** Participate in a Labor Huddle



## Patients that **DID NOT** Participate in a Labor Huddle

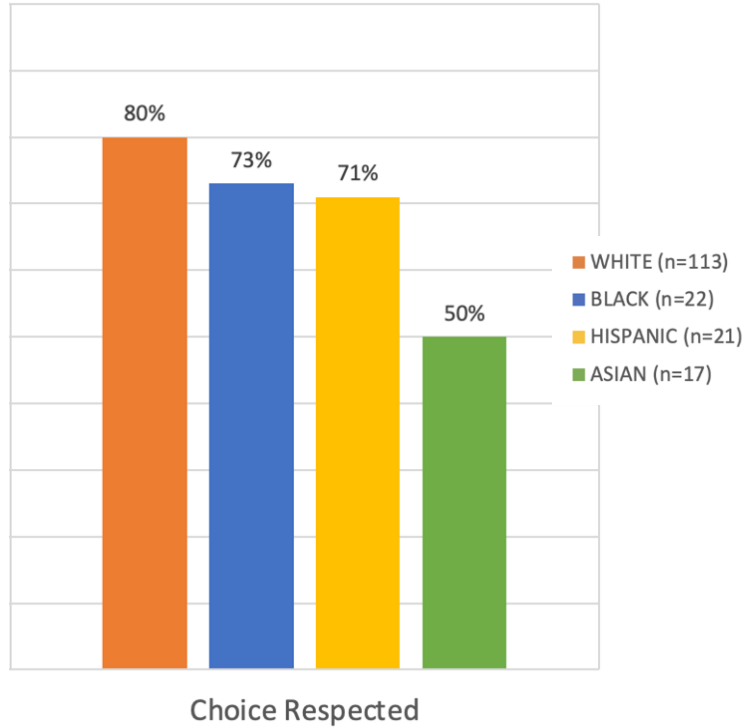


## Patients that **DID** Participate in a Labor Huddle

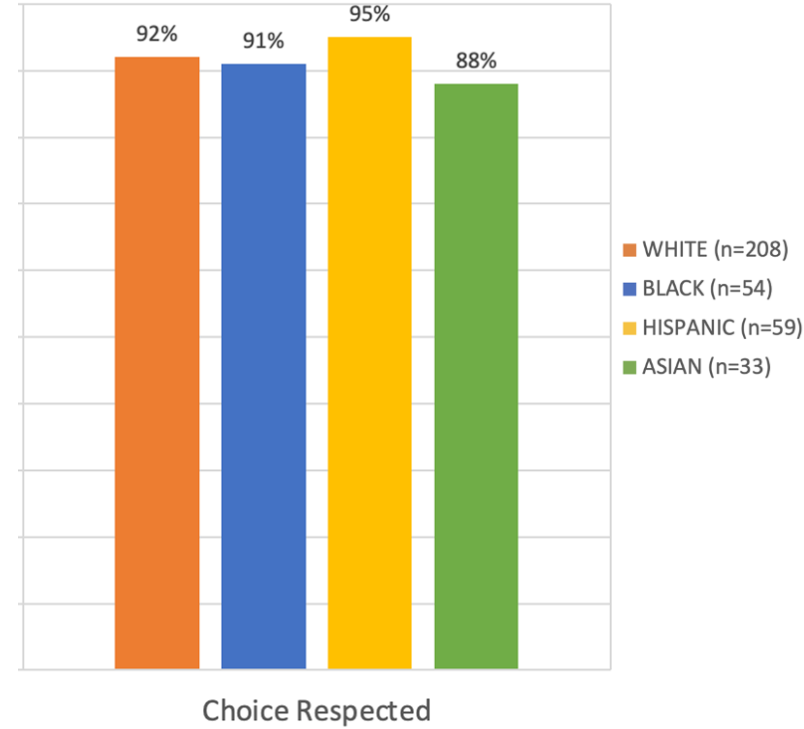




## Patients that **DID NOT** Participate in a Labor Huddle



## Patients that **DID** Participate in a Labor Huddle



# TeamBirth *Patient* Feedback

***“I genuinely felt they cared about my birth experience.***

*Also, my [...] deserves incredible recognition. This amazing person assisted me through very vulnerable times (cleaning me after childbirth) and with such dignity!”*

*“The **entire team** ensured me and my son were well cared for before and after delivery. My doctor respected and supported my decision for my birth choice and safely delivered my son.”*

*“I was afraid this hospital wouldn't let me follow my “plan”, **but they were on board with everything I wanted.***

*“The doctors, including the residents, were **amazing in explaining things during my induction and listening to my concerns or questions. They truly made me feel heard and valued during my experience.** Each labor nurse [...] was amazing, **focusing solely on my needs and the health/safety of my delivery.** postpartum nurses [...] **made us feel extremely supported.***

# Project Timeline



# TEAMBIRTH TIMELINE

<b>Prepare</b>	January - May 2024	<ul style="list-style-type: none"><li>● <b>Create Implementation Team</b></li><li>● <b>Identify site PI (Primary Investigator)</b></li><li>● Adapt TeamBirth board</li><li>● Monthly Collaborative Learning Sessions</li><li>● Individual site coaching calls</li><li>● <b>Begin to socialize TeamBirth</b></li><li>● Survey clinicians on unit</li><li>● Co-create the implementation strategy, including loading videos and training materials onto learning platform</li><li>● Recruit and train champions on TeamBirth</li></ul>
<b>Engage &amp; Coach</b>	June - August 2024	<ul style="list-style-type: none"><li>● Monthly Collaborative Learning Sessions</li><li>● Individual site coaching calls</li><li>● Begin inpatient surveying to collect baseline data</li><li>● Small-scale testing of TeamBirth components</li><li>● Begin launch planning</li><li>● Train all clinicians</li><li>● Install whiteboards</li></ul>
<b>Implement</b>	September 2024	<ul style="list-style-type: none"><li>● Launch Event</li><li>● Continue patient surveying</li><li>● Incorporate TeamBirth into new clinician onboarding</li></ul>

# Individualized Site Coaching Calls

## Logistics

What: TeamBirth Coaching Calls

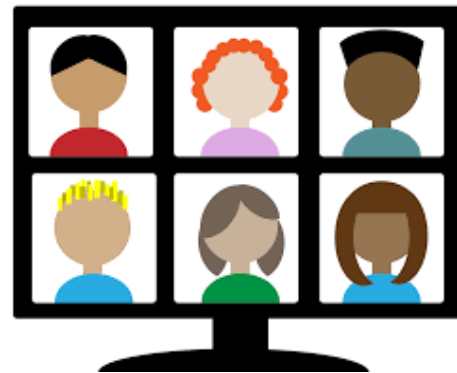
Who: Individual implementation teams with  
NJHCQI & DDI

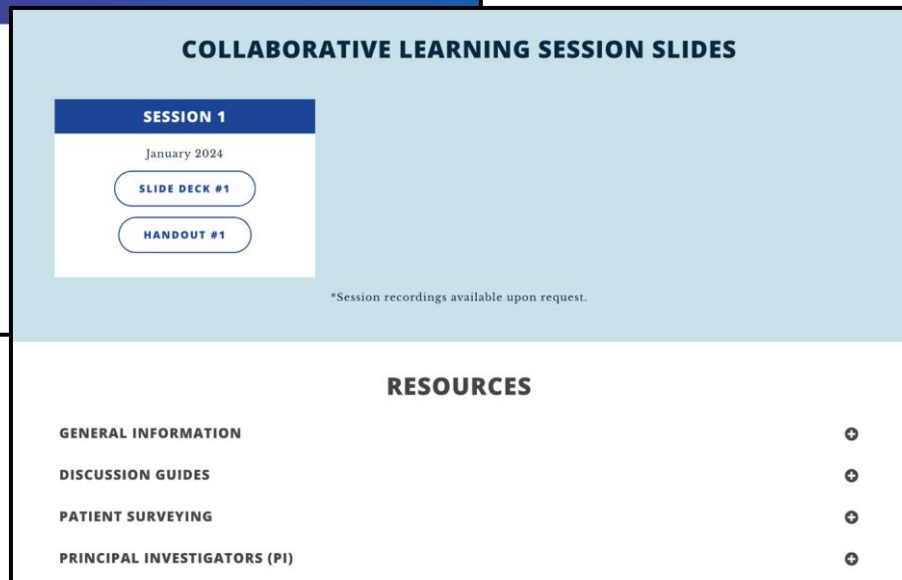
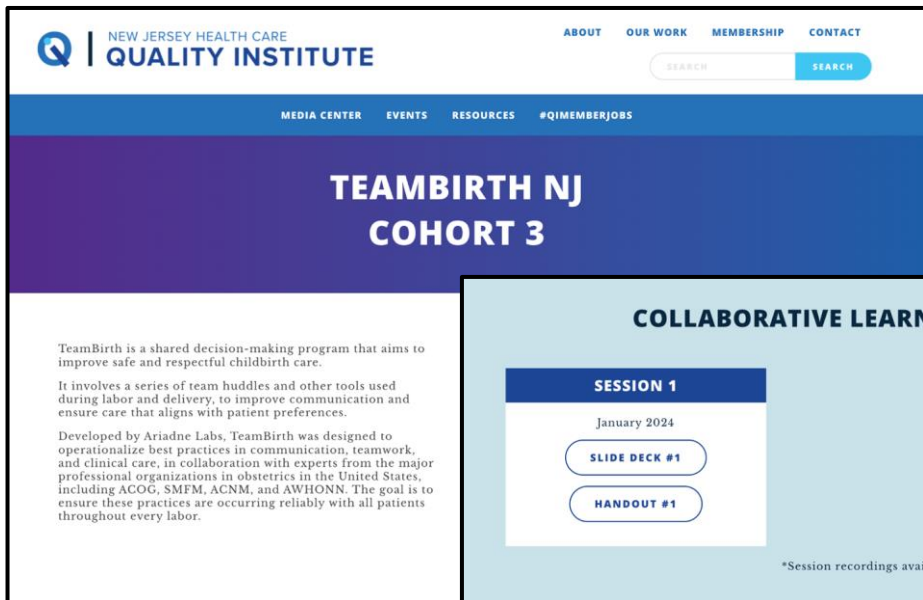
When: Once a month for 55 minutes

How: Calendar invite and Zoom meeting sent by  
NJHCQI

Why: Support teams along the implementation  
pathway

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





Password protected site - [www.njhcqi.org/teambirthnj-cohort3](http://www.njhcqi.org/teambirthnj-cohort3) ; password: Cohort32024!  
Public TeamBirth NJ website: [www.njhcqi.org/our-work/qualityimprovement/](http://www.njhcqi.org/our-work/qualityimprovement/)

## Next Steps

- ☐ Form your Implementation Teams
- ☐ Add TeamBirth to standing agendas
- ☐ Determine a time to meet internally
- ☐ Begin to socialize the project and share the “Why TeamBirth” video
- ☐ Check that you received the calendar invite for your team’s coaching calls!

## Next Call

**February 27 @ 12-1pm (*Fourth Tuesdays, monthly*)**

Please reach out with any questions: [aperez@njhcqi.org](mailto:aperez@njhcqi.org) or [achallenger@ariadnelabs.org](mailto:achallenger@ariadnelabs.org)