



DELIVERY DECISIONS INITIATIVE

TEAMBIRTH



NEW JERSEY
HEALTH CARE
**QUALITY
INSTITUTE**

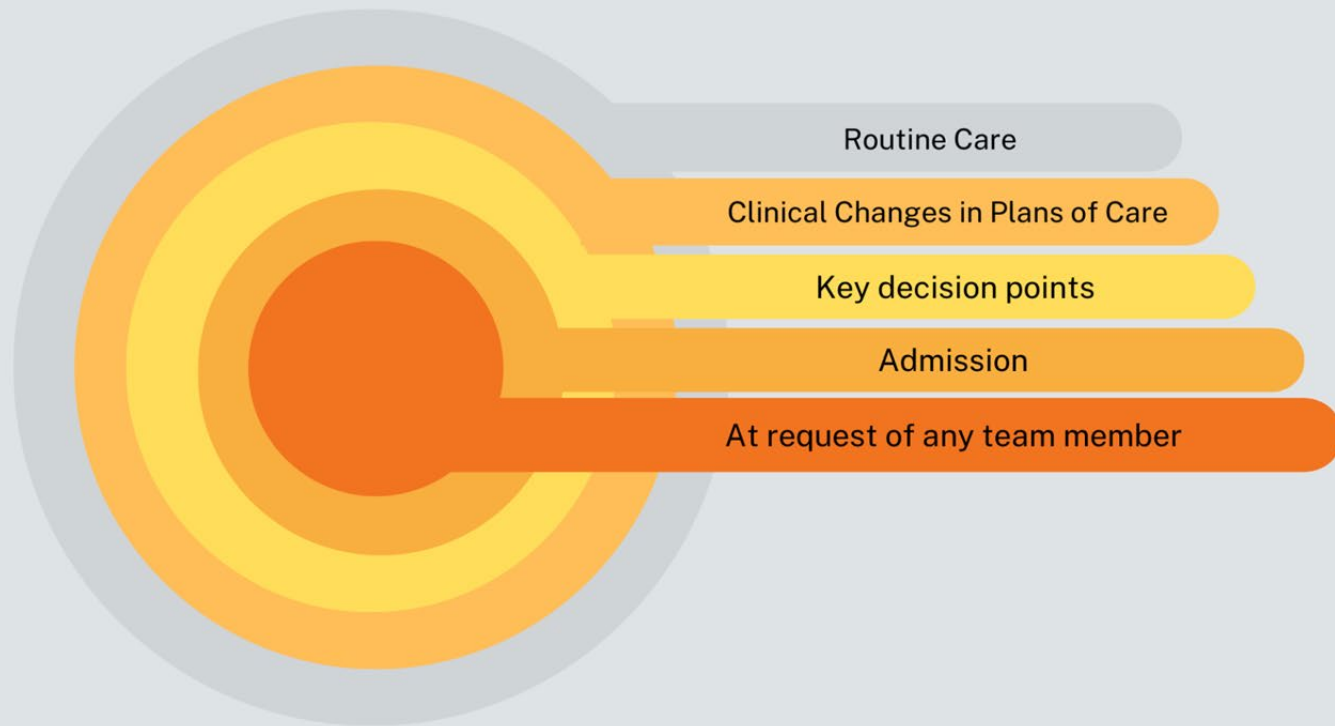


Collaborative Session 9
November 29, 2023

Agenda

- Activating Shared Decision Making
- TeamBirth in Practice
 - Admission Discussion Guide
 - Assisted Delivery Discussion Guide
- Sustainability
- Surveying
- TeamBirth Data

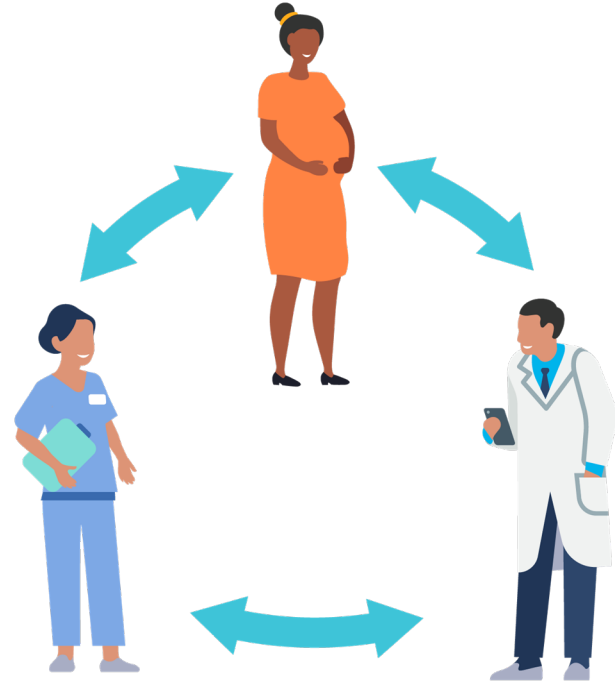




Let's Discuss

Please share experiences using TeamBirth for:

- > *Admission*
- > *Inductions*
- > *Antepartum*



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.

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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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PLAN FOR

Me:

Baby:

Labor Progress:

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PLAN FOR

Me:

Baby:

Labor Progress:

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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

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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)

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.

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TeamBirth Basics

- Update name on TeamBirth board
- Call huddles as indicated
- Participate in huddles as requested
- Verbalize that a huddle is occurring
- Utilize patient-friendly language
- Initial huddles should occur around admission
- Additional huddles should be called for key decisions
and clinical changes in plans throughout the maternity care continuum

Any team member can request a huddle

TeamBirth Considerations for High-Risk OB Providers and Nursing Staff

- Initial huddles should occur for all patients around the decision for admission
 - Observation, Transfer of Care, Antepartum Inpatient Stay
- Next huddle: team should anticipate next decision point
 - Weekly growth/fluid scans
 - Change in anticipated discharge or delivery date
 - Threshold changes for patient or baby/babies
- Huddles can be scheduled in antepartum! Consider expanded care team:
 - Social work, NICU staff, Neonatology, Spiritual Care, Nutritionist, Diabetic Liaison, RT/PT/OT, Nursing Leadership, Psychiatry...



TeamBirth Labor Considerations for OB providers

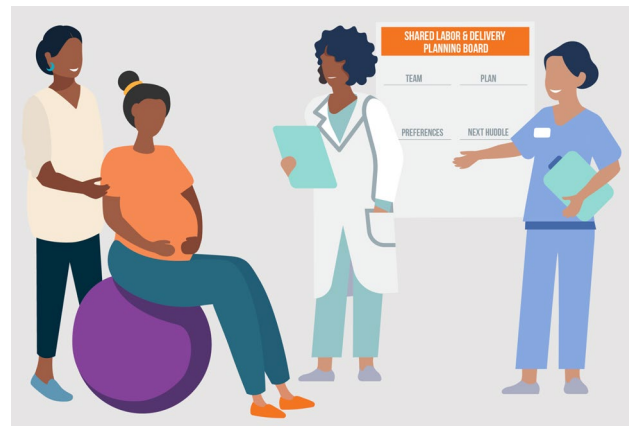
- Initial huddles should occur for all patients around admission
 - Triage, high-risk antepartum, induction, spontaneous labor
- Additional huddles should occur around key decisions and clinical changes in care
 - Interventions for augmentation
 - Discussions about assisted delivery
 - Concerns about the status of the person in labor, the baby, and/or labor progress



Any team member can request a huddle

TeamBirth Considerations for L&D staff RNs

- Initial huddles should occur for all patients around admission
 - Triage, high-risk antepartum, induction, spontaneous labor
- Additional huddles should occur around key decisions and clinical changes in care
 - Interventions for augmentation
 - Discussions about assisted delivery
 - Concerns about the status of the person in labor, the baby, and/or labor progress
 - Great visual for bedside handoff! L&D → PP



Any team member can request a huddle

TeamBirth Huddle Considerations for Charge RNs Labor


- Respectfully redirect conversations
- Identify huddle opportunities
- Support primary RN to coordinate a huddle
- Encourage use of Discussion Guide



Assisted Delivery Discussion 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 operative delivery is the best option for you after discussion with your care team
BABY	Concerns about wellbeing →	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <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 (4 cm or less) for 24 hours or more <input type="checkbox"/> Medications to support contractions and waters broken for 15 hours or more
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 2 hours if you have labored before

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Any team member can request a huddle

TeamBirth Postpartum Considerations for OB providers

- Recognize when key decisions and clinical changes in care are occurring in postpartum, and call a huddle
- Use the TeamBirth board in postpartum
 - Keep your name updated
 - Review the board for questions
 - Utilize *with* patients and families

Any team member can request a huddle



TeamBirth Huddle Considerations for Postpartum Staff

- Use TeamBirth board in postpartum
 - Keep updated even if there is no indication for a team huddle
 - Great visual for bedside handoff!
 - Utilize *with* patients and families
 - Support staff, lactation, social work can also interact with board
- Communicate with providers in the presence of patients & families
- Recognize decision-making opportunities, and call a huddle

Any team member can request a huddle





PSYCHOLOGICAL SAFETY

Your **ideas and experience matter**,
regardless of title or position



SHARED DECISION-MAKING

Interacting as a team encourages **safe communication** and establishes an opportunity to **speak up**

TEAMBIRTH CONCEPTS

Beyond the huddle



EQUITABLE CARE

Ask questions - this is a powerful way to indicate to someone that you actually want to **hear their voice**



CLOSED - LOOP COMMUNICATION

When we verbalize each other's plans, ideas, questions and mistakes, we contribute moments of safety, learning and **discovering** new perspectives

Patient Survey Process



- Assign a point person for each task
- Message value of survey on leadership rounding
- Creative ideas: colorful paper, envelopes, birth records collection
- Message Alea with any questions!

TEAM

PLAN

PREFERENCES

NEXT CHECK IN

TEAM

“I feel that some of **my nurses were very kind and helpful**. I truly appreciate them”

PLAN

“**They informed me of all the things I needed to know** about the labor and delivery and helped me to make sure **I was aware of all of my options** and the postpartum was amazing as well.”

“My doctor and nurses in charge of me were very helpful and kind and gave me and my spouse all the **right information to assure us about my health and baby's health and right options for me.**”

PREFERENCES

“...they took the time to answer all of my questions and to **understand my choices.**”

“We had a wonderful experience and felt like **my preferences and needs were heard and met.**”

NEXT CHECK IN

“...We were often asked if we had questions but it was hard to think of them quickly, then **the provider would leave the room (without us knowing when they would next be back) before questions popped in our heads**”

Come to **December coaching calls** with questions and sustainability goals!

