

Announcements



☐ September

- No coaching calls for JCMC/VOLOL
 - JCMC: Launch 9/16 @ 08:00
 - VOLOL: Launch 9/16 @ 08:00
- HMH Sites will have their regularly scheduled coaching calls
 - Launch tentatively planned for October: TBD
- Everyone - Collab Learning
 - Session: 9/24 @ 12



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

August 27, 2024

Collaborative Session Agenda

TeamBirth Implementation

- Announcements
- Implementation Pathway & Timeline
- Current/Upcoming core activities: **Patient surveying, Training, Launch**
 - **Reflections from Cohorts 1 & 2**

TeamBirth Core Knowledge & Skills

- Learn: **Statewide Data Review**
- Review: **Patient Surveying**
- Discuss/Practice: **Training Scenario**

Looking Ahead

- Takeaways From Today
- Action Items & Next Steps

New Jersey - Participating TeamBirth sites

Cohort 1

RWJ Cooperman Barnabas
RWJ Monmouth
Virtua Midwifery and Wellness Center
Virtua Voorhees

Cohort 2

Mary V. O'Shea Birth Center
RWJ New Brunswick
St. Peter's University Hospital
Virtua Mount Holly Hospital



Cohort 3

Hackensack University Medical Center
HMH Jersey Shore
RWJ Jersey City
Virtua Our Lady of Lourdes

Cohort 4

Capital Health - Hopewell
HMH JFK Medical Center
Inspira Vineland
Inspira Mullica Hill
Penn Medicine Princeton
RWJBH Trinitas Regional Medical Center

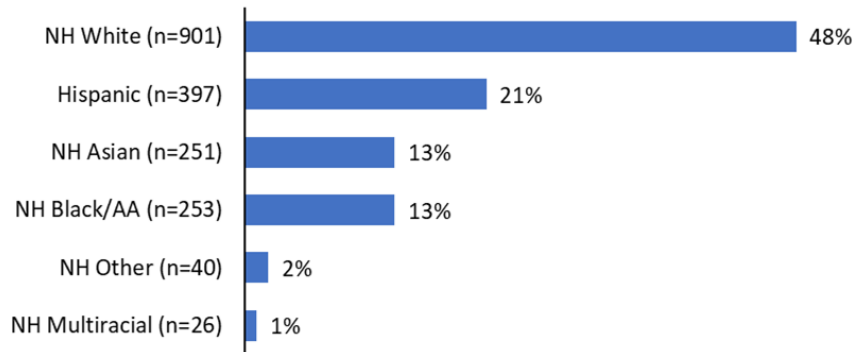
New Jersey - TeamBirth Patient Survey Data

Total surveys to date= 1,949

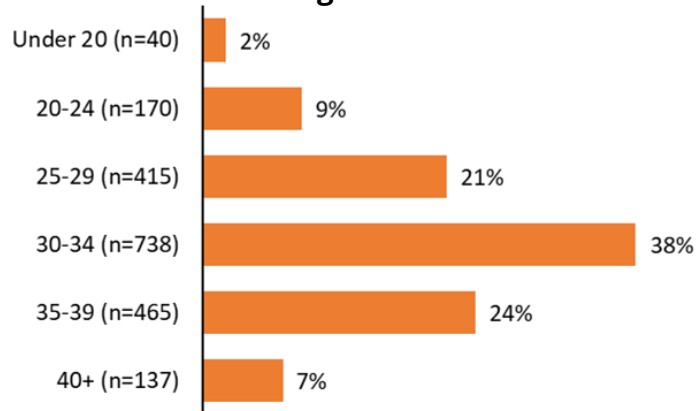
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Patient Demographics

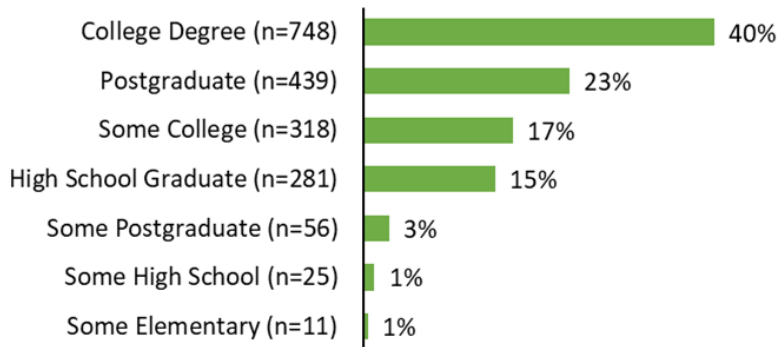
Race/Ethnicity



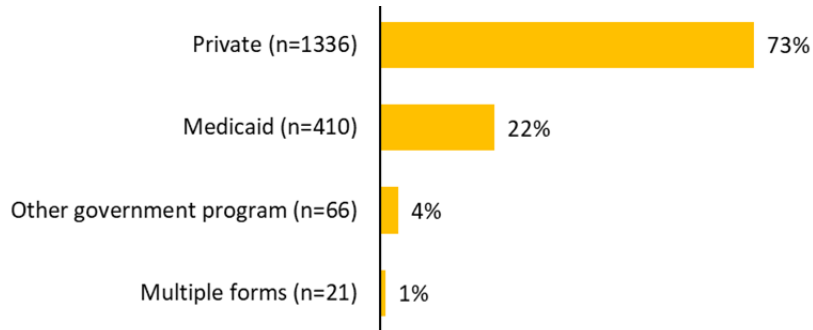
Age



Educational Attainment



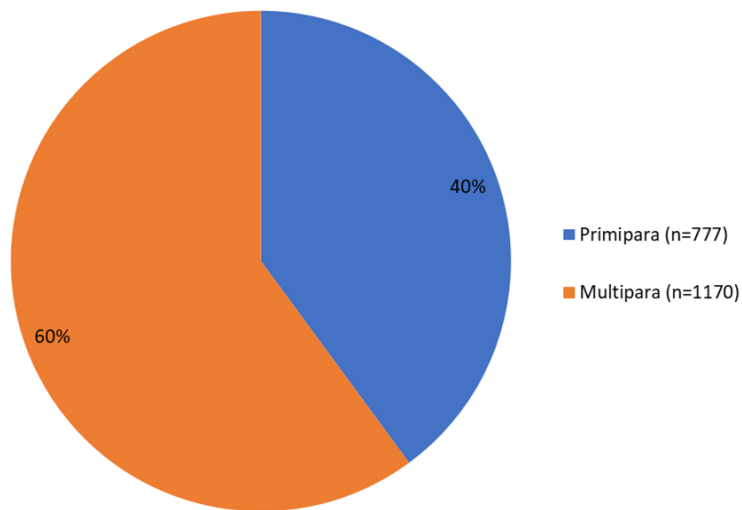
Insurance Type



Patient Demographics

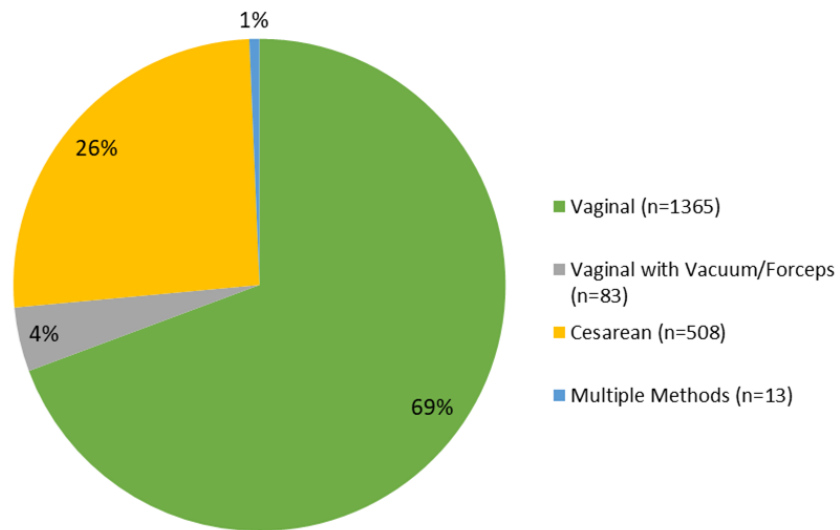
Parity

60% of patients surveyed reported that this was not their first birth.



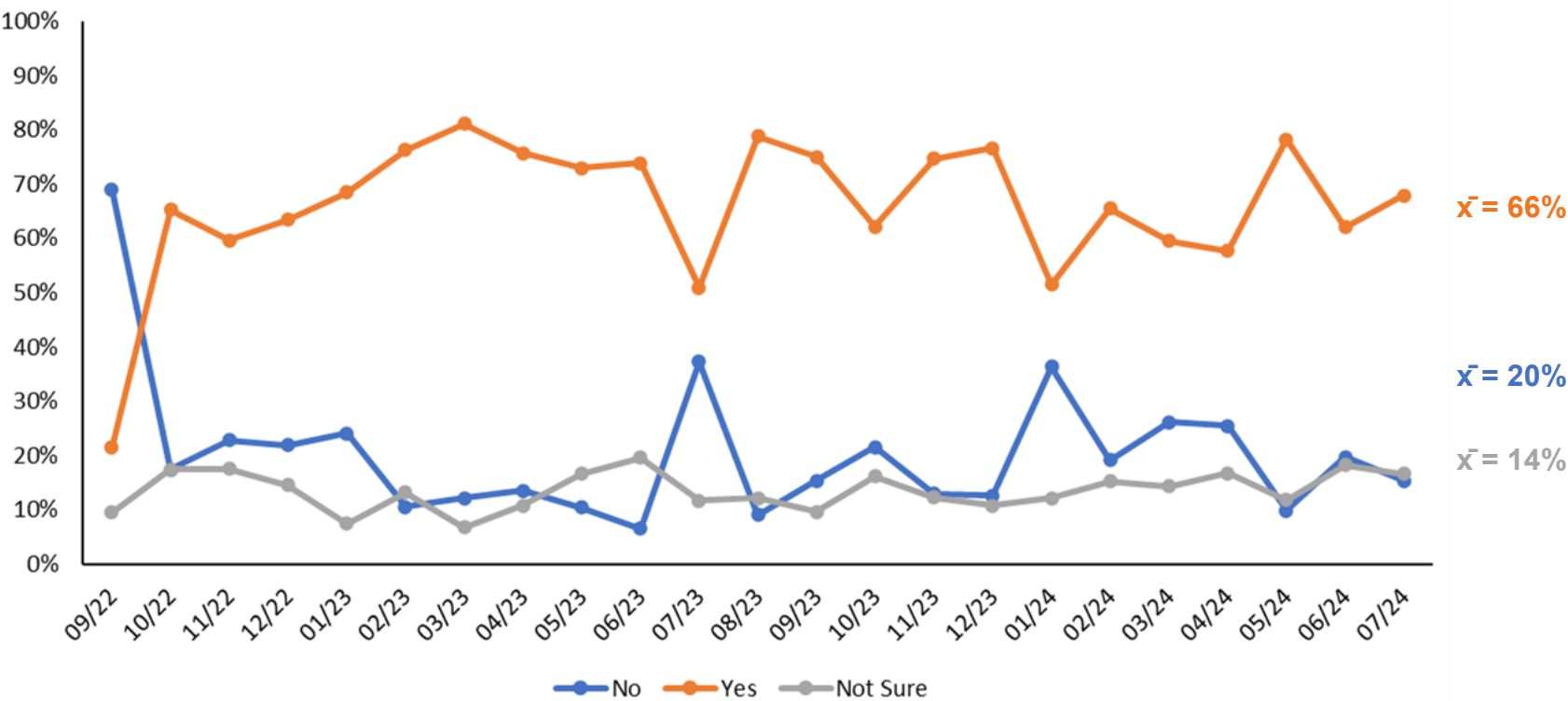
Delivery Type

69% of patients surveyed reported a vaginal birth.



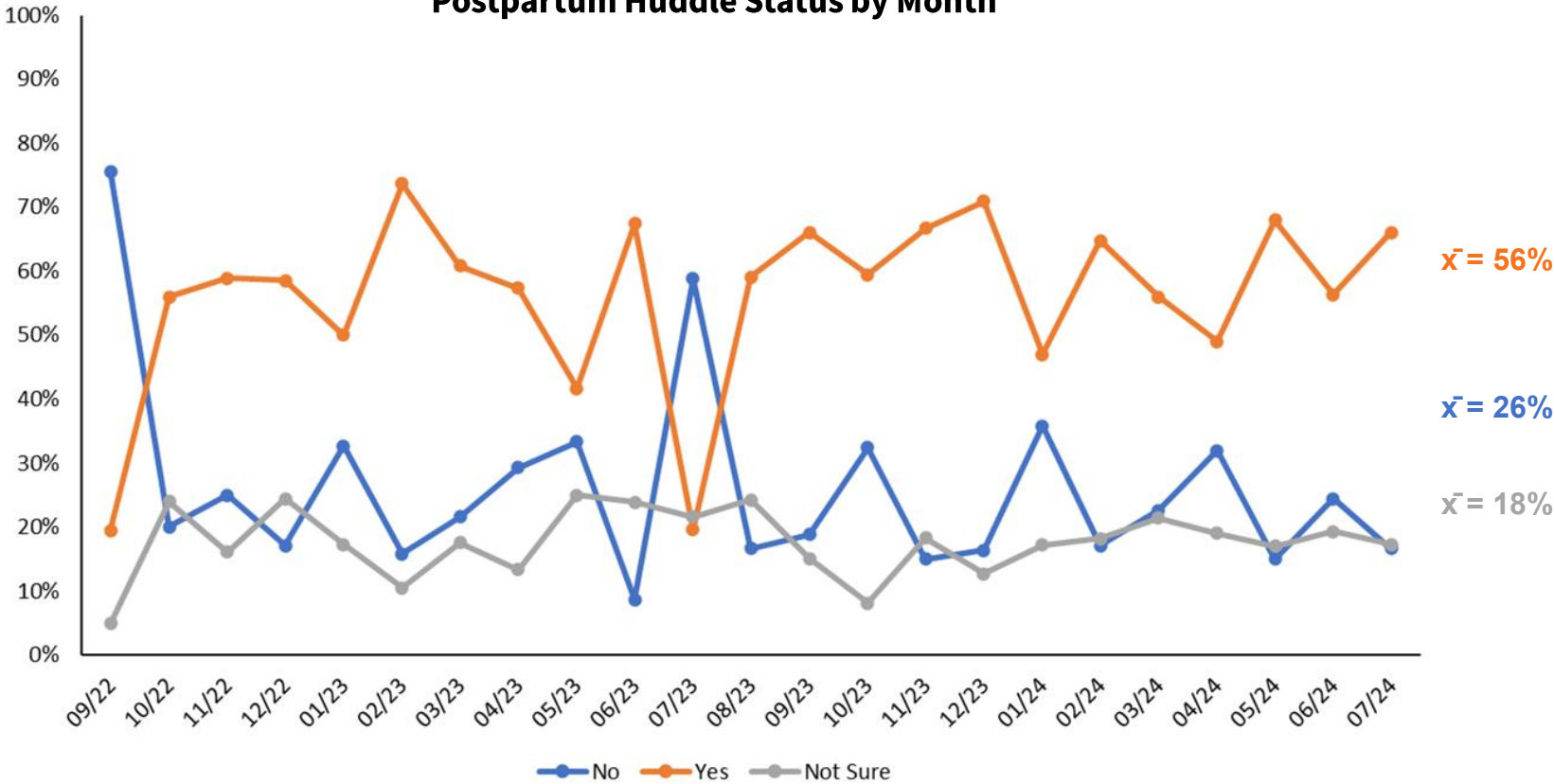
Huddle Trends

Labor Huddle Status by Month



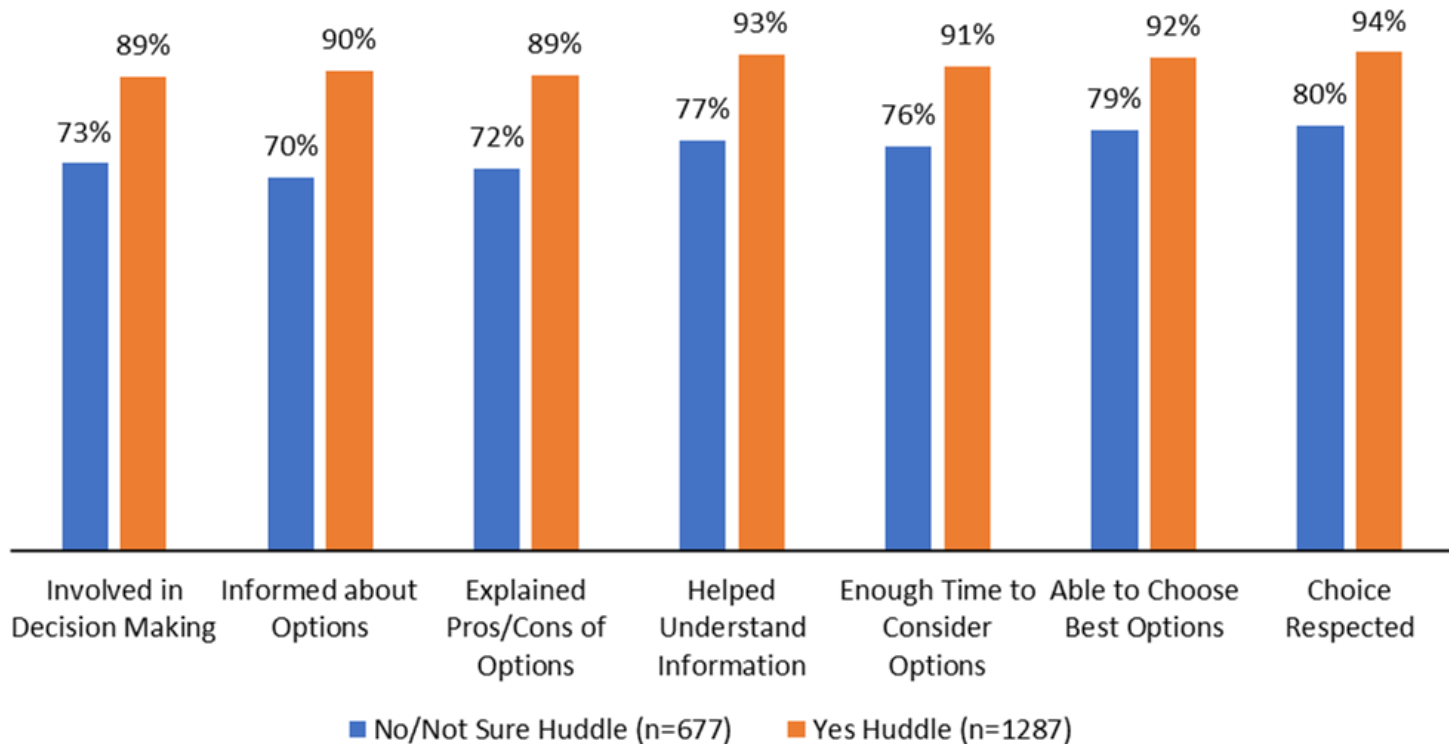
Huddle Trends

Postpartum Huddle Status by Month



Mothers Autonomy in Decision-Making (MADM)

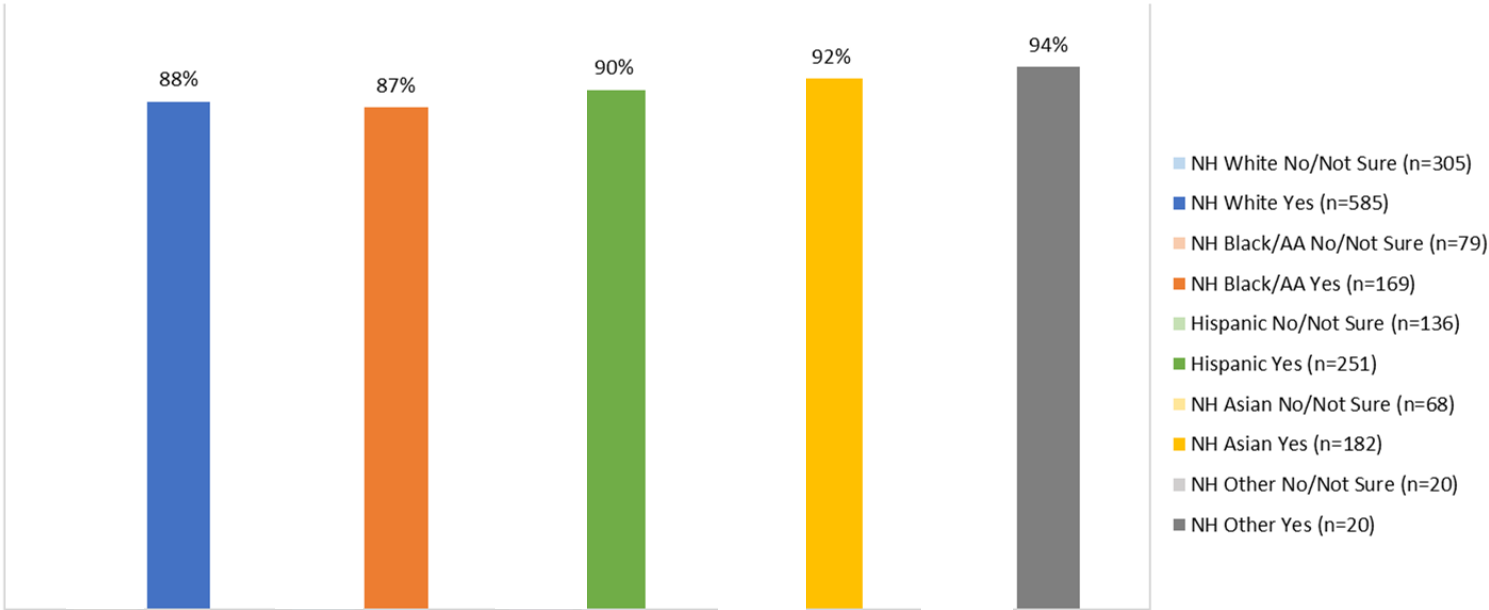
MADM Items 1-7: Percent Strongly or Completely Agree Responses by Labor Huddle Status



The following figures show the breakdown of responses by both **labor huddle status** and **race/ethnicity** for each MADM item.

Mothers Autonomy in Decision-Making (MADM)

MADM Item 1: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status

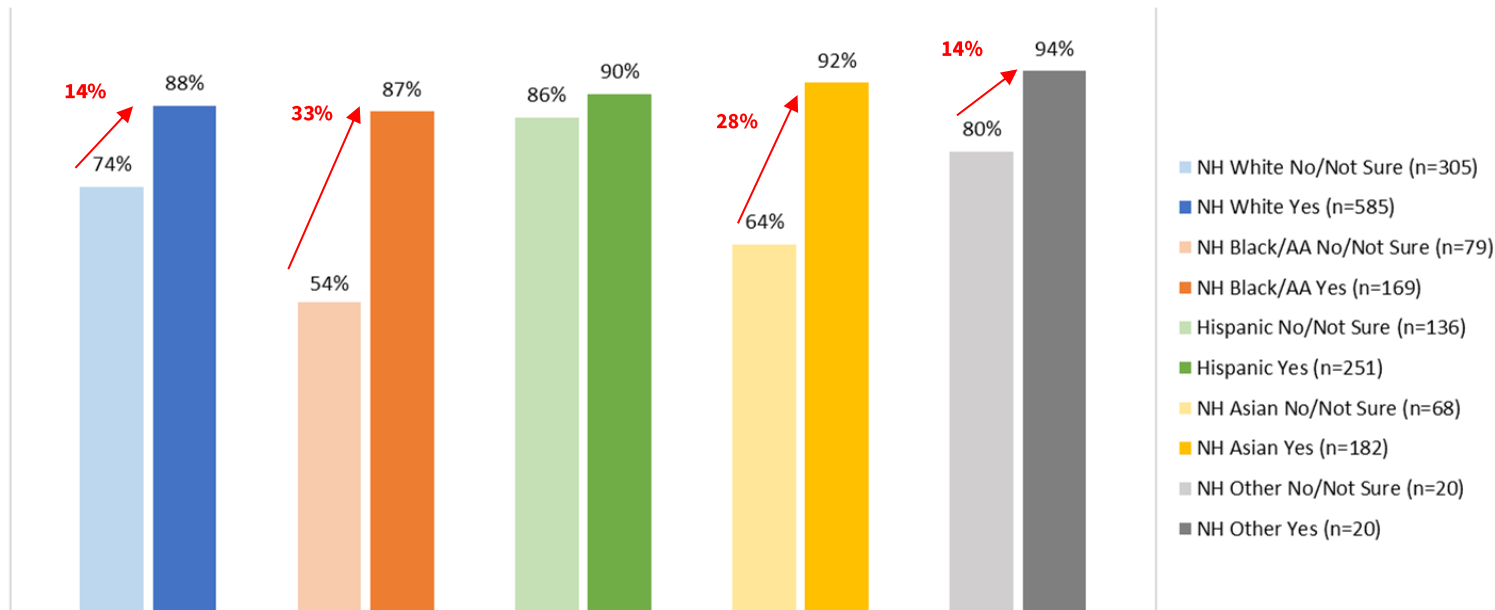


There are similarly high levels of agreement when patients report experiencing a TeamBirth huddle during labor.

My clinical team asked me how involved in decision-making I wanted to be.

Mothers Autonomy in Decision-Making (MADM)

MADM Item 1: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status

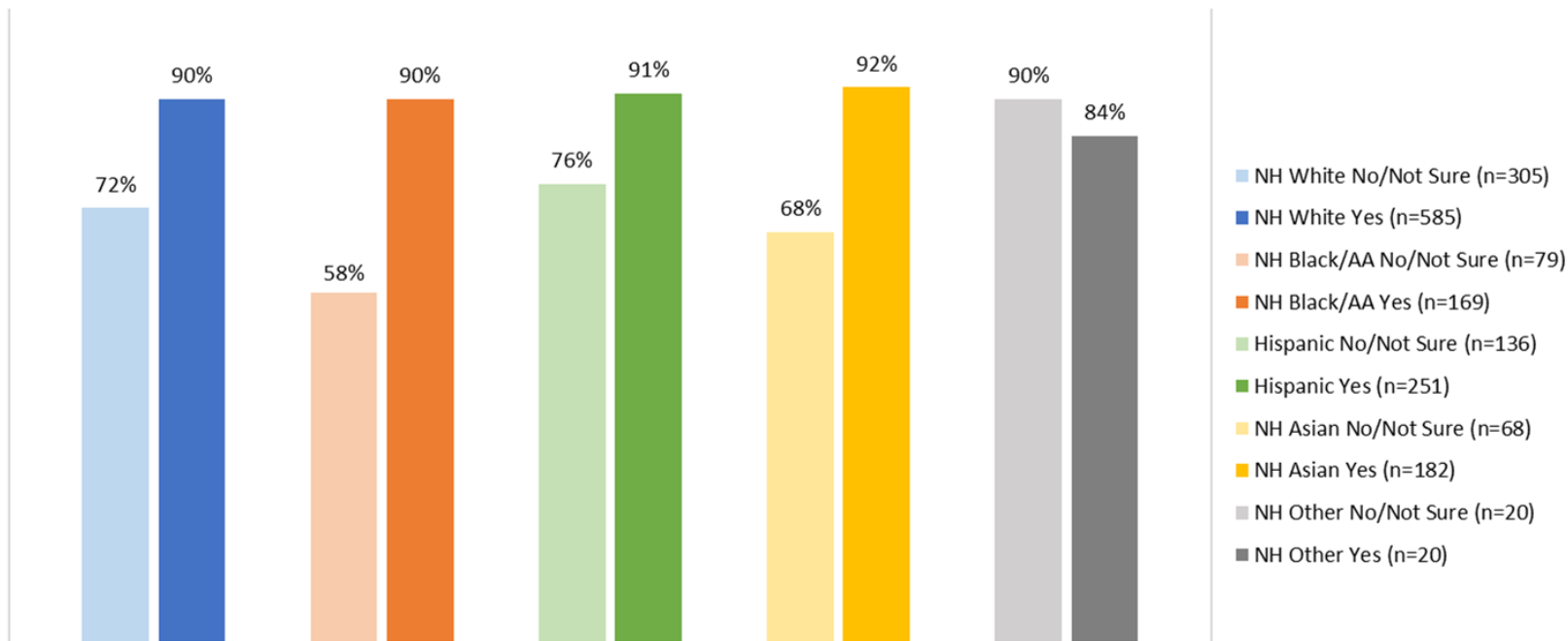


There are higher levels of agreement when patients report experiencing a TeamBirth huddle during labor compared to those who do not.

My clinical team asked me how involved in decision-making I wanted to be.

Mothers Autonomy in Decision-Making (MADM)

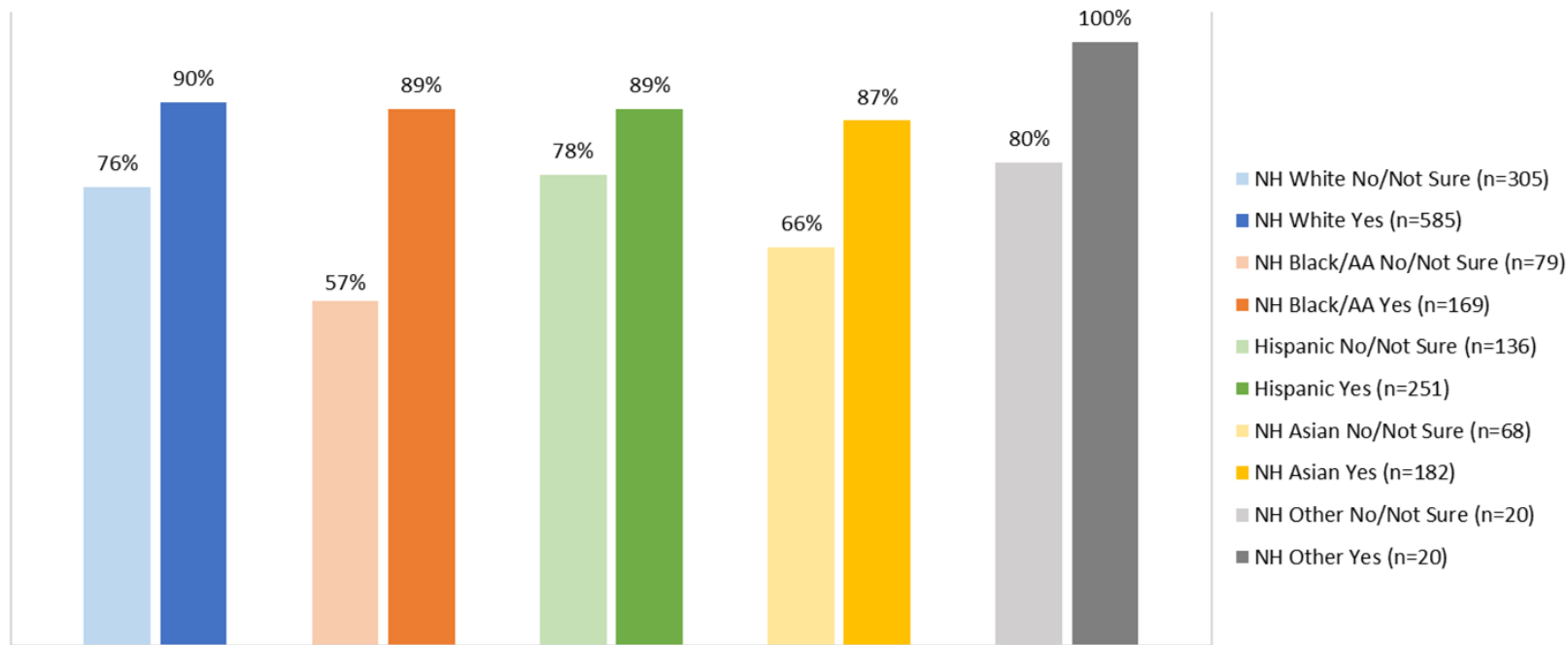
MADM Item 2: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status



My clinical team told me that there are different options for my maternity care.

Mothers Autonomy in Decision-Making (MADM)

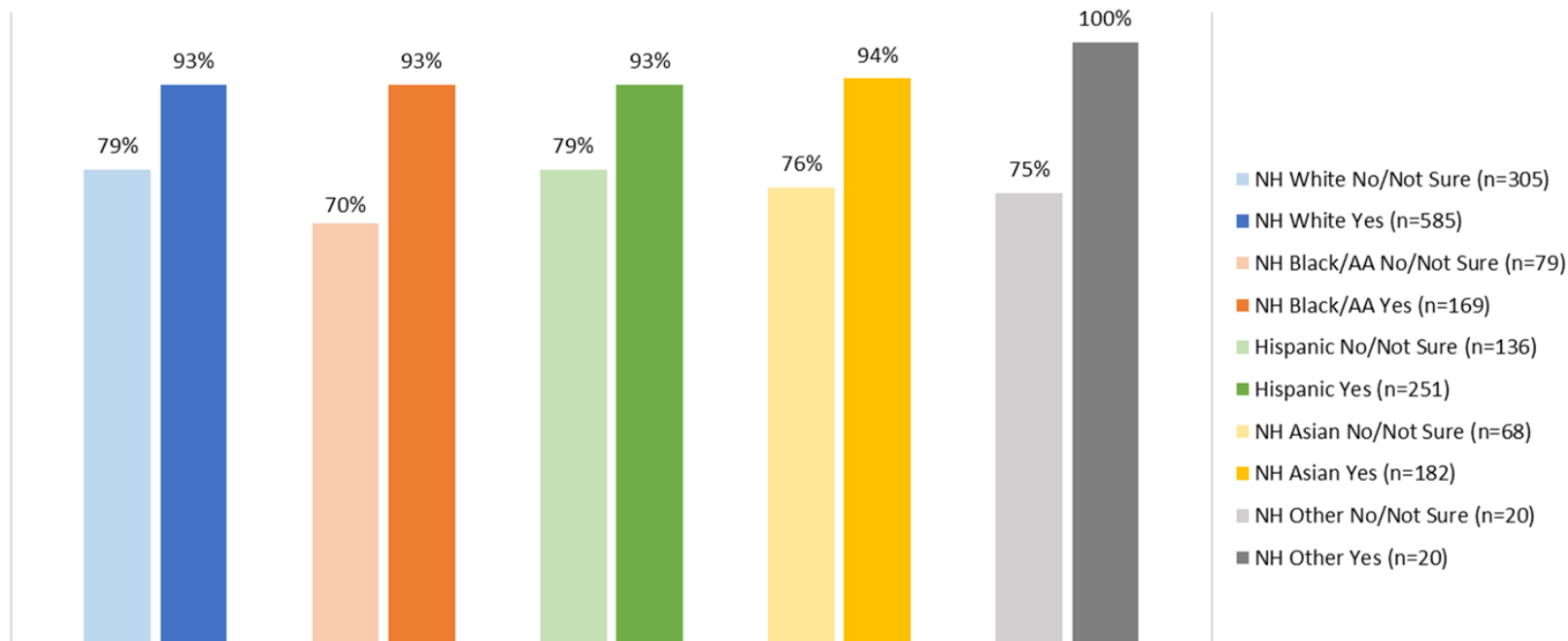
MADM Item 3: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status



My clinical team explained the advantages and disadvantages of the maternity care options.

Mothers Autonomy in Decision-Making (MADM)

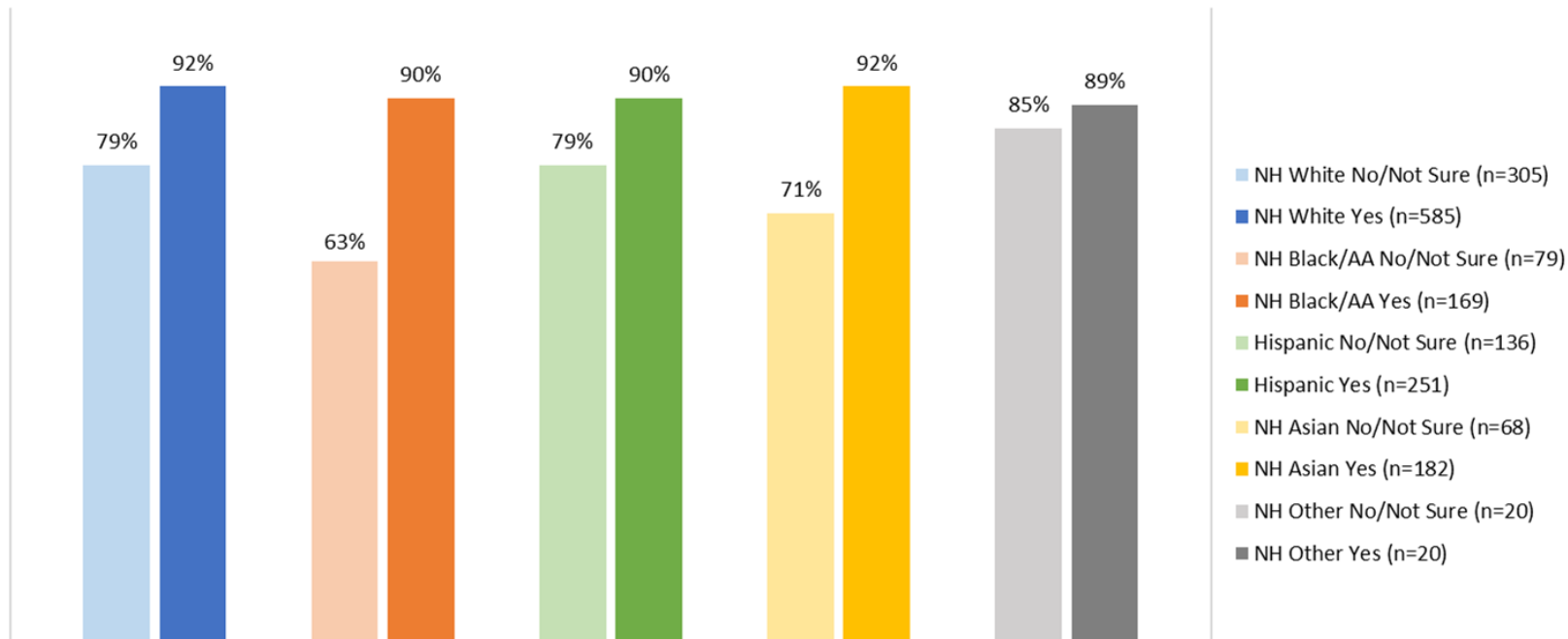
MADM Item 4: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status



My clinical team helped me understand all the information.

Mothers Autonomy in Decision-Making (MADM)

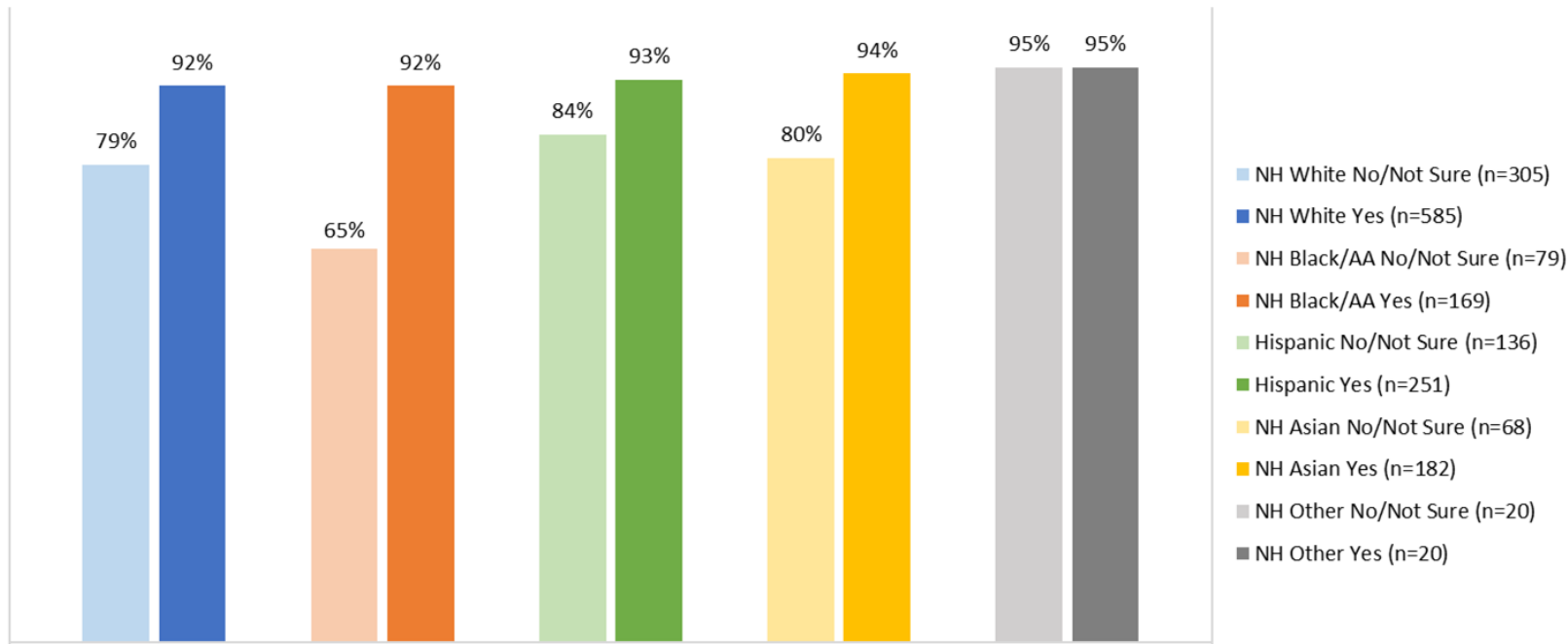
MADM Item 5: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status



I was given enough time to thoroughly consider the maternity care options.

Mothers Autonomy in Decision-Making (MADM)

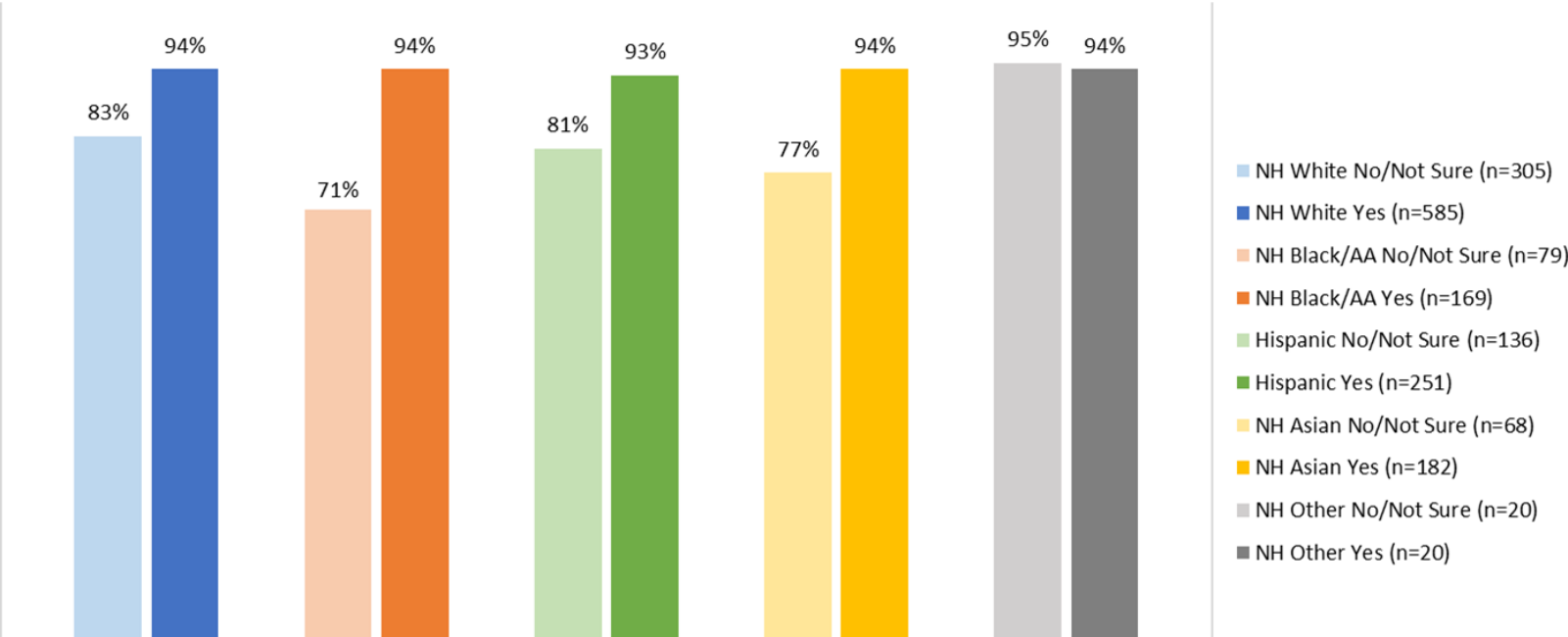
MADM Item 6: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status



I was able to choose what I considered to be the best care options.

Mothers Autonomy in Decision-Making (MADM)

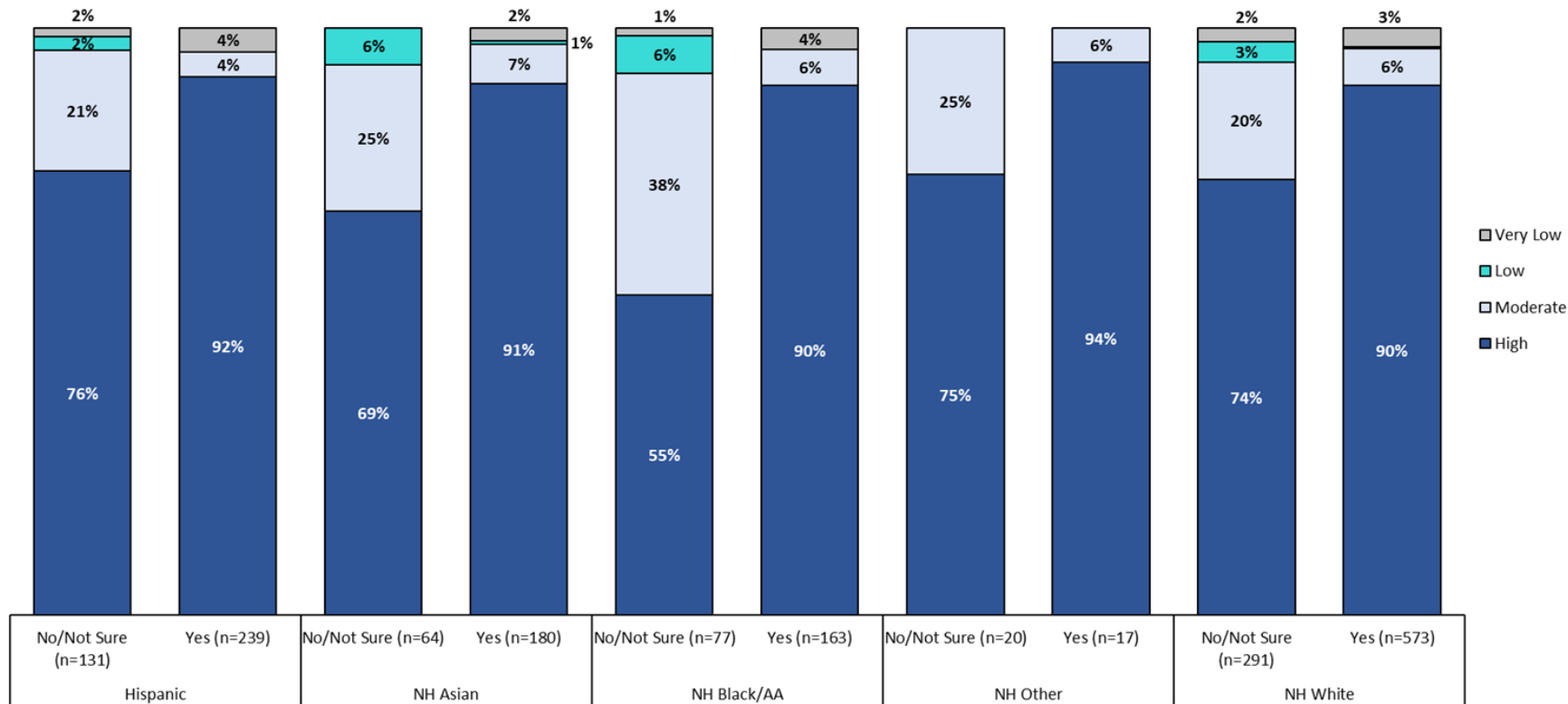
MADM Item 7: Percent Strongly or Completely Agree Responses by Race/Ethnicity & Labor Huddle Status



My clinical team respected that choice.

Mothers Autonomy in Decision-Making (MADM)

MADM Quartiles by Race/Ethnicity and Labor Huddle Status

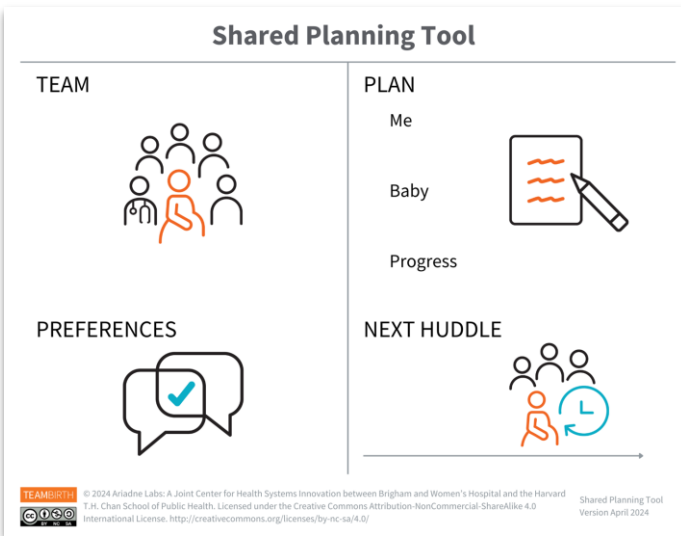


Patient Comments

TEAM

“The team was very caring, friendly, and attentive. All of my wishes for my birth experience were considered and met and **the team kept me informed at every step of the way.”** - Virtua Voorhees patient

“My team was absolutely awesome and **made me feel supported.”** - RWJ Monmouth patient



PLAN

“The experience was great! Everyone was very informative and included me in everything and made sure I understood what was going on.” - RWJ New Brunswick patient

“The staff was absolutely incredible the whole way through. We had time to discuss our options, the staff put us at ease and answered all of our questions.” - RWJ Cooperman Barnabas patient

PREFERENCES

“We had a wonderful labor experience because of the care we received from our medical team. Our nurses knew our birth preferences, were great listeners, and advocated for us with other members.” - Virtua Mount Holly patient

NEXT HUDDLE

“Everyone from Midwives, L&D staff pre and post partum was amazing. They explained everything - went over team birth and did huddles if need be.” - St. Peter's patient

Cohort 3

Review: Patient Survey Process

Patient Survey Process

Survey Preparation	Data Collection	Analysis & Review	Share Results
● Print Survey ● Train staff to message survey to patients	● Distribute surveys ● Collect Responses	● Enter data into Qualtrics ● Implementation Team data review	● Share findings with clinical teams during coaching calls

Frequently Asked Questions

FAQ

IS THIS GOING TO BE CONTINUOUS OR JUST A SET WINDOW?

→ **Continuous!** Right now is the time to test your survey process to get it up and running, and you'll continue it through launch and for 6 months after.

WHAT HAPPENS WHEN WE LAUNCH?

→ **Nothing about your process changes**

IS THERE A CERTAIN NUMBER OF RESPONSES WE NEED TO HIT?

→ **We don't set a specific # or percentage**, but the goal is always to **survey every live birth!** We will help you track your response rate - roughly 60% or over is fantastic, and over 30% is a good reassurance that we have a reasonably representative sample size

→ The more data you have, the more we can do with it. (So it can be especially important for small sites to reach as many of their patients as possible given their low birth volume)

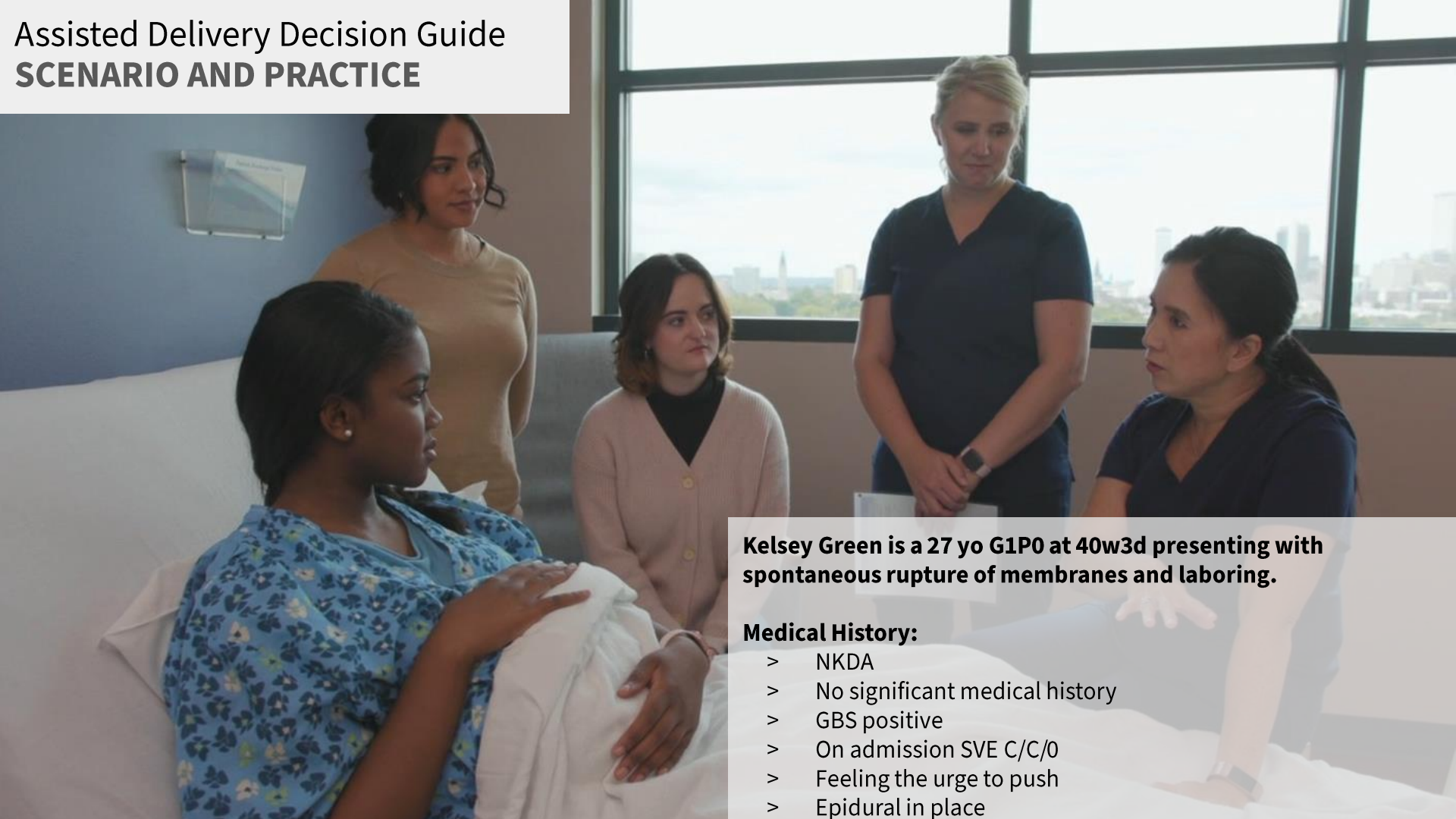
Cohort 3

Learn: TeamBirth Huddle Discussion and
Practice



Assisted Delivery Decision Guide

SCENARIO AND PRACTICE

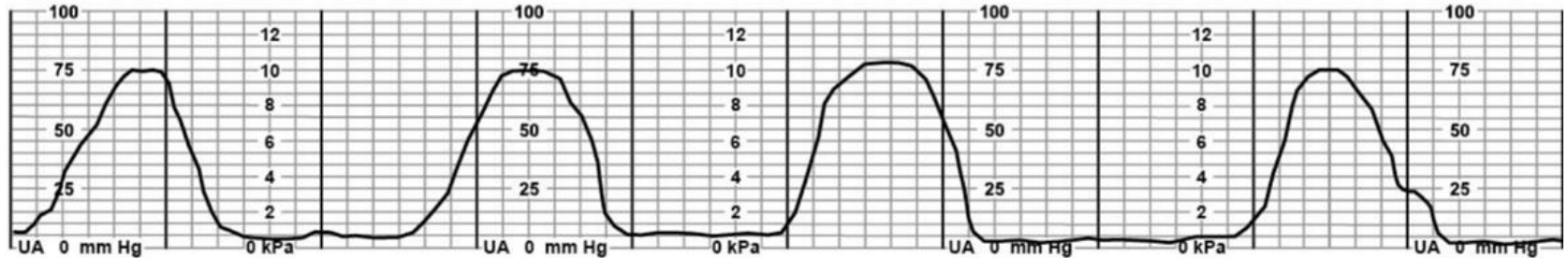
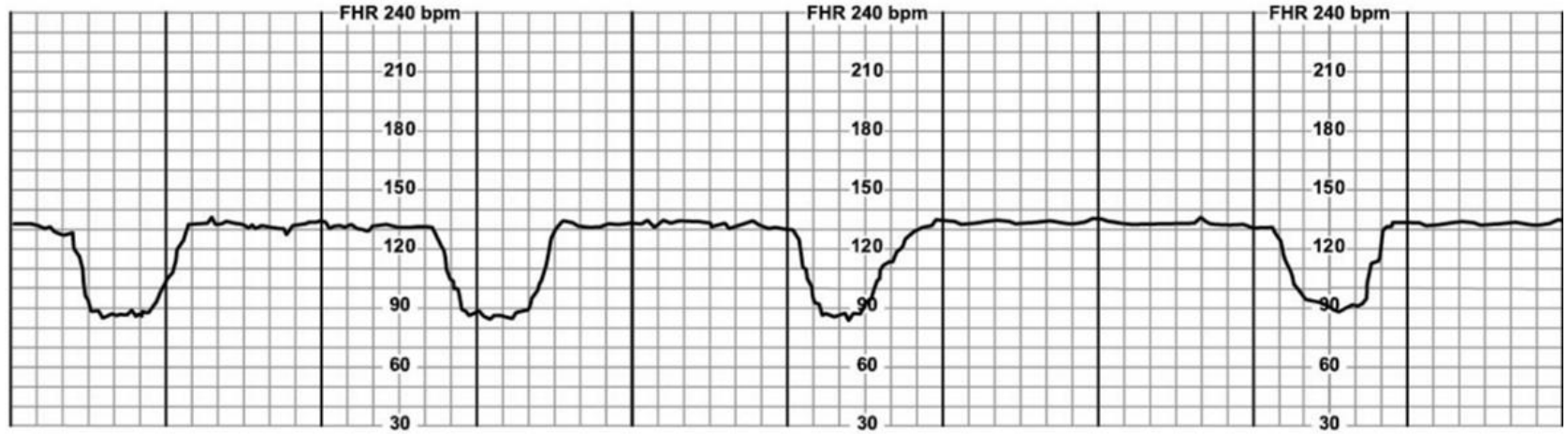


Kelsey Green is a 27 yo G1P0 at 40w3d presenting with spontaneous rupture of membranes and laboring.

Medical History:

- > NKDA
- > No significant medical history
- > GBS positive
- > On admission SVE C/C/0
- > Feeling the urge to push
- > Epidural in place

Kelsey's strip after pushing for 1 hour



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?***

ME	quest	➔	☐ You believe that assisted delivery is in your best interest after discussion with your care team
BABY	Concerns about 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
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 2 hours if you have labored before

BABY

Concerns about 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

* Minimum conditions based on ACOG and SMFM Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery

TEAMBIRTH



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		☐ High heart rate that does not improve with support
		Either:
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PROGRESS	Slow progress 	☐ Good contractions for 4 hours or more
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		Either:
	Prolonged pushing without progress 	☐ Pushing for at least 3 hours if this is your first labor
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* Minimum conditions based on ACOG and SMFM Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery

Before diagnosing arrest of labor in second stage, if maternal and fetal conditions permit, allow for following:

- At least 2 h of pushing in multiparous women (1B)
- At least 3 h of pushing in nulliparous women (1B)

Longer durations may be appropriate on individualized basis (eg, with use of epidural analgesia or with fetal malposition) as long as progress is being documented. (1B)

Prolonged pushing without progress 

Either:

- ☐ Pushing for at least 3 hours if this is your first labor
- ☐ Pushing for at least 2 hours if you have labored before

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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 	☐ You believe that operative delivery is the best option for you after discussion with your care team
		☐ On-going slow heart rate OR ☐ Far away from delivery with either:
BABY	Concerns about wellbeing 	☐ Repeated slow downs in heart rate that do not improve with support ☐ High heart rate that does not improve with support
		Either:
	Slow induction 	☐ Early labor (4 cm or less) for 24 hours or more ☐ Medications to support contractions and waters broken for 15 hours or more
		No cervical change with waters broken and 6 cm or more dilated with either:
PROGRESS	Slow progress 	☐ 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 2 hours if you have labored before

TEAMBIRTH



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TeamBirth Huddle Considerations

- Present tool to patient as soon as concern for assisted delivery is identified
- Respectfully redirect conversations
- Identify huddle opportunities
- Support primary RN to coordinate a huddle
- Encourage huddles with Discussion Guide
 - Indeterminate FHR tracing
 - Labor progress evaluation

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Any team member can request a huddle

SCENARIOS AND PRACTICE: Assisted Delivery Decision Guide

Labor & Delivery Shared Planning Tool

TEAM

- Kelsey
- Indigo - best friend
- Abby - RN
- Trisha - Midwife

Happy Birthday
Kayla!

PREFERENCES

- Hoping to avoid a C/S
- Skin-to-skin
- Know everything - No surprises!
- Keep placenta
 - Consent signed

PLAN

- Me
- Nap before pushing
 - Indigo to be present at delivery

Baby

- Listen to baby all the time
- Next dose of Penicillin at 2 pm

Labor Progress

- Let nature take its course

NEXT HUDDLE

- Trisha will stay at bedside,
- Assess in real time
- Discuss next steps if needed

EARLY LABOR

ACTIVE LABOR

PUSHING



Wrapping Up & Looking Ahead



Action Items



Implementation Pathway *Action Items*

TeamBirth Go Live	Connect with site Communications/Marketing team on your launch date
	Plan an inclusive and engaging event to build momentum for TeamBirth with all clinicians and all patients
	Share success stories from champion experiences during small scale testing
Patient Surveying	Print surveys and begin to distribute on postpartum unit
Provide Training	Upload and track completion of training videos in your learning management system
	Track and conduct scenario based huddle practice for all clinicians
	Continue to offer scenario based practice post go live

Next Cohort 3 Collab Learning Session

September 24 @ 12-1pm (*Fourth Tuesdays, monthly*)

Please reach out with any questions: aperez@njhcqi.org or mseverson@ariadnelabs.org

Share your feedback!

- Anonymous
- Short survey
- Tell us what you like
- Tell us how to improve

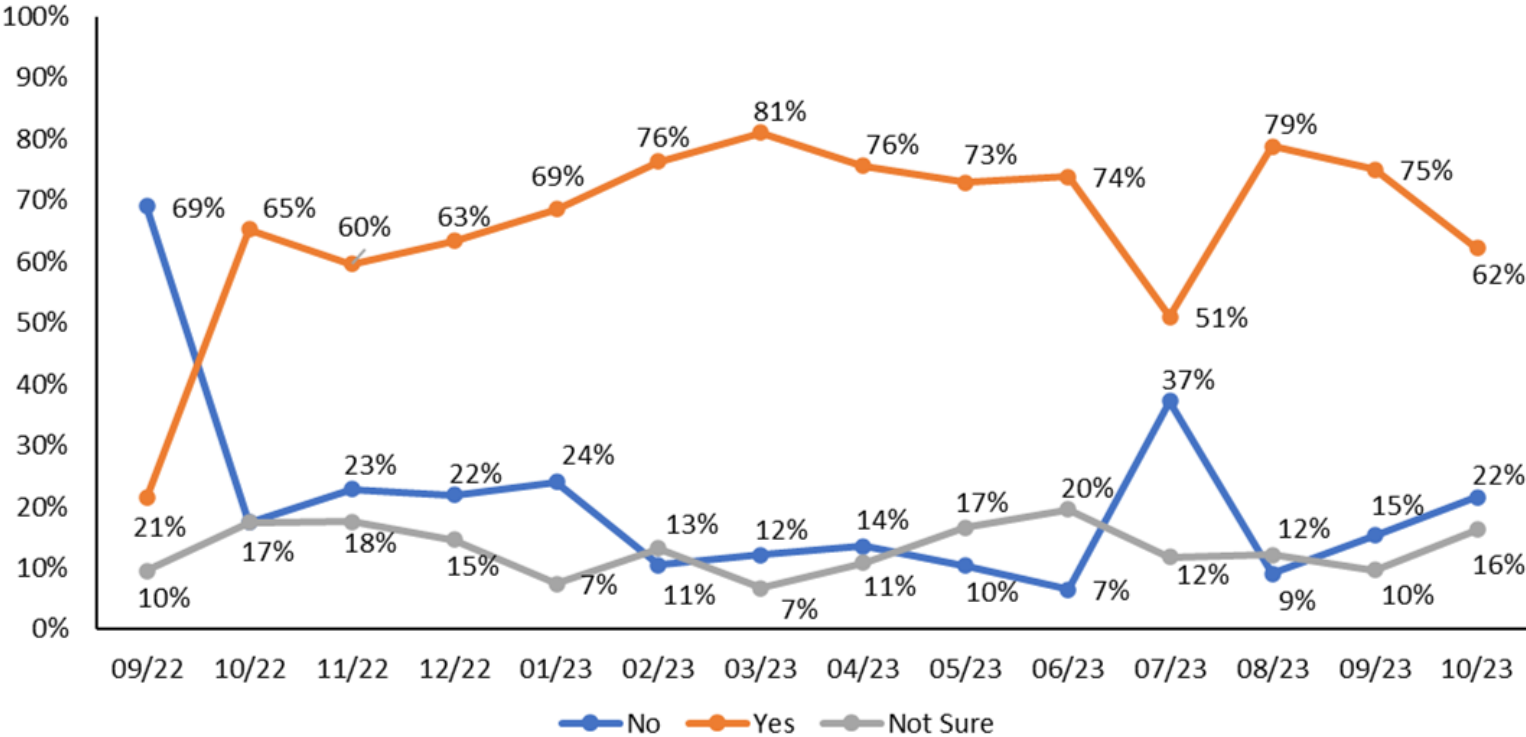


Appendix



Huddle Trends

Labor Huddle Status by Month: Y1



Huddle Trends

Labor Huddle Status by Month: Y2

