



Cohort 4 Collaborative Learning Session #4

August 26, 2024

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

Learning Session Agenda

Introduction

TeamBirth Core Knowledge & Skills

- Recap: Core components
- Learn: Discussion and Support Guides
- Practice: Board use scenario

TeamBirth Implementation

- Current core activities:
 - TEST & IMPROVE
 - Reminder - PROVIDE TRAINING & PRACTICE HUDDLES
 - Reminder - ASSESS YOUR CONTEXT
 - Progress check in

Looking Ahead

- Takeaways From Today
- Action Items
- Feedback Survey



TeamBirth Implementation Roadmap

Building on the priority implementation activities from the first session

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE ACTIVITIES	<ul style="list-style-type: none"> ✓ Build your team ✓ Develop your strategy ✓ Assess your context ✓ Customize TeamBirth 	<ul style="list-style-type: none"> ✓ Socialize TeamBirth ✓ Provide training & practice huddles ✓ Conducting patient surveys ✓ Test & improve 	<ul style="list-style-type: none"> ✓ Collect data & feedback ✓ Launch TeamBirth ✓ Monitor & celebrate progress 	<ul style="list-style-type: none"> ✓ Embed for sustainability ✓ Evaluate impact & continuously improve

NJHCQI TeamBirth Websites

Access your cohort 4 resources at this **private website**

www.njhcqi.org/teambirthnj-cohort4

Password: Cohort42024!

Public TeamBirth NJ website now live

www.njhcqi.org/shared-decision-making

TEAMBIRTH NJ COHORT 4

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



COLLABORATIVE LEARNING SESSION SLIDES

SESSION 1

May 2024

[SLIDE DECK](#)

[SESSION HANDOUT #1](#)

SESSION 2

June 2024

[SLIDE DECK](#)

[SESSION HANDOUT #2](#)

RESOURCES

GENERAL TEAMBIRTH INFORMATION

- [Click here](#) to watch the Why TeamBirth video
- Download the [Why TeamBirth Infographic](#)
- Download [TeamBirth Board Examples](#)
- Review [TeamBirth Components](#) – includes core components and add-on components
- View the [TeamBirth Socializing Package](#)

TeamBirth Core Knowledge & Skills



TeamBirth **Core** Components

Critical to successful delivery of TeamBirth across the maternal health continuum

1.

STRUCTURED TEAM HUDDLES

Structured conversations that includes the birthing person and their support people



2.


SHARED PLANNING TOOL

Visual tool that structures communication and provides space to document discussions during huddles

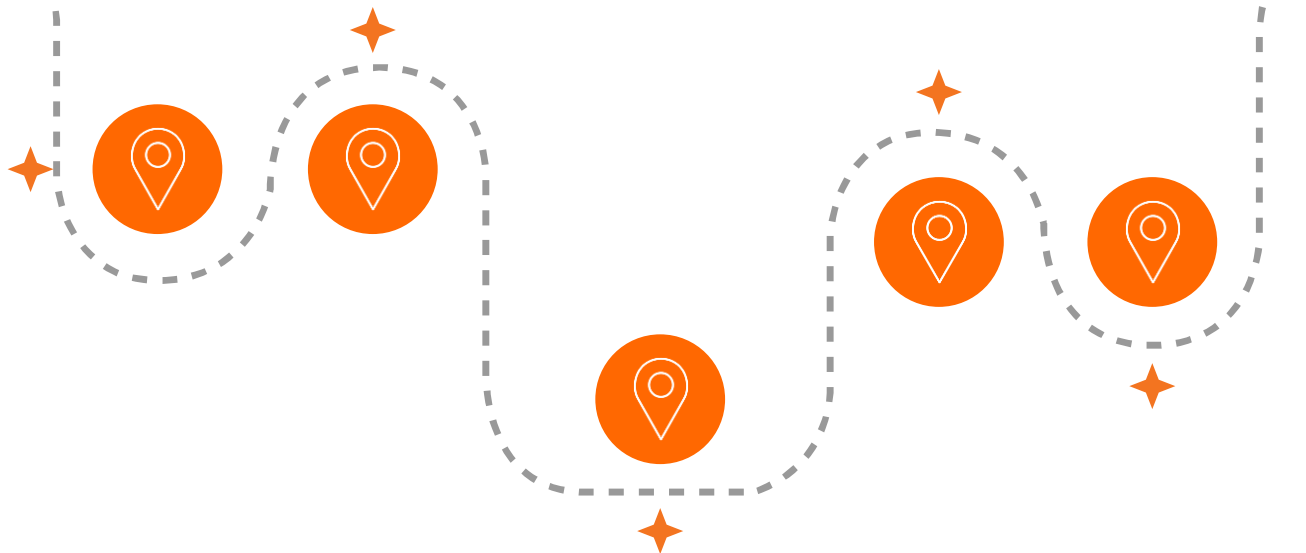


WHEN TO HUDDLE




**Triage /
OBED**

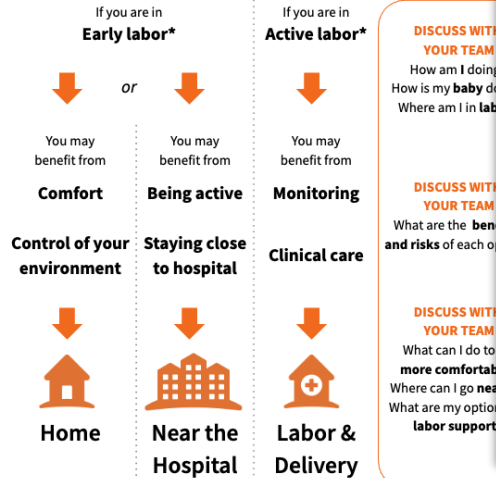

Discharge



Add-On Components: DISCUSSION AND SUPPORT GUIDES

Admission Discussion Guide

Discuss the best next steps with your support person, your nurse, or your provider based on how you are doing, how your baby is doing, 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 4-6cm with accelerated cervical dilation



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Admission Discussion Guide
Version March 2024

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 yourself?	What options can you try with your team?
ME	Support labor	<ul style="list-style-type: none"> Movement: Change positions, walk, or move Breathing: Take deep breaths or use relaxation methods Therapeutic 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, water, juice, or other drink Other: 	<ul style="list-style-type: none"> Medication: Start or change medications for your pain Deliver: Assist vaginal delivery or perform C-section
	Treat medical condition	<ul style="list-style-type: none"> Other: Reposition: Lay on your side 	<ul style="list-style-type: none"> Medications: Start or change medications for your condition
BABY	Manage wellbeing	<ul style="list-style-type: none"> Other: Movement: Change positions, walk, or move Breathing: Take deep breaths or use relaxation methods Tools: Use labor support tools, like a birth ball Other: 	<ul style="list-style-type: none"> Monitoring: Change monitoring method Re-energize: Use IV for you Medications: Change or stop medications for your contractions Deliver: Assist vaginal delivery or perform C-section
PROGRESS	Promote progress	<ul style="list-style-type: none"> Movement: Change positions, walk, or move Breathing: Take deep breaths or use relaxation methods Tools: Use labor support tools, like a birth ball Other: 	<ul style="list-style-type: none"> Break Water: Use tools to break your water Medication: Start or change medications for your contractions Deliver: Assist vaginal delivery or perform C-section



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Admission Discussion Guide
Version March 2024

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

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



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Assisted Delivery Discussion Guide Version March 2024

Consistent Guide Structure

All the TeamBirth tools provide a structured, standardized approach for untangling the gray areas of labor

ME

BABY

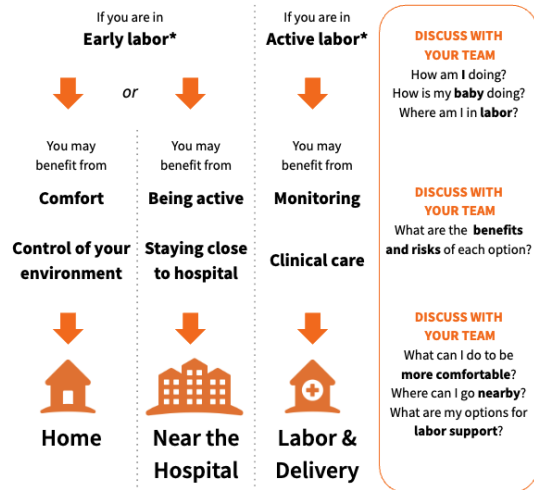
LABOR PROGRESS



Admission Discussion Guide

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 doing, 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 4-6cm with accelerated cervical dilation

TEAMBIRTH

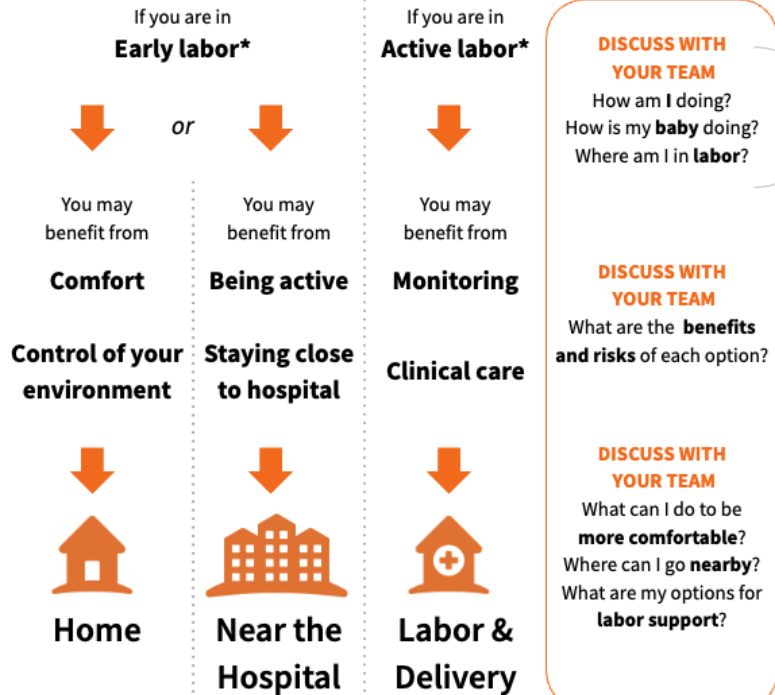


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Admission Discussion Guide
Version March 2024

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 doing, and how your labor is progressing.



Using the Guide together:

- Facilitates shared admission decision making
- Minimizes implicit bias
- Supports transparency and respectful care

Clearly assess each to determine indicators for admission

PLAN FOR

Me:

Baby:

Labor Progress:

* 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

ACOG active labor definition

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Admission Discussion Guide
Version March 2024

Triage / OBED Huddle Considerations

Consistent use with every patient provides transparent, equitable decision-making

Introduce at onset of labor evaluation

Provides an early messaging opportunity to patients and families about TeamBirth Huddles

Triage and OBED staff and providers may:

- Coordinate the initial Huddle

OR

- Communicate to the admitting staff and providers that an initial Huddle is needed

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 doing, and how your labor is progressing.

If you are in Early labor*	or	If you are in Active labor*	
			DISCUSS WITH YOUR TEAM How am I doing? How is my baby doing? Where am I in labor ?
You may benefit from		You may benefit from	
Comfort		Being active	DISCUSS WITH YOUR TEAM What are the benefits and risks of each option?
Control of your environment		Staying close to hospital	DISCUSS WITH YOUR TEAM What can I do to be more comfortable ? Where can I go nearby ? What are my options for labor support ?
			
			
Home		Near the Hospital	
			
			
		Labor & Delivery	

* 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.

TEAMBIRTH
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Admission Discussion Guide
Version March 2024

Labor Support Guide

Labor Support Guide

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	Treat medical condition →	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Medications: Start or change medications for your condition
BABY	Manage wellbeing →	<input type="checkbox"/> Reposition: Lay on your side <input type="checkbox"/> Other: _____	<input type="checkbox"/> Monitoring: Change monitoring method <input type="checkbox"/> Re-energize: Use IV for you <input type="checkbox"/> Medications: Change or stop medications for your contractions <input type="checkbox"/> Deliver: Assist vaginal delivery or perform C-section
	Promote progress →	<input type="checkbox"/> Movement: Change positions, walk, or move <input type="checkbox"/> Breathing: Take deep breaths or use relaxation methods <input type="checkbox"/> Tools: Use labor support tools, like a birth ball <input type="checkbox"/> Other: _____	<input type="checkbox"/> Break Water: Use tools to break your water <input type="checkbox"/> Medication: Start or change medications for your contractions <input type="checkbox"/> Deliver: Assist vaginal delivery or perform C-section

Using the Guide:

- Facilitates shared decision making
- Minimizes implicit bias
- Supports transparency and respectful care

Clearly differentiate
care & support
options for

PLAN FOR

Me:

Baby:

Labor Progress:

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?
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	Treat medical condition →	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Medications: Start or change your condition
BABY	Manage wellbeing →	<input type="checkbox"/> Reposition: Lay on your side <input type="checkbox"/> Other: _____	<input type="checkbox"/> Monitoring: Change monitoring <input type="checkbox"/> Re-energize: Use IV or oral fluids <input type="checkbox"/> Medications: Change or stop your contractions <input type="checkbox"/> Deliver: Assist vaginal delivery or C-section
	Promote progress →	<input type="checkbox"/> Movement: Change positions, walk, or move <input type="checkbox"/> Breathing: Take deep breaths or use relaxation methods <input type="checkbox"/> Tools: Use labor support tools, like a birth ball <input type="checkbox"/> Other: _____	<input type="checkbox"/> Break Water: Use tools to break water <input type="checkbox"/> Medication: Start or change your contractions <input type="checkbox"/> Deliver: Assist vaginal delivery or C-section

Assisted Delivery Discussion Guide

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	Request →	<input type="checkbox"/> You believe that assisted 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 slowdowns 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
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

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

When there is a concern, using the Guide:

- Facilitates shared decision making
- Minimizes implicit bias
- Supports transparency and respectful care

Provide structure to discussion of the **MINIMUM conditions** for assisted delivery

PLAN FOR

Me:

Baby:

Labor Progress:

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*).

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		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
PROGRESS	Slow 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
	Prolonged pushing without progress →	

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

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

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).

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		<input type="checkbox"/>	On-going slow heart rate OR
		<input type="checkbox"/>	Far away from delivery with either:
BABY	Concerns about wellbeing →	<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
		Either:	
	Slow induction →	<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
		No cervical change with waters broken and 6 cm or more dilated with either:	
PROGRESS	Slow progress →	<input type="checkbox"/>	Good contractions for 4 hours or more
		<input type="checkbox"/>	Medications to support contractions for 6 hours or more
		Either:	
	Prolonged pushing without progress →	<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

TEAMBIRTH



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Add-On Components: DISCUSSION AND SUPPORT GUIDES

Review these tools and discuss how and when to include them in your huddles

- Do you have existing tools you use to support patients during these discussions?
- Which guide(s) do you want to integrate first?
- Which language translations will you need?
- How and where will you make the guide(s) accessible to your teams?

The screenshot shows the Ariadne Labs website interface. At the top left is the Ariadne Labs logo. To its right is the URL go.ariadnelabs.org/TBguides. Below the URL, the page title is "Collections / TeamBirth Discussion and Support Guides". There are two buttons: "14 Files" and "Order by Name" with a dropdown arrow. The "Description" section states: "This collection provides files with each of the 3 guides together in the available translations." Below this, the titles of the guides are listed: "Admission Discussion Guide", "Labor Support Guide*", and "Assisted Delivery Discussion Guide". A note follows: "*Note: The Chinese, Korean, and Russian translations only provide the Admission Discussion Guide & Assisted Delivery Discussion Guide". The main content area displays four guide thumbnails in a grid. Each thumbnail shows a colorful infographic with icons and text. The thumbnails are labeled: "Admission Discussion Guide", "Arabic_Discussion and Su...", "Chinese (traditional)_Disc...", and "Chuukese_Discussion and...". Each thumbnail has a "PDF" icon in the bottom right corner. Below each thumbnail, the asset type is listed as "Document" and the asset sub-type as "Tool".

Practicing Core Knowledge & Skills



TEAM

SCENARIOS AND PRACTICE



Marianna
Doula

Trisha
Nurse

Aizpea
Best Friend

Alea
Patient

Dr. Angela Chien
OB/GYN

TEAM SCENARIOS AND PRACTICE



Labor & Delivery Shared Planning Tool

TEAM

Alea
Aizpea - Best Friend
Marianna - Doula
Trisha - Nurse
Dr. Angela Chien - OB/GYN

PREFERENCES

PLAN

Me

Baby

Labor Progress

NEXT HUDDLE

EARLY LABOR

ACTIVE LABOR

PUSHING



PREFERENCES

SCENARIOS AND PRACTICE



Alea's care team is having a huddle and discussing her preferences upon admission to the hospital. She is 5 cm and in active labor. Alea wants to be walking, moving and out of bed as much as possible.

- > She asks about using the tub and birthing ball since she learned about those in childbirth classes.
- > Alea also prefers low lights, quiet voices and decreased stimulation.
- > She does not want an IV.

PREFERENCES - SCENARIOS AND PRACTICE



How would the team document Alea's preferences using the shared planning tool?

Labor & Delivery Shared Planning Tool	
TEAM <i>Alea</i> <i>Aizpea - Best Friend</i> <i>Marianna - Doula</i> <i>Trisha - Nurse</i> <i>Dr. Angela Chien - OB/GYN</i>	PLAN Me Baby Labor Progress
On Admission PREFERENCES <i>move around</i> <i>no IV</i> <i>ball & tub</i> <i>low lights & quiet voices</i>	NEXT HUDDLE Alea's care team is having a huddle and discussing her preferences upon admission to the hospital. She is 5 cm and in active labor. Alea wants to be walking, moving and out of bed as much as possible. <ul style="list-style-type: none">• She asks about using the tub and birthing ball since she learned about those in childbirth classes.• Alea also prefers low lights, quiet voices and decreased stimulation.• She does not want an IV. EARLY LABOR ACTIVE LABOR PUSHING →

PREFERENCES

SCENARIOS AND PRACTICE



The care team discusses this preference, talking with Alea, Aizpea and Mariana that it is their hospital policy to at minimum have a IV saline lock, and addresses Alea's concerns around the IV.

After this conversation, Alea agrees with the plan to place a saline lock once it's understood that her concern was about restriction of movement.

PREFERENCES - SCENARIOS AND PRACTICE



How would the team document Alea's preferences using the shared planning tool?

Labor & Delivery Shared Planning Tool	
<p>TEAM</p> <p><i>Alea</i> <i>Aizpea - Best Friend</i> <i>Marianna - Doula</i> <i>Trisha - Nurse</i> <i>Dr. Angela Chien - OB/GYN</i></p> <p>On Admission</p> <p>PREFERENCES</p> <p><i>move around - keep IV unhooked</i> <i>ball & tub</i> <i>low lights & quiet voices</i></p>	<p>PLAN</p> <p>Me</p> <p>Baby</p> <p>Labor Progress</p> <p>NEXT HUDDLE</p> <p>EARLY LABOR ACTIVE LABOR PUSHING</p>

The care team discusses this preference, talking with Alea, Aizpea and Mariana that it is their hospital policy to at minimum have a IV saline lock, and addresses Alea's concerns around the IV.

After this conversation, Alea agrees with the plan to place a saline lock once it's understood that her concern was about restriction of movement.

PREFERENCES - SCENARIOS AND PRACTICE



How would the team document Alea's preferences using the shared planning tool?

TEAM	PLAN
<p><i>Alea</i> <i>Aizpea - Best Friend (will return in AM)</i> <i>Marianna - Doula</i> <i>Trisha - Nurse</i> <i>Dr. Angela Chien - OB/GYN</i></p> <p data-bbox="483 660 647 758">6 cm</p>	<p>Me Updated based on most recent huddle</p> <p>Baby</p> <p>Labor Progress</p>
<p>PREFERENCES</p> <p><i>sleep! - no visitors</i> <i>hope water breaks on its own</i></p>	<p>NEXT Huddle</p> <p>Updated based on most recent huddle</p> <p>EARLY LABOR ACTIVE LABOR PUSHING</p>

PREFERENCES - SCENARIOS AND PRACTICE



How would the team document Alea's preferences using the shared planning tool?

TEAM	PLAN
<p><i>Alea</i> <i>Aizpea - Best Friend</i> <i>Marianna - Doula</i> <i>Trisha - Nurse</i> <i>Dr. Angela Chien - OB/GYN</i></p> <p>9 cm</p>	<p>Me</p> <p>Baby</p> <p>Labor Progress</p>
<p>PREFERENCES</p> <p><i>another nap before baby</i> <i>feel to push</i> <i>visitors ok</i></p>	<p>NEXT Huddle</p> <p>Updated based on most recent huddle</p> <p>EARLY LABOR ACTIVE LABOR PUSHING →</p>

PREFERENCES - SCENARIOS AND PRACTICE



How would the team document Alea's preferences using the shared planning tool?

TEAM	PLAN
<p><i>Alea</i> <i>Aizpea - Best Friend</i> <i>Marianna - Doula</i> <i>Trisha - Nurse</i> <i>Dr. Angela Chien - OB/GYN</i></p> <p>10 cm</p>	<p>Me</p> <p>Baby</p> <p>Labor Progress</p>
<p>PREFERENCES</p> <p><i>Aizpea and Mariana for pushing help</i> <i>not lots of staff</i> <i>skin to skin</i> <i>cord blood banking</i></p>	<p>NEXT Huddle</p> <p>Updated based on most recent huddle</p> <p>EARLY LABOR ACTIVE LABOR PUSHING</p>

PLAN - SCENARIOS AND PRACTICE



How would the team document Alea's plan using the shared planning tool?

Labor & Delivery Shared Planning Tool	
<p>TEAM</p> <p><i>Alea</i></p> <p><i>Aizpea - Best Friend</i></p> <p><i>Marianna - Doula</i></p> <p><i>Trisha - Nurse</i></p> <p><i>Dr. Angela Chien - OB/GYN</i></p>	<p>PLAN</p> <p><i>Walk in room</i></p> <p>Me <i>Chair for BPs</i></p> <p><i>No IV fluids yet</i></p> <p>Baby <i>Listen to baby's heart</i></p> <p><i>rate between walks</i></p> <p>Labor Progress</p> <p><i>Keep Moving! Hold off on tub</i></p>
<p>PREFERENCES</p> <p><i>move around - keep IV unhooked</i></p> <p><i>ball & tub</i></p> <p><i>low lights & quiet voices</i></p>	<p>NEXT HUDDLE</p> <p>_____→</p> <p>EARLY LABOR ACTIVE LABOR PUSHING</p>

NEXT HUDDLE - SCENARIOS AND PRACTICE



How would the team document Alea's next huddle using the shared planning tool?

Labor & Delivery Shared Planning Tool

TEAM

Alea
Aizpea - Best Friend
Marianna - Doula
Trisha - Nurse
Dr. Angela Chien - OB/GYN

PREFERENCES

move around - keep IV unhooked
ball & tub
low lights & quiet voices

PLAN

Walk in room
Me Chair for BPs
No IV fluids yet

Baby Listen to baby's heart
rate between walks

Labor Progress

Keep Moving! Hold off on tub

NEXT HUDDLE

When you feel the urge to push
(In ~1 hour)

EARLY LABOR

ACTIVE LABOR

PUSHING



Questions?

What questions do you have about using the board?

Are there scenarios you are curious about or most want to practice with TeamBirth and/or the shared planning board?

TeamBirth Implementation





TeamBirth Implementation Roadmap

Today's focus

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE ACTIVITIES	<ul style="list-style-type: none"> ✓ Build your team ✓ Develop your strategy ✓ Assess your context ✓ Customize TeamBirth 	<ul style="list-style-type: none"> ✓ Socialize TeamBirth ✓ Provide training & practice huddles ✓ Conducting patient surveys ✓ Test & improve 	<ul style="list-style-type: none"> ✓ Collect data & feedback ✓ Launch TeamBirth ✓ Monitor & celebrate progress 	<ul style="list-style-type: none"> ✓ Embed for sustainability ✓ Evaluate impact & continuously improve

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

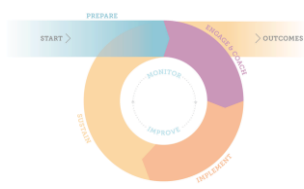
Core Implementation Activity:

PROVIDE TRAINING & PRACTICE HUDDLES

USTAIN

IMPROVE

IMPLEMENT



ENGAGE & COACH PHASE

PROVIDE TRAINING & PRACTICE HUDDLES

CORE: Establish the knowledge for applying TeamBirth's components (huddles, the shared planning tool, and discussion and support guides) AND put training into practice by applying knowledge in practice scenarios with multidisciplinary groups

OBJECTIVES

Identify who should be trained

Ensure everyone who received training has multiple opportunities to practice huddles

Develop and begin your TeamBirth training strategy

Milestones:

- All Champions completed training
- All clinicians completed training (goal: minimum of 80% completed by launch)

ADAPT

Your strategy for training: who, how, and when



Training Timeline

Start by training and practicing with your champions so they are ready to support staff training this fall through launch



Provide Training

Ensure everyone has the necessary knowledge AND the opportunity to apply it



Adaptation for your context

- Assign videos in online learning management system
- Distribute QR codes for YouTube links
- Give your own live presentation of TeamBirth video content
- Supplement videos with TeamBirth resources like the infographics
- Role play huddle simulation in multidisciplinary groups
- Tabletop scenario practice
- Demos
- SIMs
- Combine with skills day

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

Core Implementation Activity: **TEST & IMPROVE**

IMPROVE

USTAIN

IMPLEMENT

TEST & IMPROVE



CORE: Conduct small scale testing to create and improve the adapted TeamBirth components as well as implementation activities

OBJECTIVE S

Test your adapted board design with champions in huddles and get their feedback to improve your design

Make changes to your patient surveying strategy to improve response rates

Gather feedback from teams about how training and huddle practice is going and make strategy updates as necessary

Milestones:

- Champions complete small scale board testing with 10 patients

ADAPT

Who you involve and your methods and timeline for improvement

Conduct Small-Scale Testing

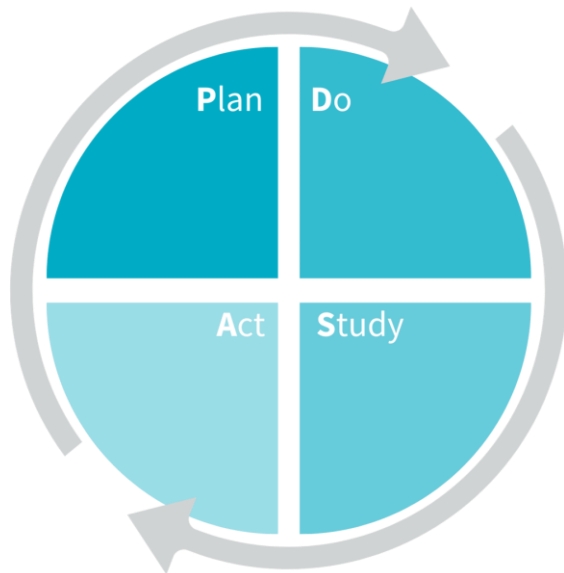
Set up a PDSA cycle to test new ideas and improve your tools and processes

PLAN

- Make a prototype board
- Plan for champions to test training materials and practice with boards
- Develop your survey processes

ACT

- Update board design
- Change processes
- Restart cycle again if needed



DO

- Use prototype board during Champion practice scenarios
- Begin patient surveying
- Gather Feedback

STUDY

- Review data & feedback
- Synthesize learnings
- Identify team needs



Conduct Small-Scale Testing

Testing TeamBirth before rolling it out for your full unit will help you:



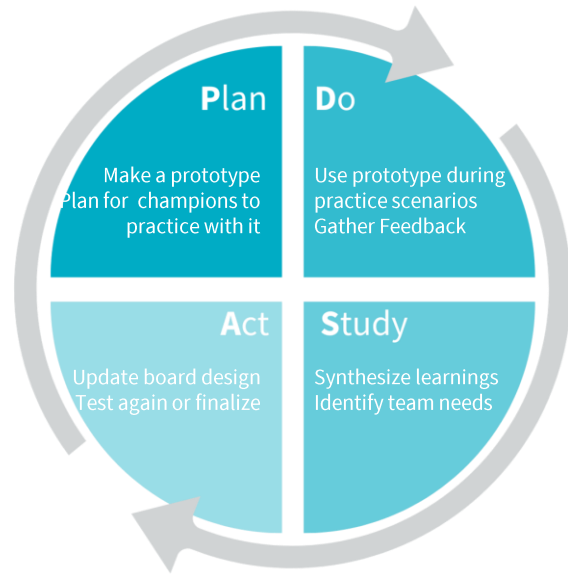
- Learn what works and what doesn't
- Identify and address changes that will make TeamBirth work better for both clinical teams and your patients
- Avoid frustrating, time consuming, and costly mistakes
- Iterate your design until it is ready for use by your whole unit

Keep testing and improving after launch too!

Small-Scale Testing: Board Design

Have your Champions practice huddles with your design and provide feedback

Set up a PDSA cycle to finalize your board design



Virginia Mason Franciscan Health

TODAY IS: _____ Room# _____ Phone# _____ Food Services: _____

TEAM
Me: _____ My Support: _____
Nurse: _____ Doula: _____
Charge Nurse: _____ OB/Midwife: _____ Baby's Provider: _____

PLAN OF CARE
Me: _____ Baby: _____ For my labor progress: _____ Next Huddle: _____
WALK around
Learn to baby on/off all the time
Place in later if no labor in 6 hrs
After next covered
As needed

PREFERENCES
Me: _____ My Baby: _____
Delays/and Clamp
YES Eyes No Tucks
Check back signs
After next 8h check P/S

DISCHARGE CHECKLIST
CCMD Hearing Birth Certificate Birth Day
Bilirubin Carseat Weight Birth Time:
Planned Discharge

BP Log | Welcome to BirthPlace
My Team: _____ My Post Part: _____
My Nurse: _____ Baby: _____
My CNA: _____ Labor Progress: _____
My doctor: _____ Not a check-in

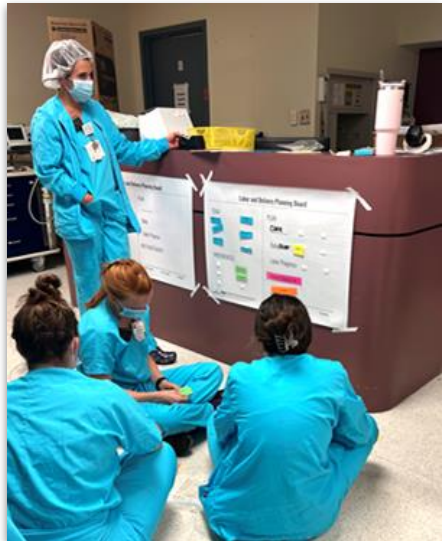
Managing My Pain | Acceptable Pain _____
0 1 2 3 4 5 6 7 8 9 10
Last Exam _____

About Baby | Birthdate: _____ Time: _____
Name: _____ My Preferences
Feeding: Breast Formula

Small-Scale Testing: Training

Have your Champions complete training and start practice huddles

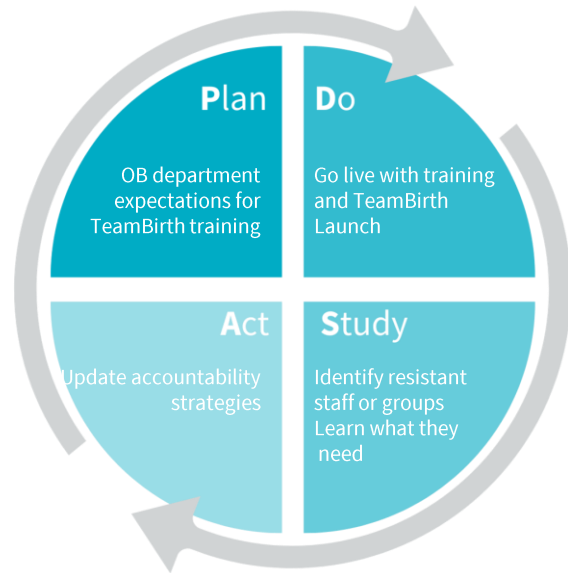
Set up a PDSA cycle to iron out huddle practice strategies



Small-Scale Testing: Accountability

Ensure all staff have clear expectations for doing TeamBirth post launch

Set up a PDSA cycle to hold providers accountable



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

Core Implementation Activity: **ASSESS YOUR CONTEXT**

IMPROVE

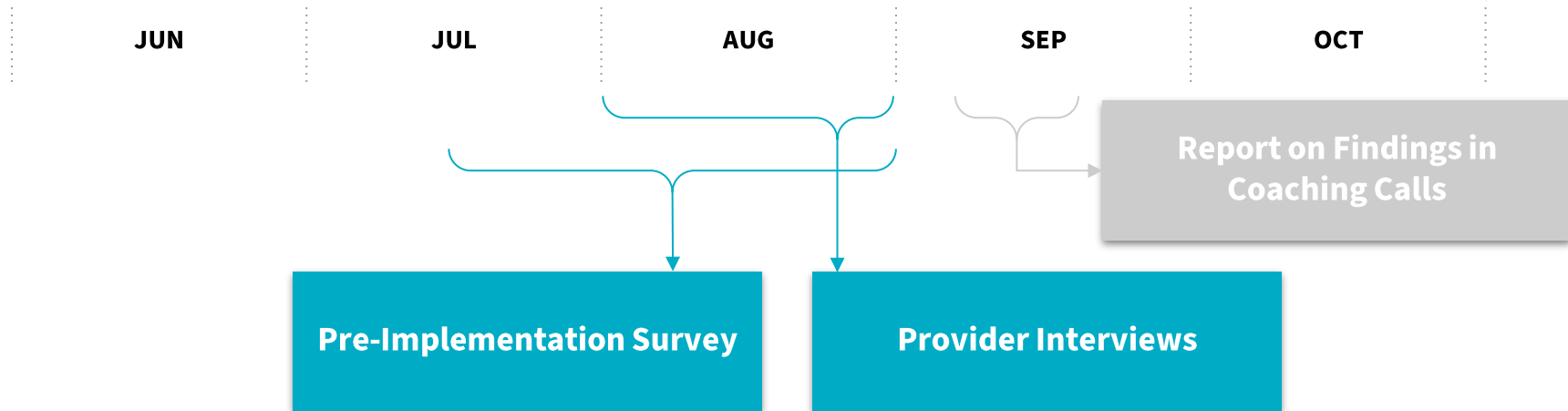
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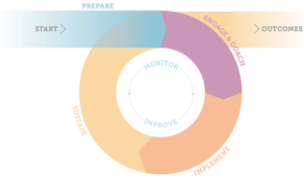
IMPLEMENT

ASSESS YOUR CONTEXT

Prepare for your assessment:

- Share the Atlas survey and provide reminders while advocating for survey completion to **reach the 60% response rate goal**
- Invite providers to schedule short 30 min interviews in **August**





ASSESS YOUR CONTEXT **PROGRESS**

Atlas Response Rate
Goal: 60%

Scheduled provider interviews
Goal: 3 - 5

	Atlas Response Rate	Scheduled provider interviews
Penn Med Princeton	34%	2
Capital Health	31%	5
RWJ Trinitas	35%	0
Inspira Mullica Hill	32%	1
Inspira Vineland	34%	0
HMH JFK	21%	0

PREPARE

START >

ENGAGE &

> OUTCOMES

Implementation Progress

- ✓ Build your team
- ✓ Develop your strategy
- ✓ Assess your context
- ✓ Customize TeamBirth - Design boards
- ✓ Socialize TeamBirth
- ✓ Provide training & practice huddles

Look how far we've come! What is coming up for you?

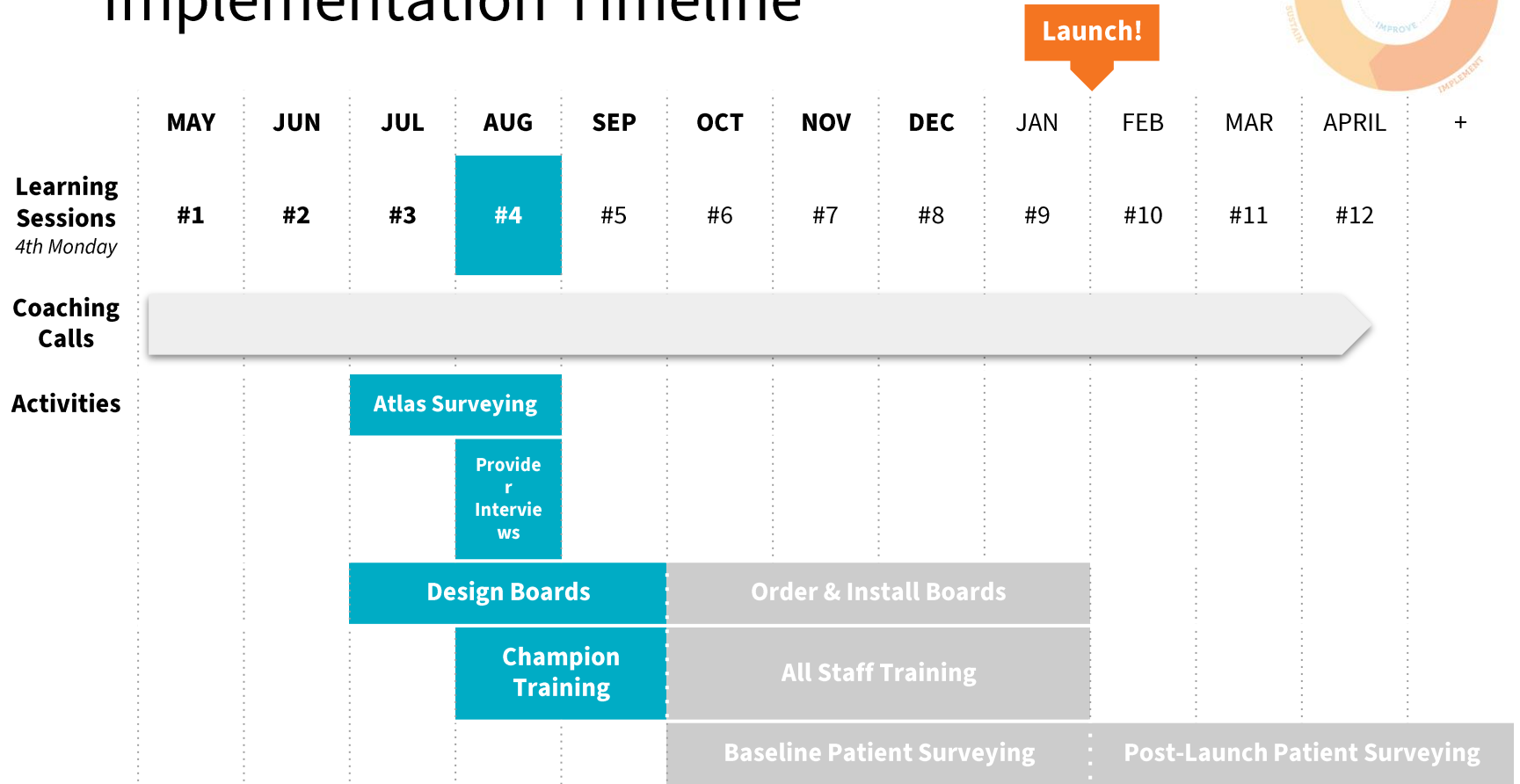
WIN

IMPLEMENT

Looking Ahead



Implementation Timeline



Launch!

Today's Key Takeaways



ADD-ON Components: DISCUSSION & SUPPORT GUIDES

- These 3 TeamBirth tools provide a structured, standardized approach for untangling the gray areas of key moments in labor decision making

Huddle Practice

- Use training scenarios to practice having an interdisciplinary huddle and practice documenting the conversation on the board with patient friendly language



Test & Improve

- Conduct small scale testing to create and improve the adapted TeamBirth components as well as implementation activities

Provide Training & Practice Huddles

- Upload training content into your learning management system and begin training and practice with your Champions

Assess Your Context

- Surveying staff to understand your strengths and opportunities for improvement is essential

Action Items



<i>Implementation Pathway</i>	<i>Action Items</i>	<i>Details & Resources</i>
PROVIDE TRAINING & PRACTICE HUDDLES	Implementation Team watch training videos	Training Resources
	Use the HOW TO resource with your implementation team to start planning	HOW TO Provide training & practice huddles
	Begin training your Champions	
CUSTOMIZE TEAMBIRTH	Use this HOW TO resource to plan your process for shared planning board design and testing	HOW TO Customize Your Shared Planning Tool
ASSESS YOUR CONTEXT	Continue reminding staff and providers to complete the Atlas survey	Create a socialization & surveying flyer using this template!
	Continue sharing scheduling information with providers to schedule interviews	Doodle link
Other	Identify who on your team will be the contact for site data collection	<ul style="list-style-type: none">● Birth volume, NTSV rates, HCAHPS● Begin sharing 2024 Q3 data in October

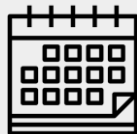
Next Steps

Learning Session 3

September 30, 2024
12:00 - 1:00pm EST

Share your feedback!

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



Coaching Calls

See follow up email for Learning **Session Handout** for call agenda



Email Adelisa for

- Support and updates
- Resources
- Implementation Questions & Needs

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