



TEAMBIRTH



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

### **NJ Cohort 5 Collaborative Learning Session #4**

**April 23, 2025**



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# Learning Session Agenda

## Introduction

### TeamBirth Core Knowledge & Skills

- Recap: CORE COMPONENTS
- Add-on components: DISCUSSION & SUPPORT GUIDES
- **Practice: Board use scenario**

### TeamBirth Implementation

- Current core activities:
  - Collect data & feedback: PATIENT SURVEYING
  - Reminder – PROVIDE TRAINING & PRACTICE HUDDLES
  - Reminder – ASSESS YOUR CONTEXT
  - Progress check in

### Looking Ahead

- Takeaways From Today
- Action Items

# 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"><li>✓ <b>Build your team</b></li><li>✓ <b>Develop your strategy</b></li><li>✓ <b>Assess your context</b></li><li>✓ <b>Customize TeamBirth</b></li></ul>	<ul style="list-style-type: none"><li>✓ <b>Socialize TeamBirth</b></li><li>✓ <b>Provide training &amp; practice huddles</b></li><li>✓ Conducting patient surveys</li><li>✓ Test &amp; improve</li></ul>	<ul style="list-style-type: none"><li>✓ Collect data &amp; feedback</li><li>✓ Launch TeamBirth</li><li>✓ Monitor &amp; celebrate progress</li></ul>	<ul style="list-style-type: none"><li>✓ Embed for sustainability</li><li>✓ Evaluate impact &amp; continuously improve</li></ul>

# NJ TeamBirth Websites

Access the **private** NJ Cohort Resource Page

[www.njhcqi.org/teambirthnjcohorts](http://www.njhcqi.org/teambirthnjcohorts)

Password: NJcohorts2022!

**Public** TeamBirth NJ website

<https://www.njhcqi.org/shared-decision-making>

## TEAMBIRTH NJ COHORT RESOURCE PAGE

TeamBirth is a shared decision-making program that aims to improve safe and respectful childbirth care. It involves a series of team huddles and other tools used during labor and delivery, to improve communication and ensure care that aligns with patient preferences.

Developed by Ariadne Labs, TeamBirth was designed to operationalize best practices in communication, teamwork, and clinical care, in collaboration with experts from the major professional organizations in obstetrics in the United States, including ACOG, SMTM, ACNM, and AWHONN. The goal is to ensure these practices are occurring reliably with all patients throughout every labor.



### COLLABORATIVE LEARNING SESSION SLIDES

#### COHORT 2

SEE RESOURCES

#### COHORT 3

SEE RESOURCES

#### COHORT 4

SEE RESOURCES

#### COHORT 5

SEE RESOURCES

### RESOURCES

GENERAL TEAMBIRTH INFORMATION



DISCUSSION GUIDES



PATIENT SURVEYING



PUBLICATIONS ABOUT TEAMBIRTH



STAFF TRAINING



TEAMBIRTH DATA SUBMISSION FORMS



# 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



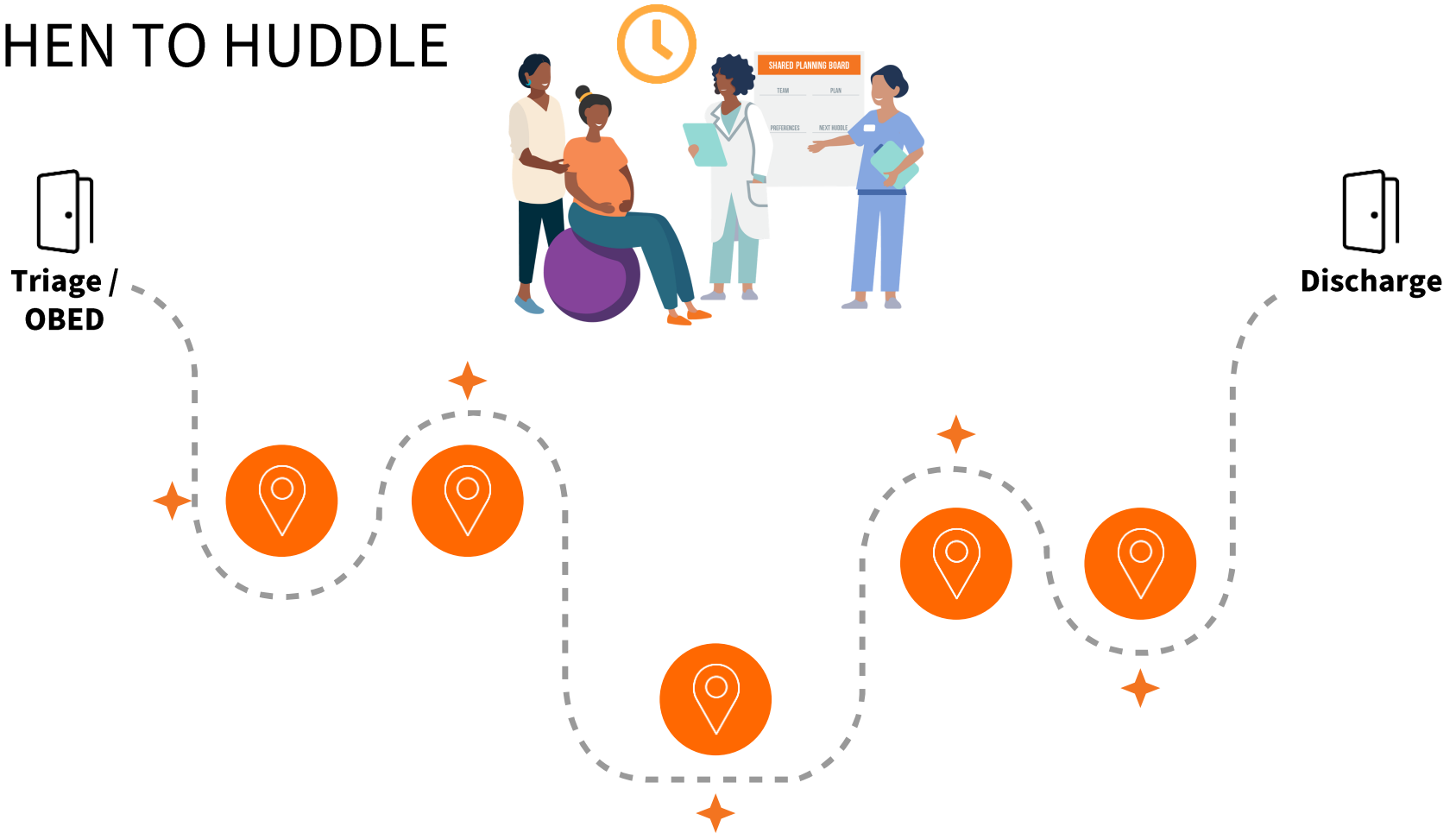
2.

## SHARED PLANNING TOOL

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



# WHEN TO HUDDLE



# Shared Planning Tool

TEAM



PREFERENCES

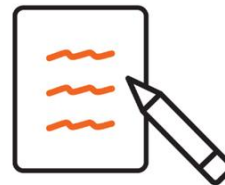


PLAN

Me

Baby

Progress



NEXT HUDDLE



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Shared Planning Tool  
Version April 2024



# TEAM

**KEY BEHAVIOR:** Promote the role of each team member



## INTENT

To ensure all roles have valuable input in shared decision-making

To establish **psychological safety** by providing an invitation and ongoing opportunity to participate

## DETAILS

Verbalize that a TeamBirth huddle is occurring

Start with the patient followed by their support people

Ensure relevant team members are included

May include additional information (e.g. here until 7 pm shift change)

# PREFERENCES

**KEY BEHAVIOR:** Elicit patient preferences, thoughts, & concerns to inform the current plan



## INTENT

To humanize the person giving birth & gain insight to what matters most now

To give customized clinical care

To facilitate **equitable care**

## DETAILS

May include referencing an already established birth plan

Expect them to change over time

Opportunities to discuss expectations

Encourage support people to help write in this section

Should be written in the patient's word choice (ie. break water vs AROM)

# PLAN

**KEY BEHAVIOR:** Distinguish the different care plans



## INTENT

To ensure transparency and precision during care planning

To facilitate clear communication and **shared-decision making**

## DETAILS

Plan content should be written in patient friendly language

Each Huddle, the Plan should be discussed even if no change is made

Can be updated more frequently as needed by the nurse

# NEXT HUDDLE

**KEY BEHAVIOR:** Set shared expectations for the timing of the next huddle



## INTENT

To reduce uncertainty for the patient and support person

To facilitate **situational awareness**

## DETAILS

Identify planned times for huddles  
*(e.g. next labor evaluation, in a specific time frame)*

Identify likely reasons to initiate an as needed huddle  
*(e.g. if pain increases, a decision needs to be made)*

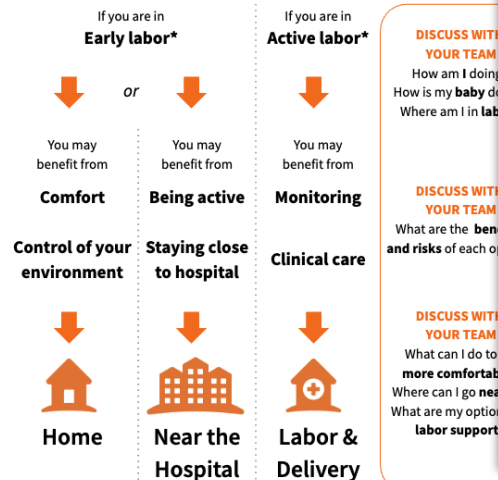
Anyone can request a huddle

They can occur in-person or over the phone/video conference

# 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"><li>❑ <b>Movement:</b> Change positions, walk, or move</li><li>❑ <b>Breathing:</b> Take deep breaths or use relaxation methods</li><li>❑ <b>Therapeutic Touch:</b> Massage, stroking, or cuddling</li><li>❑ <b>Temperature:</b> Apply heat or cold with water or packs</li><li>❑ <b>Environment:</b> Use light, smells, or sounds to create a comfortable space</li><li>❑ <b>Drink:</b> Have ice chips, water, juice, or other drink</li><li>❑ <b>Other:</b> _____</li></ul>	<ul style="list-style-type: none"><li>❑ <b>Medication:</b> Start or change medications for your pain</li><li>❑ <b>Deliver:</b> Assist vaginal delivery or perform C-section</li></ul>
	Treat medical condition	<ul style="list-style-type: none"><li>❑ <b>Other:</b> _____</li><li>❑ <b>Reposition:</b> Lay on your side</li></ul>	<ul style="list-style-type: none"><li>❑ <b>Medications:</b> Start or change medications for your condition</li></ul>
BABY	Manage wellbeing	<ul style="list-style-type: none"><li>❑ <b>Other:</b> _____</li><li>❑ <b>Movement:</b> Change positions, walk, or move</li><li>❑ <b>Breathing:</b> Take deep breaths or use relaxation methods</li><li>❑ <b>Tools:</b> Use labor support tools, like a birth ball</li><li>❑ <b>Other:</b> _____</li></ul>	<ul style="list-style-type: none"><li>❑ <b>Monitoring:</b> Change monitoring method</li><li>❑ <b>Re-energize:</b> Use IV for you</li><li>❑ <b>Medications:</b> Change or stop medications for your contractions</li><li>❑ <b>Deliver:</b> Assist vaginal delivery or perform C-section</li></ul>
PROGRESS	Promote progress	<ul style="list-style-type: none"><li>❑ <b>Other:</b> _____</li><li>❑ <b>Movement:</b> Change positions, walk, or move</li><li>❑ <b>Breathing:</b> Take deep breaths or use relaxation methods</li><li>❑ <b>Tools:</b> Use labor support tools, like a birth ball</li><li>❑ <b>Other:</b> _____</li></ul>	<ul style="list-style-type: none"><li>❑ <b>Break Water:</b> Use tools to break your water</li><li>❑ <b>Medication:</b> Start or change medications for your contractions</li><li>❑ <b>Deliver:</b> Assist vaginal delivery or perform C-section</li></ul>



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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"><li>❑ You believe that assisted delivery is the best option for you after discussion with your care team</li></ul>
BABY	Concerns about wellbeing	<ul style="list-style-type: none"><li>❑ On-going slow heart rate OR</li><li>❑ Far away from delivery with either:<ul style="list-style-type: none"><li>❑ Repeated slowdowns in heart rate that do not improve with support</li><li>❑ High heart rate that does not improve with support</li></ul></li></ul>
	Slow induction	<p>Either:</p> <ul style="list-style-type: none"><li>❑ Early labor (6 cm or less) for 24 hours or more</li><li>❑ Medications to support contractions and waters broken for at least 12-18 hours or more</li></ul>
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"><li>❑ Good contractions for 4 hours or more</li><li>❑ Medications to support contractions for 6 hours or more</li></ul>
	Prolonged pushing without progress	<p>Either:</p> <ul style="list-style-type: none"><li>❑ Pushing for at least 3 hours if this is your first labor</li><li>❑ Pushing for at least 2 hours if you have labored before</li></ul>

\* 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 or doula, your nurse, and your provider based on how you are doing, how your baby is doing, and how your labor is progressing.

If you are in  
**EARLY LABOR**



You may benefit from  
**Comfort of home environment**  
**Being active**  
**Staying close to the hospital**



**Home**



**Nearby the Hospital**

If you are in  
**ACTIVE LABOR\***



You may benefit from  
**Admission to hospital**  
**Monitoring**  
**Clinical care**



**Labor & Delivery**

### DISCUSS WITH YOUR TEAM

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

### DISCUSS: STATUS

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

### DISCUSS: OPTIONS

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

### DISCUSS: ACTIONS

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

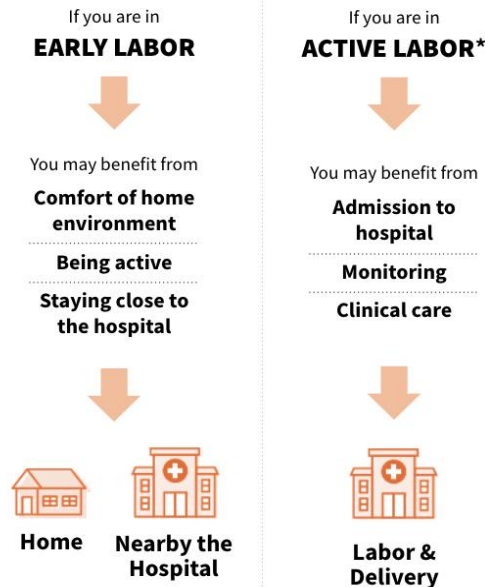
\* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4-6cm with accelerated cervical dilation. Your clinical team will update you on your cervical dilation and progress. This guide is designed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



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## 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.



**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**?

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:

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TEAMBIRTH

NEW JERSEY  
RESEARCH CARE  
QUALITY  
INSTITUTE

NJMCQC  
New Jersey Maternal and Child Quality Council

NJHealth  
New Jersey Department of Health

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ACOG active labor definition



# Triage / OBED Huddle Considerations

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

Introduce at onset of labor evaluation

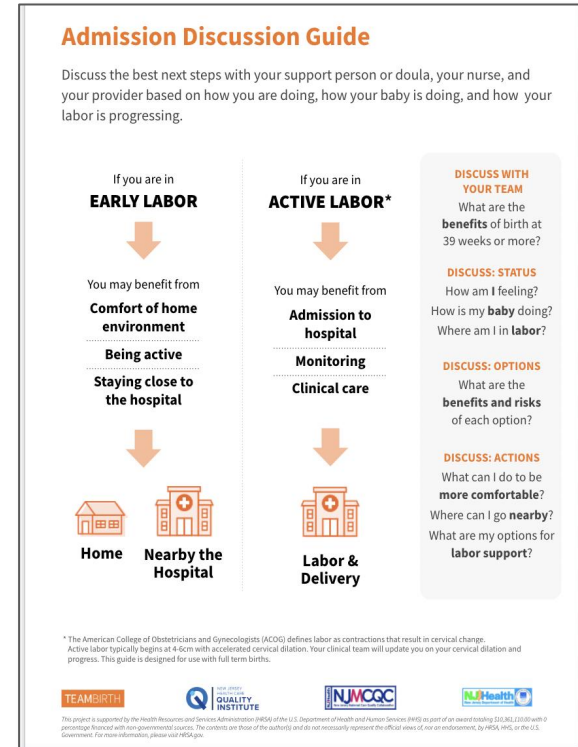
Provides an early messaging opportunity to patients and families about TeamBirth Huddles

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



# Labor Support Guide

## 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?

#### Birth Person

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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## 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

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# Assisted Delivery Discussion Guide

## 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?**

**Birth Person**

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 (4 cm or less) for 24 hours or more
  - ☐ Medications to support contractions and waters broken for 15 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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## 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 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?

**Birth**  
**Person**

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 (4 cm or less) for 24 hours or more
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**Labor**  
**Progress**

Slow progress



- No cervical change with waters broken and 6 cm or more dilated with either:
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Prolonged pushing without progress



- Either:
- ☐ Pushing for at least 3 hours if this is your first labor
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**DISCUSS WITH YOUR TEAM:**

What are the **benefits and risks** of more time in labor?  
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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

## 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?
Birthing Person	Request	<input type="checkbox"/> You believe that assisted delivery is the best option for you after discussion with your care team
	Concern for wellbeing	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <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
Labor Progress	Slow induction	Either: <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
	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
Labor Progress	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 two hours if you have labored before

DISCUSS WITH YOUR TEAM:

What are the **benefits and risks** of more time in labor?  
What are the **benefits and risks** of an assisted delivery?  
What **options** can we try to support my labor? (See Labor Support Guide)

TEAMBIRTH

NEW YORK  
QUALITY  
INSTITUTE

NEW YORK  
MEDICAL  
COLLEGE  
QUALITY  
CARE

NYC  
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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?

 [go.ariadnelabs.org/TBguides](https://go.ariadnelabs.org/TBguides)

Collections / TeamBirth Discussion and Support Guides

Description

This collection provides files with each of the 3 guides together in the available translations.

Admission Discussion Guide  
Labor Support Guide\*  
Assisted Delivery Discussion Guide

\*Note: The Chinese, Korean, and Russian translations only provide the Admission Discussion Guide & Assisted Delivery Discussion Guide

14 Files

Order by Name



Admission Discussion Guide

Asset Type  
Document  
Asset Sub-Type  
Tool



Arabic\_Discussion and Su...

Asset Type  
Document  
Asset Sub-Type  
Tool



Chinese (traditional)\_Disc...

Asset Type  
Document  
Asset Sub-Type



Chuukese\_Discussion and...

Asset Type  
Document  
Asset Sub-Type

# TeamBirth Implementation







# TeamBirth Implementation Roadmap

Today's focus

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

PREPARE

START >

ENGAGE & COACH

> OUTCOMES

MONITOR

Core Implementation Activity:  
**COLLECT DATA & FEEDBACK**

IMPROVE

USTAIN

IMPLEMENT



## IMPLEMENT PHASE

# COLLECT DATA & FEEDBACK

**CORE:** Capture patient experience at baseline and post-launch to ensure TeamBirth progress and impact

## OBJECTIVES

Develop and prepare for your patient survey strategy

Conduct baseline patient surveying several months before launch and continue post-launch for at least 6 months

### Milestones:

- ☐ Baseline patient surveying started
- ☐ Post-launch patient surveying started

## ADAPT

Your unique data collection strategy and methods

# Your Measurement Strategy: Patient Surveying

TeamBirth implementation requires input from patients and care teams



## Patient Survey

**WHO** Patients who delivered at your hospital

**WHAT** Questions on: demographics, experience of huddle and board use, Mother's autonomy in decision making scale, and patient feedback on their overall TeamBirth experience

**WHY** To collect first hand experiences of patients throughout implementation in order to inform opportunities for improvement and demonstrate TeamBirth impact

**WHERE** Inpatient postpartum units

**HOW** Via paper or digital surveys delivered according to your surveying methods and strategy

**WHEN** *Baseline: June '25 – October '25*  
*Post-Launch: Launch – 6 months*

# Patient Survey

Collecting demographics & Social Determinants of Health



**Age**

**Race**

**Ethnicity**

**Education**

**Health Insurance Type**

**Miles Traveled to Hospital**

**Is this your first baby?**

**Delivery Method**

**Was labor induced?**

**High risk pregnancy or  
medical complication experience?**

## Patient Survey: Questions on TeamBirth Process

## TeamBirth Process

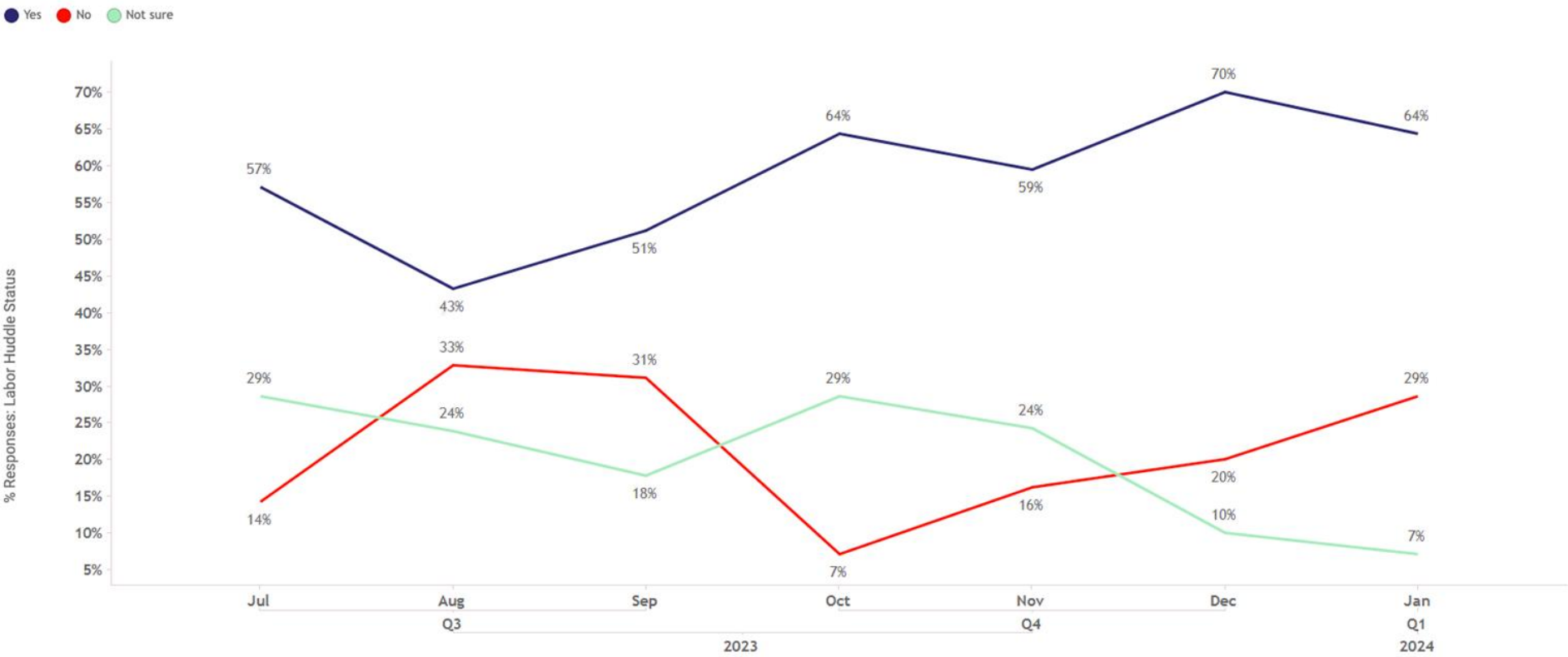
Did you participate in a huddle during labor & delivery? During postpartum?

Did you share any preferences with your clinical team?

[illegible]

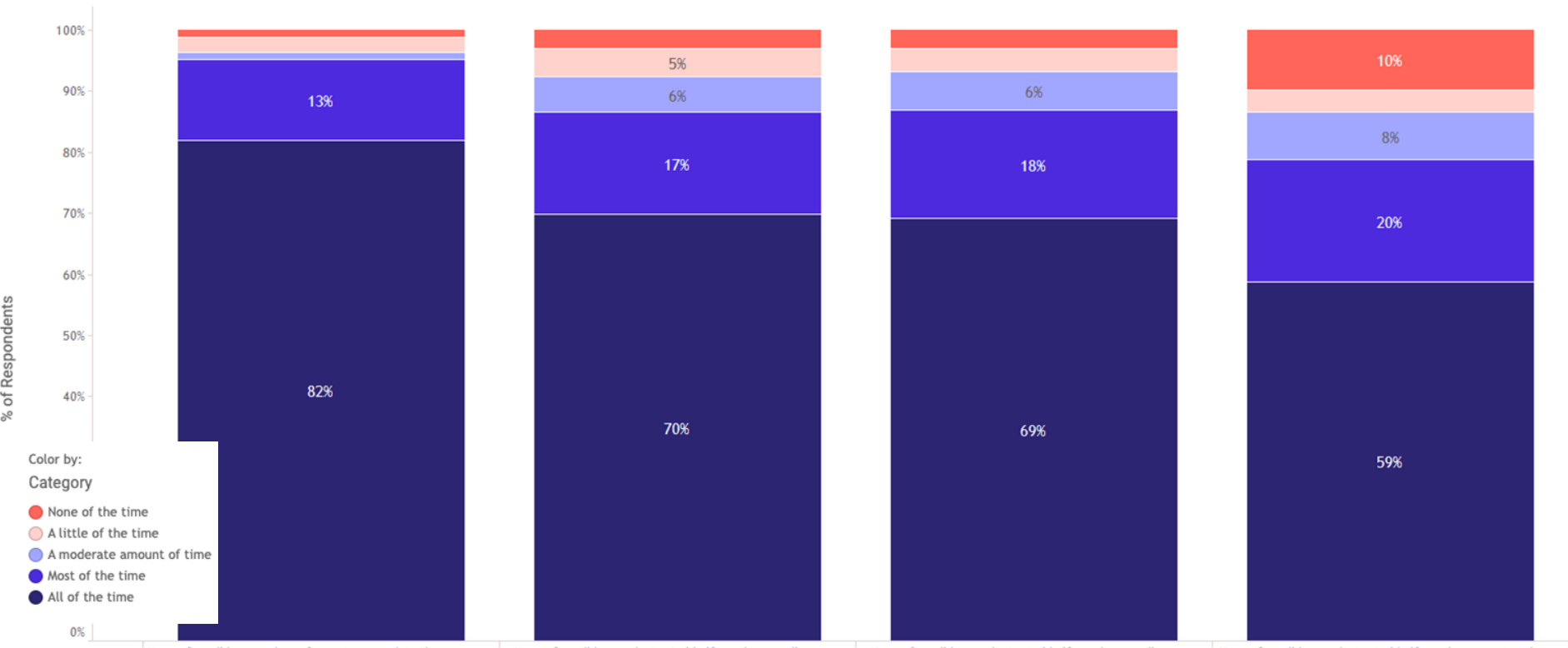
# Patient Survey: Questions on TeamBirth Process

## TeamBirth Experience: % of Patients with and without a Labor Huddle



# Patient Survey: Questions on TeamBirth Process

TeamBirth Experience: % of Patient Responses per Process Question





# Patient Survey: Patient Experience

## My Autonomy in Decision Making Scale (MADM)

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

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

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

My clinical team helped me understand all the information.

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

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

My clinical team respected that choice.

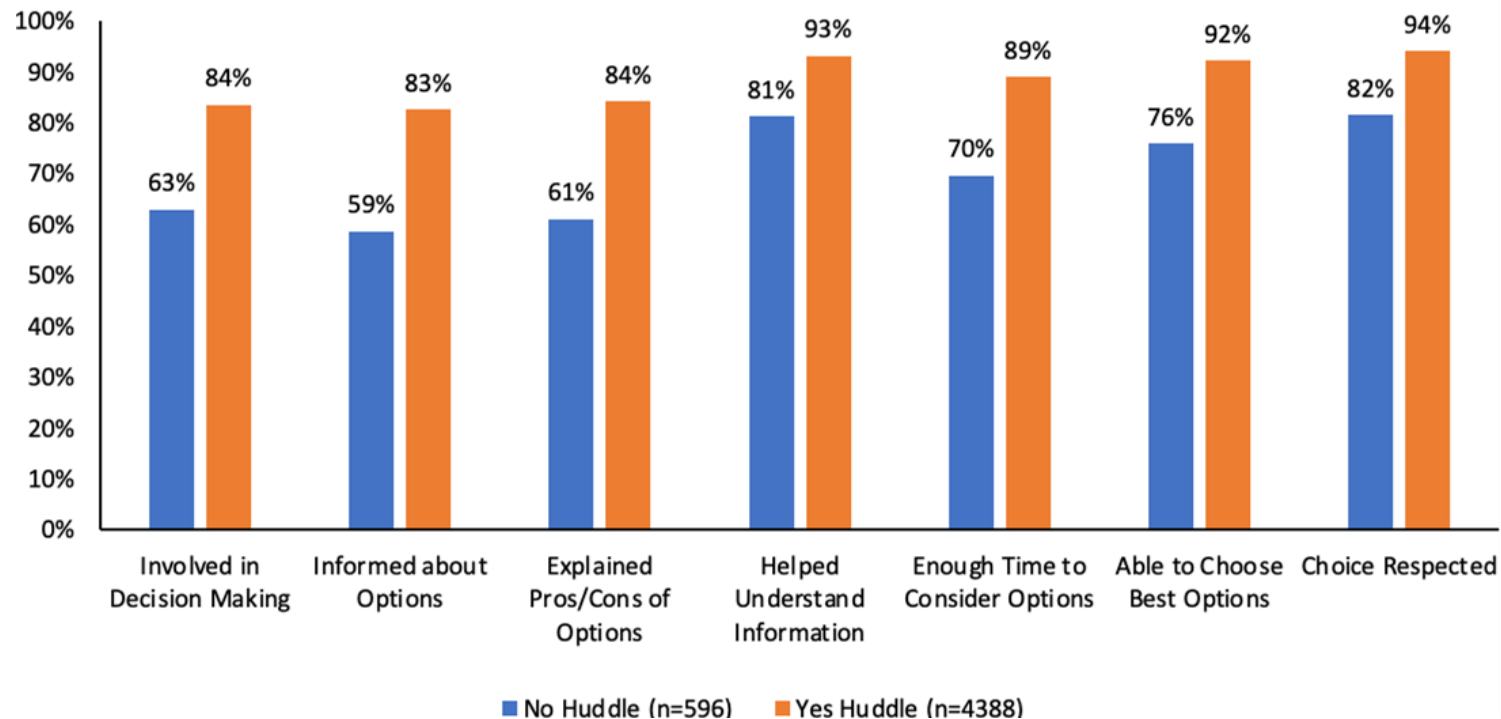
Answered using a 6 point Likert scale:

Completely Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree	Prefer Not to Answer
------------------------	----------------------	----------------------	-------------------	-------------------	---------------------	-------------------------

# Patient Survey: Patient Experience

## Mother's Autonomy in Decision Making Scale (MADM)

**MADM Items: Percentage of Respondents Strongly or Completely Agreeing by Huddle Status**



# Patient Surveying Process

Your process for surveying will include:

## Survey Processes

Survey Preparation

Collect Data

Analyze & Review

Share Results

Use the [HOW TO](#) resource to start planning your patient surveying processes!



**TEAMBIRTH** HOW TO | Conduct Patient Surveying

ARADINE LABS

TeamBirth implementation requires input from patients and clinicians. Patient survey data collection is a crucial way to measure TeamBirth impact on patient autonomy in decision making, huddle and board use, and feedback on overall TeamBirth experience.

With input from your teams, plan

Survey Preparation	Collect Data	Analyze & Review	Share Results
<p>Leadership (managers, directors, CNO), project manager, nurse champions, patient advocate, in-house print shop, etc</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Define eligible patients</li><li><input type="checkbox"/> Determine data collection, analysis, and review timeline</li><li><input type="checkbox"/> Outline data collection process: distribution, administration, submission</li></ul>	<p>Nursing &amp; provider champions, nursing assistants, shift leads/charge nurses, techs, etc</p> <p><b>Distribution:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Print / copy surveys weekly</li><li><input type="checkbox"/> Keep in designated place for distribution</li><li><input type="checkbox"/> Designate daily leads for rounding or other care constant administration</li></ul> <p><b>Administration:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Provide survey scripting</li><li><input type="checkbox"/> Administer surveys while rounding on eligible patients in postpartum</li></ul> <p><b>Submission:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Securely store completed surveys in designated locations</li><li><input type="checkbox"/> Collect completed surveys at defined intervals</li></ul>	<p>Implementation Team</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Assign team member to data entry (may change weekly)</li><li><input type="checkbox"/> Weekly data entry from completed surveys into Qualtrics</li><li><input type="checkbox"/> Report weekly or monthly live birth volumes to generate response rates</li><li><input type="checkbox"/> Synthesize results</li><li><input type="checkbox"/> Review results with implementation team</li></ul>	<p>Implementation Team &amp; Champions</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Develop messaging to share results with leadership, staff, and clinicians</li><li><input type="checkbox"/> Identify visible ways to share results and quotes back with staff</li><li><input type="checkbox"/> Communicate wins and opportunities for improvement at least monthly</li></ul>

Consider the steps on the following page as

Remember that iteration (or PDCA cycles) are

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# Patient Surveying Process

Your process for surveying will include:



## Survey Preparation

What are your survey methods?

What needs to happen to finalize **survey development**?

## Collect Data

Who will be responsible for **distributing & administering** the survey?

What are the processes for how and when they will administer the survey?

## Analyze & Review

Who will enter the data into **Qualtrics** and when?

Who needs to **review** the data? How and when?

## Share Results

How and when will you **share** the survey results with leadership and clinical teams?

*Teams will discuss and plan for the details of your unique patient survey strategy in Coaching Calls*

# Patient Surveying Process

There are 2 methods for survey administration to patients and one option for data entry for analysis. Your strategy for how to use these methods is up to you!

**New Jersey TeamBirth Patient Survey**

Thank you for taking the time to participate in this survey about your childbirth experience! The survey should take around 10 minutes to complete, and your answers will remain entirely confidential. We will not collect any information that could potentially identify you. Your responses, combined with those of others, will be used to inform efforts to enhance the quality of care provided and improve childbirth experiences for individuals giving birth at this hospital.

Your participation in the survey is completely voluntary, and you are free to stop at any point if you do not wish to continue. If you have any questions or concerns, or if you would like to be contacted for further follow-up please let your health care team know.

**Preferences**

1. We define the clinical team as the nurses, physicians, and midwife, if present, in this next section, please describe your experiences with your clinical team overall during your labor and birth. Select one answer for each row.

	Completely dissatisfied	Strongly dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Strongly satisfied	Completely satisfied	Prefer not to answer
My clinical team asked me how involved in decision making I wanted to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical team told me that there are different delivery options for my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical team explained the advantages and disadvantages of the different delivery options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical team helped me understand all the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. ☐ Yes  
2. ☐ Not Sure

3. ☐ Strongly disagree  
4. ☐ Completely disagree

5. ☐ Not Sure  
6. ☐ Completely agree  
7. ☐ Strongly agree

**Paper Survey**



**QR Code to  
Qualtrics Survey**

12:25

3. During your observation of the huddle, were the team members' names written on the shared planning board, either during this huddle or previously?

☐ Yes, always

☐ Yes, some - please specify which roles were missing

☐ No - names were discussed but no one updated the board

☐ No - names were not updated or discussed

☐ I was a member of this huddle (self-observed)

4. Who discussed the preferences/concerns of the mom/birthing person? Select all that apply.

**Automatic  
Data Entry**

**Qualtrics  
Survey**

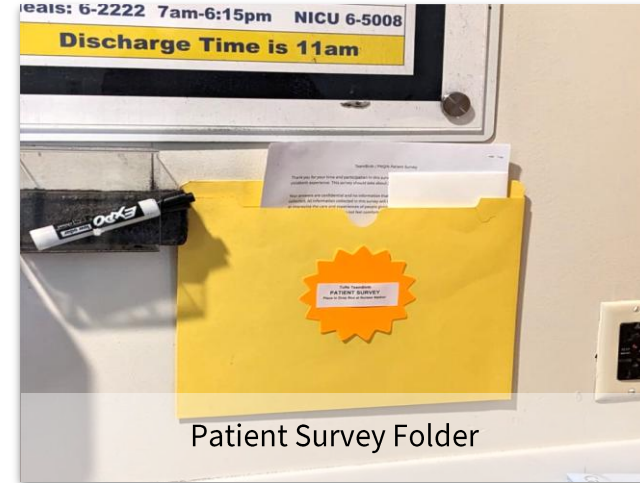
**Manual  
Data Entry**

# Patient Surveying Tips from Successful Sites

You can get creative and adapt your process to ensure your survey is effective

- Review the Patient Survey worksheet to help plan out your process
- Use a double layered approach with leaders and unit staff administering the surveys
- Create patient survey folders for your rooms
- Create a TeamBirth envelope sticker
- Print on colorful paper to be easily identifiable to staff, patients, and families

What is going well?  
What is challenging?



Patient Survey Folder

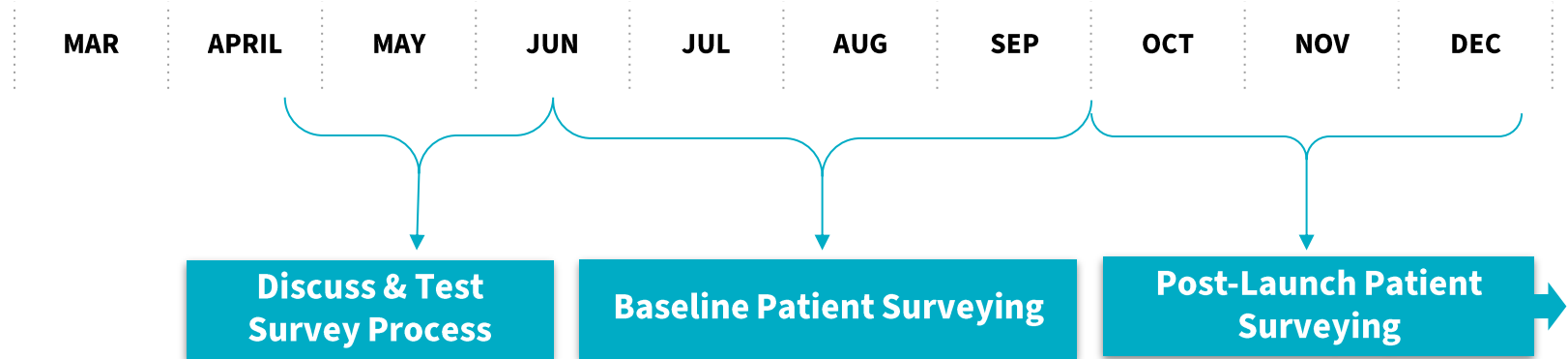


Envelope Sticker

# Patient Survey: Baseline to Post-Launch

Switch to post-launch surveys based on your go live dates: Monday after go-live

## Timeline



PREPARE

START >

ENGAGE & COACH

> OUTCOMES

MONITOR

Core Implementation Activity:

**PROVIDE TRAINING & PRACTICE HUDDLES**

USTAIN

IMPROVE

IMPLEMENT



# Provide Training & Practice Huddles

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

## CORE IMPLEMENTATION COMPONENTS

### PROVIDE TRAINING

*Didactic knowledge (videos & slide)*



### PRACTICE HUDDLES

*Application*

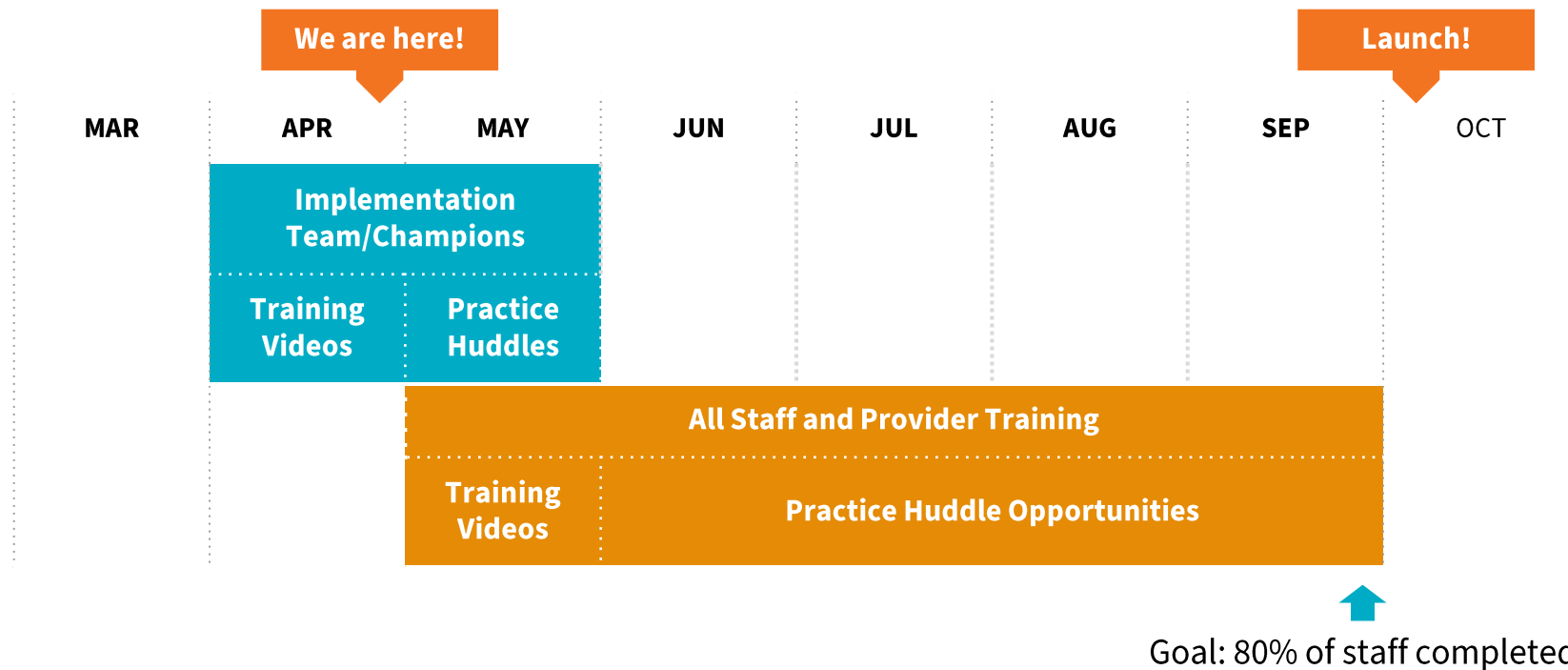
### Adaptation for your context

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



# Training Timeline

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



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

# Core Implementation Activity: **TEST & IMPROVE**

IMPROVE

SUSTAIN

IMPLEMENT

# TEST & IMPROVE

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

## OBJECTIVES

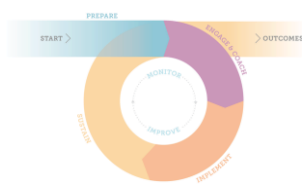
Test your adapted board design with champions in huddles and get their feedback to improve your design

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

## ADAPT

Who you involve and your methods and timeline for improvement





# Conduct Small-Scale Testing

Testing TeamBirth components & activities 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

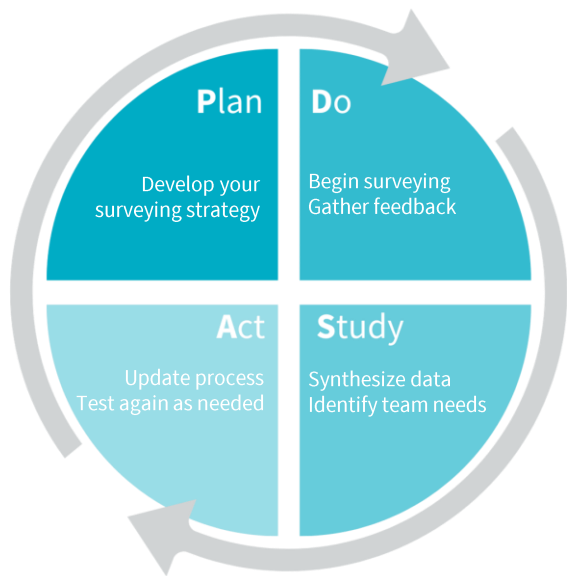
*Keep testing and improving after launch too!*



# Conduct Small-Scale Testing

Gather feedback and monitor data to learn how to improve surveying processes

Set up a PDSA cycle to improve surveying success



## Survey Processes

**Survey Preparation**

**Collect Data**

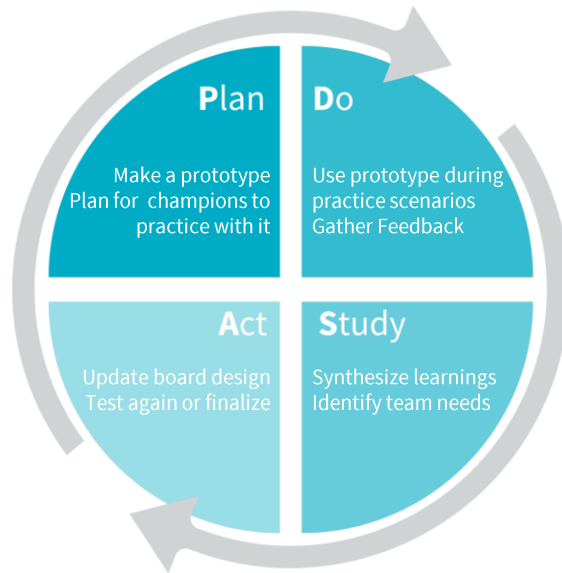
**Analyze & Review**

**Share Results**

# 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



The image shows two examples of a hand-drawn board design for a birth huddle, created by Virginia Mason Franciscan Health. The board is divided into several sections, each with a header and a list of items to be discussed during the huddle.

**Left Board:**

- TEAM:** Me: My Support: Nurse: Doula: Charge Nurse: OB/Midwife:
- PLAN OF CARE:** Me: Baby: For my labor progress: Next Huddle:
- PREFERENCES QUESTIONS CONCERNS:** Me: Baby: Next Huddle:
- DISCHARGE CHECKLIST:** Baby's name: Baby's provider: Feeding plan: Cord Blood: Protocols:

**Right Board:**

- TEAM:** Me: My Support: My Baby: Nurse: OB/Midwife: Baby's Provider: Charge Nurse:
- PLAN OF CARE:** Me: My Baby: Next Huddle:
- PREFERENCES QUESTIONS CONCERNS:** Me: Baby: Next Huddle:
- DISCHARGE CHECKLIST:** Baby's name: Baby's provider: Feeding plan: Cord Blood: Protocols:

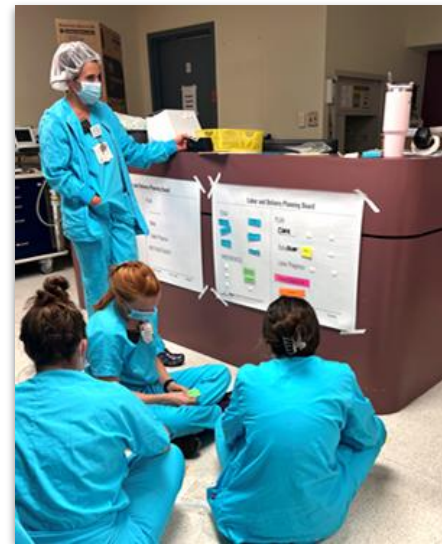
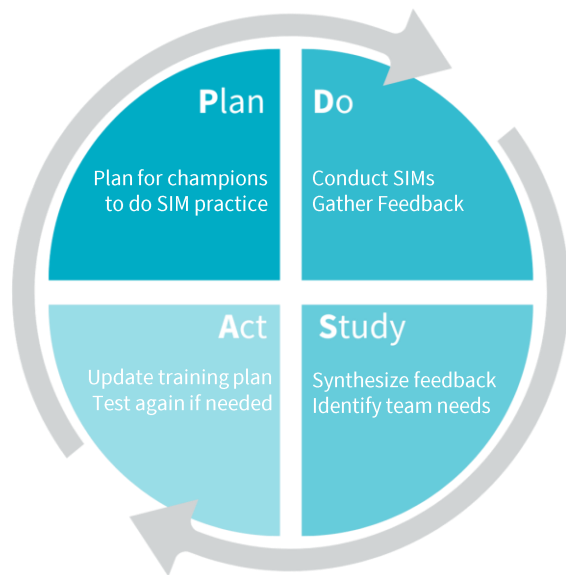
**Bottom Board:**

- BP Logo: I Welcome to BirthPlace**
- My Team:** My Nurse: My CN: My doctor:
- My Baby:** Baby: Labor Progress: Next check-in:
- Managing My Pain:** Last Exam: Acceptable Pain:
- About Baby:** Birthdate: Time: Name: Feeding: Breast Formula:
- My Preferences:**

# 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 >

ENGAGE & COACH

> OUTCOMES

MONITOR

# Core Implementation Activity: **ASSESS YOUR CONTEXT**

IMPROVE

USTAIN

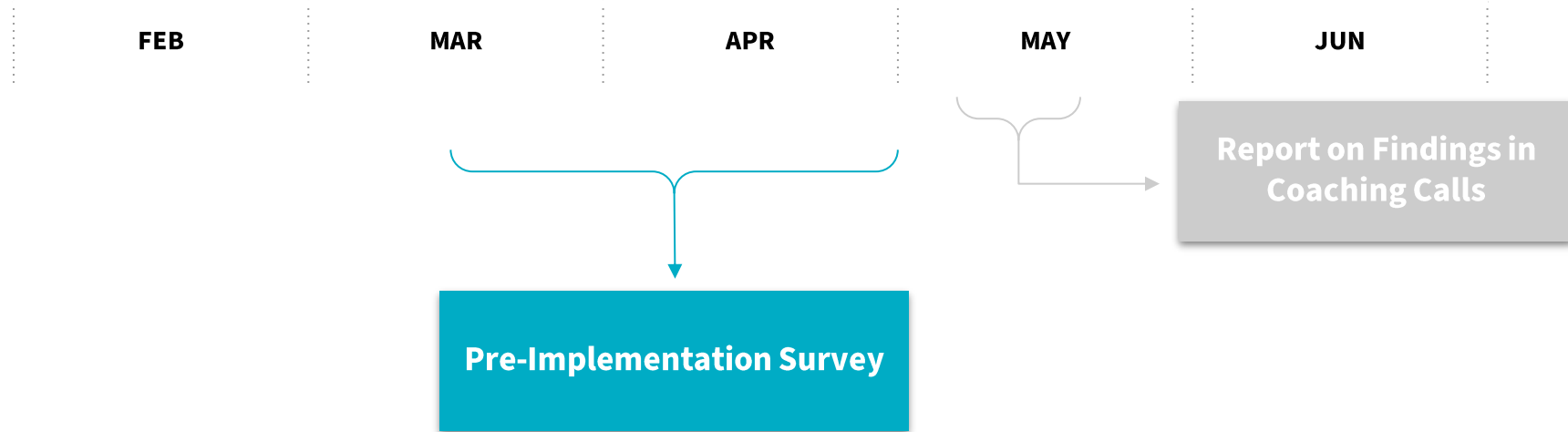
IMPLEMENT



# 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**





# ASSESS YOUR CONTEXT **PROGRESS**

Atlas Response Rate

**Goal: 60%**

Community Medical Center	39%
Englewood Health	0%
Holy Name Medical Center	19%
Overlook Medical Center	36%
Riverview Medical Center	0%
St. Joseph's University Medical Center	29%
Valley Hospital	26%

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 top of mind for you?**

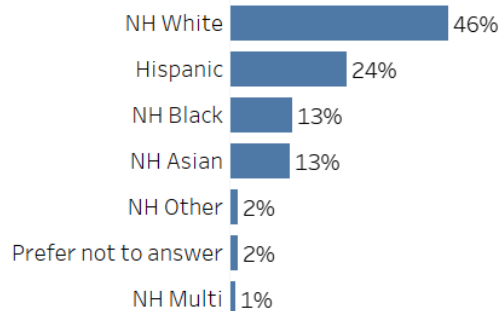
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IMPLEMENT

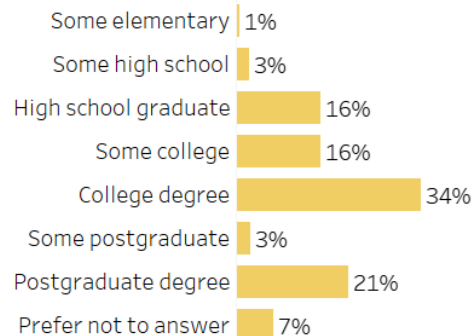
# TeamBirth Statewide Data: New Jersey (N=3,144)

# Patient Demographics

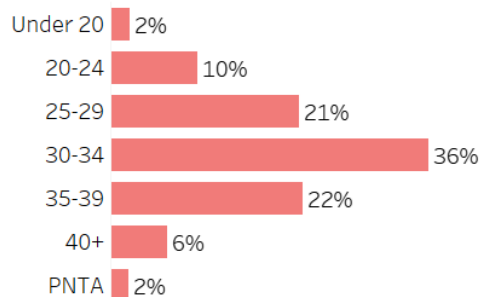
**Race/Ethnicity**



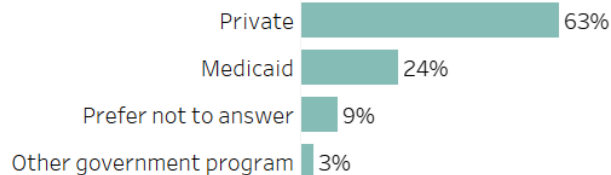
**Education**



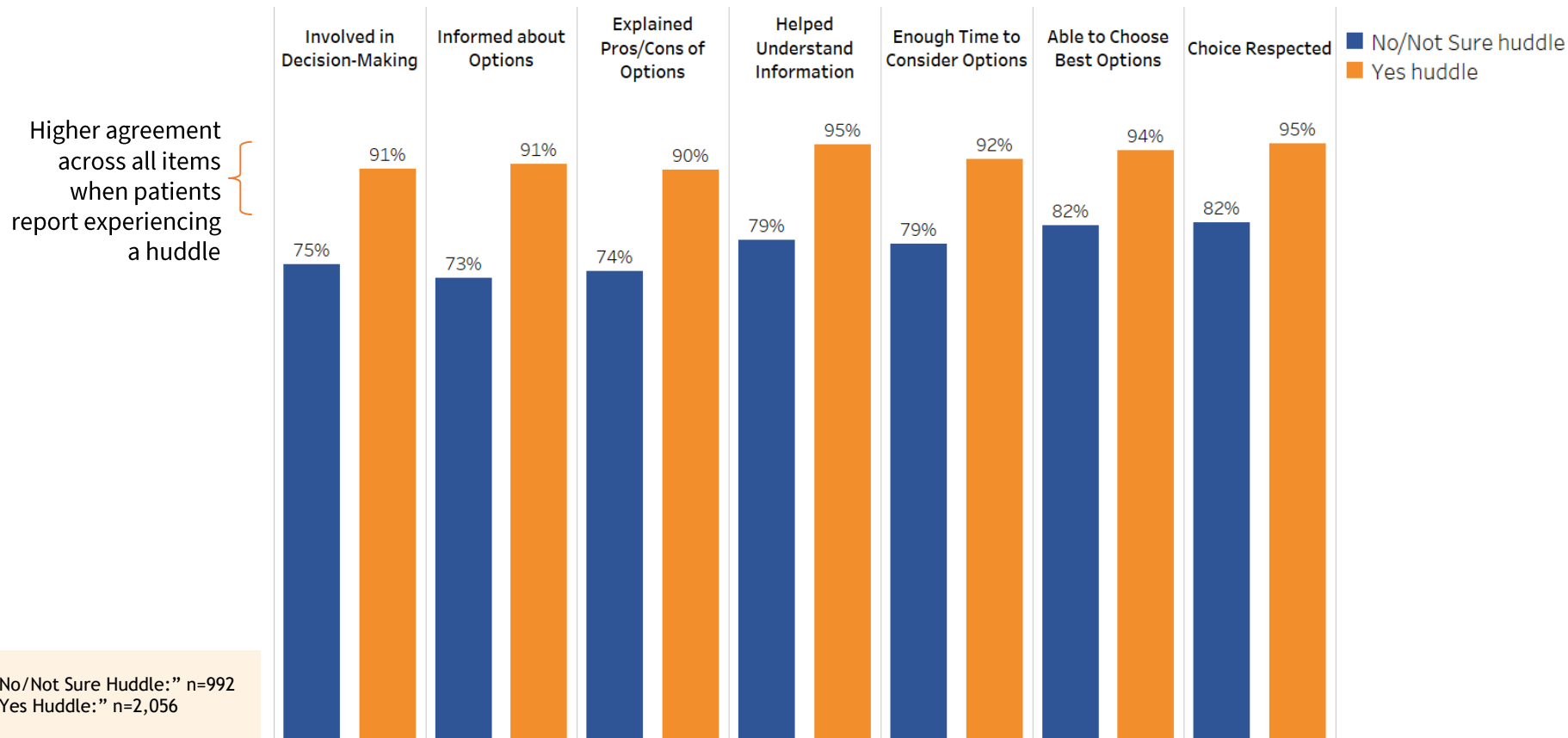
**Age**



**Insurance**



# PERCENT OF RESPONDENTS WHO “**COMPLETELY OR STRONGLY AGREE**” TO MADM ITEMS BY HUDDLE



Validated Scale: My Autonomy in Decision-Making Scale

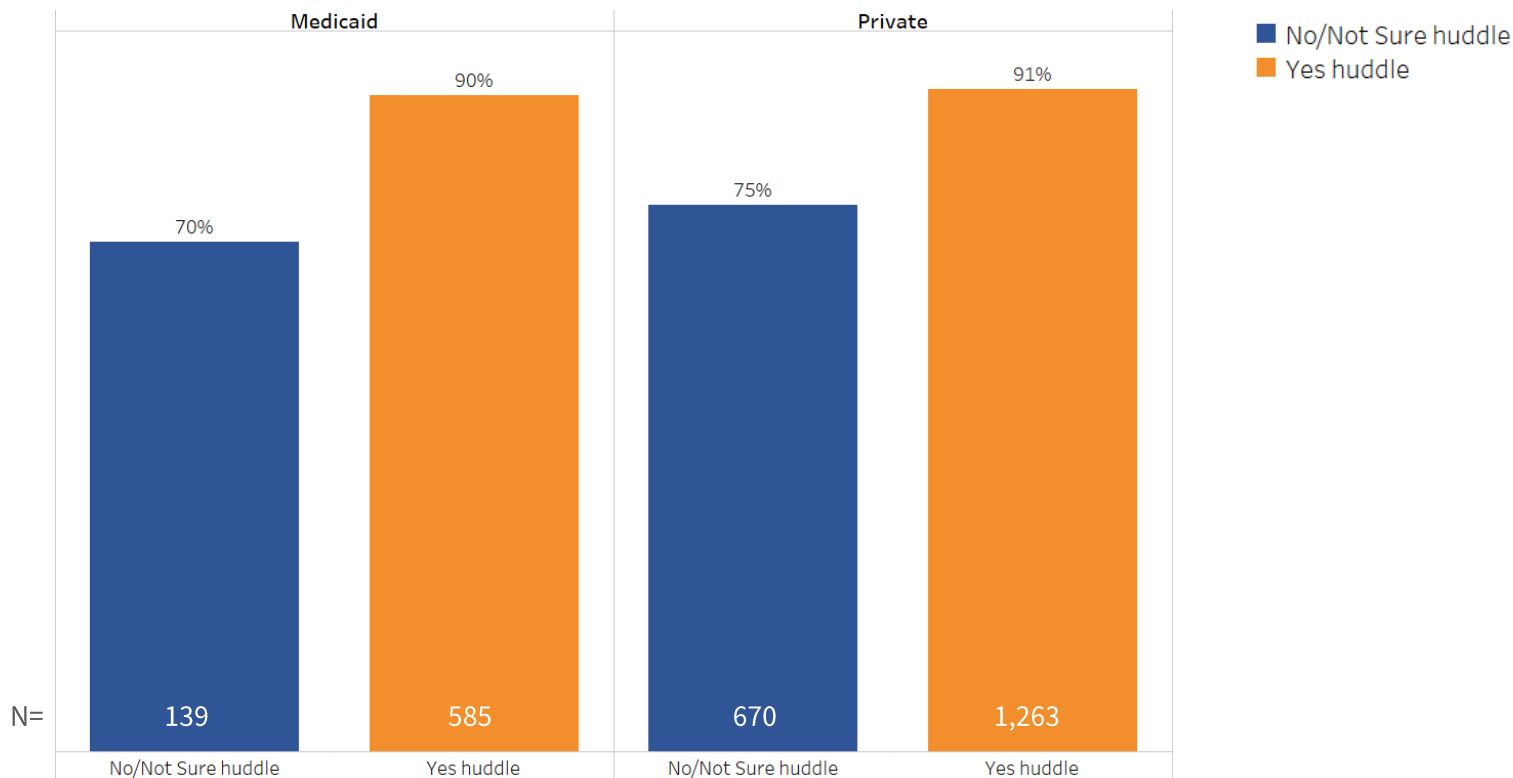


Experiencing a TeamBirth huddle during labor appears to **increase patient autonomy levels** and **promote equity** across various groups, including by:

- Insurance status
- Education level
- Experience of medical complications
- Race and ethnicity

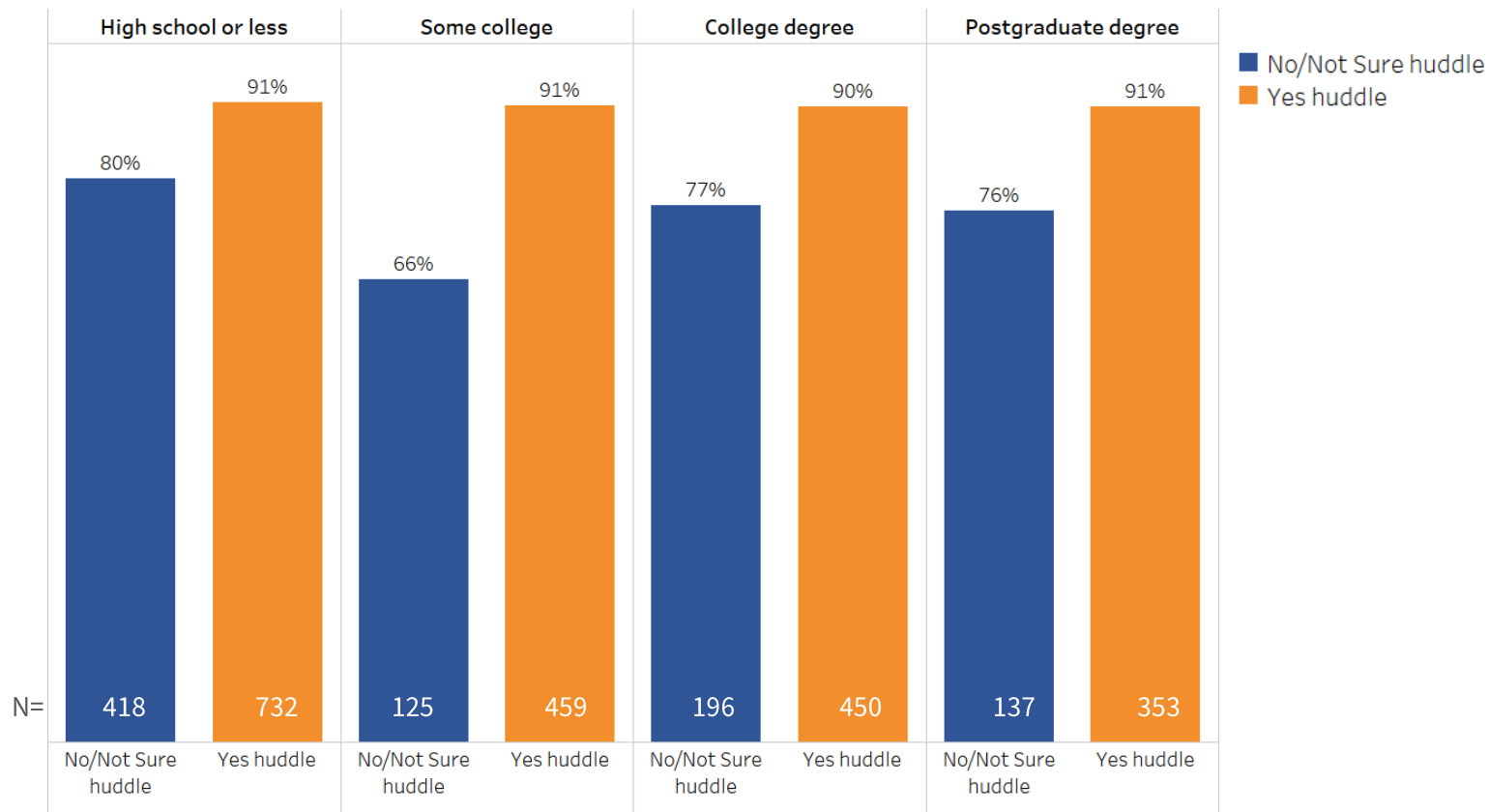
## Percent of Respondents who “Completely or Strongly Agree” by Huddle & Insurance Status

MADM Item 3: “My clinical team explained the advantages and disadvantages of the maternity care options.”



## Percent of Respondents who “Completely or Strongly Agree” by Huddle & Education

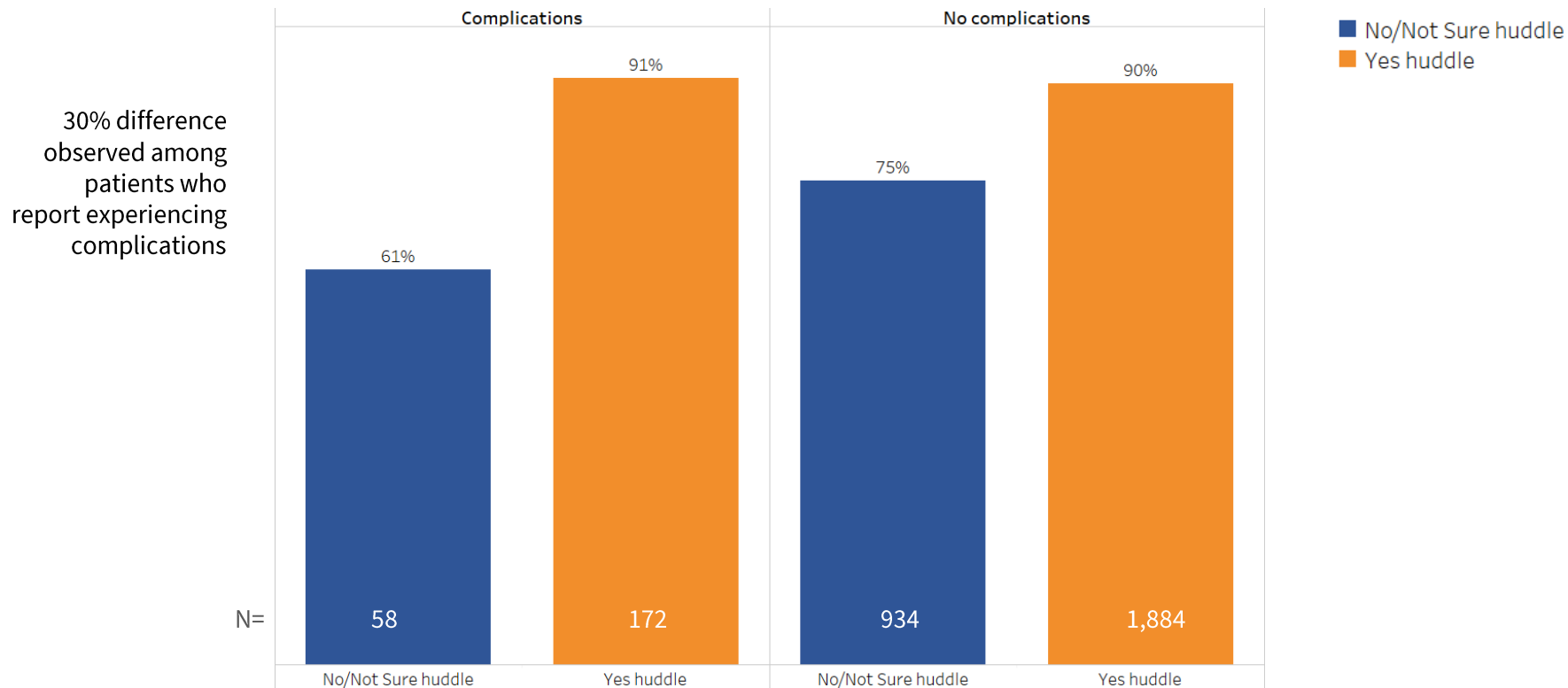
MADM Item 3: “*My clinical team explained the advantages and disadvantages of the maternity care options.*”



Validated Scale: My Autonomy in Decision-Making Scale

## Percent of Respondents who “Completely or Strongly Agree” by Huddle & Patient-Reported Complication Status

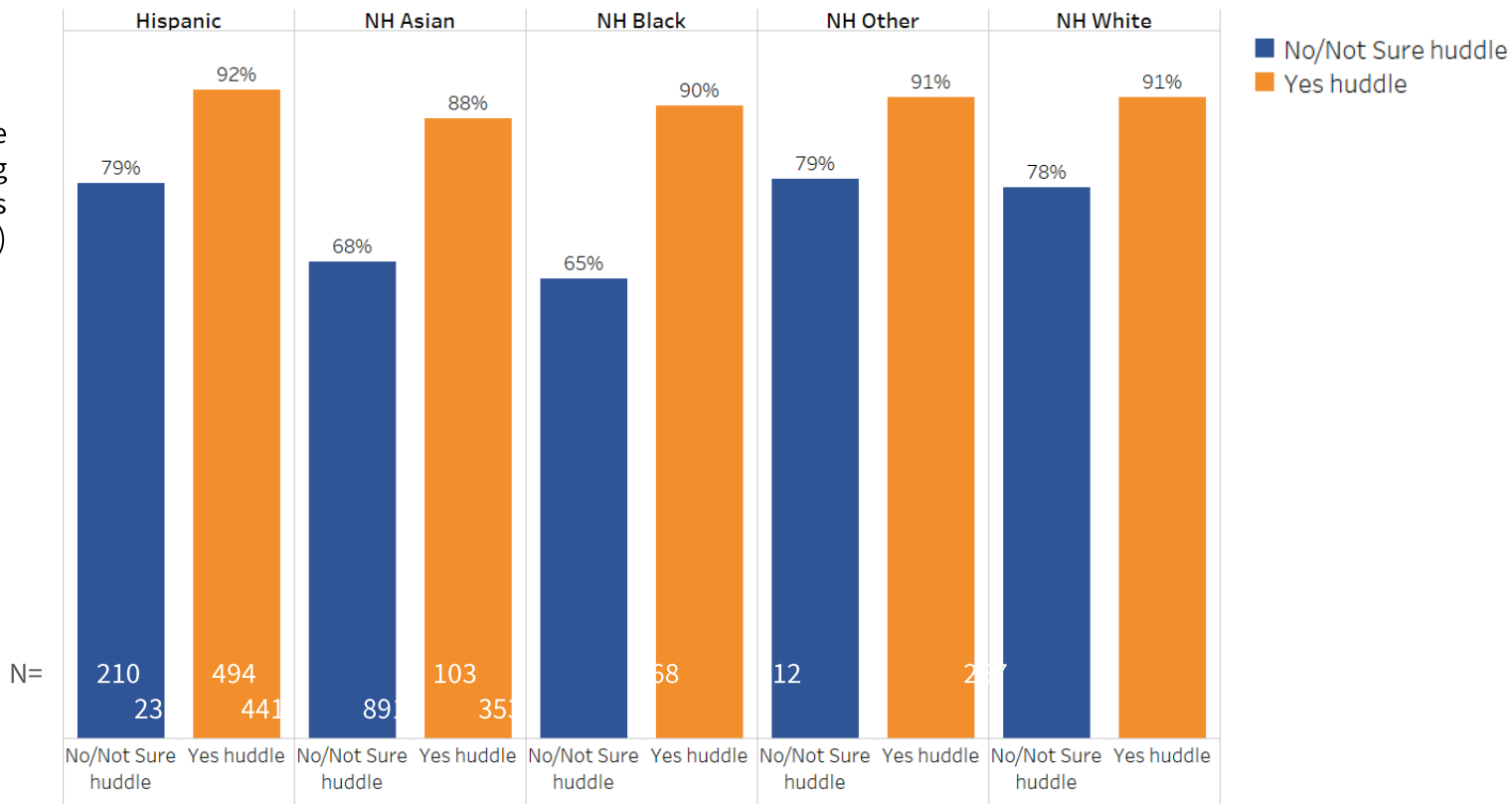
MADM Item 3: “*My clinical team explained the advantages and disadvantages of the maternity care options.*”



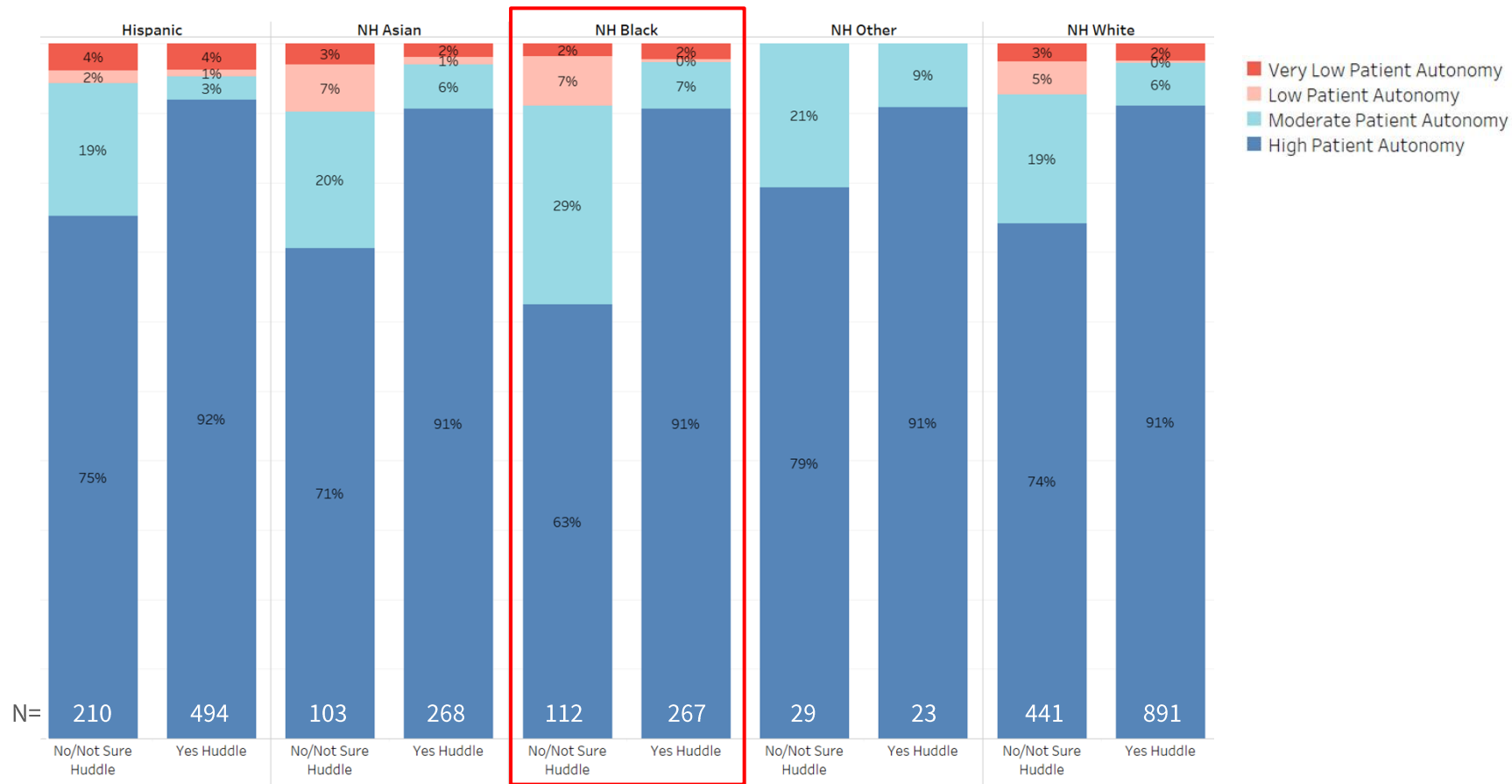
# Percent of Respondents who “Completely or Strongly Agree” by Huddle & Race/Ethnicity

MADM Item 3: “*My clinical team explained the advantages and disadvantages of the maternity care options.*”

Largest difference  
observed among  
NH Black patients  
(25%)



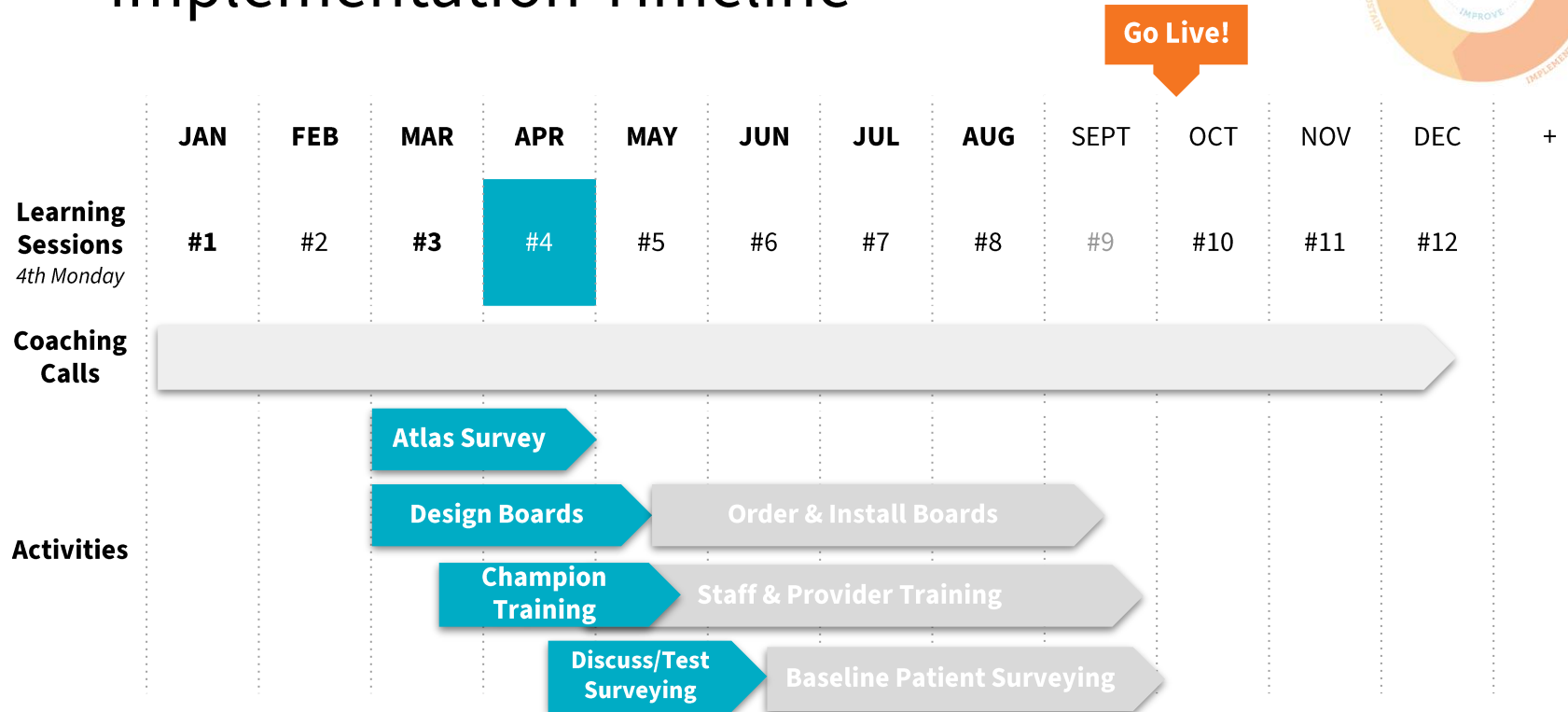
Across all MADM items, TeamBirth increases the percentage of patients with **High Autonomy**, with largest difference observed among non-Hispanic Black patients



# Looking Ahead



# Implementation Timeline





# Today's Key Takeaways



## ADD-ON Components: DISCUSSION & SUPPORT GUIDES

- These 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 documenting the conversation on the board with patient friendly language

### Conduct Patient Surveying

- Capture patient experience at baseline and post-launch using the patient survey to ensure TeamBirth progress and impact

### Test & Improve

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

### Provide Training & Practice Huddles

- 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 &amp; Resources</i>
PROVIDE TRAINING & PRACTICE HUDDLES	Implementation Team & Champions complete LMS training & practice huddles	<a href="#">Training Resources</a>
	Assign all staff LMS training and plan for all staff huddle practice opportunities	<a href="#">HOW TO   Provide training &amp; practice huddles</a>
CUSTOMIZE TEAMBIRTH	Send Adelisa & Annelise your initial/updated board design drafts for review	<a href="#">TEMPLATE   Board Evaluation Form</a>
ASSESS YOUR CONTEXT	Continue reminding staff and providers to complete the Atlas survey	Goal: 60% of staff & providers
CONDUCT PATIENT SURVEYS	Review the survey template	<a href="#">NJ Patient Survey Template</a>
	Use the HOW TO worksheet to start planning your survey process	<a href="#">HOW TO   Conduct Patient Surveying</a>

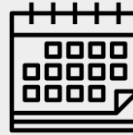
# Next Steps

## Learning Session 5

In Person Lunch & Learns in May

Share your feedback on  
this session!

- 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 & Annelise  
for

- Support, resources, and updates
- Implementation Questions & Needs  
[aperez@njhcqi.org](mailto:aperez@njhcqi.org)  
[aslater@njhcqi.org](mailto:aslater@njhcqi.org)