



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

April 23, 2024

## Learning Session 4

- Timeline Review
- Atlas Check-In
- Core and Adaptable
- Shared Planning Board Review
  - Team Section
  - Preferences and Plan
- TeamBirth Discussion Guides

## TEAMBIRTH TIMELINE

### Prepare

January - May 2024

- Identify site PI (Primary Investigator)
- Monthly Collaborative Learning Sessions
- Individual site coaching calls
- Create Implementation Team
- **Adapt TeamBirth board**
- **Begin to socialize TeamBirth**
- **Survey clinicians on unit (March-May)**
- Co-create the implementation strategy
- Recruit and train champions on TeamBirth

### Engage & Coach


June - August 2024

- **In-person provider interviewing**
- 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 2024

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

NEW JERSEY HEALTH CARE  
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TEAMBIRTH NJ  
COHORT 3

TeamBirth is a shared decision-making program that aims to improve safe and respectful childbirth care.

It involves a series of team huddles and other tools used during labor and delivery, to improve communication and ensure care that aligns with patient preferences.

Developed by Ariadne Labs, 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.

COLLABORATIVE LEARNING SESSION SLIDES

SESSION 1

January 2024

SLIDE DECK #1

HANDOUT #1

\*Session recordings available upon request.

RESOURCES

GENERAL INFORMATION

DISCUSSION GUIDES

PATIENT SURVEYING

PRINCIPAL INVESTIGATORS (PI)

Password protected site - [www.njhcqi.org/teambirthnj-cohort3](https://www.njhcqi.org/teambirthnj-cohort3)

Public TeamBirth NJ website: [www.njhcqi.org/our-work/qualityimprovement/](https://www.njhcqi.org/our-work/qualityimprovement/)

# Atlas Survey - Sample Results Reports *(aggregates data from survey responses)*

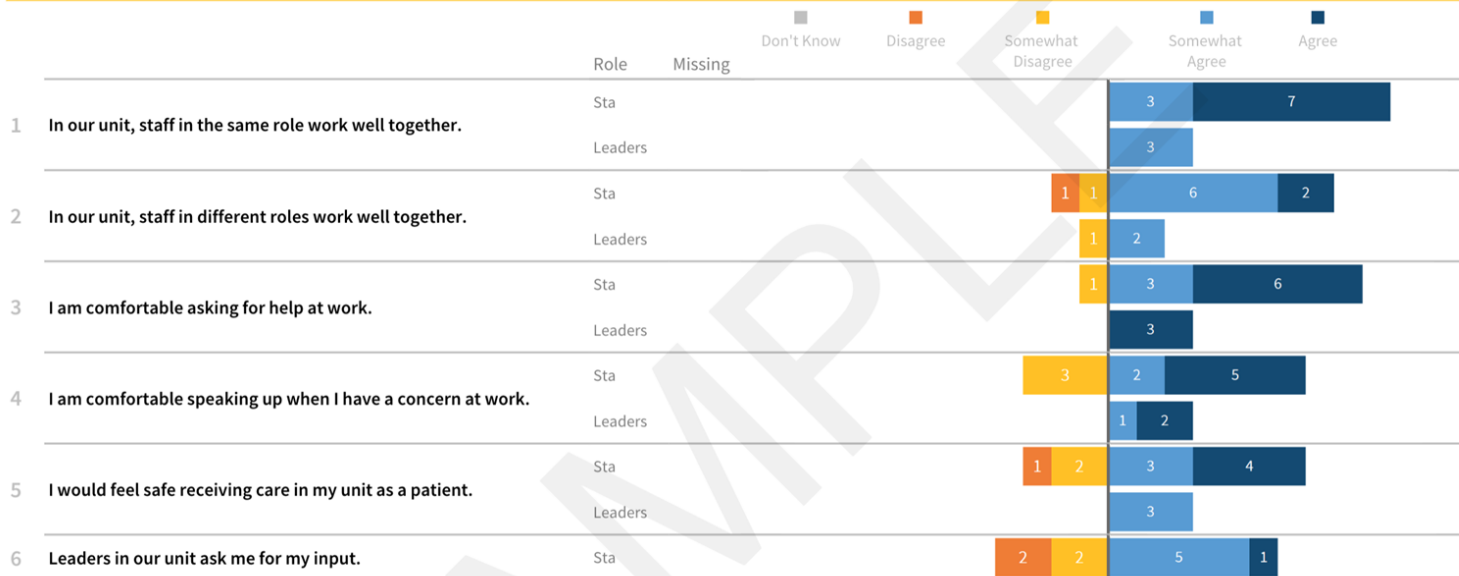
## Domain Detail Page

[Sample Practice Change] FOUNDATION RESULTS

[Sample Site] 1/19/2021



Domain: Internal Culture



# Board Training



# TeamBirth Huddle: Psychological Safety

## Initiate a TeamBirth huddle



## Include

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

## Collaborate

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

# Board Section: Next Huddle

## Labor and Delivery Planning Board

TEAM



PREFERENCES

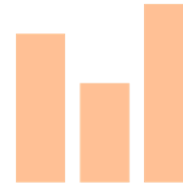


PLAN

Mom:

Baby:

Labor Progress:



NEXT HUDDLE



EARLY LABOR

ACTIVE LABOR

PUSHING



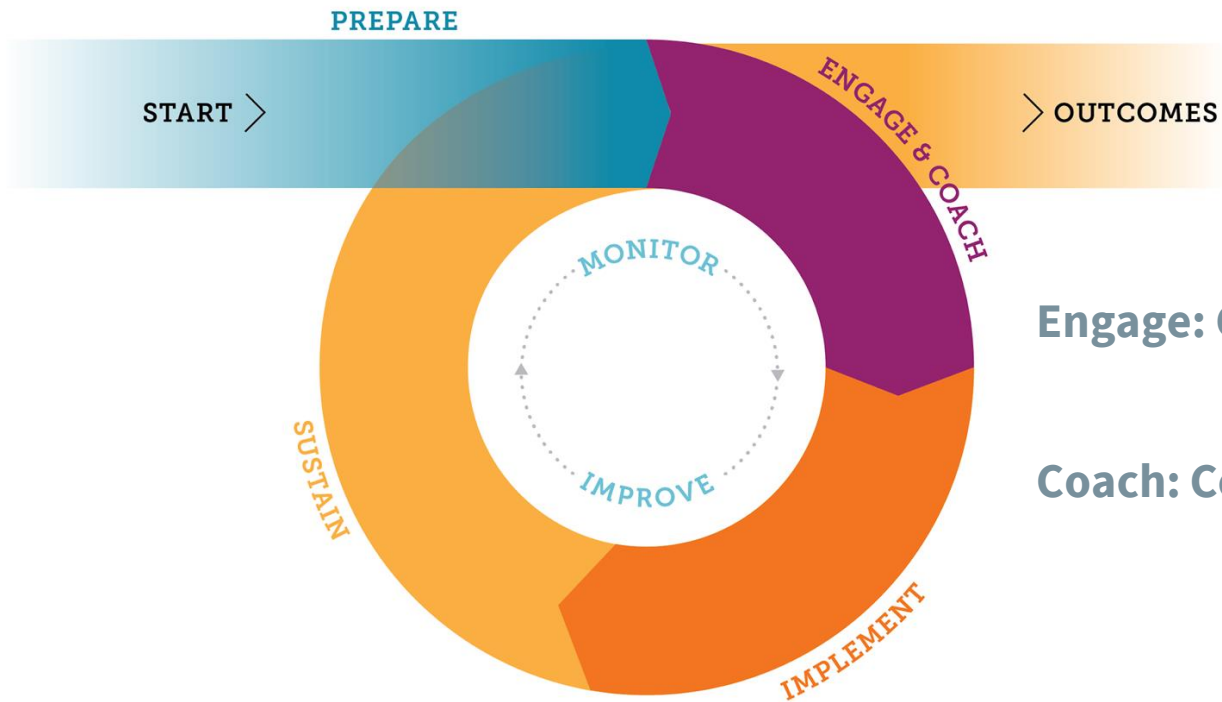
## Board Terms Practice



# Implementation Pathway - Engage and Coach



# 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**

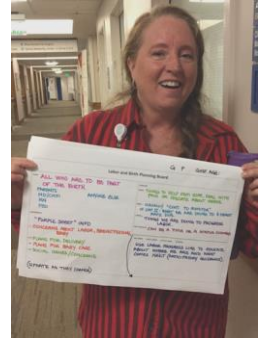
# Engage: Gather Champions

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** **Kind**  
**Persistent** **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?





# TeamBirth Core Takeaways



<b>TEAM</b>	<ul style="list-style-type: none"><li>● State a huddle is occurring and ensure everyone is introduced</li><li>● Promote each team member to establish psychological safety</li></ul>
<b>PREFERENCES</b>	<ul style="list-style-type: none"><li>● Opportunity to elicit what matters now - HEAR your patient here</li><li>● Can change over time</li><li>● Review/discussion of an existing birth plan may be valuable</li></ul>
<b>PLAN</b>	<ul style="list-style-type: none"><li>● Written in patient friendly language</li><li>● Clearly distinguishes plans for: birthing person, baby, and labor progress</li><li>● Discussed at every Huddle even if no change is made</li></ul>
<b>NEXT HUDDLE</b>	<ul style="list-style-type: none"><li>● Setting clear expectations for future huddles</li><li>● Reduces uncertainty by providing transparency</li><li>● Ensures everyone knows that anyone can request a huddle</li></ul>
<b>HUDDLE TIMING</b>	<ul style="list-style-type: none"><li>● All patients should have an initial Huddle to establish norms</li><li>● Ongoing, planned, and as needed Huddles will occur throughout their stay at key decision points or requests</li></ul>

# Team Section: Adaptable Components

## Huddle Members

Huddles should include all members of the direct care team, including the patient and their support people.

ADAPTATION GUIDELINES & RECOMMENDATIONS	EXAMPLES
<p><b>Direct care team</b></p> <p>The direct care team must include any support people accompanying the patient and the clinical team primarily responsible for the patient's care:</p> <ul style="list-style-type: none"><li>■ Patient</li><li>■ Support people</li><li>■ Provider (doctor, midwife)</li><li>■ Nurse</li></ul>	<p><b>Support People</b></p> <ul style="list-style-type: none"><li>• Partner, family member, doula, friend</li></ul> <p><b>Provider</b></p> <ul style="list-style-type: none"><li>• Attending, OB, CNM, ARNP</li></ul> <p><b>Nurse</b></p> <ul style="list-style-type: none"><li>• Primary nurse, charge nurse, lactation nurse, nursing assistant</li></ul> <p><b>Interpreter</b></p> <ul style="list-style-type: none"><li>• In-person, video feed, speakerphone</li></ul>
<p><b>Other clinicians</b></p> <p>Other clinicians who are involved in patient care as needed can be included in some huddles when their input is relevant, but do not have to be in every one</p>	<ul style="list-style-type: none"><li>■ OB Hospitalist/Laborist</li><li>■ NICU/Neonatology</li><li>■ Pediatrician/Newborn Provider</li><li>■ Social work</li><li>■ Lactation</li><li>■ Community Midwife<ul style="list-style-type: none"><li>• Anesthesia</li><li>• Consulting OB/MFM</li><li>• OB/GYN Residents</li></ul></li></ul>

# Team Section: Adaptable Components

## The Huddle

Huddles are structured team conversations that occur throughout labor, postpartum, and newborn care.

### ADAPTATION GUIDELINES & RECOMMENDATIONS

#### Huddle naming

These team conversations can be labeled with any name that works for your context; aim to pick a name that will signify that this is a conversation that includes the patient and their support people, distinguishing these conversations from those that have traditionally been amongst clinical personnel only.

#### Huddle format

The team conversation should be in-person when possible, but can also be conducted over speaker phone or facilitated using technology.

### EXAMPLES

- Huddles
  - TeamBirth Huddle
  - Board Huddle
  - TeamBirth Meeting
  - Check-ins
  - TeamBirth Pause
- 
- In-person
  - Speakerphone
  - Landline in patient room
  - Nurse phone system (Vocera, Voalte, Spectralink, Ascom, etc.)
  - Cordless phone brought in from nurse's station
  - Designated “huddle” cell phone

# 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



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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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**Being active**  
.....  
**Staying close to the hospital**



**Home**



**Nearby by the Hospital**

If you are in  
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You may benefit from  
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.....  
**Monitoring**  
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**Clinical care**



**Labor & Delivery**

### DISCUSS WITH YOUR TEAM

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How am I feeling?  
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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**?

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PLAN FOR

Me:

Baby:

Labor Progress:

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Manage  
wellbeing



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**Labor  
Progress**

Promote  
progress



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Slow induction



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**Labor Progress**

Slow progress



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**What are the MINIMUM Conditions for assisted delivery?**

<b>Mom</b>	<b>Request</b>	➡	<input type="checkbox"/> You believe that assisted delivery is the best option for you after discussion with your care team
<b>Baby</b>	<b>Concern for wellbeing</b>	➡	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <ul style="list-style-type: none"> <li><input type="checkbox"/> Repeated slow downs in heart rate that do not improve with support</li> <li><input type="checkbox"/> High heart rate that does not improve with support</li> </ul>
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<b>Labor Progress</b>	<b>Slow progress</b>	➡	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
	<b>Prolonged pushing without progress</b>	➡	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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### 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

- ❑ Distribute the Atlas survey to staff
- ❑ Review Core and Adaptable huddle components for Triage, Labor, Postpartum across your site
- ❑ Continue pursuing board design and installment planning
- ❑ Develop communication channels for sharing learning and strategies across champions
- ❑ Assign and circulate training videos

## Next Cohort 3 Collab Learning Session

**June 25th @ 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)