



TEAMBIRTH



## **Cohort 3 Collaborative Learning Session #12**

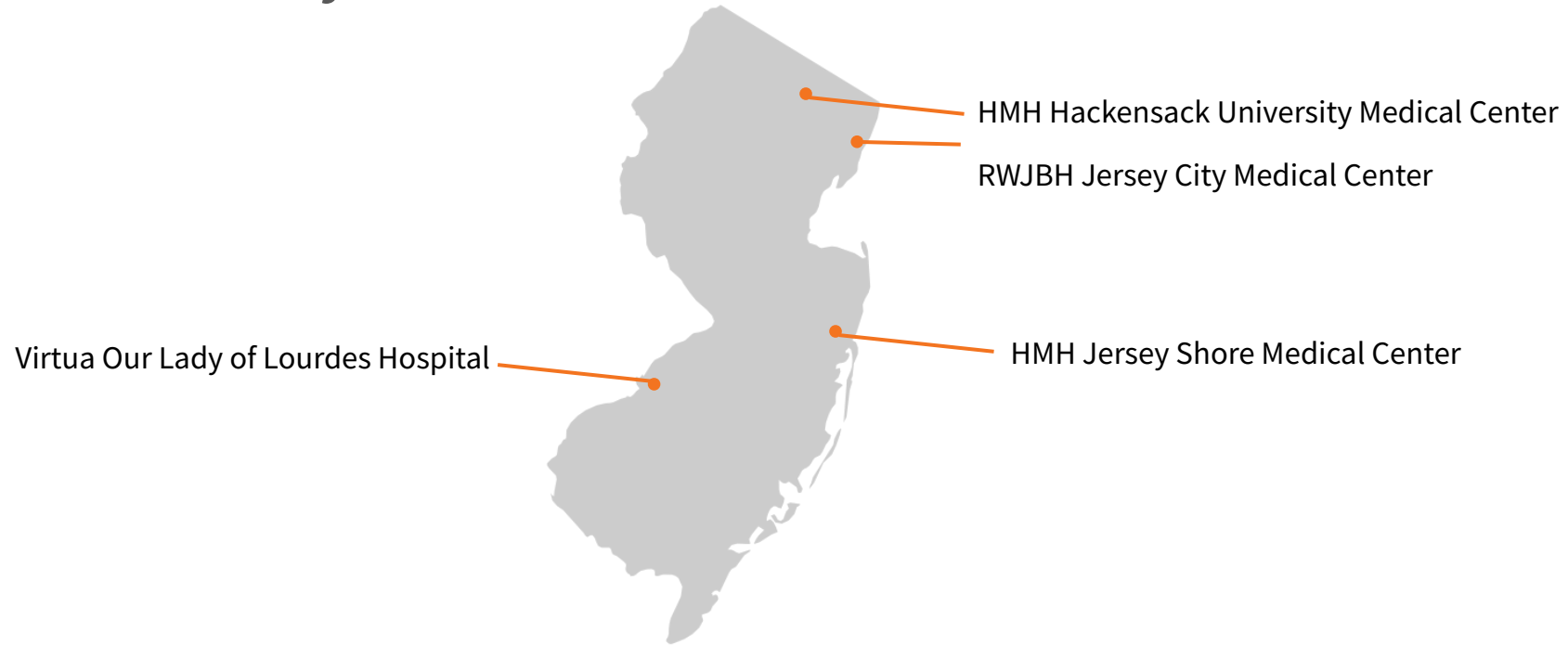
### **January 28, 2025**

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



*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 \$7,500,000. 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](https://www.hrsa.gov).*

# New Jersey Cohort 3



Who is here from your organization today?

# Collaborative Session Agenda

## TeamBirth Implementation

- Announcements
- Implementation Pathway & Timeline:
  - Ongoing Activities: **Patient surveying, Huddle Observations**
  - Share-out: **Wins, Aha! Moments, Strategies**

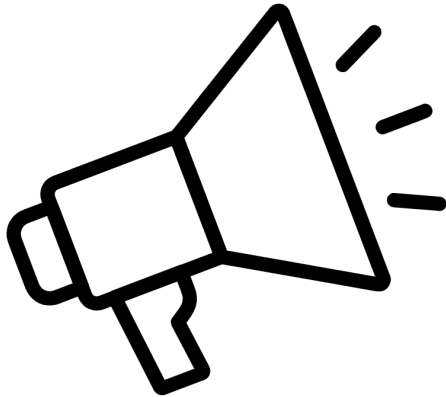
## TeamBirth Core Knowledge & Skills

- Review: **Sustaining TeamBirth**
- Connect: **Discussion Guides & NTSV C-section rates (time permitting)**
- Learn: **Lunch & Learn for Continuing Education/Onboarding**

## Looking Ahead

- Takeaways From Today
- Action Items & Next Steps
- Feedback Survey

# Announcements



## February:

- ❑ **Patient Surveying Continues**
- ❑ **Coaching Calls as scheduled**
- ❑ **No Collaborative Session**

## March:

- ❑ **Patient Surveying Continues**
- ❑ **Coaching Calls as scheduled**
- ❑ **NJ TeamBirth Cohorts 1-4**  
**Collaborative Session:**

**Monday March 31 @ 12pm Eastern**

# Cohort 3

## Review: Patient Survey Process



# 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

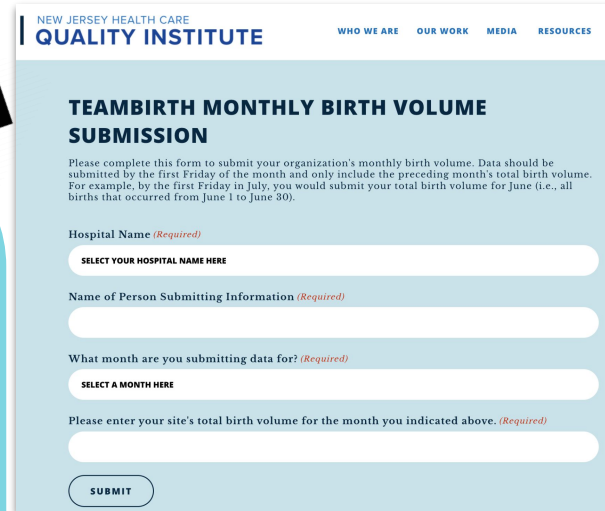
→ The more data you have, the more we can do with it. (So it can be especially important for small sites to reach as many of their patients as possible given their low birth volume)

# Patient Survey Data Entry Tips

**1. Track your monthly birth volume in the NJHCQI Cohort 4 Resource Page** by the first week of the following month. This is important for tracking the response rates, which tells us how representative the data is relative to your patient population.

$$\text{Response rate} = \frac{\text{\# of completed surveys}}{\text{\# live births}} \times 100$$

**2. If a respondent has left a question blank, please select “Prefer not to answer.”**



NEW JERSEY HEALTH CARE  
**QUALITY INSTITUTE**

WHO WE ARE OUR WORK MEDIA RESOURCES

### TEAMBIRTH MONTHLY BIRTH VOLUME SUBMISSION

Please complete this form to submit your organization's monthly birth volume. Data should be submitted by the first Friday of the month and only include the preceding month's total birth volume. For example, by the first Friday in July, you would submit your total birth volume for June (i.e., all births that occurred from June 1 to June 30).

Hospital Name *(Required)*

SELECT YOUR HOSPITAL NAME HERE

Name of Person Submitting Information *(Required)*

What month are you submitting data for? *(Required)*

SELECT A MONTH HERE

Please enter your site's total birth volume for the month you indicated above. *(Required)*

SUBMIT

# TeamBirth Huddle Observations



# Practice in Action

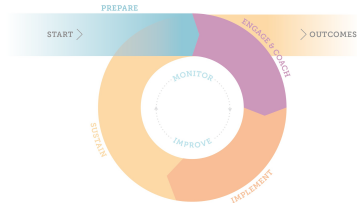
TeamBirth Huddles



Observation and Feedback

# Huddle Observation and Feedback

Timely and actionable feedback is crucial to improvement



## WHO

Huddle participants

- Clinical: nurse, provider, etc
- Support person: partner, doula, etc

Huddle observers

- Peers (a non-huddle nurse, provider, etc)
- Champions, managers, etc

## WHAT

Documentation and communication of observed behaviors using the **Huddle Observation Form**

## WHY

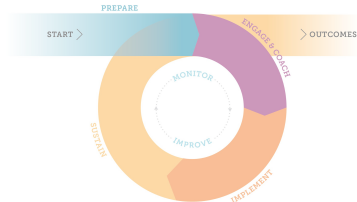
To provide consistent structure for:

- Celebrating or highlighting strengths
- Discussing opportunities to adjust or improve

To provide space for non-judgemental feedback that is **respectful, timely, specific, relevant, and actionable**

# Huddle Observation Form

A valuable tool for coaching huddles throughout implementation



Download, print, and share with staff the  
[TeamBirth Huddle Observation Form](#)

**TEAMBIRTH** Huddle Observation Form ARIADNE LABS

Name: \_\_\_\_\_ Role / Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ State: \_\_\_\_\_

1. Please attest to personally observing or being a part of a TeamBirth huddle by selecting your role in the huddle:

- ☐ I was a clinical team member in the huddle
- ☐ I was a support person (like spouse, doula, family, etc) in the huddle
- ☐ I was an observer of the huddle

2. Which of the following instances prompted the huddle? **Select all that apply:**

<input type="checkbox"/> Admission Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility	<input type="checkbox"/> Change in care management Hypertension, Hemorrhage, Infection, Opioid Use Disorder
<input type="checkbox"/> Labor Progress	<input type="checkbox"/> Post-birth/Post-emergency Debrief
<input type="checkbox"/> Prior to non-emergent intervention for mom/birthing person AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section	<input type="checkbox"/> Shift change/Hand-off Need for huddle noted during provider or nursing (bedside) hand-off
<input type="checkbox"/> Prior to non-emergent intervention for baby Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission	<input type="checkbox"/> Pain Control Prodromal labor, Post-op pain
<input type="checkbox"/> Contraception	<input type="checkbox"/> Outpatient setting
	<input type="checkbox"/> Other

3. Did the team clearly state that this conversation was a TeamBirth huddle?

- ☐ Yes - a team member stated this clearly. Please specify how the huddle was identified. Quote, if possible: \_\_\_\_\_
- ☐ No - the huddle occurred, but was not explicitly verbalized to the patient
- ☐ No - it was not clear to the full team present that a huddle was occurring

4. Were the team members' names/roles written on the shared planning board, either during this huddle or previously?

- ☐ Yes - all names/roles were discussed and written on the board
- ☐ Yes - most names/roles were discussed and most were written on the board (Please specify which roles were not discussed/updated): \_\_\_\_\_
- ☐ No - names/roles were minimally discussed and minimally written on the board
- ☐ No - names/roles were not discussed or written on the board

11. What else are you able to share with the Delivery Decisions Initiative about your experience with TeamBirth?

## WHAT

2-page form

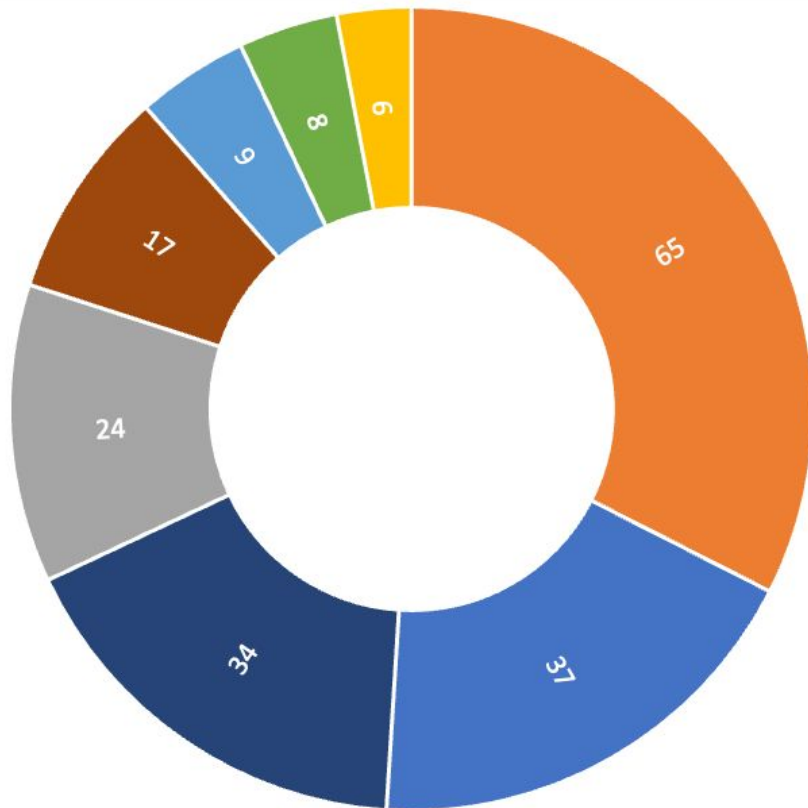
Quick selection options to document each key behavior during a huddle

Several open ended questions for providing additional detail

Share:

- As a printed form
- As a digital Word Doc
- Digital Survey Form

# Huddle Observation: **Huddle Initiation**



- Admission (n=37)
- Labor progress (n=65)
- Prior to non-emergent intervention for mom/birthing person (n=24)
- Prior to non-emergent intervention for baby (n=6)
- Change in care management (n=9)
- Post-birth/Post emergency (debrief) (n=8)
- Pain control (n=34)
- Shift change/hand off (n=17)

# Sustaining Change



START >

PREPARE

ENGAGE & COACH

> OUTCOMES

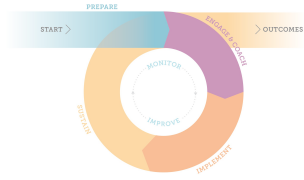
MONITOR

Core Implementation Activity:  
**EMBED FOR SUSTAINABILITY**

SUSTAIN

IMPROVE

IMPLEMENT



## SUSTAIN PHASE

# EMBED FOR SUSTAINABILITY

**CORE:** Establish a new status quo where your teams hold the gains from TeamBirth implementation and setup processes for evolving as needed

### OBJECTIVES

Establish onboarding & continuous education on TeamBirth for all relevant staff

Identify ongoing ownership of and accountability for TeamBirth continuous improvement and monitoring

#### **Milestones:**

- ☐ Onboarding & continuing education activities started
- ☐ Ownership of ongoing TeamBirth QI established

### ADAPT

Your unique processes, roles, and strategy for maintaining the new TeamBirth status quo

# Sustainability

When new ways of working and improved outcomes become the norm

‘Not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. In other words the **change has become an integrated or mainstream way of working** rather than something ‘added on’.

As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old way of working, or old level of performance.

Further, it has been able to withstand challenge and variation; **it has evolved alongside other changes and perhaps has continued to improve over time.**’



## TeamBirth Sustainability Activities



### Department Consistency

- Patients should experience TeamBirth across the maternity care continuum - triage, labor, high-risk, postpartum, newborn
- Initial huddles and ongoing huddles
- Update policies, procedures, and protocols to identify when initial huddles and ongoing huddles should occur
- Gather & share patient feedback and clinical metrics

### Patient Education

- Prenatal clinic information
- Childbirth education
- Website/social media
- Admission packet
- Patient liaison, parent groups

### Onboarding

- Residency didactic and sims
- New Hire Orientation
  - Videos in LMS
  - Competency checklist
  - Update job expectations
- Recognition Attestation form for new leadership

### Community Engagement

- Doula Welcome kit
- Community Birth Worker mixer
- Community Birth Transfer program utilizing TeamBirth huddles

### System Strategic Plans

- TeamBirth in quarterly system goals
- TeamBirth supplies, training, and community engagement allocated to department budgets

### Clinician role responsibility

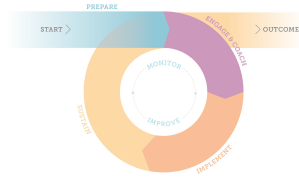
- Preceptors: TeamBirth champions
- Charge RNs: huddle triggers, delivery discussion guide for interventions
- Triage staff: admission huddles
- Review Employee expectations in annual review & dept meetings

### EMR integration

- Smartphrase for providers
- Nursing documentation
- patient-facing (MyChart)

### Clinician Engagement

- Annual training/simulation
  - Record for future onboarding!
- Gather feedback from patients & clinicians
- Share stories of successes:
  - Huddle of the month
  - Examples of boards in use
  - Collate site specific word bank
- Huddle observations
- Include TeamBirth patient-centered communication in RCA reviews and recommendations



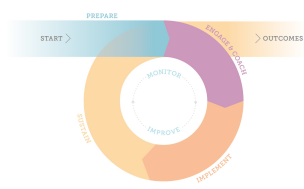
# Embed: Onboarding & continuing education

Ensure all new staff receive training and huddle practice while reinforcing knowledge and skills for all staff over time



For all relevant roles (i.e. physicians, midwives, nurses, nurse managers, lactation, social work, etc):

- **Onboarding plans** or checklists that include *both* completion of didactic TeamBirth content and opportunities to practice/demonstrate huddles
- **Continue education plans** for routine opportunities to reinforce staff knowledge and receive feedback on TeamBirth key behaviors



# Embed: Onboarding & continuing education

Develop clear role-based plans

Onboarding	Continuing Education
<ul style="list-style-type: none"><li>● TreamBirth items on role-based competency checklists</li><li>● LMS assignments</li><li>● SIM / huddle practice attendance</li></ul>	<p>What quarterly and yearly activities can help keep TeamBirth sustained?</p> <ul style="list-style-type: none"><li>● Routine reinforcement of TeamBirth knowledge and updates via LMS assignments</li><li>● Huddle practice included in skills fairs</li><li>● Updates on TeamBirth data shared during key meetings</li></ul>

Training example: TeamBirth Lunch & Learn



# TeamBirth Lunch & Learn

Planning interdisciplinary time to reinforce TeamBirth concepts from the training videos and begin practicing key behaviors

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## Plan your session logistics

<b>WHO</b>	At a minimum ensure nurses and providers (OBs & midwives) can attend <ul style="list-style-type: none"><li>• Consider planning separate L&amp;D and postpartum sessions</li></ul>
<b>WHAT</b>	Lunch & Learn Learning Objectives (see next slide)
<b>WHERE</b>	Where on your unit or in your facility can people gather to learn and engage?
<b>WHEN</b>	Schedule 50-60 minute sessions <ul style="list-style-type: none"><li>• Ensure there are multiple time points that allow for staff from different shifts to attend</li></ul>
<b>HOW</b>	Adapt the Lunch & Learn template slides for your team

# Lunch & Learn Learning Objectives

Lunch & Learns are used to reinforce the LMS training content. Clearly focus your time together with these learning objectives *(in the template slide deck)*

## Learning Objectives

- To describe what TeamBirth is and why it is valuable
- To identify opportunities for when TeamBirth Huddles may occur
- To begin practicing demonstration of the TeamBirth Key Behaviors while using the shared planning board:
  - Team: To promote the role of each team member
  - Preferences: To elicit patient preferences, thoughts, & concerns
  - Plan: To distinguish the different care plans
  - Next Huddle: To set shared expectations for the timing of the next huddle

# Session facilitation

The template slides include recommendations for how to use your time to meet the objectives

**Inform staff of how this session fits into your whole training plan**

**Briefly recap with a TeamBirth overview** *(Staff should be familiar with this from the LMS content already)*

**Reinforce the definition of the key behaviors and demonstrate them using a scripted scenario**

**Ideally work in bite sized opportunities for staff to practice each behavior**

## Internal planning

Section	Agenda Items	Notes	Facilitator
Session welcome & learning objectives [5 mins]	<ul style="list-style-type: none"><li>○ Introductions</li><li>○ Session objectives</li></ul>	Clarifying that this session builds on the LMS video content and confirm that attendees have completed LMS content. This session is the first step towards trying out and practicing the TeamBirth key behaviors. Simulating and practice teambirth scenarios will happen next	○ ?
What is TeamBirth [10 mins]	<ul style="list-style-type: none"><li>○ Core Components</li><li>○ Our board</li><li>○ When to huddle</li><li>○ Key resources</li></ul>	This brief intro to TeamBirth grounds people on the big picture and key resources (board design, 1 & 2-pagers) Practice keeping each slide to ~ 1 min of voiceover (see speaker notes for approximate recommendations)	○ ?
TeamBirth Key Behaviors [30 mins]	<ul style="list-style-type: none"><li>○ Sparking a huddle &amp; Team<ul style="list-style-type: none"><li>○ Demo + Practice</li></ul></li><li>○ Preferences<ul style="list-style-type: none"><li>○ Demo + Practice</li></ul></li><li>○ Plan<ul style="list-style-type: none"><li>○ Demo</li></ul></li><li>○ Next Huddle<ul style="list-style-type: none"><li>○ Demo</li></ul></li></ul>	These practice opportunities are bite sized and intended to help get the words out for introducing huddles and asking different open-ended questions  Share <a href="#">script</a> with Demo readers  Decide for your group if you want to take questions as they come or wait until after this section content is covered	○ ?
Practice [10 mins]	<ul style="list-style-type: none"><li>○ Scenario 2 practice facilitation</li></ul>	This can be done more or less structured depending on the group Ideally have a whiteboard with markers on hand to write out the board	○ ?

# Session facilitation notes

The template slides include notes that guide your facilitation

## Notes

- Confirm that attendees have completed LMS content
  - This session is the first step towards fully practicing the TeamBirth key behaviors
- 
- The brief intro to TeamBirth grounds people on the big picture and several key resources
    - **Practice keeping each slide to ~ 1 min of voiceover**
- 
- These practice opportunities are bite sized and intended to help get the words out for introducing huddles and asking different open-ended questions
  - **Create your own scenario or use this simple script**
  - Decide for your group if you want to take questions as they come or wait until after this section content is covered
- 
- The final scenario can be done in a **more or less structured way depending on the group**
  - Have a whiteboard or paper with markers on hand to write out details that would be on the TeamBirth board



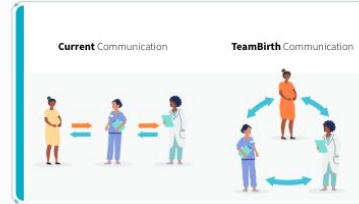
# Session Content: What is TeamBirth

Learning Objective: To describe what TeamBirth is and why it is valuable

Speaker notes demonstrate how to cover the TeamBirth core components and several key supportive resources in about 10 mins.



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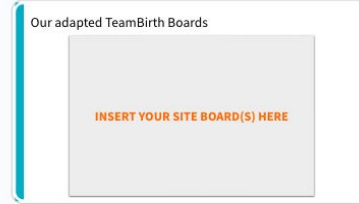
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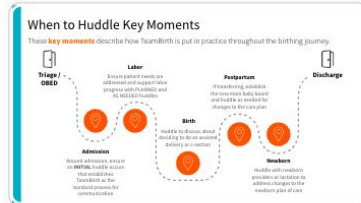
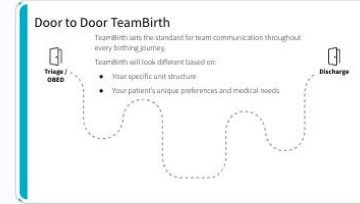
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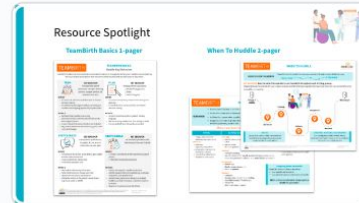
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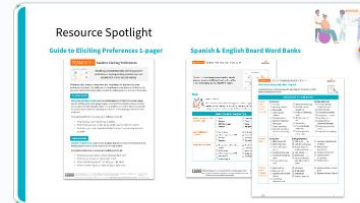
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13



14



15

Practice this content so you feel confident speaking to it concisely so that you'll have the time to go deeper in the rest of the session.

To begin practicing demonstration of the TeamBirth Key Behaviors while using the shared planning board

Also included are short practice opportunities for people to start demonstrating the key behaviors.

[illegible]



# Knowledge Checks

True or False **and discuss**

1. The preference section is a place to transcribe a patient's birth plan so everyone can see it.
2. During the admission huddle, best practice is to ask a patient "Do you have any preferences?" so that you do not have to ask again on any additional huddles.
3. The preference section is a visual cue to elicit what is most important to the patient during the current huddle, to hear concerns and thoughts about current options and choices.
4. The preference section can also be used to remind us to check in with others on the team (partners, doulas, other clinical team members).

# Let's try it

We'll show a snapshot of this process today:

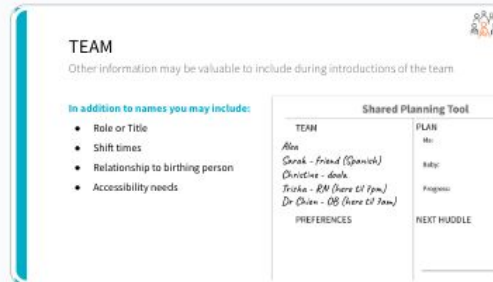
## Brief scenario demo



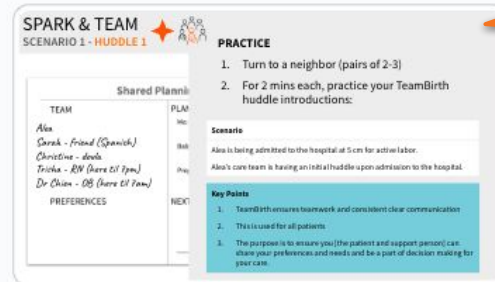
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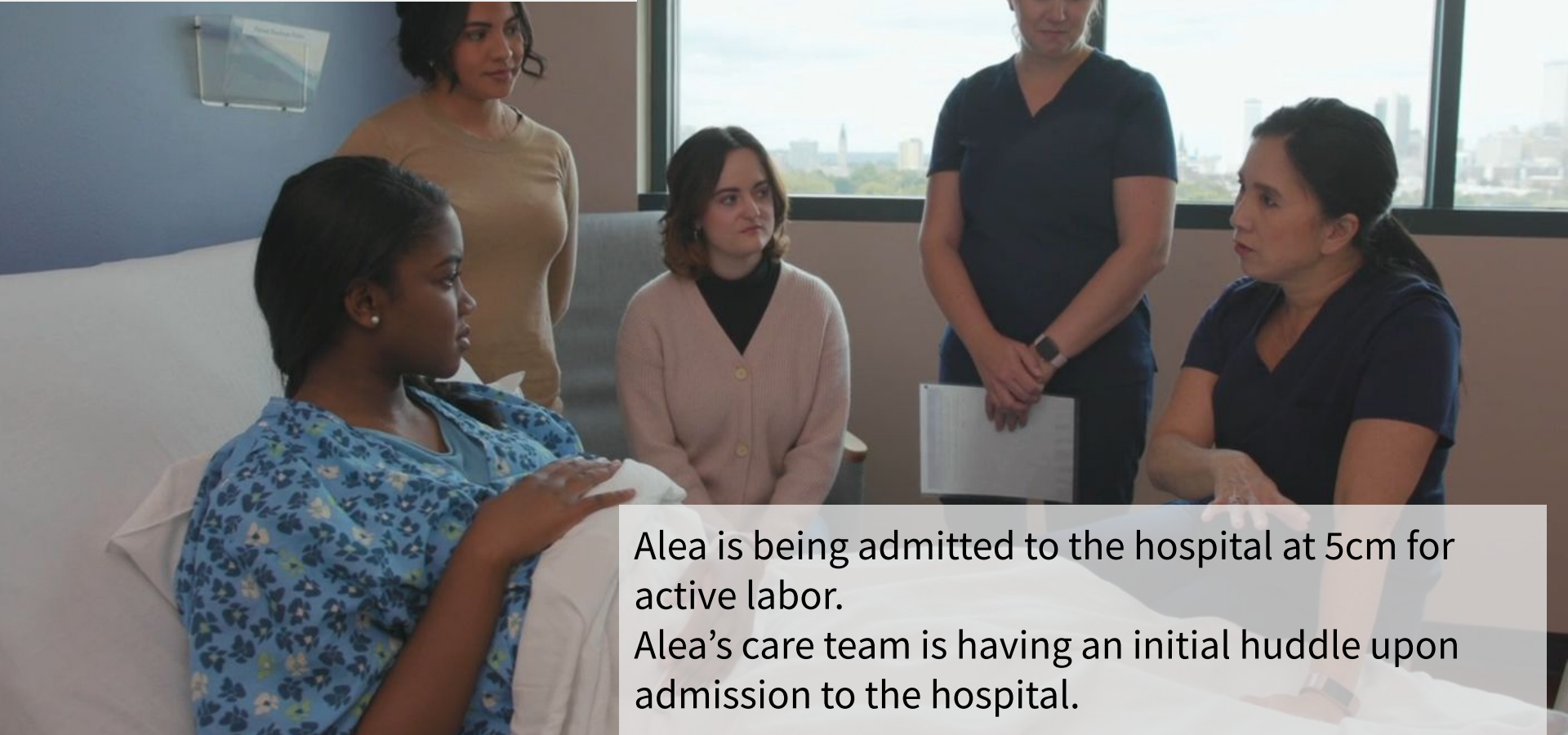


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## Bite sized practice

# Huddle Spark

## DEMO - SCENARIO 1



Alea is being admitted to the hospital at 5cm for active labor.

Alea's care team is having an initial huddle upon admission to the hospital.



# Team

## DEMO - SCENARIO 1



**Christine**  
Doula

**Sarah**  
Best Friend

**Alea**  
Patient

**Trisha**  
Nurse

**Dr. Chien**  
OB/GYN





# TEAM

Other information may be valuable to include during introductions of the team

## In addition to names you may include:

- Role or Title
- Shift times
- Relationship to birthing person
- Accessibility needs

Shared Planning Tool	
TEAM	PLAN
<i>Alea</i>	Me:
<i>Sarah - friend (Spanish)</i>	Baby:
<i>Christine - doula</i>	Progress:
<i>Trisha - RN (here til 7pm)</i>	
<i>Dr Chien - OB (here til 7am)</i>	
PREFERENCES	NEXT HUDDLE

PRACTICE

1. Turn to a neighbor (pairs of 2-3)
2. For 2 mins each, practice your TeamBirth huddle introductions:

Shared Planning

TEAM	PLAN
Alea	Me:
Sarah - friend (Spanish)	Bab
Christine - doula	Pro
Trisha - RN (here til 7pm)	
Dr Chien - OB (here til 7am)	
PREFERENCES	NEXT

Scenario

Alea is being admitted to the hospital at 5 cm for active labor.

Alea’s care team is having an initial huddle upon admission to the hospital.

Key Points

1. TeamBirth ensures teamwork and consistent clear communication
2. This is used for all patients
3. The purpose is to ensure you [the patient and support person] can share your preferences and needs and be a part of decision making for your care.



# Session Content: Practice

Learning Objectives: To begin practicing demonstration of the TeamBirth Key Behaviors while using the shared planning board

End the session with a new scenario and bite size practice opportunities for each board section

Team & Preferences again, and then the Plan and Next Huddle

**Scenario 2**  
Applying TeamBirth with the shared planning board

45

**SPARK & TEAM**  
SCENARIO 2 - HUDDLE 1



Jade is being admitted to L&D in early labor. She is scheduled for a postdates induction tomorrow. She is having regular (painful) contractions and worried about the baby since she's overdue.

- G1P0, 40.6 wks, low-risk pregnancy
- FHR reassuring
- Membranes intact
- Cervix is 3.5cm/1.5"
- Cervix was fingertip at 40 week office appt
- Contractions every 2-5 minutes in a coupling pattern. The long-lasting contractions are strong to palpation.

Jade's provider is here for the admission huddle.

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**SPARK & TEAM**  
SCENARIO 2 - HUDDLE 1

**Labor & Delivery Shared Planning Tool**

**TEAM**

Jade - partner	Baby Simone
Maria - RN	
Amanda - Midwife	
Dr. George - OB	
Dr. Williams - Peds	

**PREFERENCES**

**PRACTICE**

1. Turn to a neighbor (pairs of 2-3)
2. For 2 mins each, practice your TeamBirth huddle introductions and the Team section

**Key Points**

1. TeamBirth ensures teamwork and consistent clear communication
2. This is used for all patients
3. The purpose is to ensure you (the patient and support person) can share your preferences and needs and be a part of decision-making for your care.

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**PREFERENCES**  
SCENARIO 2 - HUDDLE 1

**Shared Planning Board**

**TEAM**

Jade - partner	Baby Simone
Maria - RN	
Amanda - Midwife	
Dr. George - OB	
Dr. Williams - Peds	

**PREFERENCES**

**PRACTICE**

1. Turn to a neighbor (pairs of 2-3)
2. What open ended questions would you ask to understand Jade's preferences?

**EXAMPLES**

1. What are you concerned or worried about right now?
2. What are your hopes or wishes right now?
3. What is bothering you or frustrating you right now?
4. What is comforting you or reassuring you right now?

48

**PREFERENCES**  
SCENARIO 2 - HUDDLE 1



"I am running so hot that I really need that fan turned towards me at all times... I'm really hoping for a natural childbirth or at least to wait as long as possible for an epidural if possible so I can keep moving around."

And I am so freaked out about vacuum deliveries, my sister had one and it was awful so please avoid using a vacuum.

We want lots of photos including of the placenta afterwards, and Kyle is really looking forward to doing skin-to-skin!"

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**PREFERENCES**  
SCENARIO 2 - HUDDLE 1

**Labor & Delivery Shared Planning Tool**

**TEAM**

Jade - partner	Baby Simone
Maria - RN	
Amanda - Midwife	
Dr. George - OB	
Dr. Williams - Peds	

**PREFERENCES**

**PRACTICE**

1. Write Jade's preferences on your board.

"Asking support people to help write on the board is a great way to take shore and ensure patient friendly language!"

**PLAN**

Me

Baby

Labor & Delivery

**NEXT HUDDLE**

At birth:  
No vacuum  
Kyle wants skin to skin for Placenta pic

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**PLAN**  
SCENARIO 2 - HUDDLE 1

**Labor & Delivery Shared Planning Tool**

**TEAM**

Jade - partner	Baby Simone
Maria - RN	
Amanda - Midwife	
Dr. George - OB	
Dr. Williams - Peds	

**PREFERENCES**

**PRACTICE**

Discuss as a group what you all might discuss with Jade for her, baby Simone, and the labor plan based on her preferences.

1. Talk through the initial plan options for Jade and Simone
2. Practice discussing Jade's preferences as you determine each plan

**PLAN**

Me

Baby

Labor Progress

**NEXT HUDDLE**

At birth:  
No vacuum  
Kyle wants skin to skin for Placenta pic

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**NEXT HUDDLE**  
SCENARIO 2 - HUDDLE 1

**Labor & Delivery Shared Planning Tool**

**TEAM**

Jade - partner	Baby Simone
Maria - RN	
Amanda - Midwife	
Dr. George - OB	
Dr. Williams - Peds	

**PREFERENCES**

**PRACTICE**

1. Turn to a neighbor (pairs of 2-3)
2. Tell each other what to expect for when the next huddle could happen

**EXAMPLES**

- As needed
- Per request by anyone on the team

**PLAN**

Me

Baby

Labor Progress

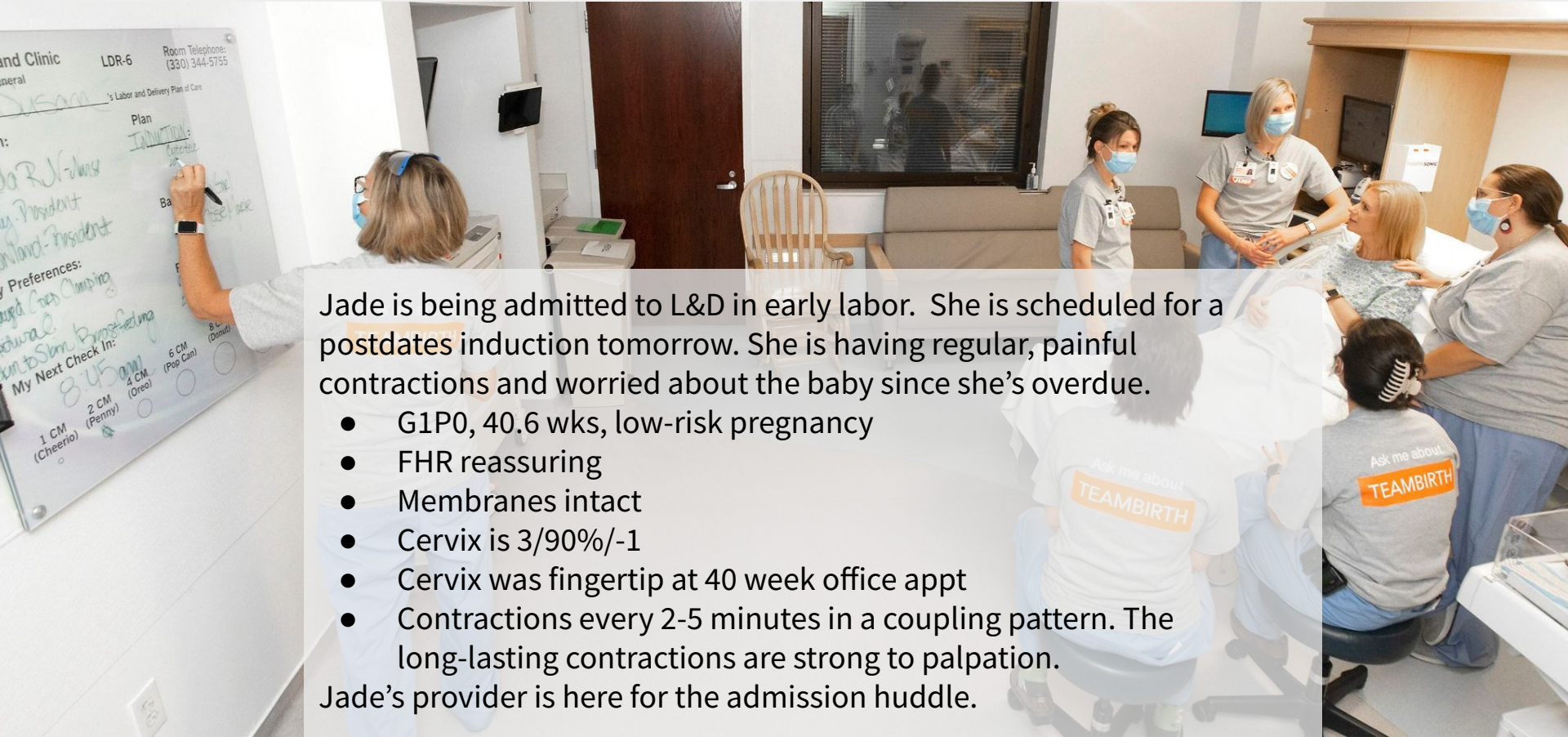
**NEXT HUDDLE**

After next exam (in a couple hours)  
By request

52

# SPARK & TEAM

## SCENARIO 2 - HUDDLE 1



Jade is being admitted to L&D in early labor. She is scheduled for a postdates induction tomorrow. She is having regular, painful contractions and worried about the baby since she's overdue.

- G1P0, 40.6 wks, low-risk pregnancy
- FHR reassuring
- Membranes intact
- Cervix is 3/90%/-1
- Cervix was fingertip at 40 week office appt
- Contractions every 2-5 minutes in a coupling pattern. The long-lasting contractions are strong to palpation.

Jade's provider is here for the admission huddle.



## Labor & Delivery Sha

### TEAM

*Jade*                      *Baby Simone*

*Kyle - partner*

*Maria - RN*

*Amanda - Midwife*

*Dr. George - OB*

*Dr. Williams - Peds*

### PREFERENCES

## PRACTICE

1. Turn to a neighbor (pairs of 2-3)
2. For 2 mins each, practice your TeamBirth huddle introductions and the Team section

### Key Points

1. TeamBirth ensures teamwork and consistent clear communication
2. This is used for all patients
3. The purpose is to ensure you [the patient and support person] can share your preferences and needs and be a part of decision making for your care.

# PREFERENCES

## SCENARIO 2 - HUDDLE 1



### PRACTICE

- 1. Turn to a neighbor (pairs of 2-3)
- 2. What open ended questions would you ask to understand Jade's preferences?

Shared Planning	
TEAM	PLAN
Jade	Me:
Baby Simone	
Kyle - partner	Bab
Dr. Williams - Peds	
Maria - RN	
Amanda - Midwife	Proj
Dr. George - OB	
PREFERENCES	NEXT

#### EXAMPLES

- 1. What are you concerned or worried about right now?
- 2. What are your hopes or wishes right now?
- 3. What is bothering you or frustrating you right now?
- 4. What is comforting you or reassuring you right now?



# PREFERENCES

## SCENARIO 2 - HUDDLE 1



*"I am running so hot! Gah, I really need that fan turned towards me at all times... I'm also really hoping for a natural childbirth or at least to wait as long as possible for an epidural if possible so I can keep moving around."*

*"And I am so freaked out about vacuum deliveries. My sister had one and it was awful so please avoid using a vacuum."*

*"We want lots of photos including of the placenta afterwards, and Kyle is really looking forward to doing skin-to-skin!"*

# PREFERENCES

## SCENARIO 2 - HUDDLE 1



### Labor & Delivery Shared Plan

#### TEAM

*Jade*                      *Baby Simone*  
*Kyle - partner*        *Dr. Williams - Peds*  
*Maria - RN*  
*Amanda - Midwife*  
*Dr. George - OB*

#### PREFERENCES

*epidural eventually, wait if possible*  
*Lots of pictures*  
*I'm so hot!*  
  
*At birth:*  
*No vacuum*  
*Kyle wants skin to skin too*  
*Placenta pics*

#### PLAN

Me

Baby

Labor F

#### NEXT HU

EARLY LABOR

### PRACTICE

1. Write\* Jade's preferences on you board.

*\*Asking support people to help write on the board is a great way to task share and ensure patient friendly language!*

# PLAN

## SCENARIO 2 - HUDDLE 1



Labor & Delivery Shared Planning Tool	
<div>TEAM</div> <div><i>Jade</i> <i>Kyle - partner</i> <i>Maria - RN</i> <i>Amanda - Midwife</i> <i>Dr. George - OB</i></div> <div>PREFERENCES</div> <div><i>epidural eventually, wait if possible</i> <i>Lots of pictures</i> <i>I'm so hot!</i></div> <div><i>At birth:</i> <i>No vacuum</i> <i>Kyle wants skin to skin too</i> <i>Placenta pics</i></div>	<div>PLAN</div> <div><i>Me</i> <i>Keep fan close</i> <i>Keep cool (ice and wet cloths)</i></div> <div><i>Baby</i> <i>Listen to baby on and off</i></div> <div><i>Labor Progress</i> <i>Keep moving!</i> <i>Ball, stand and sway</i></div> <div>NEXT HUDDLE</div> <div><div>EARLY LABOR</div><div>ACTIVE LABOR</div><div>PUSHING</div></div>

### PRACTICE

Talk as a group about what you all might discuss with Jade for her, baby Simone, and the labor plan based on her preferences.

1. Talk through the initial plan options for Jade and Simone
2. Practice discussing Jade's preferences as you determine each plan

# NEXT HUDDLE

## SCENARIO 2 - HUDDLE 1



### Labor & Delivery Shared Planning Tool

TEAM	PLAN
Jade	Me
Kyle - partner	Keep fan close
Maria - RN	Keep cool (ice and wet cloths)
Dr. George - OB	Baby
Amanda - NP	Listen to baby on and off
PREFERENCES	Labor Progress
epidural eventually, wait if possible	Keep moving!
Lots of pictures	Ball, stand and sway
I'm so hot!	NEXT HUDDLE
At birth:	After next exam (in a couple hours)
No vacuum	By request
Kyle wants skin to skin too	
Placenta pics	

### PRACTICE

1. Turn to a neighbor (pairs of 2-3)
2. Tell each other what to expect for when the next huddle could happen

### EXAMPLES

- As needed
- Per request by anyone on the team



# Welcome to Labor & Delivery

Date:     /     /

Room # :

Dining On Call: 13663

Housekeeping: 19400

## Care Team:

Me: *Jade*Baby: *Simone*Support Person: *Kyle - partner* Neonatologist:Nurse: *Maria*

Pediatrician:

Hospitalist / OB: *Dr. George* *Dr. Williams*Midwife: *Amanda*

Others:

## Care Plans:

Me:

*Keep fan close**Keep cool (ice and wet cloths)*

Baby:

We're having a \_\_\_\_\_

*Listen to baby on and off*

Labor Progress:

*Keep moving!**Ball, stand and sway*

## Birth Preferences:

*I'm so hot!     Lots of photos!**At birth: No vacuum, Kyle  
wants skin to skin too*

Pain Management:

*epidural eventually, wait if possible*

## Next Huddle:

*After next exam (in a couple hours)**By request*

## DILATION CHART

1 cm

2 cm

3 cm

4 cm

5 cm

6 cm

7 cm

8 cm

9 cm

10 cm

# Connection: Communication and Clinical Outcomes



# 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 provided 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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# Consistent Guided Structure

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

ME

BABY

LABOR PROGRESS



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



**Home**



**Nearby by Hospital**

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You may benefit from  
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**Monitoring**  
**Clinical care**



**Labor & Delivery**

### DISCUSS WITH YOUR TEAM

What are the **benefits** of birth at 39 weeks or more?

### DISCUSS: STATUS

How am I feeling?  
How is my **baby** doing?  
Where am I in **labor**?

### DISCUSS: OPTIONS

What are the **benefits and risks** of each option?

### DISCUSS: ACTIONS

What can I do to be **more comfortable**?  
Where can I go **nearby**?  
What are my options for **labor support**?

\*The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4-6cm with accelerated cervical dilation. Your clinical team will update you on your cervical dilation and progress. This guide is designed for use with full term births.

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PLAN FOR

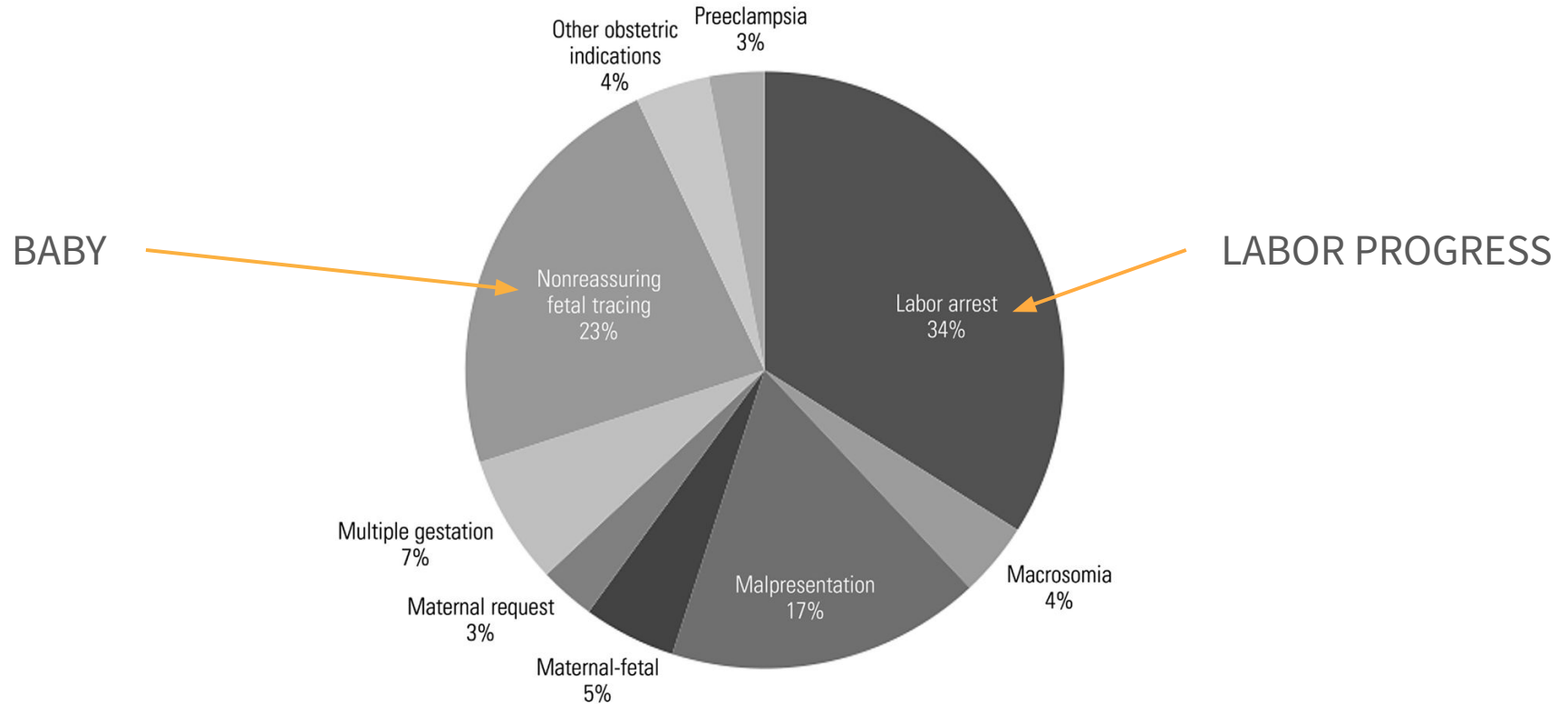
Me:

Baby:

Labor Progress:

FIGURE 3

## Indications for primary cesarean delivery



Data from Barber et al.<sup>16</sup>

ACOG. Safe prevention of primary cesarean delivery. *Am J Obstet Gynecol* 2014.



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Concern for wellbeing



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labor



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- ☐ **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
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#### Labor Progress

Promote  
progress



- ☐ **Movement:** Change positions, walk, dance or sway
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# Wrapping Up & Looking Ahead



# Action Items



*Implementation  
Pathway*

*Action Items*

<b>Patient Surveying</b>	Continue to message and distribute on postpartum unit. Collect and hold (or enter online)
	Enter monthly birth volume into the NJHCQI Cohort Resource Page
<b>Promote Training &amp; Practice Huddles</b>	Continue to offer training, education, and huddle practice post go live
	Offer encouragement, coaching - join huddles for support and feedback - Huddle Observations
<b>Sustainability</b>	Look ahead: plan for onboarding new employees, annual competencies for all staff and providers, and continue to reinforce expectations.
	<p>Incorporate discussion guides into huddles about:</p> <ul style="list-style-type: none"><li>• Labor evaluation discussions (Appropriate admissions to the hospital)</li><li>• Delivery discussions (labor progress, FHR concerns, instrumented/surgical birth)</li></ul>

# Next Cohort Collaborative Learning Session

**Monday, March 31 @ 12-1pm Eastern**

Please reach out with any questions: [aperez@njhcqi.org](mailto:aperez@njhcqi.org) or [mseverson@ariadnelabs.org](mailto:mseverson@ariadnelabs.org)

## Share your feedback!

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

