



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


May 28, 2024

## Learning Session 5

- Timeline Review
- Surveying
  - Clinicians (Atlas)
  - Patients (PREMs)
- Quick Recap
  - Core and Adaptable
  - Discussion Guides
- Summer focus:
  - Socialization
  - Training
  - Small Scale Testing
  - Discussion
- Priorities and Next Steps

## TEAMBIRTH TIMELINE

<b>Prepare</b>	January - May 2024	<ul style="list-style-type: none"><li>● Identify site PI (Primary Investigator)</li><li>● Monthly Collaborative Learning Sessions</li><li>● Individual site coaching calls</li><li>● Create Implementation Team</li><li>● Adapt TeamBirth board</li><li>● <b>Begin to socialize TeamBirth</b></li><li>● <b>Survey clinicians on unit (March-May)</b></li><li>● <b>Co-create the implementation strategy</b></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>● <b>In-person provider interviewing</b></li><li>● Monthly Collaborative Learning Sessions</li><li>● Individual site coaching calls</li><li>● <b>Begin inpatient surveying to collect baseline data</b></li><li>● <b>Small-scale testing of TeamBirth components</b></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>

NEW JERSEY HEALTH CARE  
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MEDIA CENTEREVENTSRESOURCES#QIMEMBERJOBS

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) ; password: Cohort32024!  
Public TeamBirth NJ website: [www.njhcqi.org/our-work/qualityimprovement/](https://www.njhcqi.org/our-work/qualityimprovement/)

# Cohort 3 Site visits by the NJ Quality Institute and Ariadne Labs

## Monday, June 3rd

Morning: HMH Jersey Shore

Midday: Virtua Our Lady of Lourdes

## Tuesday, June 4th

Morning: Hackensack University

Midday: RWJ Jersey City

Interviews will be conducted with providers, nursing staff, and people who have recently given birth on your postpartum units

### **Aims:**

To gather provider and staff perspectives about communication, shared decision-making, practice standards, and thoughts on the TeamBirth project

To hear from birthing people and families about the birthing experience

Surveying

Atlas Implementation Staff Survey  
TeamBirth Patient Survey



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

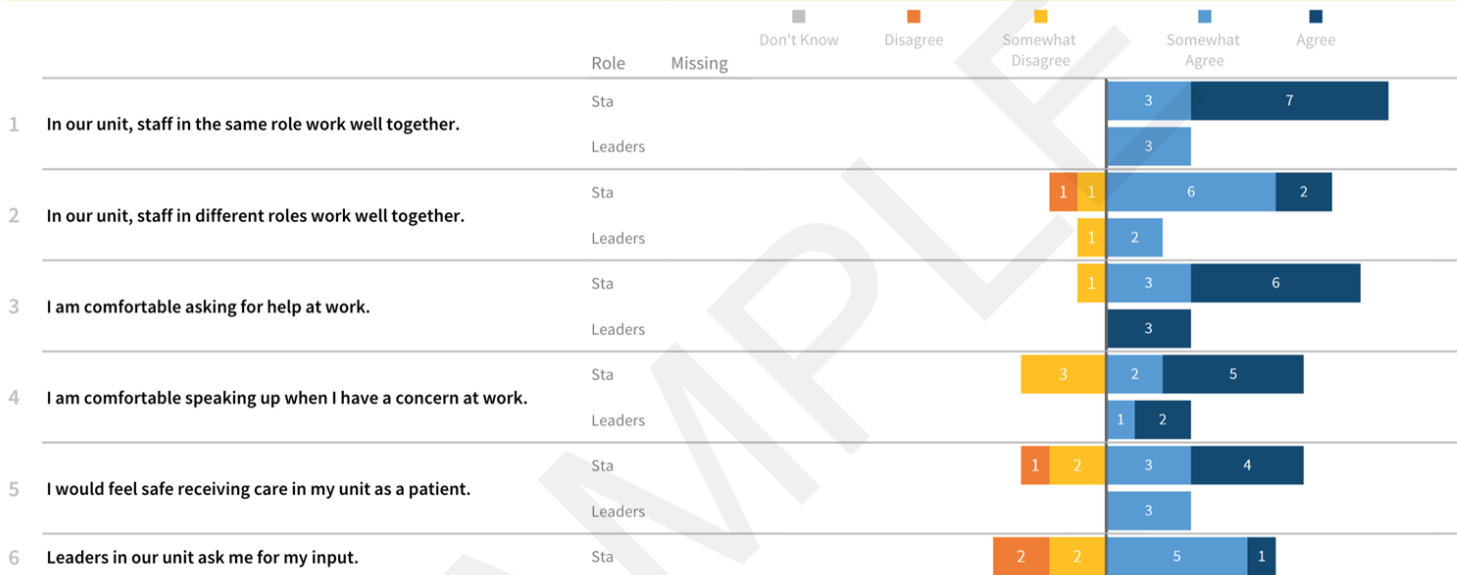
## Domain Detail Page

[Sample Practice Change] FOUNDATION RESULTS

[Sample Site] 1/19/2021



Domain: Internal Culture



# 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
<b>SUM OF ALL CIRCLED ITEMS = TOTAL SCORE:</b>						

<b>KEY</b> <b>Level of Autonomy</b> <b>(by quartiles)</b>	
<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

# Patient Survey Process

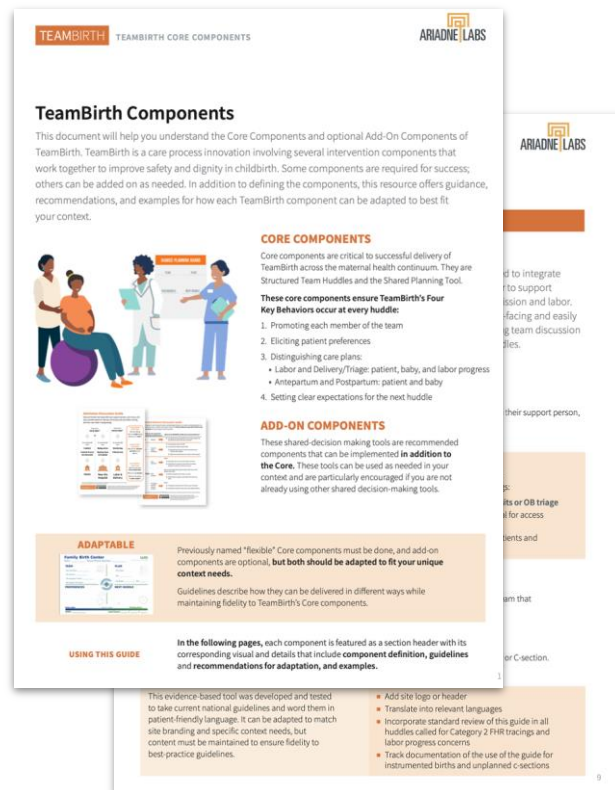


# Review



# Adapting TeamBirth

Review the **TeamBirth Components** resource for guidance on adapting the Core and Add-on Components of TeamBirth to your unique context



# 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>

# 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



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.

## 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



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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)

TEAMBIRTH



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# Socialization & Testing



# TeamBirth Socialization

## How should we begin to socialize and build support?

- Share the TeamBirth infographics & resources
- 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  
Components & Implementation Overview

**WHAT IS TEAMBIRTH**

TeamBirth is a care process innovation that supports open communication among patients, their support people, and clinicians across the maternal health continuum.

- Improve Communication
- Facilitate Teamwork
- Utilize Shared Decision-Making
- Promote Dignified Childbirth

**WHY IS TEAMBIRTH VALUABLE**

People giving birth in the U.S. are more likely to face mistreatment, serious complications, or death than people in any other high-income country. Failures in communication and teamwork among clinical teams play a role in 80 – 90 percent of cases of patient harm.

Every person deserves a voice in their care when having a baby. Through structured team huddles and a shared planning board, TeamBirth empowers everyone to reach decisions together. The result is more dignified, respectful care that gives patients the role that they want.

*Our process is rooted in research and backed by evidence. In a pilot trial at four U.S. hospitals:*

- 97%** of patients had the role they wanted in their childbirth experience
- 93%** of clinicians felt TeamBirth improved care through better communication, teamwork, and shared decision-making
- 90%** of nurses, midwives, and obstetricians reported they would recommend TeamBirth for use in other birthing centers

**HOW IS TEAMBIRTH IMPLEMENTED**

Implementation is a journey, not a single event. Purposeful preparation is key, and the Implementation Pathway and Roadmap describe culture change and quality improvement activities that systematically guide TeamBirth integration toward successful and sustainable impact.

**HOW CAN YOU SUPPORT TEAMBIRTH**

TeamBirth culture change needs champions and engagement from all the different roles that support people throughout their labor, delivery, and postpartum experience.

- Providers (OBs, midwives, pediatricians, etc.)
- Nurses (antepartum, L&D, postpartum, lactation, etc.)
- Doulas
- Social Workers
- Interpreters
- And more!

Reach out to your TeamBirth leaders to find out what to expect and how you can get involved!

**TEAMBIRTH** Safe and dignified birth for all

**KEY BEHAVIORS** Each section of the Shared Planning Tool prompts a Huddle's key behaviors

- Promote the role of each team member\*** ("birthing person, support person, and relevant clinicians")
- Elicit patient preferences, thoughts, & concerns** to inform the current care plan
- Distinguish the different care plans:** "me", baby, & labor progress
- Set shared expectations for the timing of the next huddle**

**TEAM** **PREFERENCES** **PLAN** **NEXT HUDDLE**

**CORE COMPONENTS**

**Structured Team Huddles + Shared Planning Tool**

**KEY BEHAVIORS**

- Promote the role of each team member**
- Elicit patient preferences**
- Distinguish care plans (birthing person, baby, & labor progress)**
- Setting expectations for the timing of the next huddle**

**Shared decision-making** **Situational awareness**

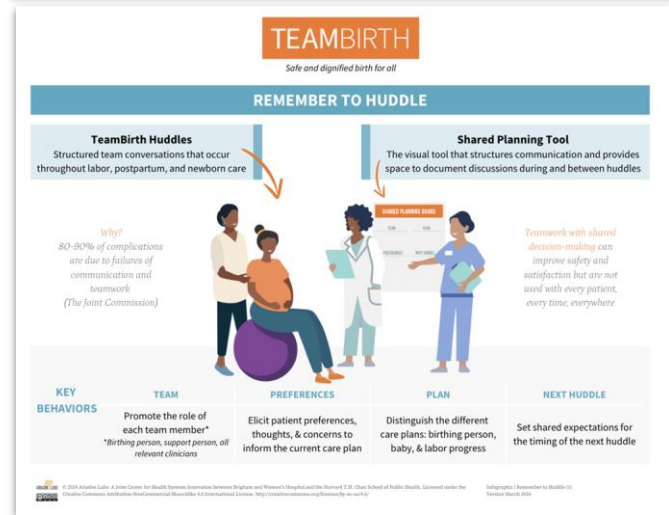
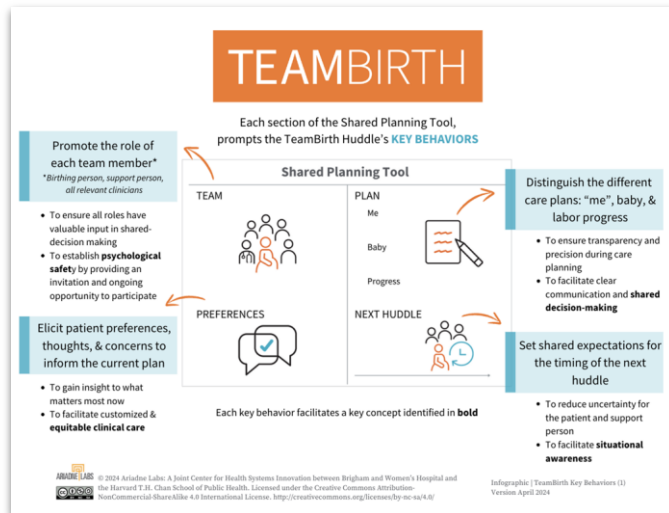
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# TeamBirth Socialization

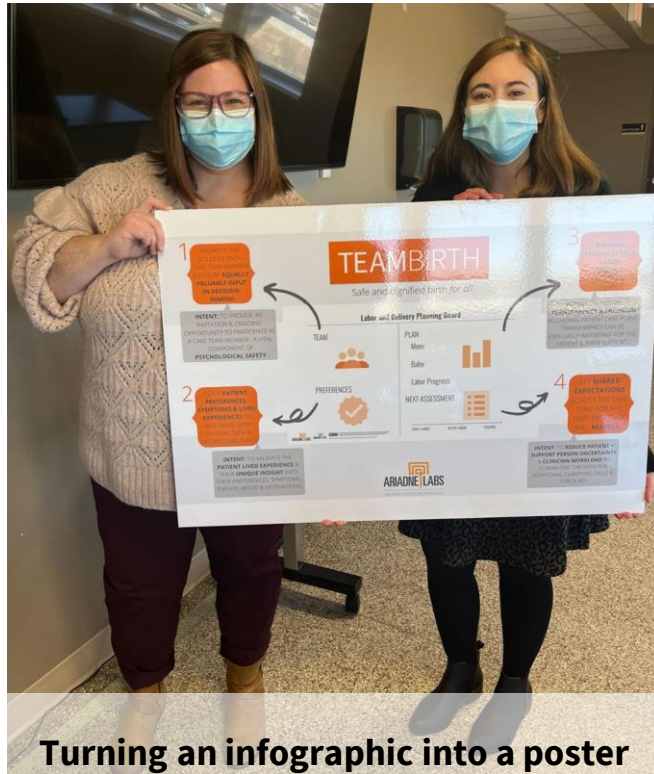
## What are the key communication points when engaging colleagues one-on-one?

- **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)



# Examples from TeamBirth Sites

Get creative with how you share TeamBirth with your staff



**Using infographics to support training**

# Small-Scale Testing & Training



# 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



# Provide Training

Ensure everyone has the knowledge and skills AND the opportunity to apply them

## CORE Training Components

**Knowledge (Didactic)**  
TeamBirth Videos



**Application (Action)**  
Huddle Practice

### Adaptation for your context

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>● Assign videos in online learning management system</li> <li>● Distribute QR codes for YouTube links</li> <li>● Give your own live presentation of TeamBirth video content</li> <li>● Supplement videos with TeamBirth resources like the infographics</li> </ul> | <ul style="list-style-type: none"> <li>● Role play huddle scenarios in multidisciplinary groups</li> <li>● Demos</li> <li>● SIMs</li> <li>● Combine with skills day</li> </ul> |
|---|--|



# Who should watch which video?

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



**Why TeamBirth**  
is for everyone!  
Use early and often for socialization.

**TEAMBIRTH**  
Ariadne Labs  
7 videos • 5,170 views • Last updated on Jun 13, 2022

▶ Play all    🔀 Shuffle

- Why TeamBirth?**  
Ariadne Labs • 7.1K views • 2 years ago
- Introduction to TeamBirth**  
Ariadne Labs • 3K views • 2 years ago
- TeamBirth in Labor & Delivery**  
Ariadne Labs • 2.3K views • 2 years ago
- TeamBirth in Postpartum**  
Ariadne Labs • 1.7K views • 2 years ago
- Admission Discussion & Labor Support Guide**  
Ariadne Labs • 1.1K views • 2 years ago
- Assisted Delivery Discussion Guide**  
Ariadne Labs • 1K views • 2 years ago
- How to Implement TeamBirth**  
Ariadne Labs • 503 views • 2 years ago



# Develop your training strategy

There is no one way to train, use strategies that have worked for you

## HOW



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



# Develop your training strategy

## HOW

### Key Milestones

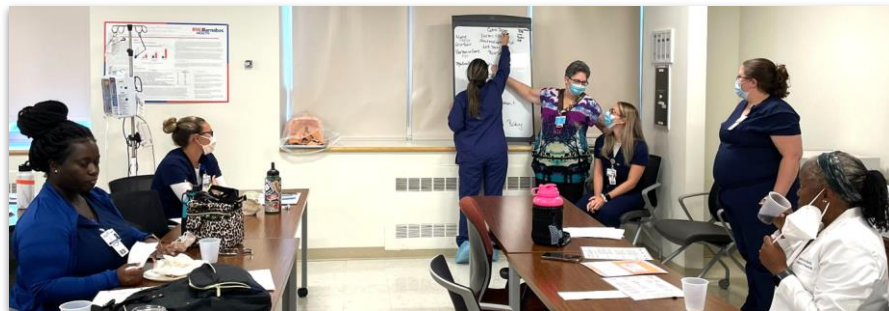
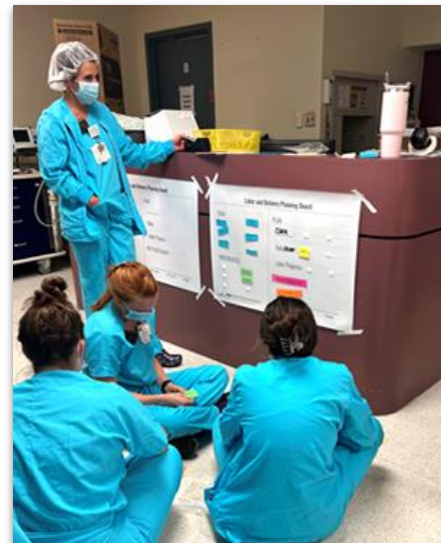
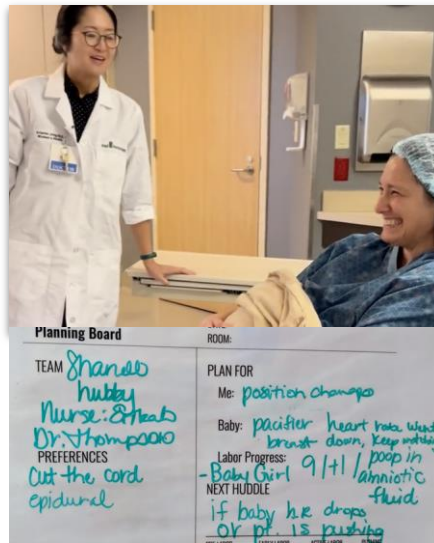
- ❑ Training videos and resources uploaded to your learning management system
  - Ensure content is ready in time to train Champions
- ❑ Train all clinicians who may be part of the direct care team (e.g. nurses, midwives, physicians)
- ❑ Establish a process with champions for ongoing coaching to reinforce skills and behaviors from the trainings
- ❑ Create a system for tracking training completion to promote buy-in and accountability for participating





# Many approaches to training

- On-shift events:
  - Scenario station for training
  - On the fly education
  - TeamBirth “roadshows”
  - Office hours
  - TeamBirth education station
  - Mini-trainings at shift changes
  
- Off-shift events:
  - OB clinics
  - SIM lab
  - Repurpose unit meetings for multidisciplinary scenario practice and discussion
  - Department dinner and training
  - Add huddle practice to existing skills labs





# Training Tips

## Include both didactic and interactive sessions

- **Didactic sessions** - facilitate further buy-in for the program as well as introduce key behaviors and tools
- **Interactive sessions** - facilitate clinicians reacting to the behaviors and tools and begin practicing them in hypothetical, simulated scenarios

## Format the training based on clinician availability at your site


- Leverage existing educational opportunities like skills fairs
- Creating new, specialized sessions like lunch trainings at providers' offices for sites with large private practices
- Clinicians will benefit from multiple training sessions and different training methods to feel comfortable with the practice change

**Acknowledge and elevate champions'** roles in the project by inviting them to lead or co-lead training sessions with the implementation team



# Training Tips

## TeamBirth Scenario Station



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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ FMC Front Desk: 482-2229  
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**  
Pain relief - wants \_\_\_\_\_  
epidural \_\_\_\_\_  
Bring my placenta home \_\_\_\_\_  
Todd/Anna give \_\_\_\_\_  
massages \_\_\_\_\_  
Wear my own gown \_\_\_\_\_  
Skin to skin after birth \_\_\_\_\_  
py when pushing \_\_\_\_\_

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

**Medications**  
Next @ \_\_\_\_\_  
Next @ \_\_\_\_\_  
Next @ \_\_\_\_\_

**Labor Progress:** \_\_\_\_\_  
Last Exam: \_\_\_\_\_ @ \_\_\_\_\_  
Next Huddle: \_\_\_\_\_

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



Team Birth  
Mini Kim

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ FMC Front Desk: 482-2229  
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 **Girl** !**  
Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Time: \_\_\_\_\_  
Weight: \_\_\_\_\_ Length: \_\_\_\_\_

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

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

**Medications**  
Next @ \_\_\_\_\_  
Next @ \_\_\_\_\_  
Next @ \_\_\_\_\_

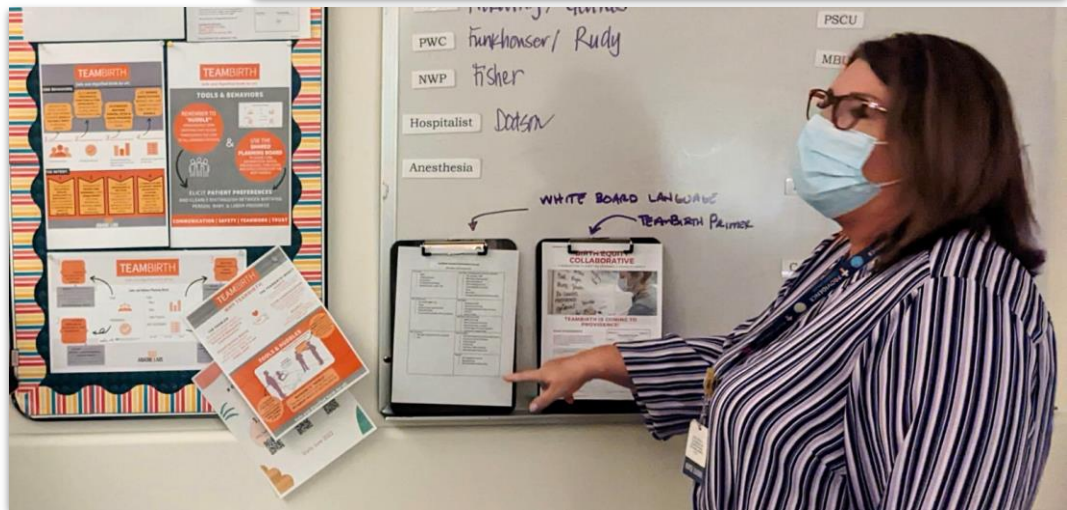
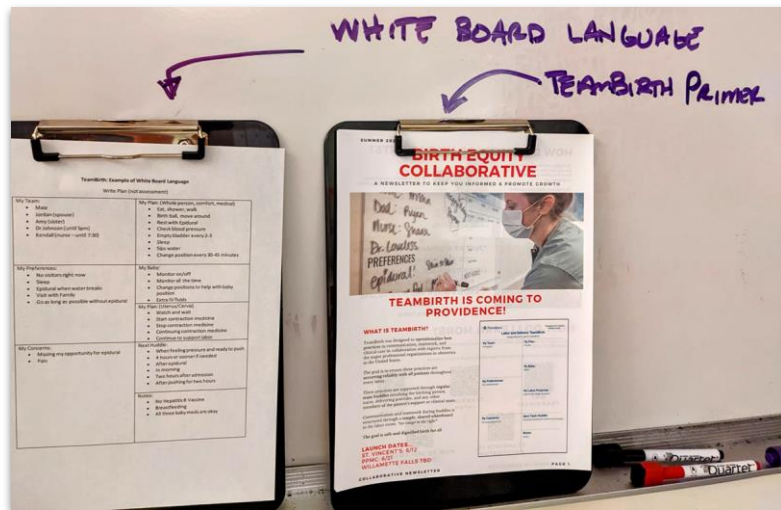
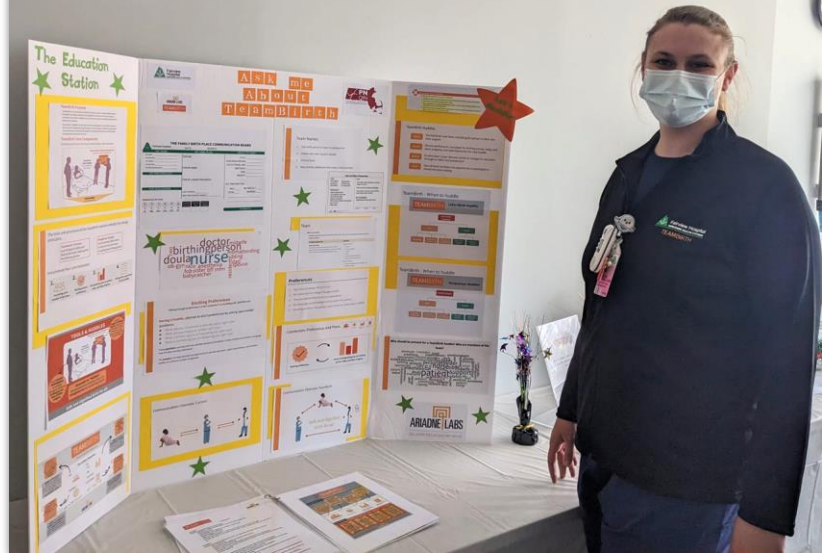
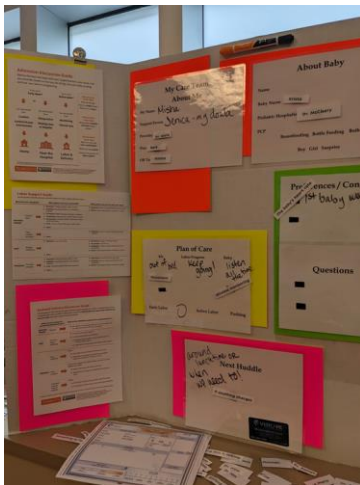
**Labor Progress:** **Walking**  
Last Exam: **6/7/15-1 @ 3:30**  
Next Huddle: **At 10pm or if labor starts**

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



# Training Tips

## TeamBirth Education Stations



## Practice, practice, practice!

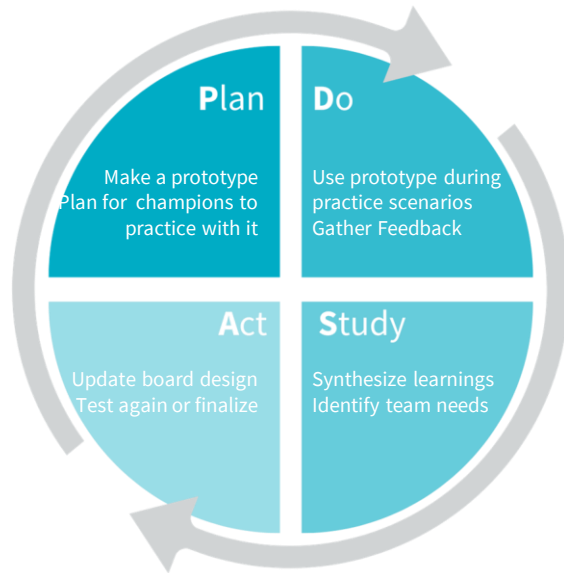




# Conduct Small-Scale Testing

Have your Champions practice huddles and provide feedback

Set up a PDSA cycle to  
Test huddles



**Virginia Mason Franciscan Health**

**TEAM**

Me: My Support: Room # Phone # Food Services:

Nurse: Doula:

Charge Nurse: OB/Midwife:

**PLAN OF CARE**

Me: Baby: For my labor progress: Next Huddle:

Walk around! Listen to baby on/off all the time. Placenta later if no labor in 6 hrs. After next cervical exam. As needed/per request.

**PREFERENCES QUESTIONS CONCERNS**

YES Eyes No Thumbs Detached/2nd Clasp

**BIRTH**

Baby's name: Baby's provider: Instruments: Sharps: Legs:

Feeding plan: ☐ Breastfeeding ☐ Bottle Feeding Cord Blood: ☐ yes ☐ No Protocols: ☐ Glucose ☐ Chorio

**OUR TEAM**

Me: My Support: My Baby: Room # Phone # Food Services:

Nurse: OB/Midwife: Baby's Provider:

Charge Nurse:

**PLAN OF CARE**

Me: My Baby: Next Huddle:

Pop up then. Check Post signs. After next BG check if low.

**PREFERENCES QUESTIONS CONCERNS**

**DISCHARGE CHECKLIST**

Footprints CCMD Hearing Birth Certificate Lab Drawn Bilirubin Cordstitch Weight Planned Discharge

Birth Day Birth Time:



# 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 and address changes that will make TeamBirth work better for both clinical teams and your patients
- Avoid frustrating, time consuming, and costly mistakes
- Iterate your design until it is ready for use by your whole unit

# Gather Champions

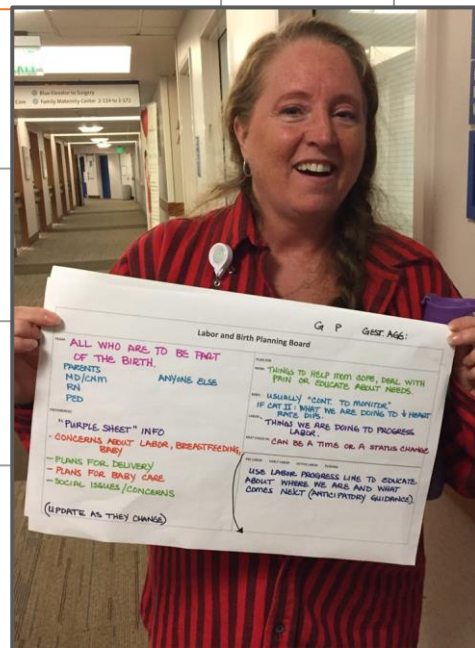
## Conduct Small-Scale Testing

### 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

Share lessons learned from your small scale testing to make sure the learning from test cycles is visible

Support champions as they test and gather feedback





# Train Staff & Providers

## Milestones to Move on:

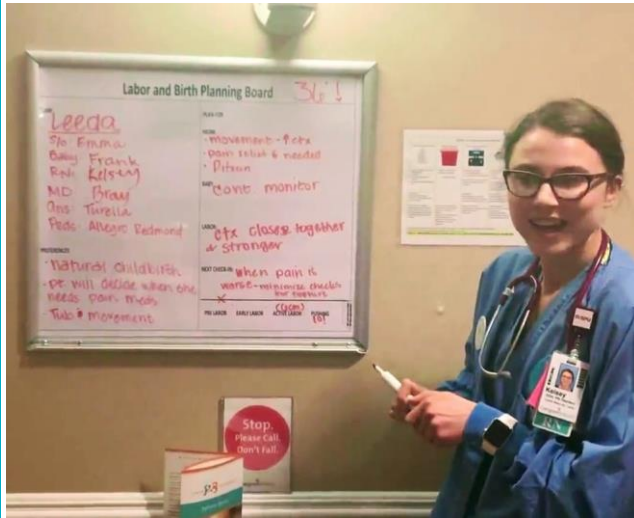
Create a system for tracking staff and providers who have attended training to promote buy-in and accountability for participating



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



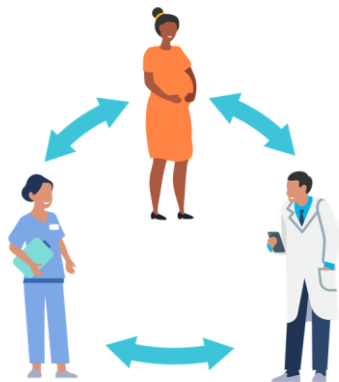
Establish a process with your champions for ongoing coaching to reinforce skills and behaviors from trainings



# Let's Discuss: Weaving this together

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- > Gather champions → identify a huddle opportunity → guide a small test



- > Remember to discuss your learnings as a team, and plan to test again!

# Priorities & Action Items



<i>Implementation Pathway</i>	<i>Action Items</i>	<i>Details &amp; Resources</i>
ATLAS STAFF SURVEY	<input type="checkbox"/> Final push of the Atlas survey across your department	Goal: 60% of staff/clinicians
SOCIALIZATION	<input type="checkbox"/> Engage colleagues, get the word out	Infographics, meeting agendas
	<input type="checkbox"/> Upload TeamBirth Videos to your learning management system (LMS)	Assign videos based on roles NJHCQI Website
DESIGN YOUR BOARD	<input type="checkbox"/> Continue to progress toward finalizing boards	Aim to have boards installed for TeamBirth Go live
SMALL-SCALE TESTING	<input type="checkbox"/> <b>Gather champions → identify a huddle opportunity → guide a small test!</b>	Try it out!
	<input type="checkbox"/> Share lessons learned from your small scale testing to make your learning from test cycles visible	Establish communication channels for champions to share back
TRAINING	<input type="checkbox"/> <b>Plan for scenario based training with staff and providers</b>	Look ahead to meetings, dates, opportunities

## 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)

See you next week!

Monday, June 3rd

Morning: HMH Jersey Shore

Midday: Virtua Our Lady of Lourdes

Tuesday, June 4th

Morning: Hackensack University

Midday: RWJ Jersey City