



TEAMBIRTH



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

### **NJ Cohort 5 Collaborative Learning Session #9**

**November 26, 2025**



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# Learning Session Agenda

Introduction

TeamBirth Implementation

Current core activities:

- Collect data & feedback: Surveys & Huddle observations
- Socialize TeamBirth
- Sharing & Discussion

Looking Ahead

Action Items



# TeamBirth Implementation Roadmap

Building on the priority implementation activities

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

# NJHCQI TeamBirth Websites

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

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

Password: NJcohorts2022!

**Public** TeamBirth NJ website:

[www.njhcqi.org/shared-decision-making](http://www.njhcqi.org/shared-decision-making)

The screenshot shows a website interface for 'COLLABORATIVE LEARNING SESSION SLIDES'. At the top, there are three columns for 'COHORT 2', 'COHORT 3', and 'COHORT 4', each with a 'SEE RESOURCES' button. Below these is a section for 'COHORT 5' with a 'SEE RESOURCES' button. The bottom section is titled 'RESOURCES' and lists several categories, each with a circular icon to its right:

- GENERAL TEAMBIRTH INFORMATION
- DISCUSSION GUIDES
- PATIENT SURVEYING
- SHARED PLANNING BOARD
- STAFF TRAINING
- TEAMBIRTH DATA SUBMISSION FORMS
- TEAMBIRTH PUBLICATIONS

# TeamBirth Implementation



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

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

USTAIN

IMPROVE

IMPLEMENT



# ASSESS YOUR SURVEY **PROGRESS**

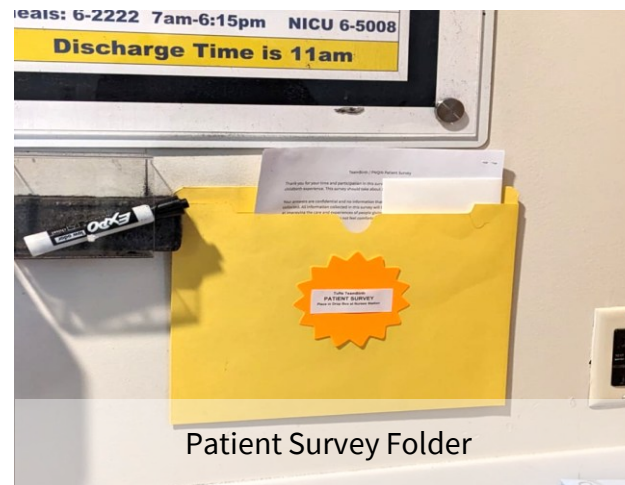
	# Surveys Total	Response Rate November <b>Goal: 30% BV</b>
Community Medical Center	52	24%
Englewood Hospital	In progress	N/A
Holy Name Medical Center	50	5%
Overlook Medical Center	34	19%
Riverview Medical Center	41	13%
St. Joe's University Medical Center	245	31%
The Valley Hospital	635	21%

# Patient Surveying Tips

Be creative, flexible, and lean into PDSA cycles

## Active vs passive surveying

- Improve your process with PDSA cycles
- What scripting or messaging are you using for handing out and collecting surveys?
- Use a double (or triple) layered approach for multiple touch points/reminders
- Create patient survey folders for your rooms
- Print on colorful paper to easily identify



**Site Share Out:** What has worked well?  
What challenges are you having?



# Huddle Observation and Feedback

<b>WHO</b>	<p>Huddle participants</p> <ul style="list-style-type: none"><li>• Clinical: nurse, provider, etc</li><li>• Support person: partner, doula, etc</li></ul> <p>Huddle observers</p> <ul style="list-style-type: none"><li>• Peers (a non-huddle nurse, provider, etc)</li><li>• Champions, managers, etc</li></ul>
<b>WHAT</b>	<p>Documentation and communication of observed behaviors using the <b>Huddle Observation Form</b></p>
<b>WHY</b>	<p>To provide consistent structure for:</p> <ul style="list-style-type: none"><li>• Celebrating or highlighting strengths</li><li>• Discussing opportunities to adjust or improve</li></ul> <p>To provide space for non-judgemental feedback that is <b>respectful, timely, specific, relevant, and actionable</b></p>



# Huddle Observations

## WHEN

Observations can be done:

- During practice scenarios or simulations
- During a live patient huddle

Complete the Huddle Observation Form

- In real time during the huddle
- Immediately after the huddle concludes

## HOW

Establish expectations for how you will conduct huddle observations with your teams (*see next slide*)

Make clear that the purpose of observations is to give and receive feedback on TeamBirth behaviors

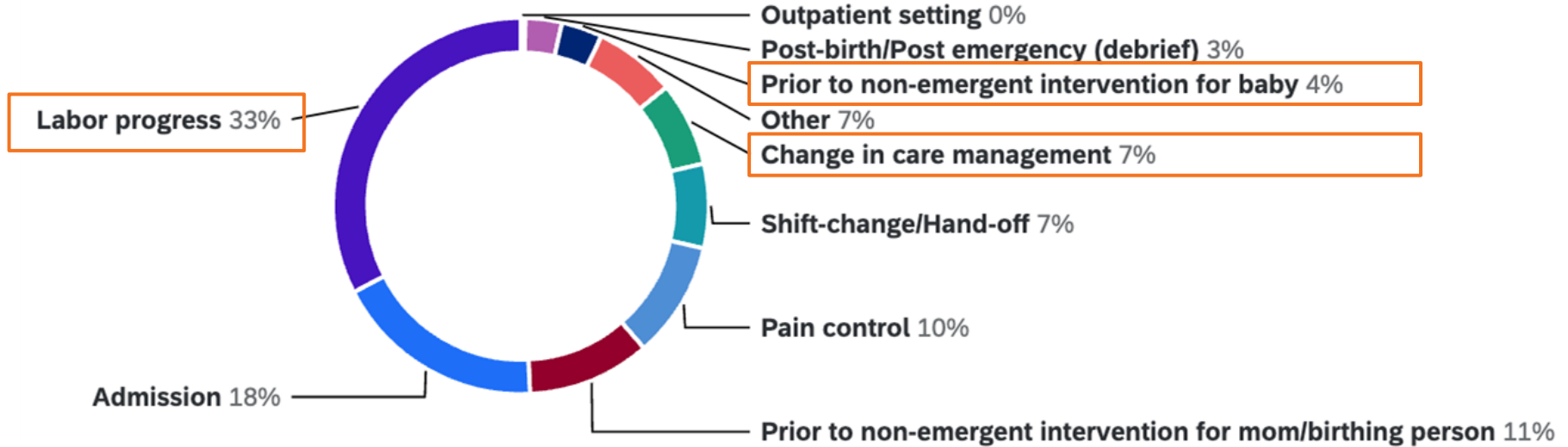
Explore what approach makes sense in your context:

- **Self-observation:** Asking huddle members to complete the form
- **Peer observation:** Asking other clinical team members to observe and complete the form
- **Champion observation:** Establishing specific people (leader or educator) as the observer and completer of the form

Plan for how you support, monitor, and reward care teams for participating in observations

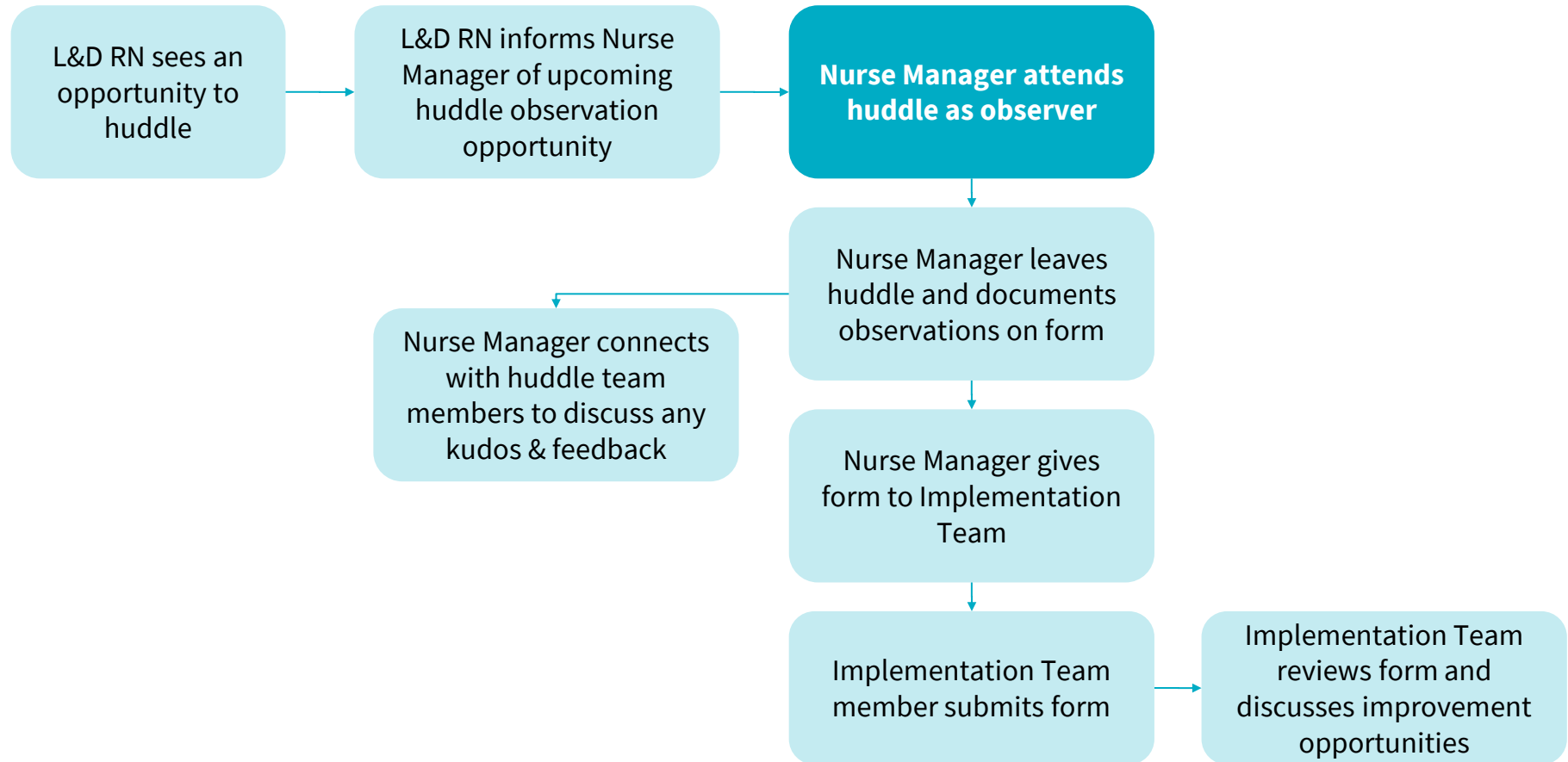
# Reasons for Huddle

Across the huddle observations submitted to date, these were the stated reasons for the huddle



# HUDDLE OBSERVATION

## EXAMPLE PROCESS 1



# HUDDLE OBSERVATION

## EXAMPLE SCENARIO 1

Baby was OP and had difficult tracing FHT's at times.

The nurses wanted to put her in different positions to help turn the baby but was unable to use certain positions due to loss of FHT's and pitocin was infusing for the induction.

The huddle discussion was about the option of using a fetal scalp electrode to enable multiple position changes.

The patient and family understood but preferred not to use the FSE.

# HUDDLE OBSERVATION

EXAMPLE

## TEAMBIRTH Huddle Observation Form EXAMPLE



<b>Observer Name:</b> Susan	<b>Role / Title:</b> Nurse Manager	<b>Date:</b> n/a
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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<br><i>(Examples: Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility)</i> | <input type="checkbox"/> Prior to non-emergent intervention for <b>mom/birthing person</b><br><i>(Examples: AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section)</i> |
| <input checked="" type="checkbox"/> Labor Progress   | <input type="checkbox"/> Prior to non-emergent intervention for <b>baby</b><br><i>(Examples: Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission)</i>            |
| <input type="checkbox"/> Pain Control  | <input type="checkbox"/> Post-birth/Post-emergency Debrief   |
| <input checked="" type="checkbox"/> Change in care management<br><i>(Examples: Hypertension, Hemorrhage, Infection, Opioid Use Disorder)</i>   | <input type="checkbox"/> Other, please specify: _____  |
| <input type="checkbox"/> Shift change/Hand-off/Discharge   |  |

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

- Yes** A team member stated clearly that a TeamBirth huddle was occurring
- No** The huddle occurred but was not clearly named for those present

# HUDDLE OBSERVATION

## EXAMPLE

### TEAM

4. Was each person introduced by name and role at the beginning of the huddle?
- Yes, everyone** *Including the patient and any support people*
  - No, only some** *Some people were not introduced by name & role, please specify: \_\_\_\_\_*
  - No** *Introductions were not done*
5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?
- Yes, all** *All names & roles were written on the board*
  - No, only some** *Some names & roles were left off the board, please specify: \_\_\_\_\_*
  - No** *No names were written on the board*

### PREFERENCES

6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?
- Yes** *Patient was able to share preferences or concerns*
  - No** *The care team did not ask the birthing person to share preferences or concerns*
7. Were any patient preferences or concerns about the current plan written on the shared planning board, either during this huddle or previously?
- Yes** *Preferences or concerns about the current plan were written on the board*
  - Yes, previously** *Preferences or concerns were previously written on the board*
  - No** *Preferences or concerns were not written on the board*



# Huddle Observation

## EXAMPLE

### PLAN

8. Did the team discuss the care plan options and make decisions that incorporated or addressed the patient's shared preferences or concerns?

- Yes       No

9. Were the following care plans written or updated on the shared planning board?

	Yes, board updated	No, board did not need updating	No, board left blank
Plan for Me / Mom	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for Baby	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for Labor Progress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### NEXT HUDDLE

10. Did the team discuss expectations for when the next huddle may occur?

- Yes**      *Clear expectations for the next huddle were stated*  
 **No**      *The team did not discuss the next huddle*

11. Were the expectations for when the next huddle may occur written on the shared planning board?

- Yes**      *Next huddle options were written on the board*  
 **Yes, previously**      *Next huddle options were previously written on the board*  
 **No**      *Next huddle options were not written on the board*

# Huddle Observation

## EXAMPLE

### REFLECTIONS

*The below reflections provide opportunities for discussion and feedback with the team to support improvement!*

12. Was everything written on the board in patient friendly language?

- Yes  No

13. Who wrote on the shared planning board during this huddle? **Select all that apply:**

- Mom/Birthing person  Nurse  
 Support person (doula, family, friend, partner, spouse)  Provider (midwife/physician)  
 Other (please specify)

14. What went well during the huddle?

*The nurse and physician did a great job explaining why they wanted to use an FSE and were gracious enough to listen to the patient's decision.*

15. What challenges did you observe or experience?

16. How could the team improve next time?

*Updating plan items with patient friendly language: what is a patient friendly way to write "FSE"?*

17. Did you provide any feedback to any team members based on the above observations?

- Yes  No

18. What else do you want to share about your experience with this TeamBirth Huddle?

*The mom ended up delivering her baby without an FSE.*

# HUDDLE OBSERVATION

## EXAMPLE

Potential feedback based on the form:

### **Strengths**

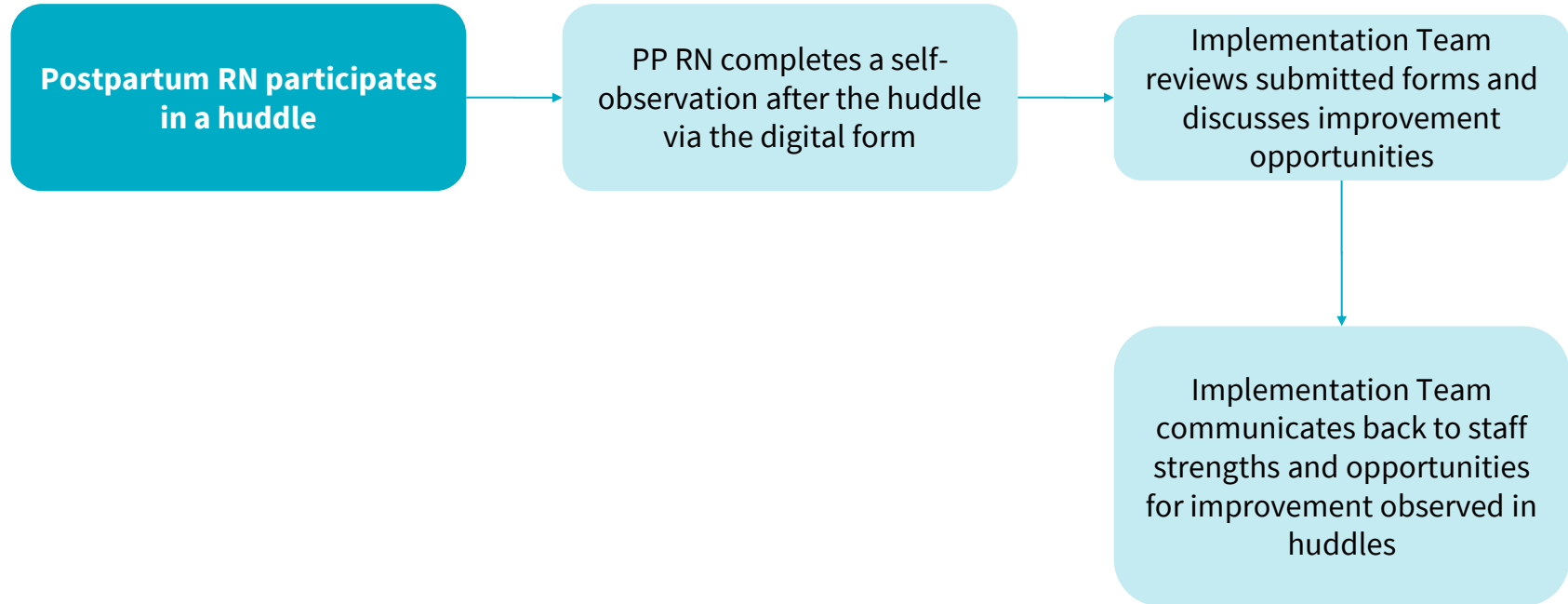
- Clear demonstration of the four key TeamBirth behaviors and use of the board!
- Showcased shared decision-making by respecting patient preferences in the plan

### **Opportunities for Improvement**

- Clearly introduce and state that a TeamBirth Huddle is occurring
- Exploring patient friendly ways to write clinical terms like FSE on the board
- Encouraging support people to update the board as well as the nurse

# Huddle Observation

## EXAMPLE PROCESS 2



# HUDDLE OBSERVATION

## EXAMPLE SCENARIO 2

Mother has been frustrated with baby's progress and requested a huddle.

Infant has become more irritable over the last 12 hours.

Concerns and ideas were shared, assessments were discussed, and a plan was agreed upon for addressing infant's change in irritability and feeding.

# HUDDLE OBSERVATION

EXAMPLE

TEAMBIRTH

## Huddle Observation Form EXAMPLE 2



<b>Observer Name:</b> Alex	<b>Role / Title:</b> Postpartum RN	<b>Date:</b> n/a
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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<br><i>(Examples: Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility)</i> | <input type="checkbox"/> Prior to non-emergent intervention for <b>mom/birthing person</b><br><i>(Examples: AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section)</i> |
| <input type="checkbox"/> Labor Progress  | <input checked="" type="checkbox"/> Prior to non-emergent intervention for <b>baby</b><br><i>(Examples: Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission)</i> |
| <input type="checkbox"/> Pain Control  | <input type="checkbox"/> Post-birth/Post-emergency Debrief   |
| <input type="checkbox"/> Change in care management<br><i>(Examples: Hypertension, Hemorrhage, Infection, Opioid Use Disorder)</i>  | <input type="checkbox"/> Other, please specify: _____  |
| <input type="checkbox"/> Shift change/Hand-off/Discharge   |  |

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

- Yes** *A team member stated clearly that a TeamBirth huddle was occurring*
- No** *The huddle occurred but was not clearly named for those present*

# Huddle Observation

## EXAMPLE

### TEAM

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  - No, only some** *Some people were not introduced by name & role, please specify: \_\_\_\_\_*
  - No** *Introductions were not done*
5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?
- Yes, all** *All names & roles were written on the board*
  - No, only some** *Some names & roles were left off the board, please specify: support person (auntie)*
  - No** *No names were written on the board*

### PREFERENCES

6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?
- Yes** *Patient was able to share preferences or concerns*
  - No** *The care team did not ask the birthing person to share preferences or concerns*
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  - Yes, previously** *Preferences or concerns were previously written on the board*
  - No** *Preferences or concerns were not written on the board*



# HUDDLE OBSERVATION

EXAMPLE

## TEAMBIRTH Huddle Observation Form



### PLAN

8. Did the team discuss the care plan options and make decisions that incorporated or addressed the patient's shared preferences or concerns?

- Yes       No

9. Were the following care plans written or updated on the shared planning board?

	Yes, board updated	No, board did not need updating	No, board left blank
Plan for Me / Mom	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Plan for Baby	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan for Labor Progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### NEXT HUDDLE

10. Did the team discuss expectations for when the next huddle may occur?

- Yes**      *Clear expectations for the next huddle were stated*  
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- Yes**      *Next huddle options were written on the board*  
 **Yes, previously**      *Next huddle options were previously written on the board*  
 **No**      *Next huddle options were not written on the board*

# HUDDLE OBSERVATION

## EXAMPLE

### REFLECTIONS

*The below reflections provide opportunities for discussion and feedback with the team to support improvement!*

12. Was everything written on the board in patient friendly language?

- Yes       No

13. Who wrote on the shared planning board during this huddle? **Select all that apply:**

- Mom/Birthing person       Nurse  
 Support person (doula, family, friend, partner, spouse)       Provider (midwife/physician)  
 Other (please specify)

14. What went well during the huddle?

*Mother and nursing staff all had good ideas to address said concerns, everyone had a chance to share concerns and ideas*

15. What challenges did you observe or experience?

*The board wasn't updated until the end so only the baby's plan was updated*

16. How could the team improve next time?

*Reinforcing the plan and the idea that plans can be evolving and changed at any time but will talk with the family regarding changes*

17. Did you provide any feedback to any team members based on the above observations?

- Yes       No

18. What else do you want to share about your experience with this TeamBirth Huddle?

# Huddle Observation

## EXAMPLE

Potential feedback based on the form:

### Strengths

- Clearly introduced that a TeamBirth Huddle was occurring
- Clear demonstration of creating the opportunity for patient preferences and shared decision-making!

### Opportunities for Improvement

- Reminders to include new people in the Team section of the board, especially support people so they can see that their input is valuable
- The Next Huddle section of the board is the most skipped section, so reminders to even just note “as needed” or “by request” on the board is valuable for team clarity
- Encourage staff to cultivate a culture of continuous improvement by sharing (positive and constructive) feedback with their team members



# 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

### PLAN

8. Did the team discuss the care plan options and make & shared preferences or concerns?

Yes  No

9. Were the following care plans written or updated on the board?

	Yes, board updated	No, I
Plan for Me / Mom	<input type="radio"/>	<input type="radio"/>
Plan for Baby	<input type="radio"/>	<input type="radio"/>
Plan for Labor Progress	<input type="radio"/>	<input type="radio"/>

### NEXT HUDDLE

10. Did the team discuss expectations for when the next huddle will occur?

Yes  No

Yes, previously  No

11. Were the expectations for when the next huddle may occur discussed?

Yes  No

### REFLECTIONS

12. Was everything written on the board in patient friendly language?

Yes  No

13. Who wrote on the shared planning board during this huddle?

Mom/Birthing person

Support person (doula, family, friend, partner, spouse)

14. What went well during the huddle?

15. What challenges did you observe or experience?

16. How could the team improve next time?

17. Did you provide any feedback to any team members about the huddle?

Yes  No

18. What else do you want to share about your experience with this TeamBirth Huddle?

## TEAMBIRTH Huddle Observation Form

Observer Name:	Role / Title:	Date:	Unit:
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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:**

- Admission (Labor evaluation, induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, transfer in from community birth setting or other facility)
- Labor Progress
- Pain Control
- Change in care management (Hypertension, Hemorrhage, Infection, Opioid Use Disorder)
- Shift change/Hand-off/Discharge
- Prior to non-emergent intervention for mom/patient (AMNOC, segment, internal monitors, use of vacuum or forceps to assist birth, C-Section)
- Prior to non-emergent intervention for baby (Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission)
- Post-birth/Post-emergency Debrief
- Other, please specify: \_\_\_\_\_

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

Yes  No

Yes, previously  No

4. Was each person introduced by name and role at the beginning of the huddle?

Yes, everyone  No, only some

Yes, previously  No

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

Yes, all  No, only some

Yes, previously  No

### PREFERENCES

6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?

Yes  No

Yes, previously  No

7. Were any patient preferences or concerns about the current plan written on the shared planning board, either during this huddle or previously?

Yes  No

Yes, previously  No

## WHAT

2-page form

Quick select options to document each key behavior during a huddle

Several open ended questions for providing additional detail

Share:

- As a printed form
- Digital Survey Form Link\*

\*Get your site specific link from Ariadne

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

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

USTAIN

IMPROVE

IMPLEMENT

# Small-Scale Testing: Patient Surveying

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**

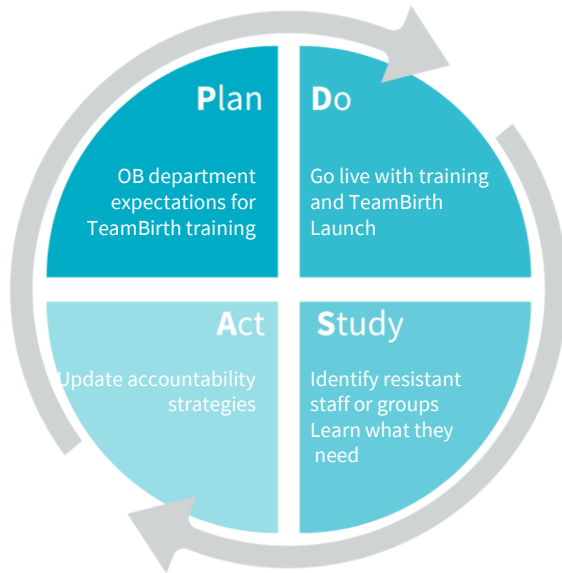
**Analyze & Review**

**Share Results**

# Small-Scale Testing: Accountability

Ensure all staff have clear expectations for doing TeamBirth post launch

Set up a PDSA cycle to hold providers accountable



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

# Core Implementation Activity: **LAUNCH TEAMBIRTH**

USTAIN

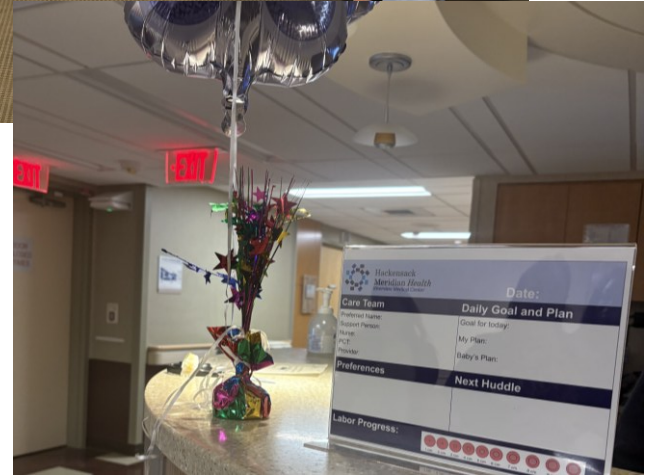
IMPROVE

IMPLEMENT

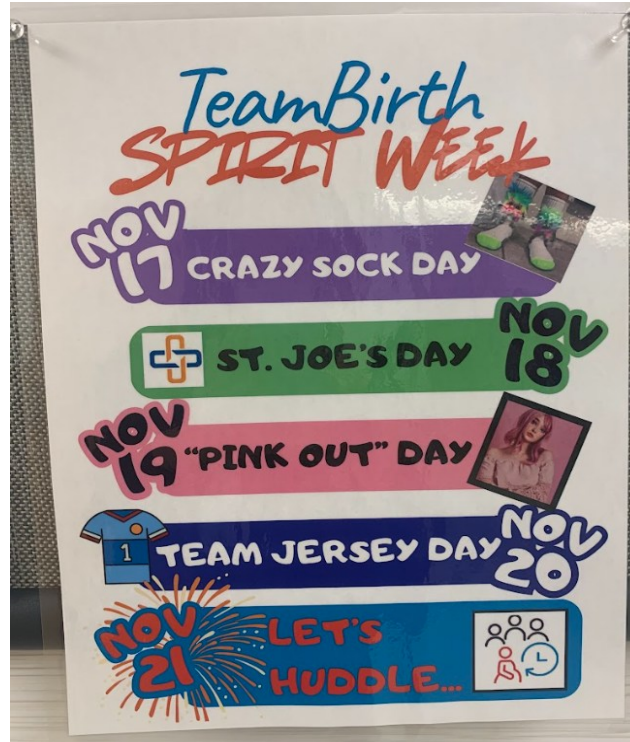
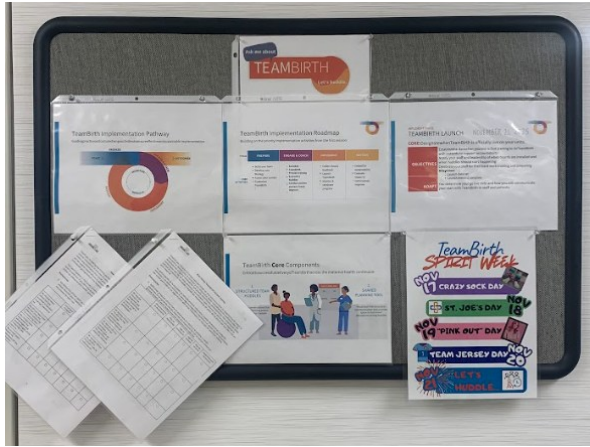
# Community Medical Center Launch



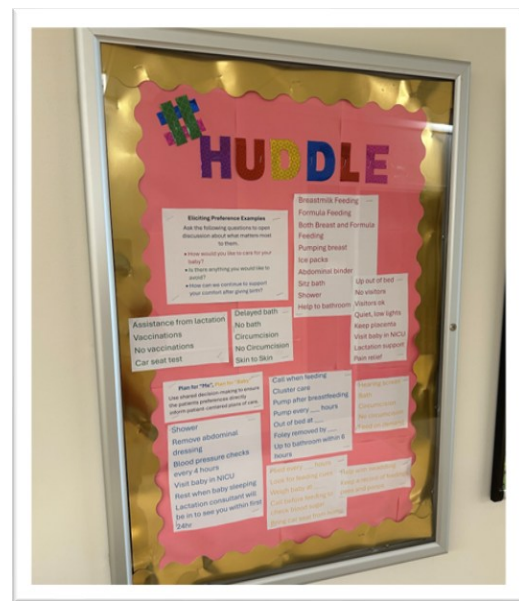
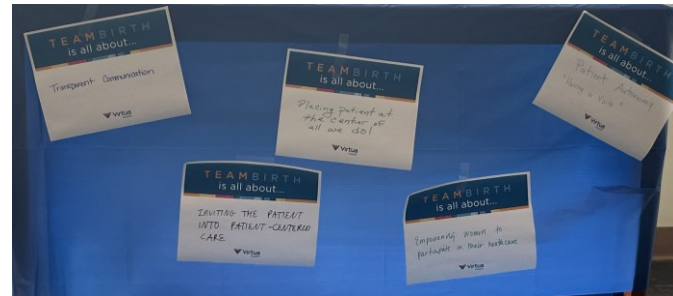
# Riverview Medical Center Launch



# St. Joseph's University Medical Center Launch

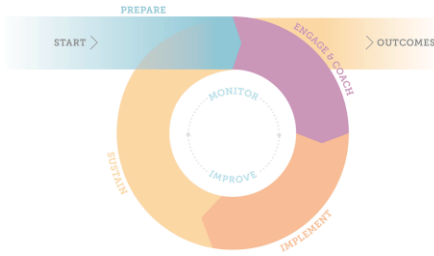


# Keep Up Momentum, Socialization & Education



# Keep Up Momentum, Socialization & Education





## TeamBirth Implementation

- ❑ What questions do you have for us? For other sites?



# Looking Ahead

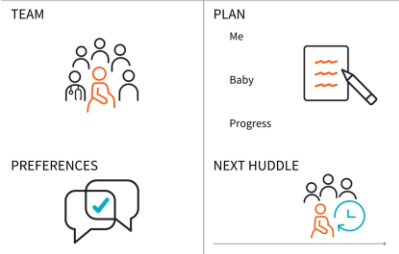




# Today's Key Takeaways



## Shared Planning Tool

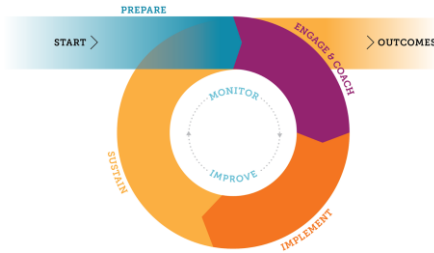


## Huddle Observations

- Create a process for observing huddles and submitting huddle observation forms.
- Aim to submit 10 Huddle Observation Forms- *QI will email individual Qualtrics links.*

## Socialize TeamBirth

- Shout out clinicians who are having meaningful huddles; identify late adopters and strategies for tailored engagement.



## Conduct Patient Surveying

- Continue patient surveying (goal: 30% BV)

## Launch TeamBirth

- Please send pictures of your launch activities

# Action Items

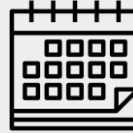


<i>Implementation Pathway</i>	<i>Action Items</i>	<i>Details &amp; Resources</i>
SOCIALIZE TEAMBIRTH	Continue to discuss TeamBirth progress; Provide opportunities for training and collecting feedback	
COLLECT DATA & FEEDBACK	Continue patient surveying; Adjust your process as needed	<a href="#">HOW TO   Conduct Patient Surveying</a>
	Review and complete huddle observation forms (after launching/going live)	<a href="#">TeamBirth Huddle Observation Form</a>
	Continue PDSA cycles for surveying	<a href="#">HOW TO   Provide training &amp; practice huddles</a> <a href="#">Lunch &amp; Learn Template Slide Deck</a>
LAUNCH TEAMBIRTH	<b>Complete launch activities!</b> (send us photos!)	

# Next Steps

## Learning Session –

~~December 24th~~ *cancelled*  
January 28 @ 12:00 pm



## Coaching Calls

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



## 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)