



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

NJ Cohort 5 Collaborative Learning Session #7 August 27, 2025



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Learning Session Agenda

| | |
|-----------------------------------|---|
| Introduction | |
| TeamBirth Core Knowledge & Skills | <ul style="list-style-type: none">• Recap: Helpful Resources |
| TeamBirth Implementation | <ul style="list-style-type: none">• Share Out On Current Core Activities:<ul style="list-style-type: none">○ All Staff & Clinician Training○ Conduct Patient Surveys○ Launch TeamBirth• Updated Statewide Data |
| Looking Ahead | <ul style="list-style-type: none">• Takeaways From Today• Action Items |

NJHCQI TeamBirth Websites

Access Cohort 5 resources at this **private website**:

www.njhcqi.org/teambirthnjcohorts

Password: NJcohorts2022!

Public TeamBirth NJ website:

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, SMFM, 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

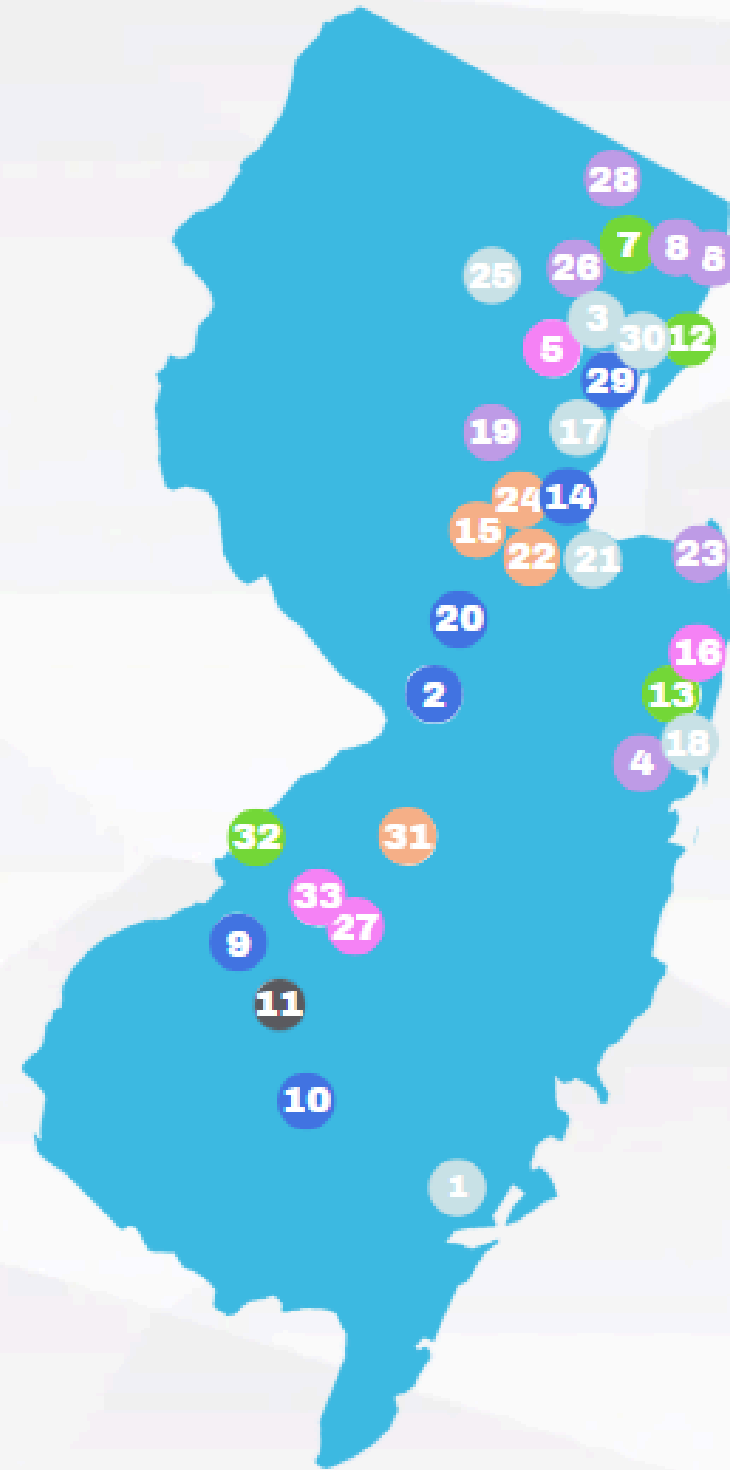
GENERAL TEAMBIRTH INFORMATION

DISCUSSION GUIDES



NEW JERSEY TEAMBIRTH SITES

- COHORT 1
- COHORT 2
- COHORT 3
- COHORT 4
- COHORT 5*
- COHORT 6*
- MARCH OF DIMES



**TENTATIVE
*LAUNCH PENDING

- | | | | |
|---|--|---|---|
| 1. Atlanticare Regional Medical Center * | 10. Inspira Medical Center Vineland | 19. Overlook Medical Center* | 28. The Valley Hospital* |
| 2. Capital Health Medical Center - Hopewell | 11. Jefferson Washington Township Hospital | 20. Penn Medicine Princeton Medical Center | 29. Trinitas Regional Medical Center* |
| 3. Chilton Medical Center * | 12. Jersey City Medical Center | 21. Raritan Bay Medical Center * | 30. University Hospital** |
| 4. Community Medical Center* | 13. Jersey Shore University Medical Center | 22. Robert Wood Johnson University Hospital | 31. Virtua Mount Holly Hospital |
| 5. Cooperman Barnabas Medical Center | 14. JFK University Medical Center | 23. Riverview Medical Center* | 32. Virtua Our Lady of Lourdes Hospital |
| 6. Englewood Health* | 15. Mary V. O’Shea Birth Center | 24. Saint Peter’s University Hospital | 33. Virtua Voorhees Hospital |
| 7. Hackensack University Medical Center | 16. Monmouth Medical Center | 25. St. Clare’s Medical Center * | |
| 8. Holy Name Medical Center* | 17. Newark Beth Israel * | 26. St. Joseph’s University Medical Center* | |
| 9. Inspira Medical Center Mullica Hill | 18. Ocean University Medical Center * | 27. The Midwifery Birth & Wellness Center | |

TeamBirth Core Knowledge & Skills



Resource Spotlight



TeamBirth Basics 1-pager

When To Huddle 2-pager

TEAMBIRTH

TEAMBIRTH BASICS

Huddle Key Behaviors

TeamBirth Huddles are structured team conversations that occur throughout birthing care. Huddles are prompted by the visual shared planning tool that structures communication and provides space to document.

| | |
|---|--|
| <p>TEAM</p> <p>KEY BEHAVIOR Promote the role of each team member: birthing person, support person, all relevant clinicians</p> <p>INTENT</p> <ul style="list-style-type: none"> To ensure all roles have valuable input in shared-decision making To establish psychological safety by providing an invitation and ongoing opportunity to participate <p>DETAILS</p> <ul style="list-style-type: none"> Verbalize that a huddle is occurring Start introductions with the patient followed by their support person Ensure relevant clinicians members are included May include additional information (e.g. here until 7 pm shift change) | <p>PLAN</p> <p>KEY BEHAVIOR Distinguish the care plans: 1. Me (birthing person) 2. Baby 3. Labor Progress</p> <p>INTENT</p> <ul style="list-style-type: none"> To ensure transparency and precision during care planning To facilitate clear communication and shared-decision making <p>DETAILS</p> <ul style="list-style-type: none"> Content should be written in patient friendly language Discuss at every Huddle even if no change is made Can be updated more frequently as needed |
| <p>PREFERENCES</p> <p>KEY BEHAVIOR Elicit patient preferences, thoughts, & concerns to inform the current plan</p> <p>INTENT</p> <ul style="list-style-type: none"> To humanize the person giving birth & gain insight to what matters most now To give customized clinical care To facilitate equitable care <p>DETAILS</p> <ul style="list-style-type: none"> May include referencing a birth plan Expect preferences to change over time Opportunity to discuss expectations Should be written in the patient's word choice (e.g. break water vs AROM) | <p>NEXT HUDDLE</p> <p>KEY BEHAVIOR Set shared expectations for the timing of the next huddle</p> <p>INTENT</p> <ul style="list-style-type: none"> To reduce uncertainty for the patient and support person To facilitate situational awareness <p>DETAILS</p> <ul style="list-style-type: none"> Anyone can request a huddle at any time Identify planned times for huddles (e.g. next labor evaluation, at a specific time) Identify likely reasons to initiate an as needed huddle (e.g. if pain increases, a decision needs to be made) May occur in-person or over the phone |

TEAMBIRTH

WHEN TO HUDDLE



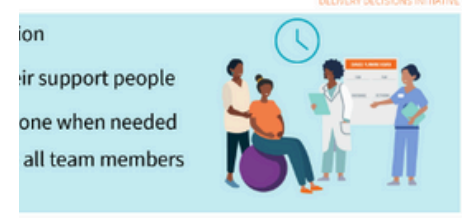
KEY MOMENTS describe when it is essential to use TeamBirth throughout each birthing journey. Adapting these moments to fit your unique context and identifying the sparks that team members will use to identify when to huddles is essential.



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Infographic: When to Huddle Version July 2024

- High risk / Antepartum
 - Active labor care planning
 - Scheduled C-section
 - Transfer from other facility
 - Postpartum readmission
- Pain management
- Delivery:**
- Internal monitoring
 - Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section
- Postpartum:**
- Hemorrhage
 - Blood pressure management
 - Pain management
- Newborn:**
- Antibiotics
 - Hypoglycemia / Supplemental feedings
 - Hyperbilirubinemia / Phototherapy
 - Procedures
 - NICU observation or transfer



mBirth huddle?

| NON-ROUTINE | ROUTINE |
|---|---------|
| <ul style="list-style-type: none"> Post-birth debrief Daily rounds Provider handoff Bedside handoff Lactation Discharge Tuck-in (before bed to plan for night contingencies) | |

Adapting When to Huddle

TeamBirth will look different based on:

- Your specific unit structure
- Your patient's unique preferences and needs

Which of these key moments always sparks a huddle for your team?

Identifying your key moments and their sparks



What are your team's key moments that spark a TeamBirth huddle?

| INITIAL | KEY DECISIONS & CHANGES TO CARE PLAN | ROUTINE |
|--|---|---|
| <ul style="list-style-type: none">• Triage / OBED use of the Admission Discussion Guide <p>Admission:</p> <ul style="list-style-type: none">• Induction• High risk / Antepartum• Active labor care planning• Scheduled C-section• Transfer from other facility• Postpartum readmission <p><i>“Are we going to start supplementing with formula?”</i> ✨</p> | <p>Laboring:</p> <ul style="list-style-type: none">• Use of the Labor Support Guide• AROM• Augmentation• Pain management <p>Delivery:</p> <ul style="list-style-type: none">• Internal monitoring• Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section <p>Postpartum:</p> <ul style="list-style-type: none">• Hemorrhage• Blood pressure management• Pain management <p>Newborn:</p> <ul style="list-style-type: none">• Antibiotics• Hypoglycemia / Supplemental feedings• Hyperbilirubinemia / Phototherapy• Procedures• NICU observation or transfer | <ul style="list-style-type: none">• Post-birth debrief• Daily rounds• Provider handoff• Bedside handoff• Lactation• Discharge• Tuck-in (before bed to plan for night contingencies) <div data-bbox="1959 1253 3045 1767"><h3>Adapting When to Huddle</h3><p>TeamBirth will look different based on:</p><ul style="list-style-type: none">• Your specific unit structure• Your patient's unique preferences and needs<p>Which of these key moments always sparks a huddle for your team?</p></div> |

Resource Spotlight



Huddle Intro Scripting

TEAMBIRTH EXAMPLES | TeamBirth Huddle Intro Scripting



The first TeamBirth key behavior is to promote the role of each team member and introduce TeamBirth. Ensure each patient knows what TeamBirth is by adapting and sharing these scripting examples.

*"On our unit, we use a care process called **TeamBirth**. It's our way of making sure that you, your support people, and our care team are all working together and staying aligned throughout your care journey from admission to discharge."*

"We'll have short team huddles with you to talk through your plan of care—especially when something changes, like a new medication, an intervention, or any shift in direction. During these huddles, you're encouraged to ask questions, share your preferences, and tell us what's important to you."

*"You can also **request a huddle** at any time if you have a concern or want to talk through a change in your plan. These conversations will continue from the time you're admitted until you go home. For some people with an uncomplicated birth, there may be just a few—but if anything unexpected comes up, we'll always come together as a team to keep you informed, involved, and supported."*

Script Key Points

- TeamBirth ensures teamwork and consistent transparent communication
- This process is used for all birthing patients
- 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
- The board is a reminder of key parts of the TeamBirth huddle

EXAMPLE: BADGE BUDDIES

Penn Med Princeton in New Jersey gave staff scripting to keep on their badges:

"Welcome to Labor & Delivery! Here at this hospital, we practice TeamBirth which means we will be "Huddling" with you and your healthcare team all throughout your labor. We will be discussing your preferences, addressing your concerns, and collaborating on a plan of care for you and your baby."



*"We use a process here called **TeamBirth**, which helps make sure your voice is heard throughout your stay. We encourage you to join in team huddles, —where we review your plan of care, make decisions together, and check in on what matters most to you."*

*"These huddles happen any time there's a new decision to make—like starting a medication or changing a plan—but **you can also ask for a huddle any time** if something doesn't feel right or you just want to talk things through. You and your support people are always part of the team."*

"Even if your labor is uncomplicated, we'll check in at key points. And if anything unexpected comes up, we'll pause, regroup, and make sure you understand everything and have a chance to ask questions. TeamBirth continues from admission through discharge—we're here to partner with you every step of the way."

Huddle Debrief Guide

TEAMBIRTH Huddle Debrief Guide



Core to successful TeamBirth and quality improvement is gathering real world data on Huddles in order to provide timely and actionable feedback that supports behavior change and improvement.

Prioritize time with teams to reflect on huddles and opportunities for improvement.

Consider the following prompts as a guide to debrief with teams after a huddle

TEAM

Promote the role of each team member and introduce the purpose of TeamBirth

1. Did everyone share their name and role on the team?
2. Was it written on the board?
3. How was the huddle initiated, and did everyone understand its purpose?

Use the [Huddle Observation Form](#) as a Guide for Discussion

Questions 15 - 17 & 19 on the form provide the basic format for coaching. For each question, refer back to the observation documented on the form and elicit additional observations from participants in the huddle.

15 | **What went well during the huddle?**

16 | **What challenges were observed or experienced?**

17 | **How could the team improve next time?**

19 | **What else do you want to share about the huddle experience?**

PREFERENCES

Elicit patient preferences, thoughts, and concerns to inform the current plan

4. What open-ended questions were used to encourage the patient to share their preferences and concerns?

Follow-up: Can someone give an example of an open-ended question used during the huddle?

5. How was the patient able to express what was important to them during the conversation?

6. How was the patient able to express what was important to them during the conversation?

Follow-up: How did the team respond to the patient's concerns or preferences?

7. Were the preferences listed on the shared-planning board?

Resource Spotlight



Huddle Flow 1-Pager

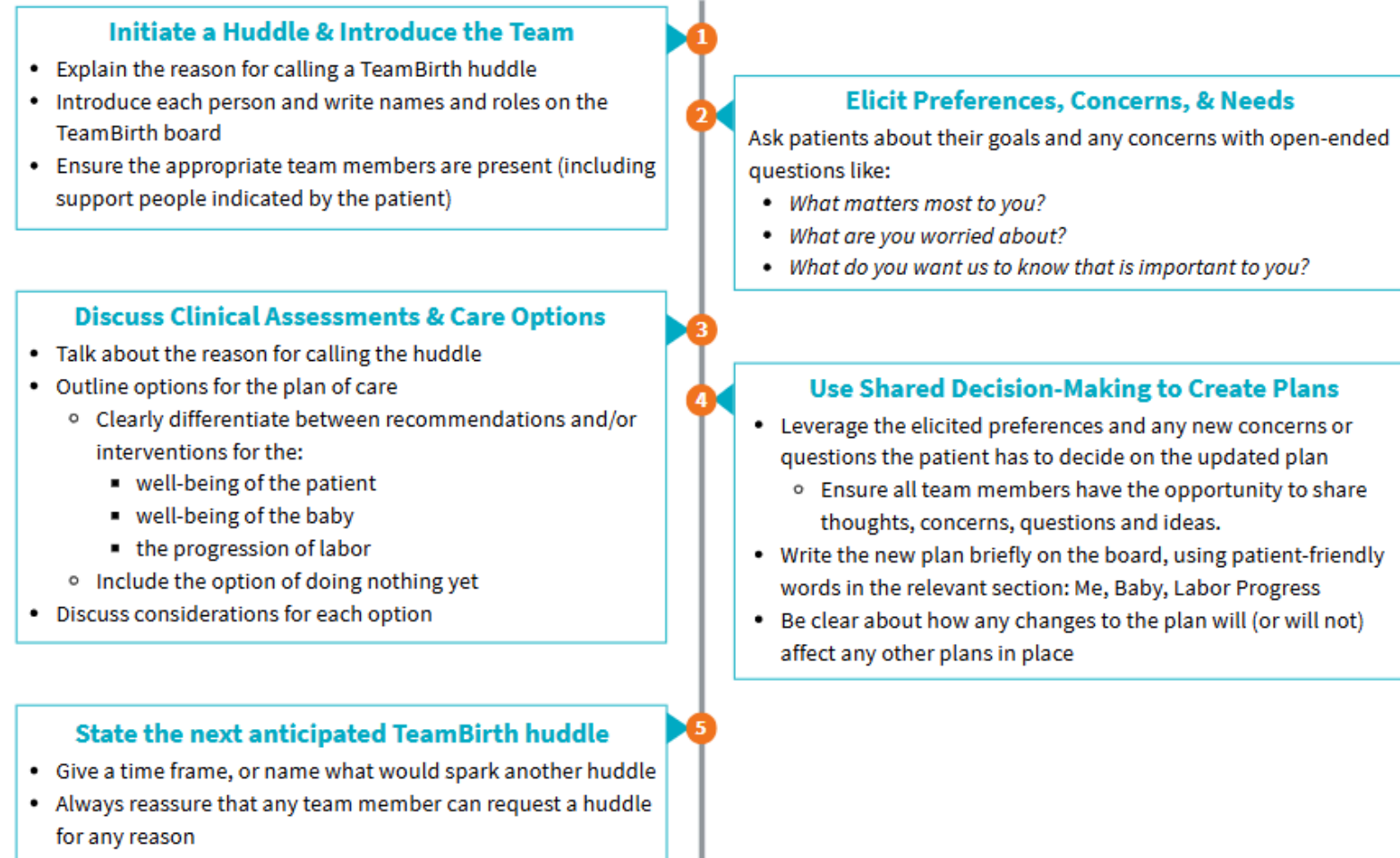
Shared Planning Tool Word Bank

TEAMBIRTH

HUDDLE FLOW



What does a huddle look like in action? Each huddle is unique to the moment, the team, and the patient. However, there is a general flow that huddles follow as the core components get used and the key behaviors are demonstrated.



TEAMBIRTH Shared Planning Tool Word Bank



This resource provides examples of patient friendly language for use when filling out each section of the shared planning tool during a TeamBirth huddle.

TEAM

Who is on the team?
Write down the names of the birthing person and their support people as well as any relevant labor and delivery or postpartum clinicians. In addition to names, consider noting roles, phone numbers, and/or shift times for clinicians.

| EXAMPLES FOR THE TEAM SECTION | | |
|---|--|--|
| Birthing person and their support people | <input type="checkbox"/> Mom <input type="checkbox"/> Patient <input type="checkbox"/> Birthing person <input type="checkbox"/> Partner | <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Doula <input type="checkbox"/> Interpreter |
| Labor and delivery clinicians | <input type="checkbox"/> Labor Nurse <input type="checkbox"/> Attending physician/OB <input type="checkbox"/> Midwife <input type="checkbox"/> Resident | <input type="checkbox"/> Med student <input type="checkbox"/> Student Nurse <input type="checkbox"/> Anesthesiologist/CRNA <input type="checkbox"/> Charge Nurse |
| Postpartum clinicians | <input type="checkbox"/> Postpartum or Mom-Baby Nurse <input type="checkbox"/> NICU nurse <input type="checkbox"/> Attending physician/OB <input type="checkbox"/> Pediatrician <input type="checkbox"/> Neonatologist | <input type="checkbox"/> Resident <input type="checkbox"/> Lactation consultant <input type="checkbox"/> Nurse Tech/CNA <input type="checkbox"/> Social worker <input type="checkbox"/> Nurse Leader |

Resource Spotlight



RESOURCES

GENERAL TEAMBIRTH INFORMATION



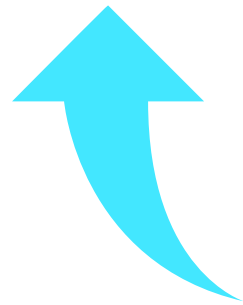
DISCUSSION GUIDES



PATIENT SURVEYING



Download the [Patient Survey in English](#)
Download the [Patient Survey in Spanish](#)
[Click here](#) to review the HOW TO Conduct Patient Surveying Guide
Download the [New Jersey TeamBirth Patient Survey](#)
Review [Patient Survey Qualtrics Data Entry Tips](#)
See [Example Patient Surveying Scripts](#)



TRAINING

Training Videos

Watch the TeamBirth training videos: [Dropbox Link](#), [QR Code](#), [YouTube Link](#)
Recommended [Training Video Assignments](#)

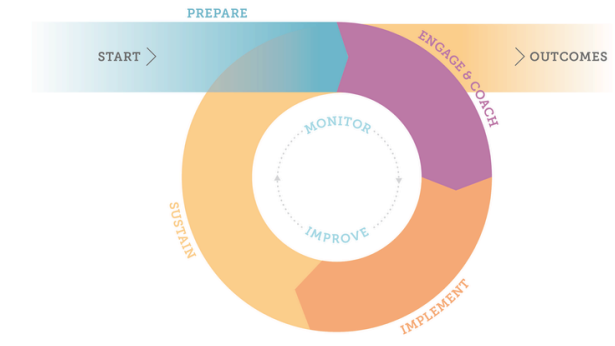
Training Resources

Download the [Lunch and Learn Training Slides](#)
[Eliciting Preferences Guide](#)
[TeamBirth Training Scenario Prompts](#)
Additional [TeamBirth Training Resources](#)



TeamBirth Implementation





TeamBirth Implementation Roadmap

Today's focus

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

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

IMPROVE

SUSTAIN

IMPLEMENT

Core Implementation Activity:
CONDUCT PATIENT SURVEYS

Patient Surveying Process

Survey Processes

Survey Preparation

Collect Data

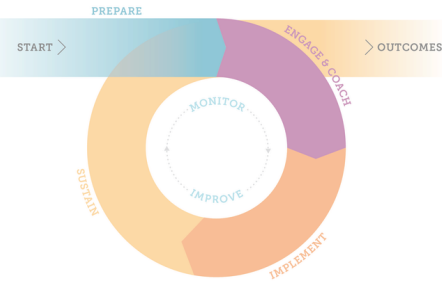
Analyze & Review

Share Results

Use the [HOW TO](#) resource to plan your patient surveying process!

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





How is baseline surveying going for sites?

| Cohort 5 Site | # of Surveys Collected |
|--|-----------------------------|
| Community Medical Center | ~15 |
| Englewood Hospital | <i>Starting PDSA cycles</i> |
| Holy Name Medical Center | ~23 |
| Overlook Medical Center | <i>In progress</i> |
| Riverview Medical Center | <i>Starting PDSA cycles</i> |
| St. Joseph's University Medical Center | ~5 |
| The Valley Hospital | ~278 |

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

IMPROVE

SUSTAIN

IMPLEMENT

Core Implementation Activity:
PROVIDE TRAINING & PRACTICE HUDDLES

Provide Training & Practice Huddles

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



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

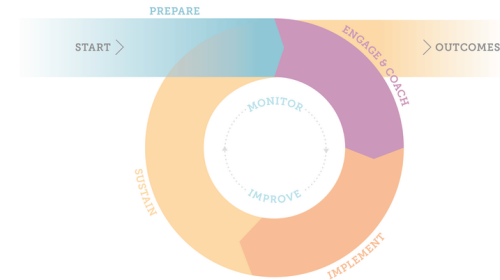
MONITOR

IMPROVE

SUSTAIN

IMPLEMENT

Core Implementation Milestone: **LAUNCH TEAMBIRTH**



How will you go live?

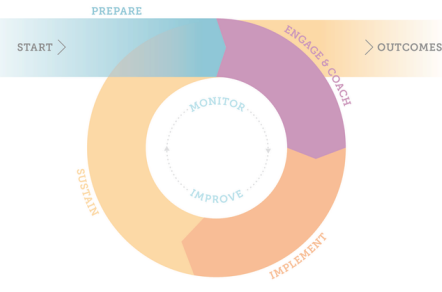
What will effectively help you communicate to your leaders, staff, patients, and community?

Consider:

- Do you have a website or newsletters to include launch announcements in?
- Do you want a formal celebration or something more intimate on the units?
- Will you include different shifts, units, and provider groups?

Plan for:

- Formal remarks at “kick-off” to engage staff and announce go-live.
- Quality Institute staff will attend in-person; Ariadne Labs or NJDOH staff member *may* attend in-person.
- Quality Institute staff to observe a huddle in L&D and postpartum.
- **How else can we be helpful day of?**



When will you go live?

| Cohort 5 Site | Launch Date |
|--|--------------------|
| Community Medical Center | October 27 |
| Englewood Hospital | <i>TBD October</i> |
| Holy Name Medical Center | October 7 |
| Overlook Medical Center | October 20 |
| Riverview Medical Center | <i>TBD October</i> |
| St. Joseph's University Medical Center | <i>TBD October</i> |
| The Valley Hospital | September 9 |

Questions?

What questions do you have about training, surveying or launching?

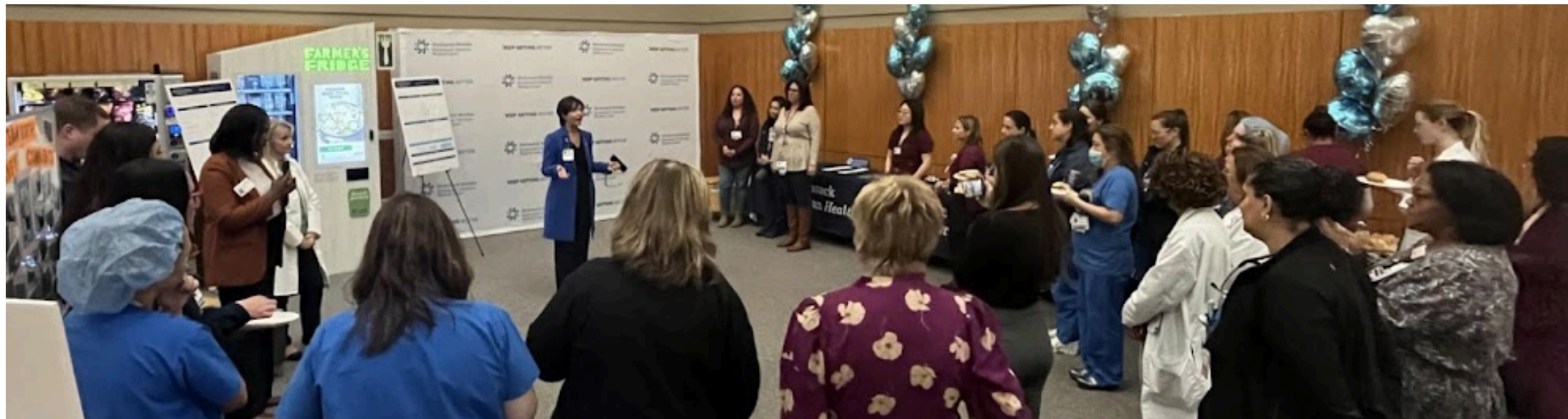
What challenges are you having or anticipating?

Are there topics/scenarios you are curious about or most want to practice next time we meet?

Formal Acknowledgement

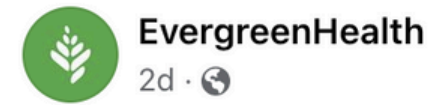
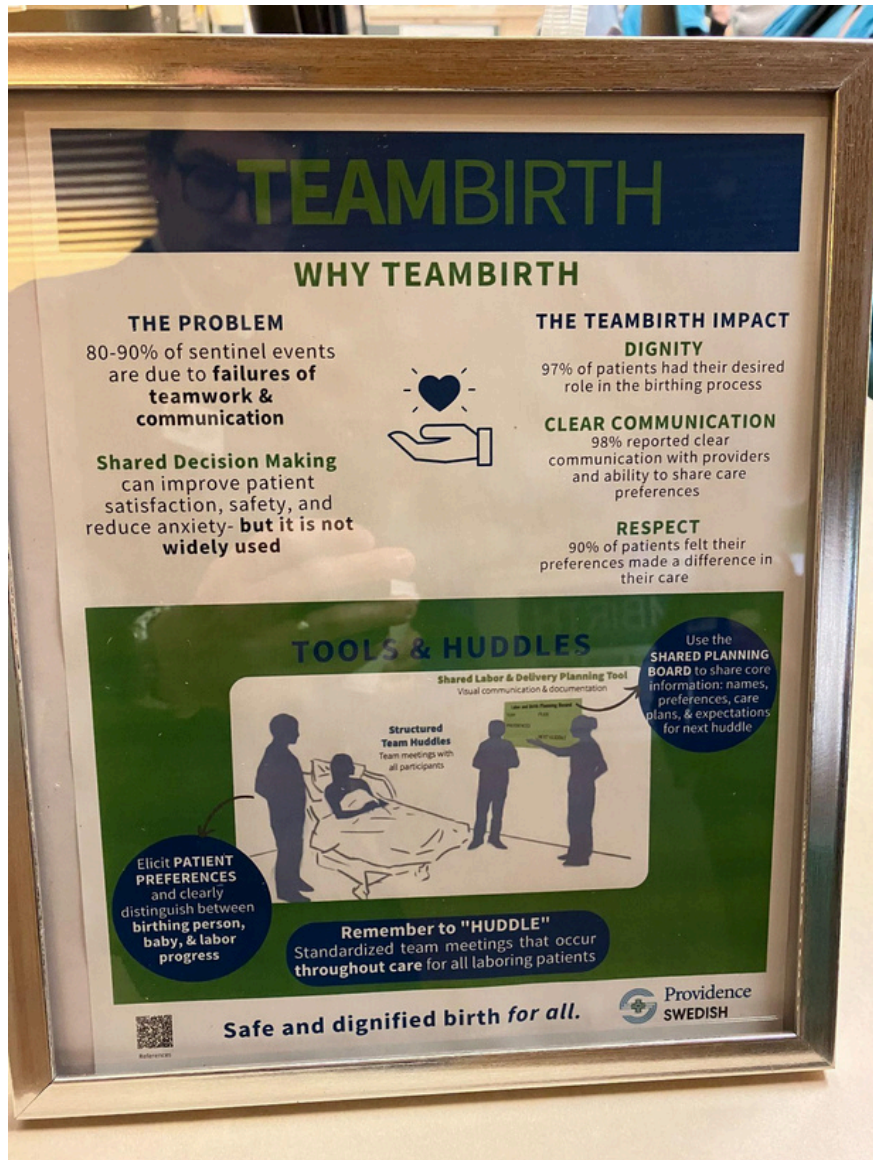


Launch Location



Hackensack Meridian
Jersey Shore University
Medical Center

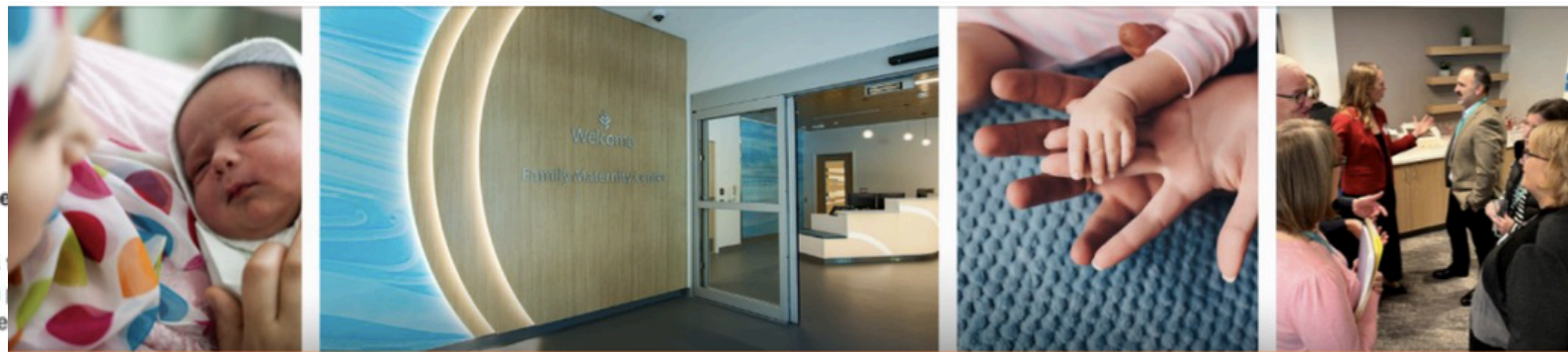
Advertise - Invite - Promote



EvergreenHealth celebrates the revitalization of the TeamBirth program!

The goal of TeamBirth is to empower all members of the care team - including the patient themselves - to play an active role in shared decision-making to improve the safety and quality of care. This ensures those in labor and the clinicians who are caring for them have shared input and understanding into decisions during labor and delivery.

TeamBirth is rolling out state-wide in Washington over the next three years in a joint collaboration between [Washington State Hospital Association](#) and [Ariadne Labs](#) with funding from Ballmer Group.



The Tara Hanse 6h · 🌐
New Jersey continues to see the #TeamBirth we know this idea of te...

RWJBH RWJBarnabas 1d · 🌐
Cooperman Barnabas Medical Center deliv...

we are excited to collaborate with the New Jersey Health Care Quality Institute, the New Jersey Department of Health, and Ariadne Labs to launch the #TeamBirthNJ model in New Jersey.

#TeamBirth was designed around best practices in communication, teamwork, and clinical care to ensure that people giving birth and the clinicians who are caring for them have shared input and understanding into decisions during labor and delivery. It was developed by Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health in Boston.

#LetsBeHealthyTogether



Celebrating TEAMBIRTH



INTEGRIS Health @integrishhealth_ · Oct 4, 2022

We are excited to announce that we are launching TeamBirth at five INTEGRIS Health Women's Centers this week! TeamBirth from Ariadne Labs is an evidence-based tool for improving communication and teamwork during childbirth. rdco.io/4Uw_gBAYFAA

Launch Themes

TeamBirthdays are our Specialty | Purple Passion |
“Deeply Rooted” in TeamBirth | I’m on (white)board! |
Rise and Shine it’s TeamBirth Time |
TeamBirth: It’s All About You



TeamBirth Tees



TeamBirth Patient and Family Socialization



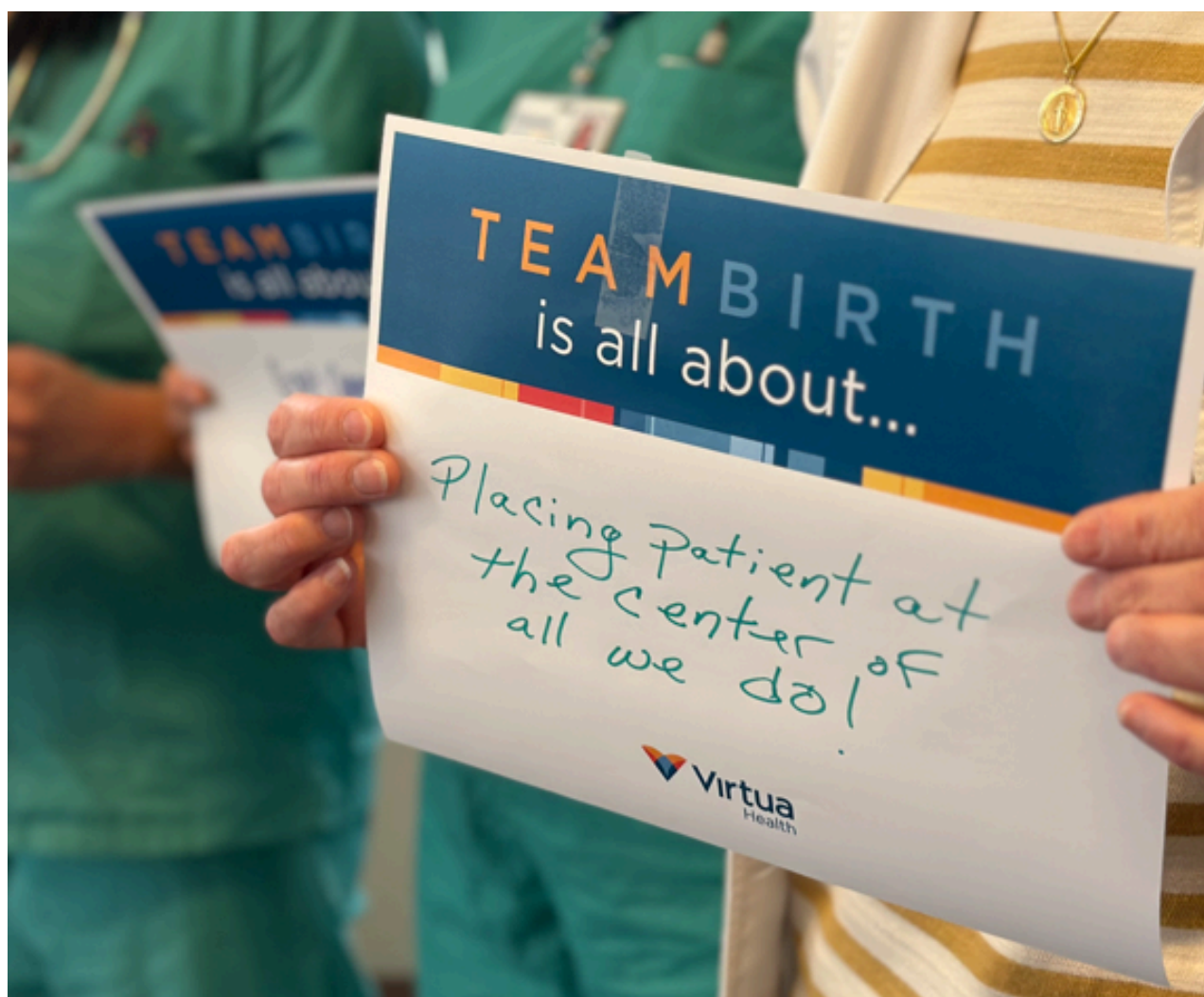
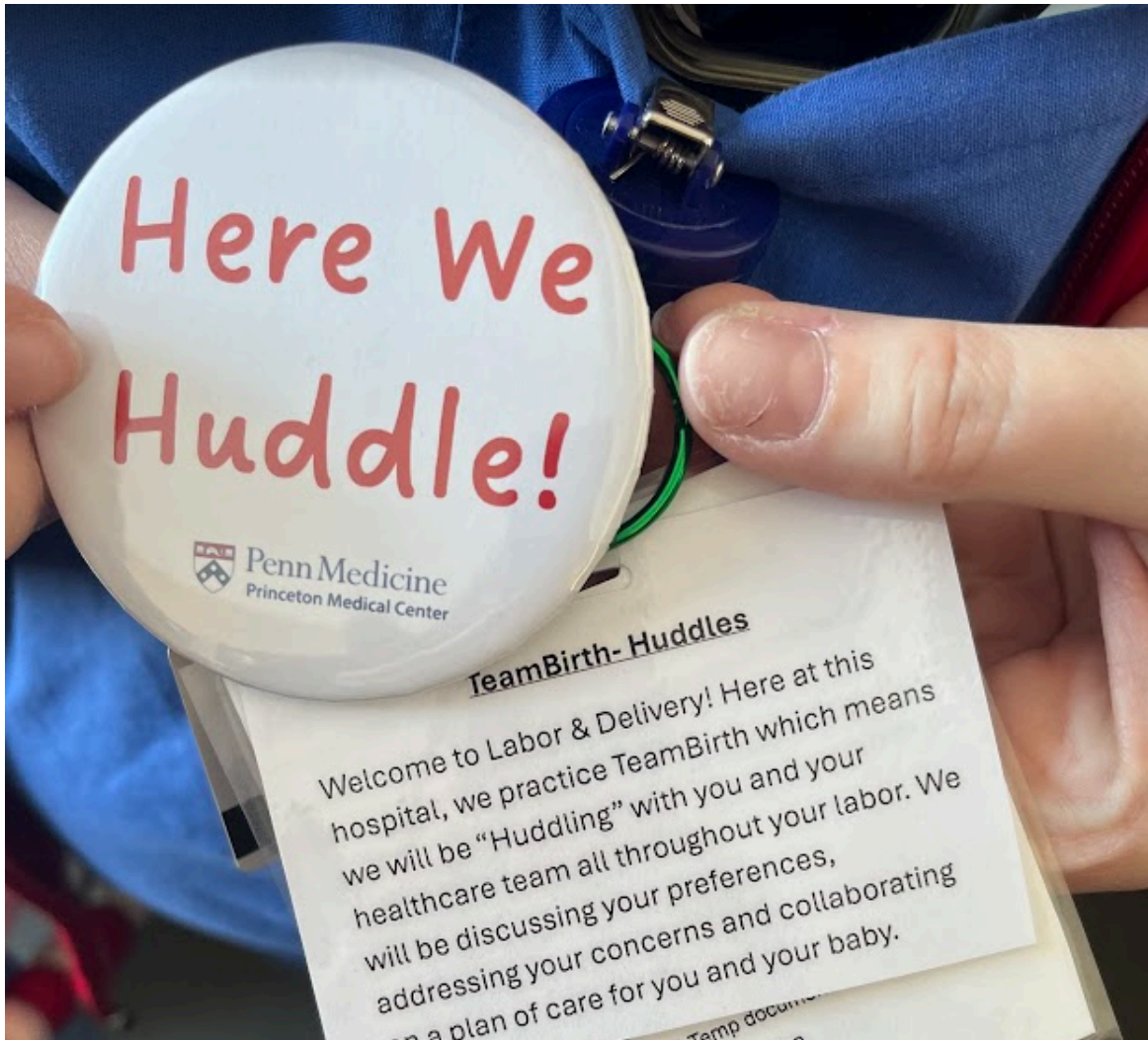
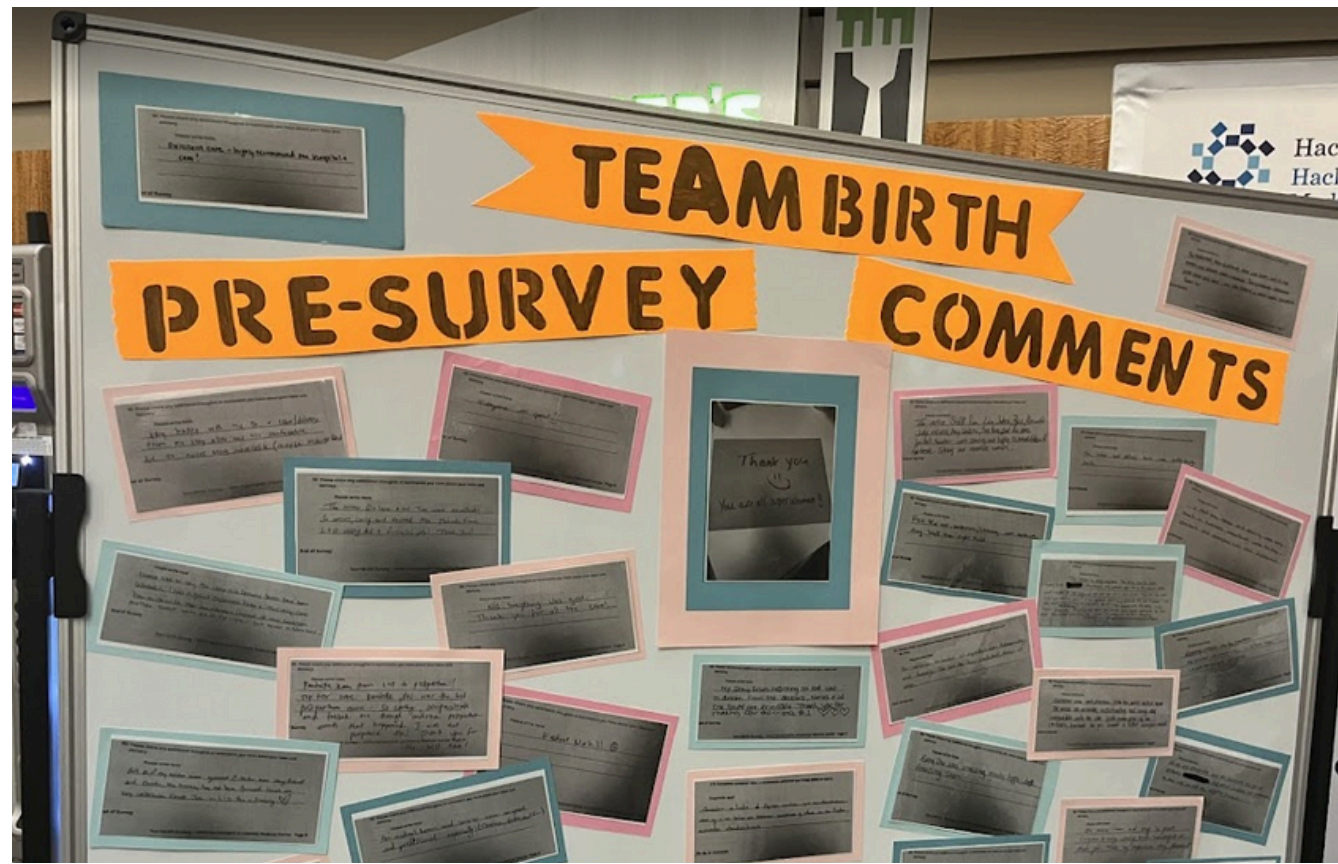
Ask me about

TEAMBIRTH

Let's huddle.



Staff Engagement



TEAM BIRTH LAUNCH PARTY!!!

When: March 18th, 2025

- **Food and Drinks**
 - Lunch at 1:00 PM
 - Dinner at 8:15 PM
 - 3rd Floor Large Conference Room
 - **Fun Games & Activities**
 - 12:00 pm to 4:00 pm
 - 7:00 pm to 10:00 pm
 - Hallway outside of 1st Floor NICU
 - **Prizes and Giveaways**
 - **Educational Resources**
- **1st Team Birth Patient Huddles!**
 - 9:30 AM on Labor and Delivery
 - 10:45 AM on Mother-Baby



Please sign up using QR code below if you plan on attending Lunch or Dinner!!



TEAMBIRTH

Celebratory Nourishment!



TeamBirth Launch Week Examples

| SUNDAY APRIL 21 | MONDAY APRIL 22 | TUESDAY APRIL 23 | WEDNESDAY APRIL 24 | THURSDAY APRIL 25 | FRIDAY APRIL 26 | SATURDAY APRIL 27 |
|---|--|--|--|---|---|--|
|  Community Event |  Board installation |  Huddle Raffle each shift | Patient Awareness  Formal hospital event  |  Social Media Press Release |  Replace current patient survey print-outs with post-implementation surveys |  Nightshift/Weekend Crew TeamBirth pizza party |

Show Your Creativity

**MON, 18
GAME
DAY**
WEAR YOUR FAVORITE SPORTS
TEAM GEAR

**FRI, 22
TEAM BIRTH
GO LIVE !!
COMPANY PRIDE
DAY**
SHOW OFF YOUR
FAVORITE HHM SWAG

**TUE, 19
CRAZY
HAIR DAY**
LETS SEE THOSE
CRAZY HAIRSTYLES,
WIGS, AND COLORS!!

**THU, 21
SOCK DAY**
HAVE A FAVORITE PAIR
OF SOCKS?, SHOW
THEM OFF OVER YOUR
SCRUBS

**WED, 20
HAT
DAY**
ROCK YOUR FAVORITE
HATI

**TEAM
BIRTH**
NOV 18-22
SPIRIT WEEK

JSUMC MATERNITY

TeamBirth Statewide Data: New Jersey (N=3,987)



NJ Patient Survey Overview (cohort 1-5 combined)

3,987

total surveys
completed

9/2022

(starting date)

&

ongoing

34

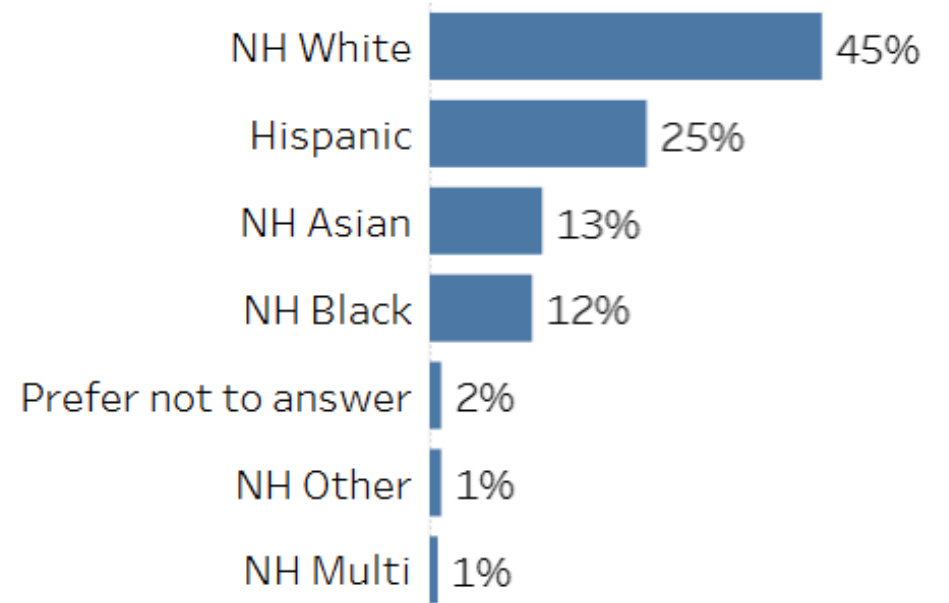
months of data
collection



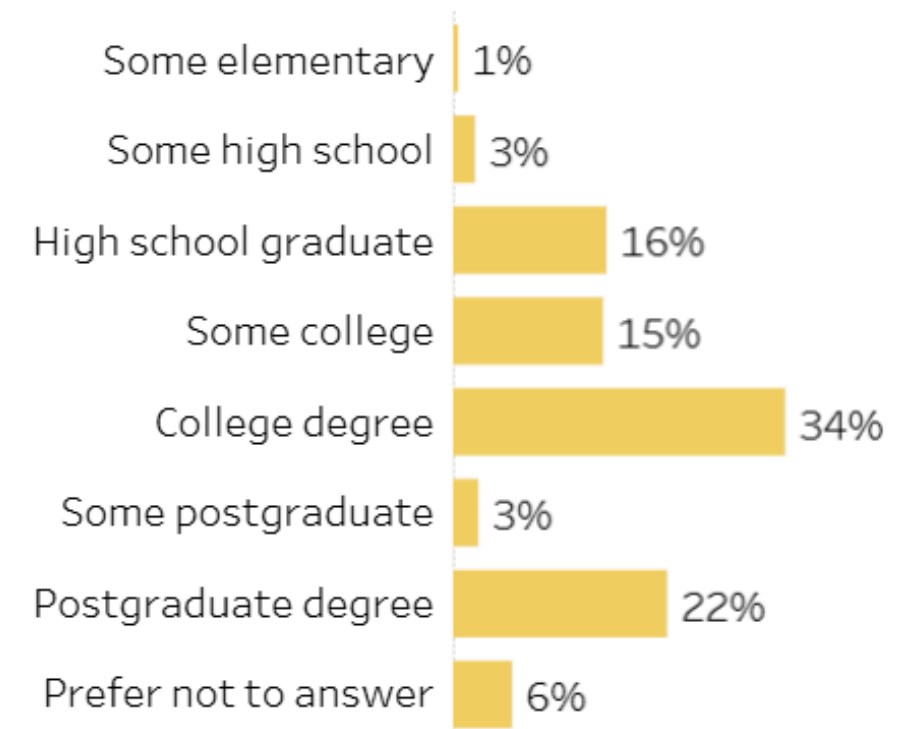
33 Sites across New Jersey
implemented TeamBirth
(2 birth centers)

Patient Demographics

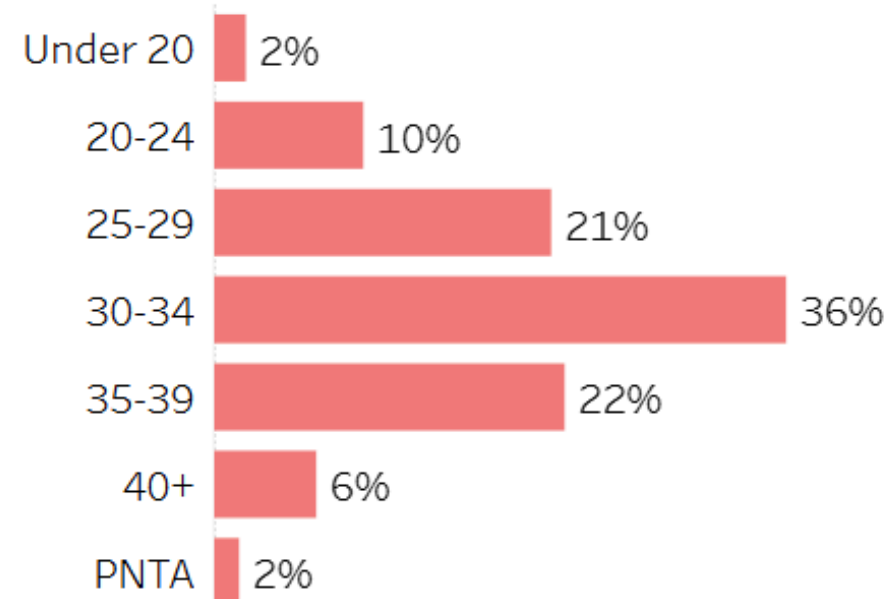
Race/Ethnicity



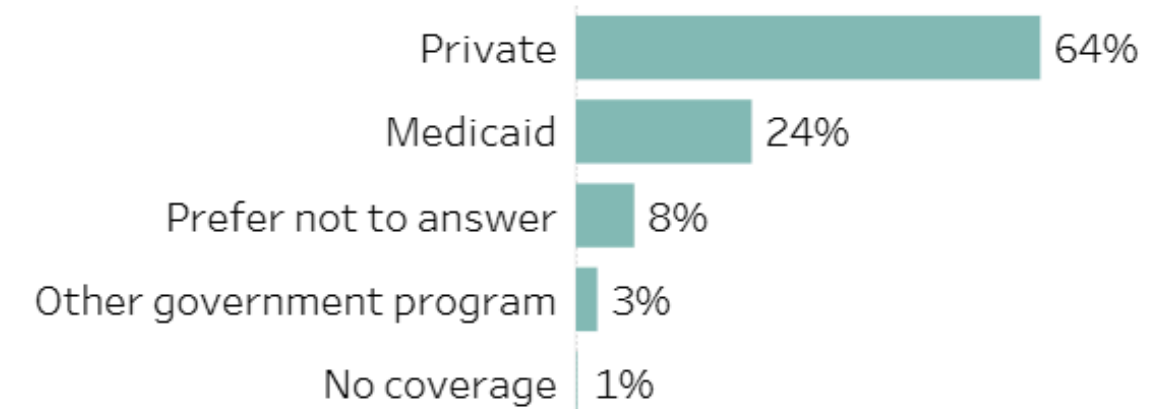
Education



Age



Insurance



Huddle participation has increased over time!

Labor Huddle Averages

| | 2024 | 2025 |
|-----------------|------|------|
| Yes Huddle | 63% | 77% |
| No Huddle | 21% | 11% |
| Not Sure Huddle | 16% | 11% |

Postpartum Huddle Averages

| | 2024 | 2025 |
|-----------------|------|------|
| Yes Huddle | 59% | 71% |
| Not Sure Huddle | 19% | 13% |
| No Huddle | 22% | 16% |

THE MY AUTONOMY IN DECISION-MAKING SCALE (MADM)

“Please describe your experiences with your clinical team overall during your labor and birth:”

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

My clinical team told me that 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

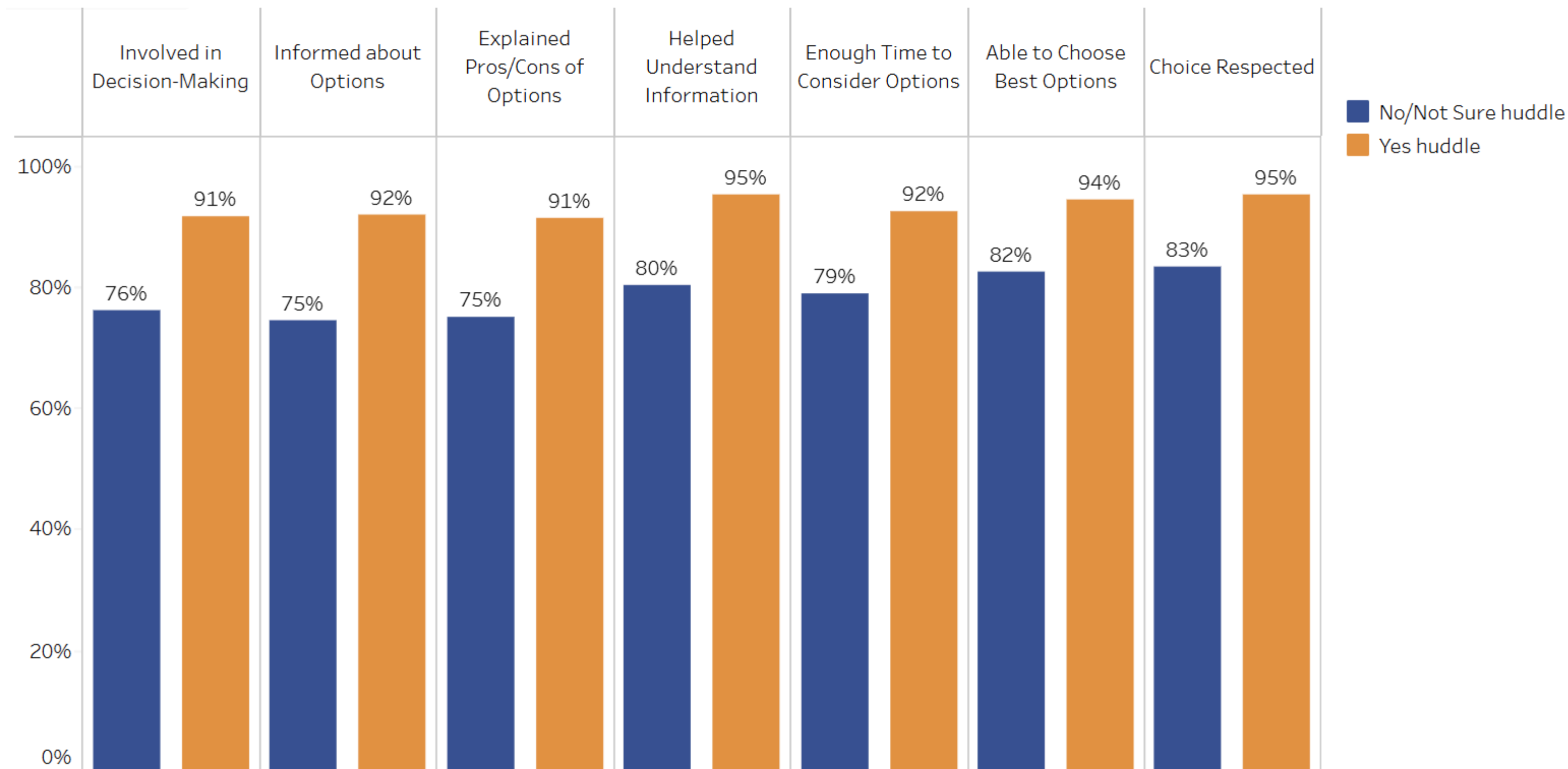
Somewhat Agree

Strongly Agree

Completely Agree

Prefer Not to
Answer

New Jersey patients report higher autonomy in shared decision-making **when experiencing a TeamBirth huddle**



No/Not Sure Huddle: 1,187

Yes Huddle: 2,690

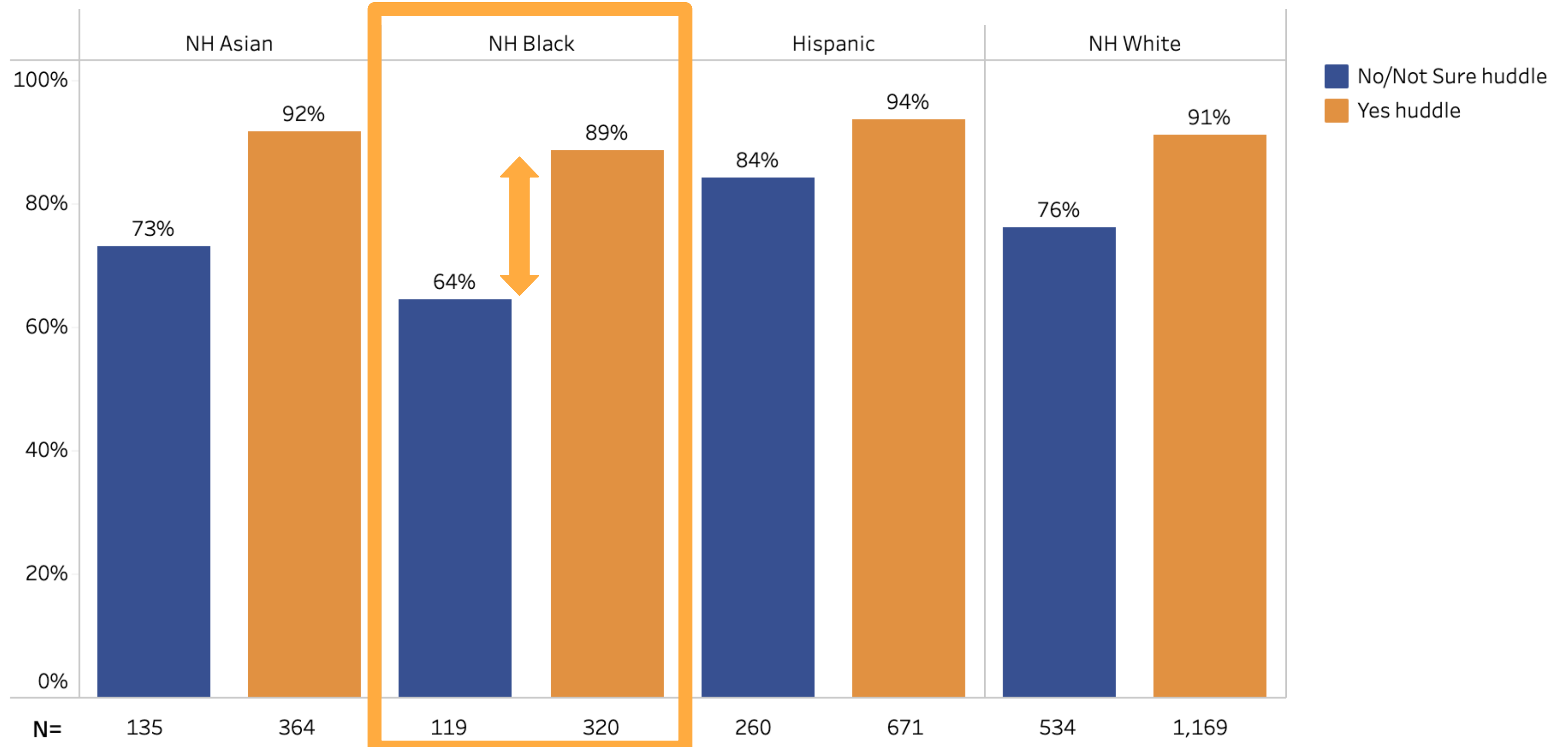
Data as of July 17, 2025
Validated Scale: My Autonomy in Decision-Making Scale

These trends persist across **key demographic and clinical groups**, including by:

- Race/ethnicity
- Insurance status
- Patient-reported experience of complications

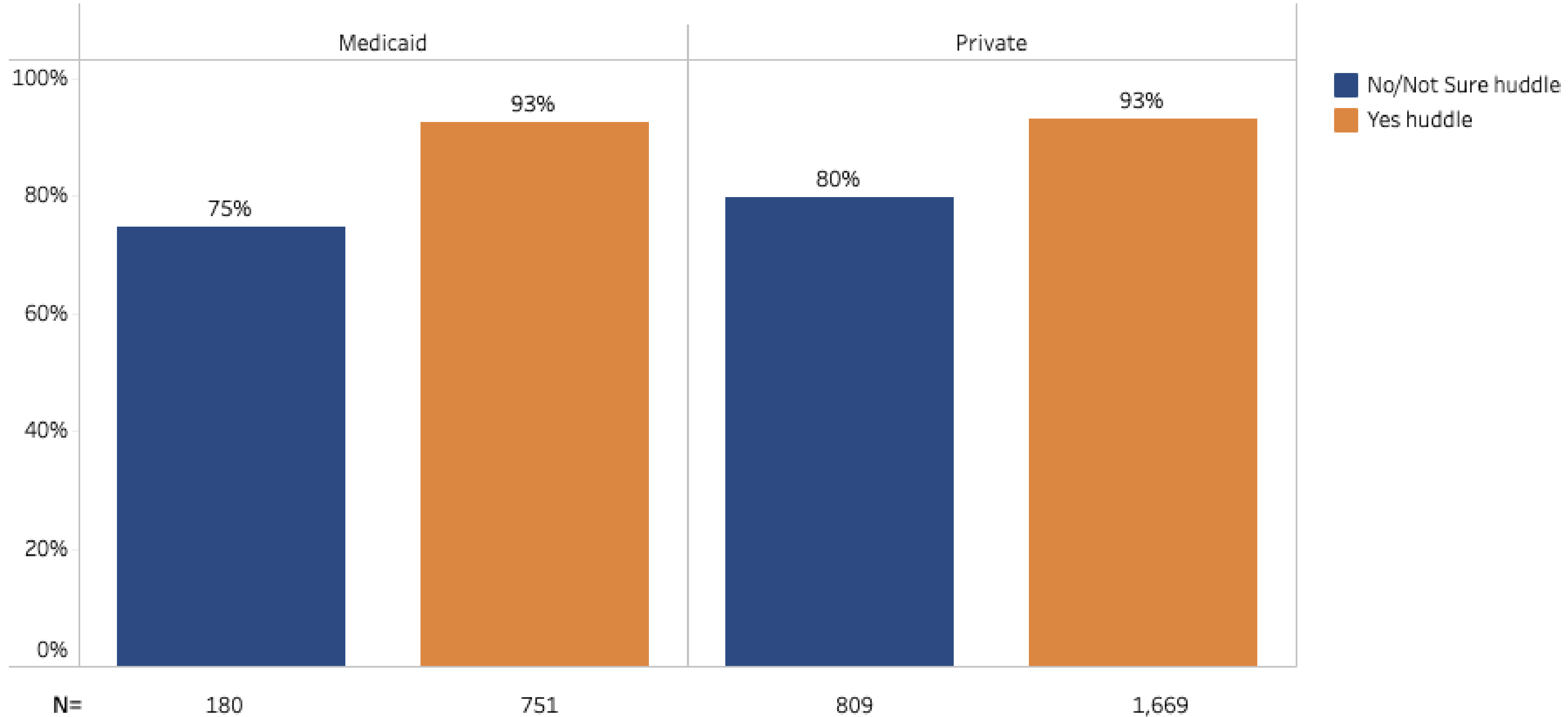
Percent of Respondents who “Completely/Strongly Agree” by Huddle & Race/Ethnicity

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



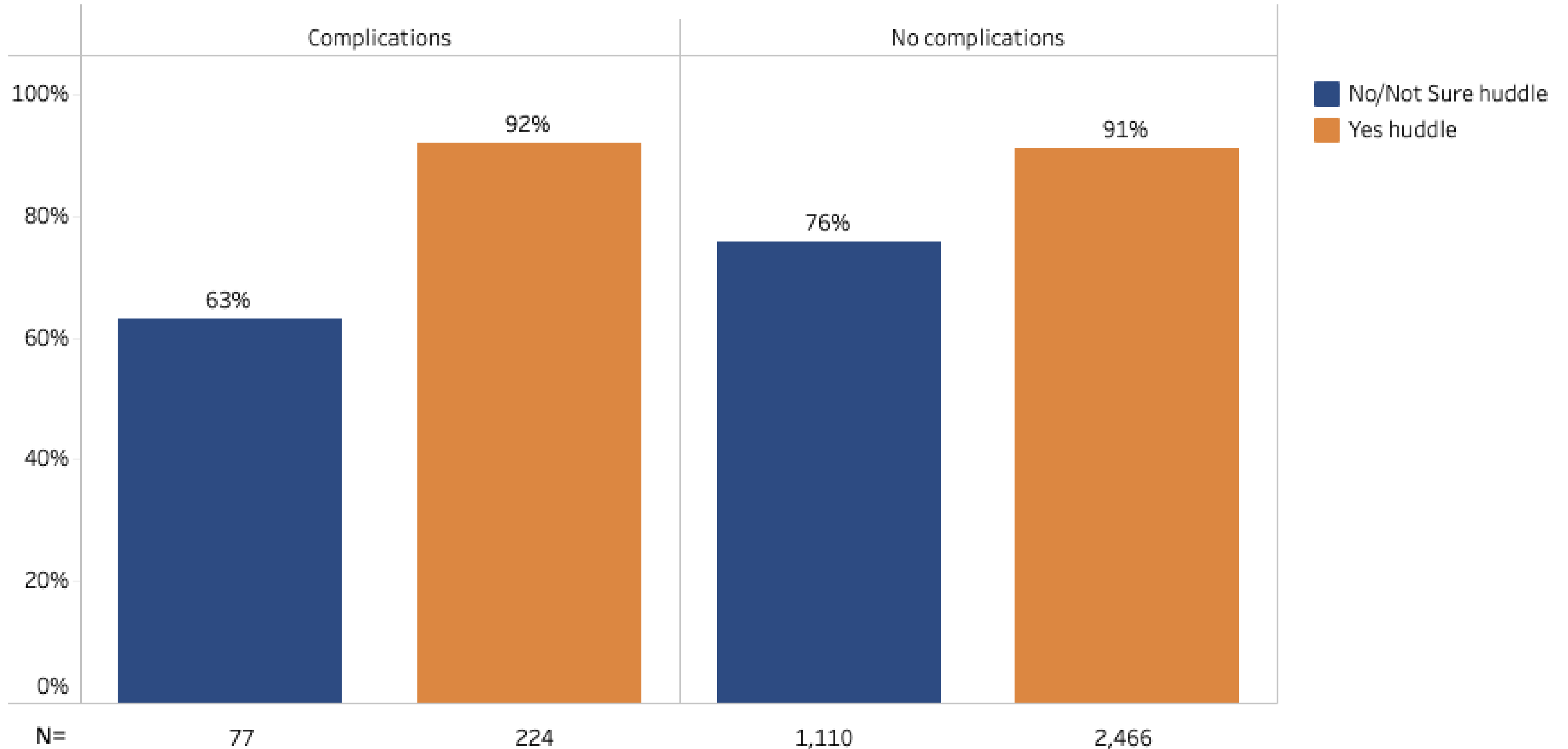
Percent of Respondents who “Completely/Strongly Agree” by Huddle & Insurance

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

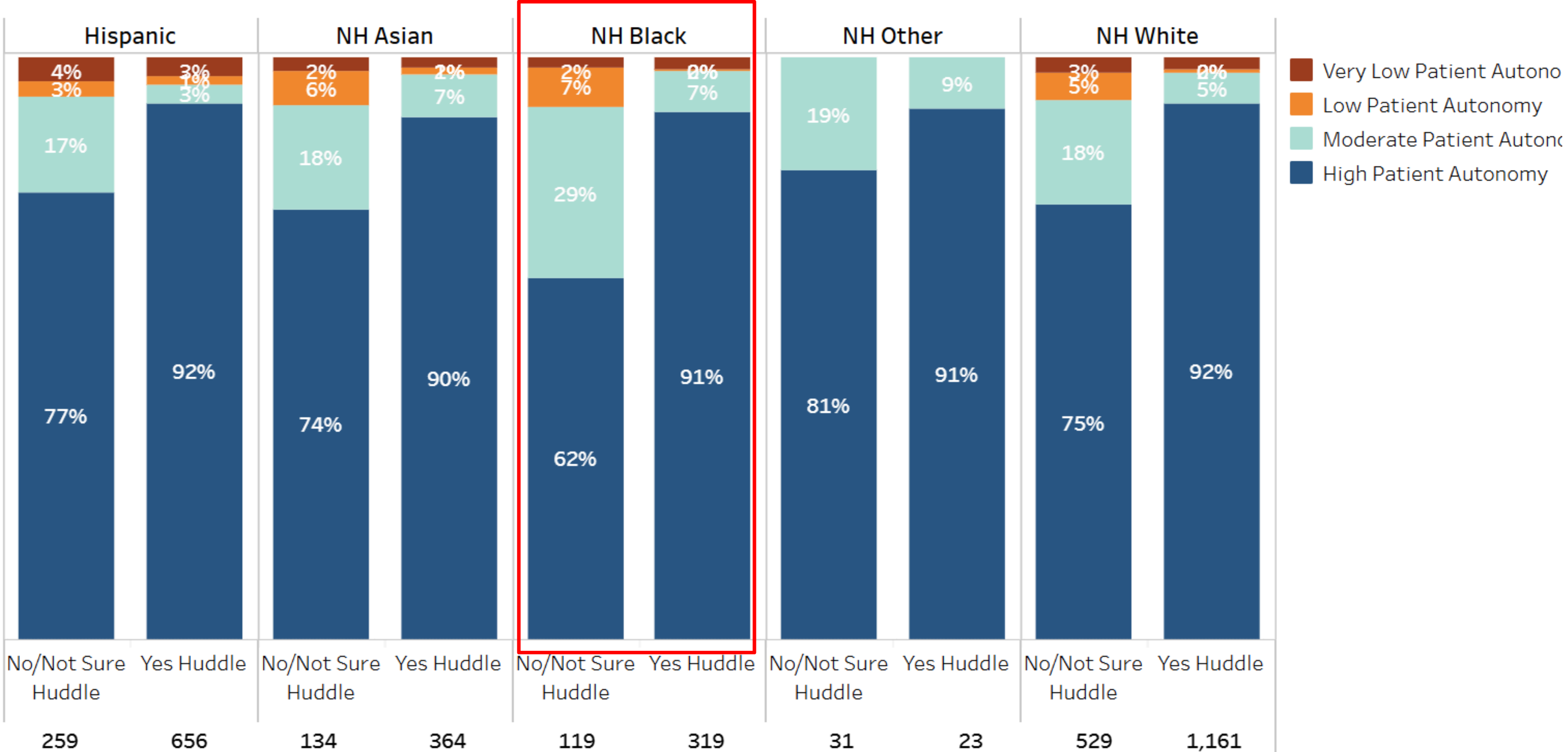


Percent of Respondents who “Completely/Strongly Agree” by Huddle & Complications

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



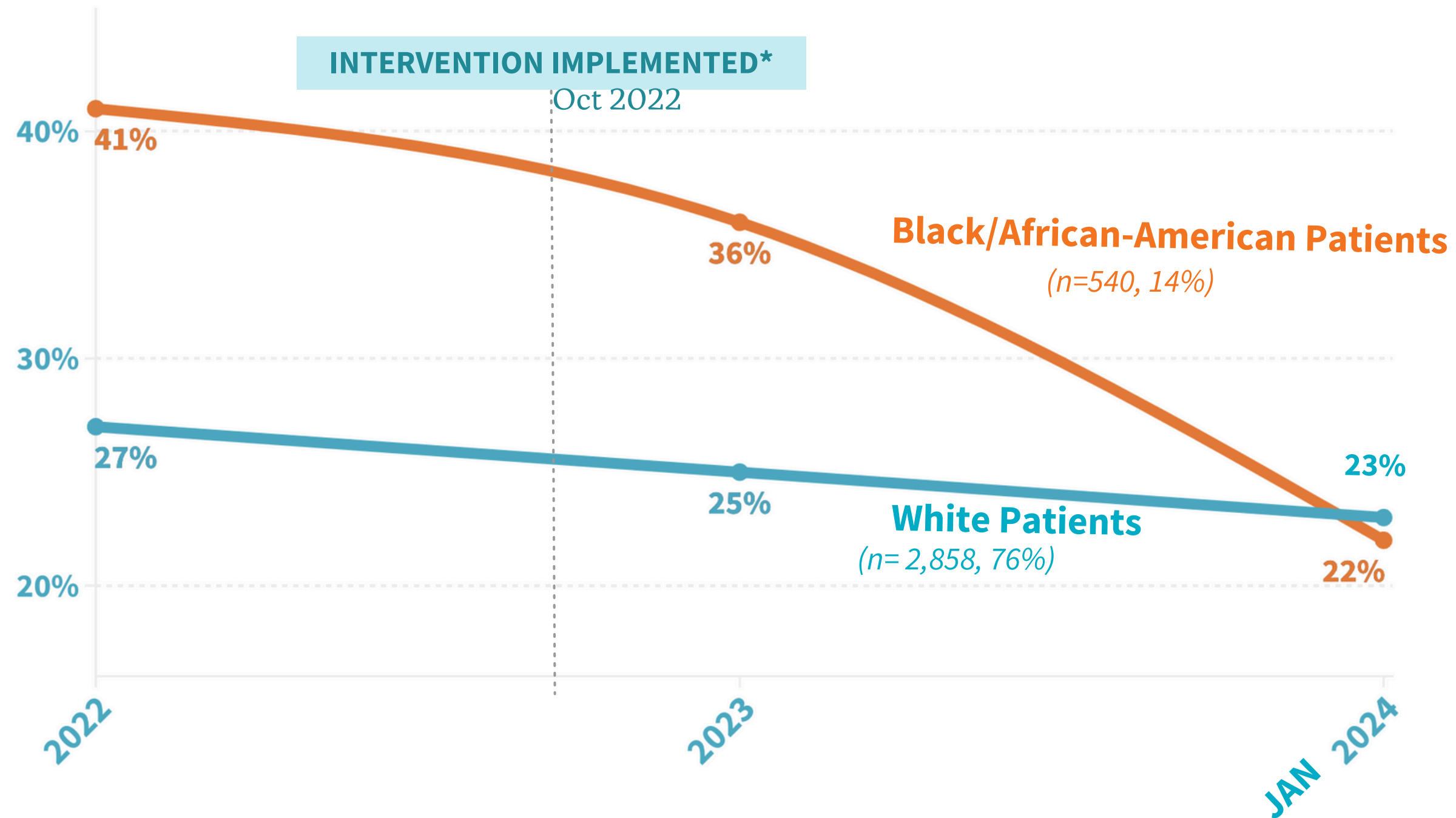
Across all items, TeamBirth increases the percentage of patients with **High Autonomy**, with largest difference observed among non-Hispanic Black patients



Case Study: Racial Inequities in NTSV C-Section Outcomes

Before and after a joint implementation of anti-racism training and TeamBirth

NTSV C-Section Rate, Cleveland Clinic Akron General



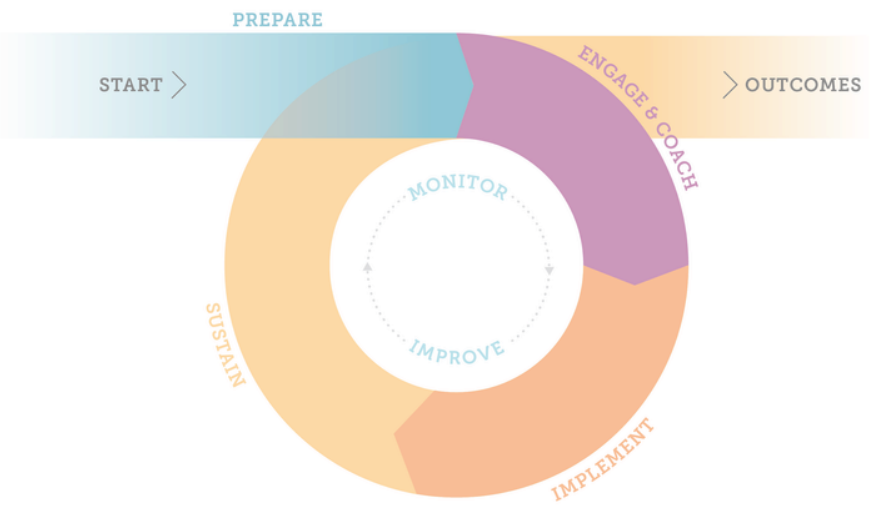
*Maternal HealthCARES Anti-Racism Training Package incorporating TeamBirth

Questions?

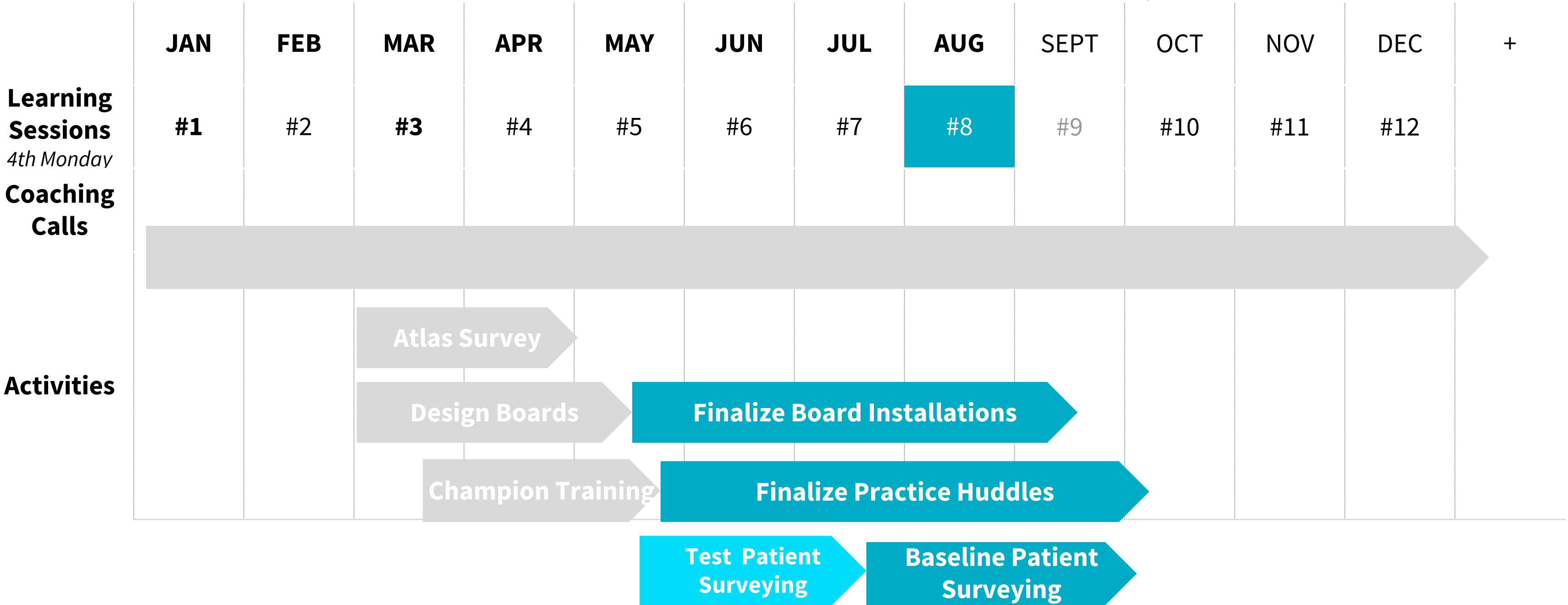
Looking Ahead



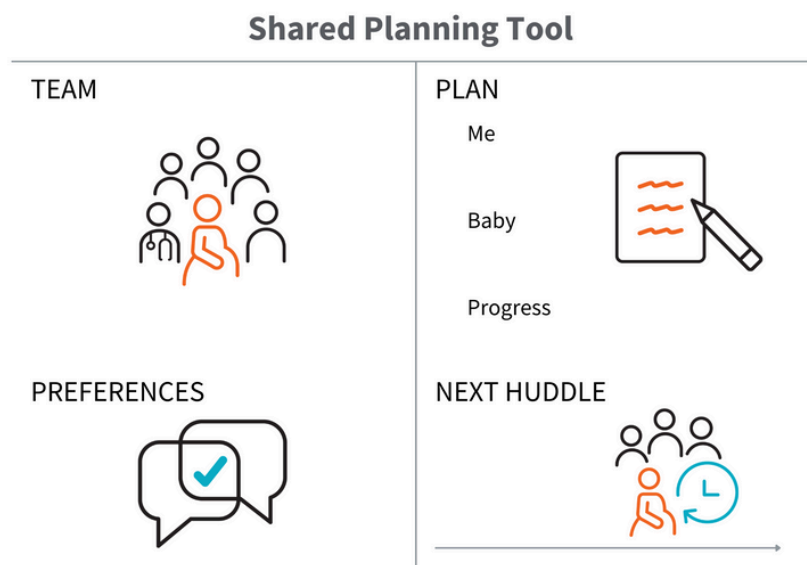
Implementation Timeline



Go Live!



Today's Key Takeaways



Huddle Practice

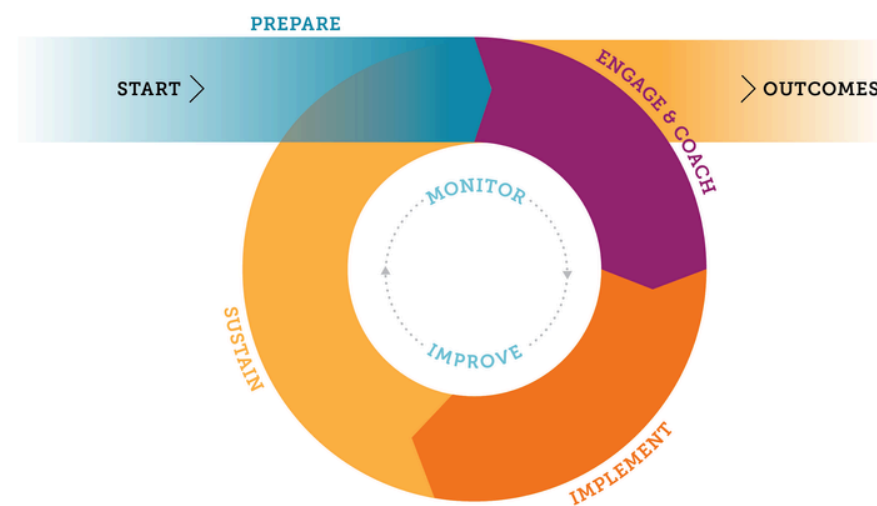
- Use training scenarios to practice having **interdisciplinary** huddles and practice documenting the conversation on the board
- In postpartum you often “huddle by exception”, updating the board as needed and only calling a huddle if there is a clinical change in care plan for mother or baby

Conduct Patient Surveying

- Capture patient experience at baseline using the patient survey

Launch TeamBirth

- Plan for how you will notify your staff and leadership of when boards are installed and when huddles should start happening





Action Items

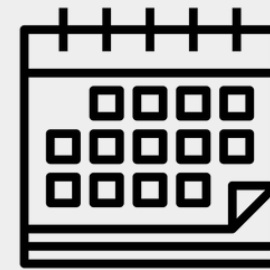
| <i>Implementation Pathway</i> | <i>Action Items</i> | <i>Details & Resources</i> |
|-------------------------------------|--|--|
| PROVIDE TRAINING & PRACTICE HUDDLES | All staff begin huddle practice opportunities | HOW TO Provide training & practice huddles |
| CONDUCT PATIENT SURVEYS | Finalize small scale survey tests; Expand to all postpartum patients | NJ Patient Survey Template |
| | Use the HOW TO worksheet to plan your survey methods | HOW TO Conduct Patient Surveying |
| LAUNCH TEAMBIRTH | Discuss and finalize Launch event ideas | |
| | Send Adelisa & Annelise your Launch date if not already confirmed | |

Next Steps

Learning Session -
September
TBD

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**



Email Adelisa & Annelise for

- Support, resources, and updates
- Implementation Questions & Needs

aperez@njhcqi.org

aslater@njhcqi.org