ARIADNE LABS
DELIVERY DECISIONS INITIATIVE

TEAMBIRTH

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

Cohort 6 Collaborative Learning Session #1

January 28, 2025

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

NJHealth New Jersey Department of Health Family Health Services

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $7,500,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Learning Session Agenda

Introductions	
TeamBirth Background & Overview	
TeamBirth Core Knowledge & Skills	○ Learn: Shared Planning Tool – TEAM

TeamBirth Implementation	○ Implementation Roadmap & Timeline
	○ Current core activities:
	  ○ BUILD YOUR TEAM
	  ○ SOCIALIZE CULTURE CHANGE

Looking Ahead	○ Takeaways From Today ○ Action Items

Introductions

About the Quality Institute

The Quality Institute is a nonprofit, multi-stakeholder advocate for health care quality in New Jersey.

Our mission is to improve the safety, quality, and affordability of healthcare for everyone.

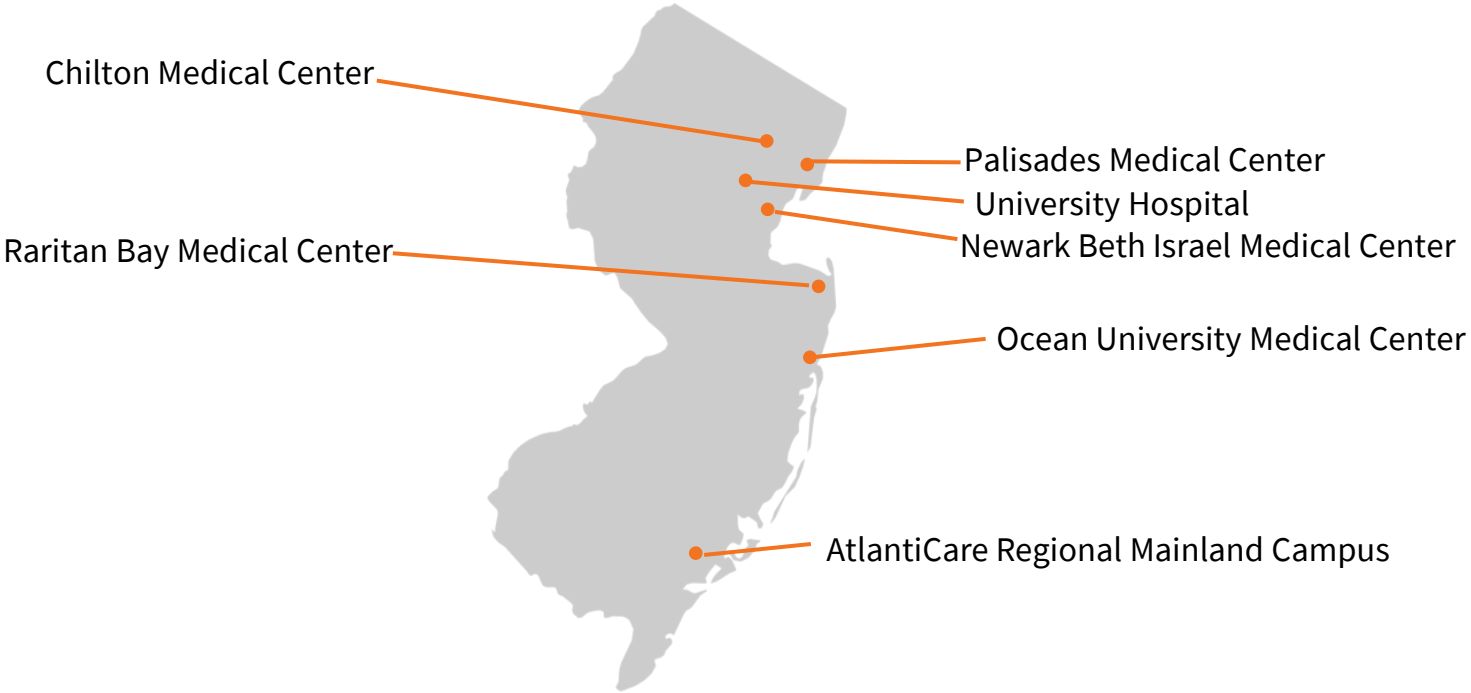
The primary focus of the Quality Institute's areas of work are:

- Community Health
- Policy
- Quality Improvement

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

We are a joint center for health systems innovation at Brigham & Women's Hospital and the Harvard T.H. Chan School of Public Health.

New Jersey Cohort 6 Participants



Who is here with you from your organization today?

NEW JERSEY TEAMBIRTH SITES

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

ARIADNE LABS

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

*LAUNCH PENDING

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

TeamBirth Background

Over the past generation, giving birth in America has become less **TRUSTWORTHY**

U.S. women have the highest rate of maternal mortality among high-income countries

Black women experience 3-4x higher mortality

80% of pregnancy-related deaths may be preventable

Almost 1/3 of women in U.S. who gave birth in a hospital reported experiencing one or more types of mistreatment

Mistreatment is experienced more frequently by women of color and among those with social, economic or health challenges

Almost half (45%) of moms reported **holding back from asking questions or sharing concerns** during their pregnancy or delivery.

(Source: Center for Disease Control, Giving Voices to Mothers Study-US)

80–90%

of reported sentinel events are due to failures of communication and teamwork.

(Source: The Joint Commission)

HEAR
Learn more at cdc.gov/HearHer

TeamBirth is a care process innovation involving a series of team huddles between the patient and their care team designed to:

- → Empower each team member to contribute information
- → Reliably structure communication
- → Help the team arrive at shared plans together

For patients, TeamBirth invites them into the conversations and provides a structure that is easy to understand and participate in.

For clinicians, TeamBirth encourages all conversations to be had with the patient to promote effective team communication and alignment across the full team.

ARIADNE LABS

TeamBirth Statewide Data Report (N=4,163)

NJ Patient Survey Overview (cohort 1-5 combined)

4,163
total surveys completed

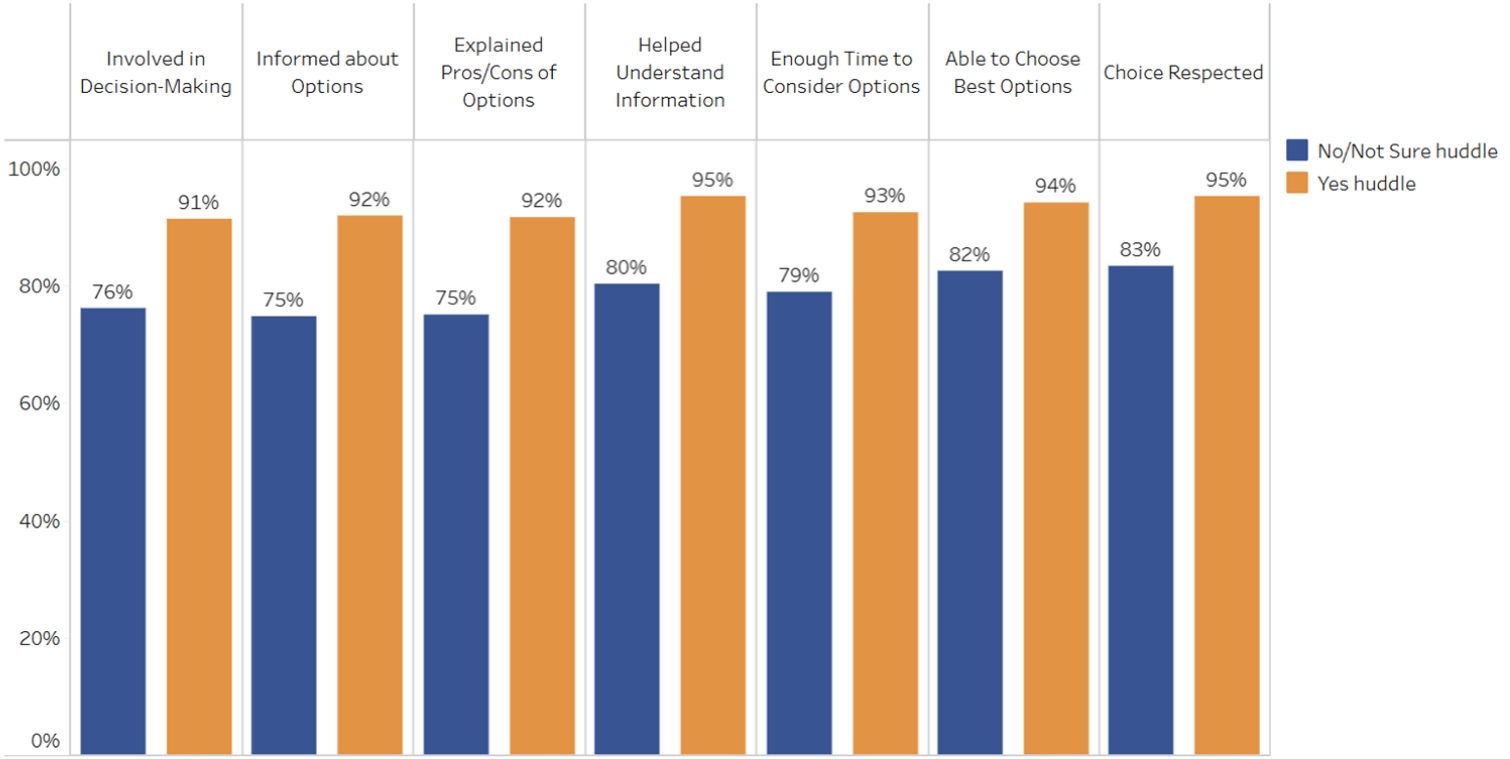
Since 9/2022
&
ongoing

37
months of data collection

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

Data pulled September 2025

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



No/Not Sure Huddle: 1,218

Yes Huddle: 2,829

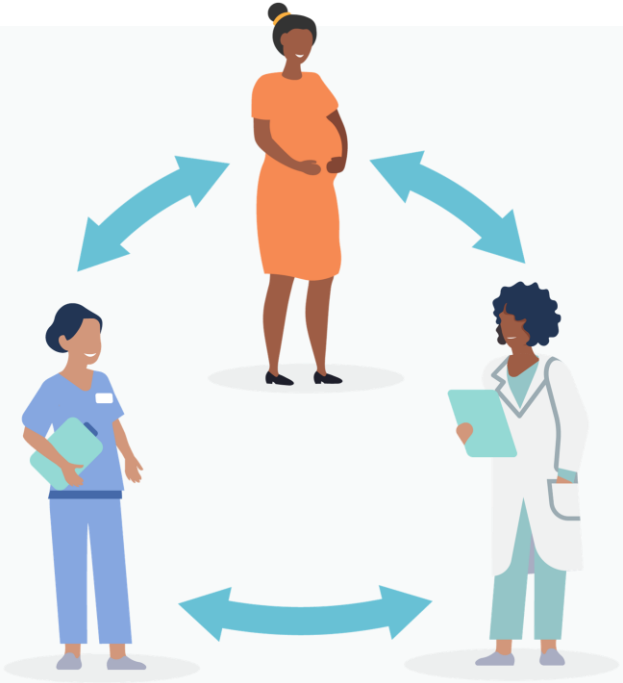
Cohort 1-4 Data as of September 15, 2025
Validated Scale: My Autonomy in Decision-Making Scale

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

TeamBirth Overview

Current Communication

TeamBirth Communication



The TeamBirth solution embodies two design principles:

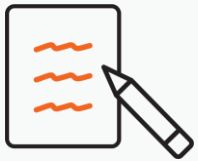
TEAMWORK:
Promote psychological safety and shared decision-making with the birthing person

SIMPLICITY:
Reliably communicate information across the full care team, including the birthing person

TeamBirth's components promote *four key behaviors:*

Promoting the role of each team member

Eliciting patient preferences



Distinguishing plan for patient, baby, and labor progress*

Set shared expectations for the timing of the next huddle

** Labor progress refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.*

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

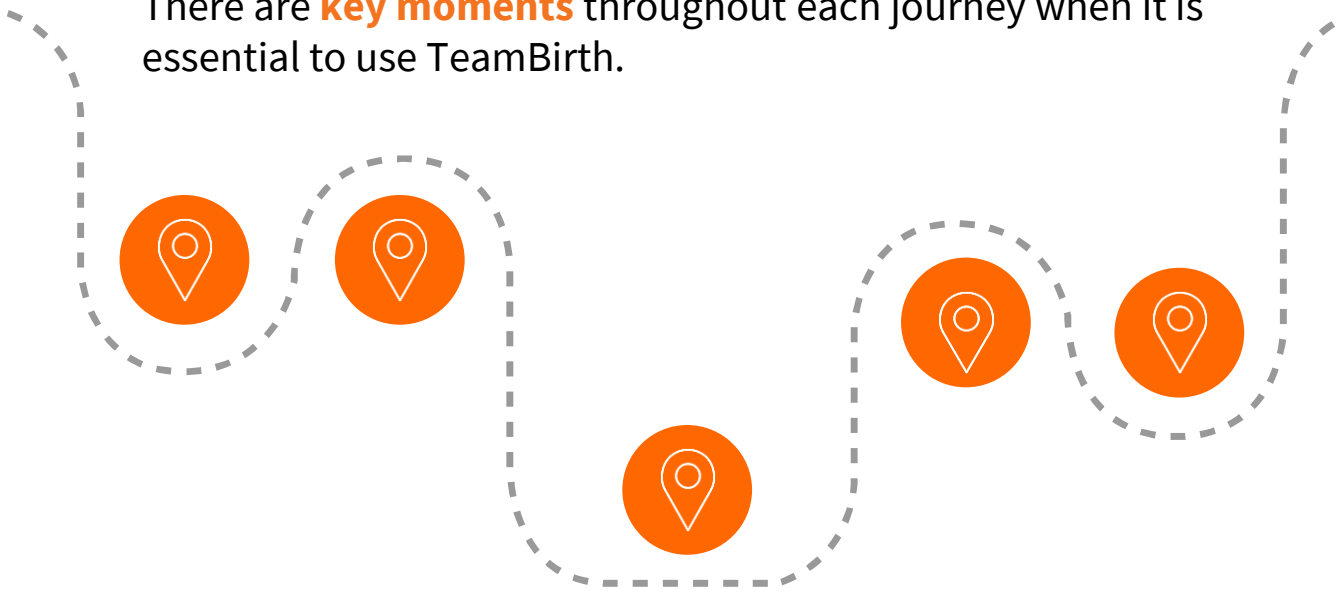
Door to Door TeamBirth

TeamBirth sets the standard for team communication throughout every birthing journey.

There are **key moments** throughout each journey when it is essential to use TeamBirth.

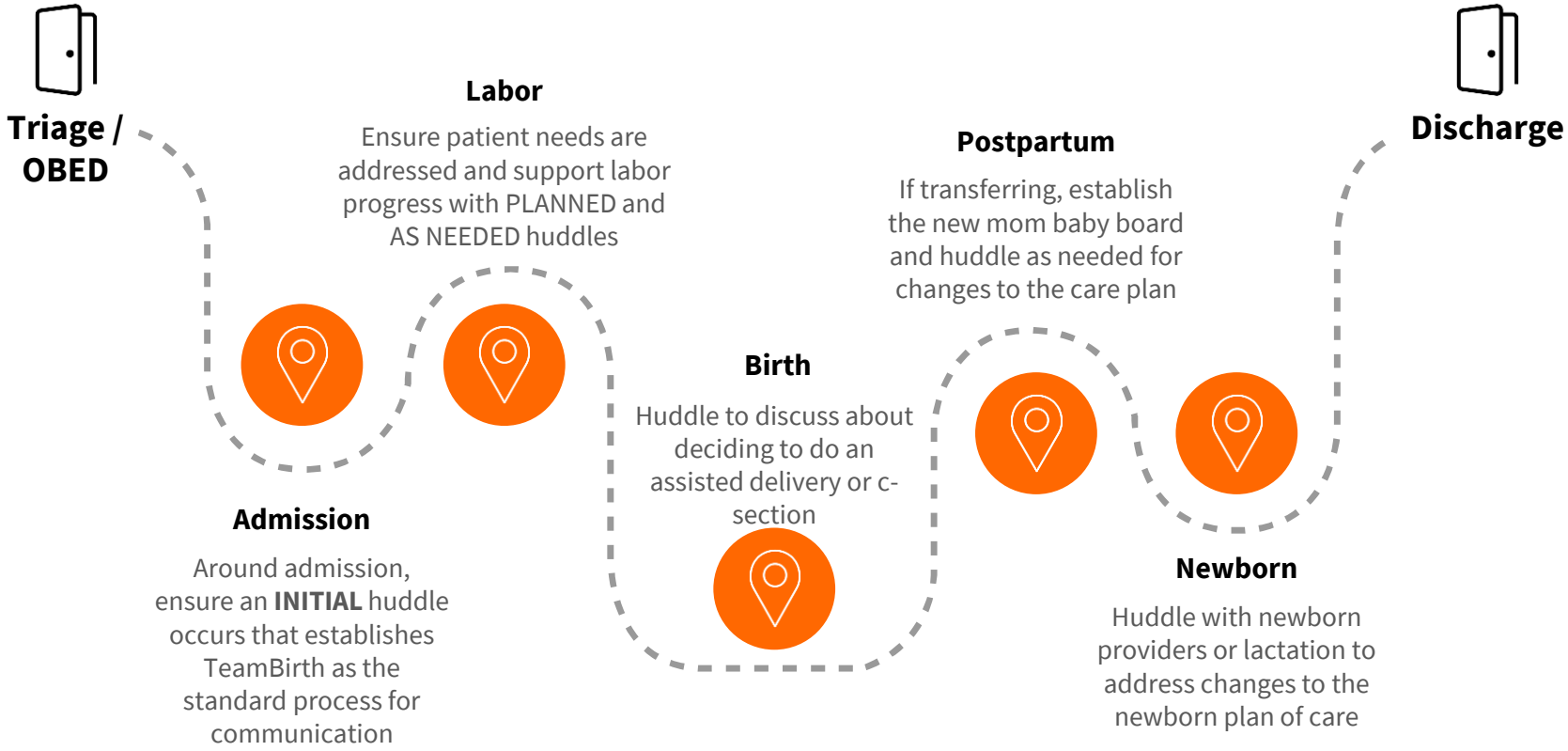
Triage / OBED

Discharge



Door to Door TeamBirth

These **key moments** describe how TeamBirth is put in practice throughout the birthing journey.



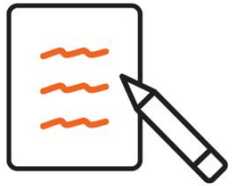
Shared Planning Tool

TEAM

PLAN

Me

Baby



Progress

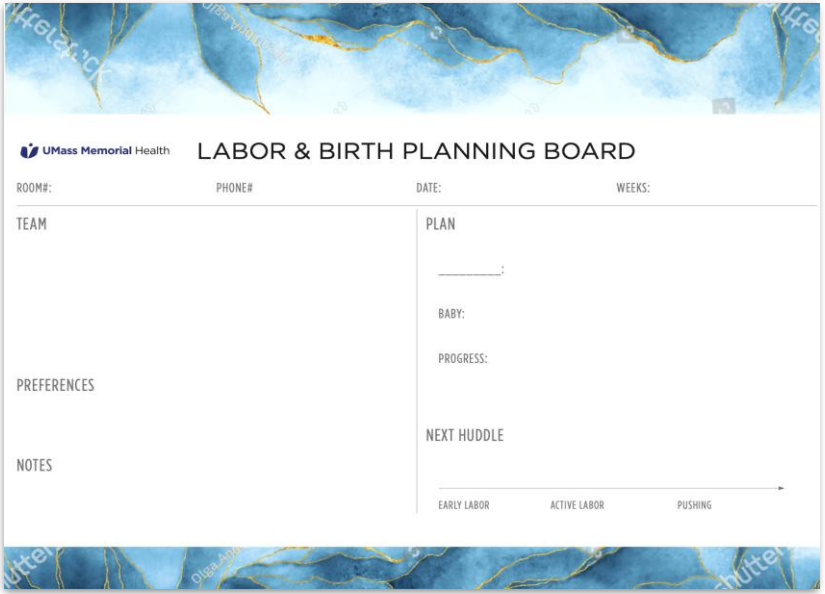
PREFERENCES

NEXT HUDDLE

TEAMBIRTH

© 2024 Ariadne Labs: A Joint Center for Health Systems Innovation between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. http://creativecommons.org/licenses/by-nc-sa/4.0/

Example: UMass Memorial



Example: Saint Peter's University Hospital

TeamBirth Core Knowledge & Skills

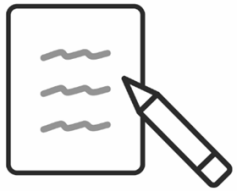
Shared Planning Tool

TEAM

PLAN

Me

Baby



Progress

PREFERENCES

NEXT HUDDLE

TEAMBIRTH

© 2024 Ariadne Labs: A Joint Center for Health Systems Innovation between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. http://creativecommons.org/licenses/by-nc-sa/4.0/

Who is on the Team

The direct care team includes any support people accompanying the patient as well as the clinical team primarily responsible for patient care

Birthing Person

Support Person

- Partner / Spouse
- Family
- Friend
- Doula

Clinicians

- Nurse
- Certified Nurse Midwife
- Physician (OB hospitalist, Attending OB, Resident)
- Lactation Consultant
- Anesthesiologist/CRNA
- Newborn Provider (Pediatrician, Nurse Practitioner, Resident)

Additional team members:

- Interpreter
- Social Worker
- Community-based Midwife

Huddle Initiation - Starts with the Team

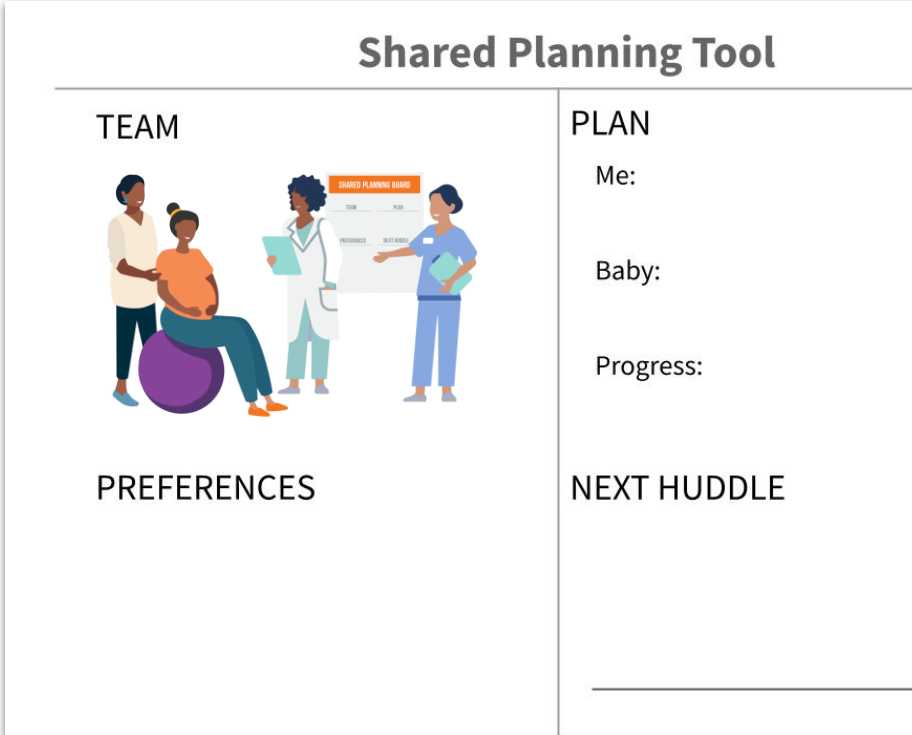
Verbalizing that a TeamBirth Huddle is taking place starts with introducing the team

Team Introductions

1. Start with the birthing person
2. Follow with their support person(s)
3. Then each clinician

Ensure all relevant team members are included based on the purpose of the Huddle:

- Doula, lactation, anesthesiology, etc

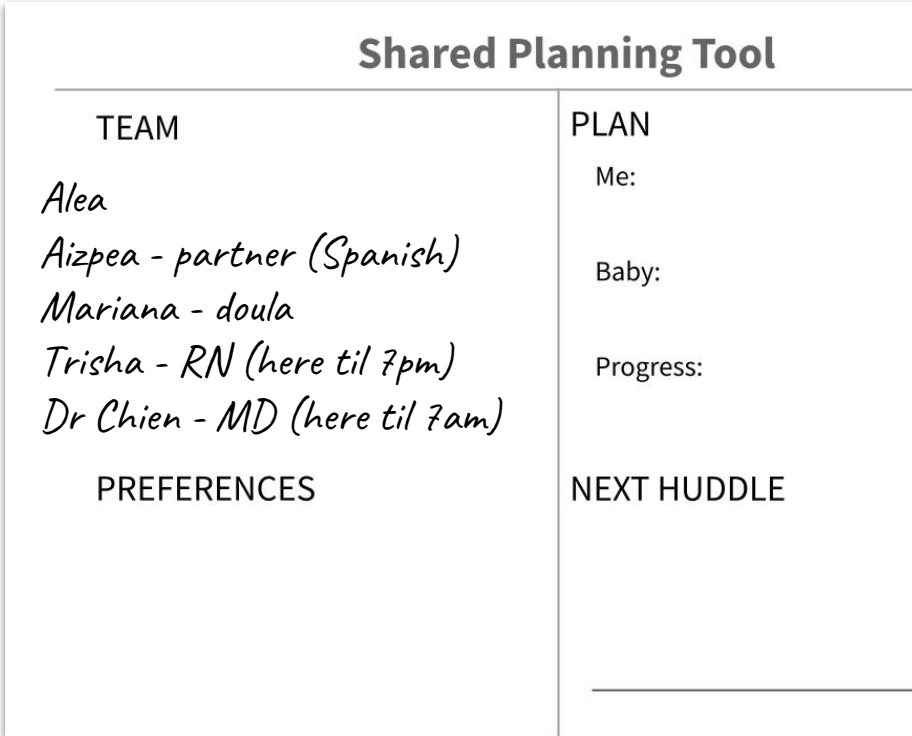


TEAM

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

In addition to names, consider including:

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



TeamBirth Introduction

Use this opportunity to ensure the patient knows what TeamBirth is

Admission Huddles should be used to establish TeamBirth huddles as the communication process the patient will experience throughout their time at the hospital

Anytime a huddle begins confirm the patient is familiar with TeamBirth and provide any explanation so they understand what is happening and why

Key Points

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

Psychological Safety

Including and introducing each team member sets up psychological safety

The TEAM section and key behavior facilitate:

- An environment that allows individuals to feel safe, comfortable, and supported in expressing themselves
- Mitigation of fear of negative consequences such as judgement, criticism, or punishment
- Minimizing hierarchical power dynamics inherent in healthcare

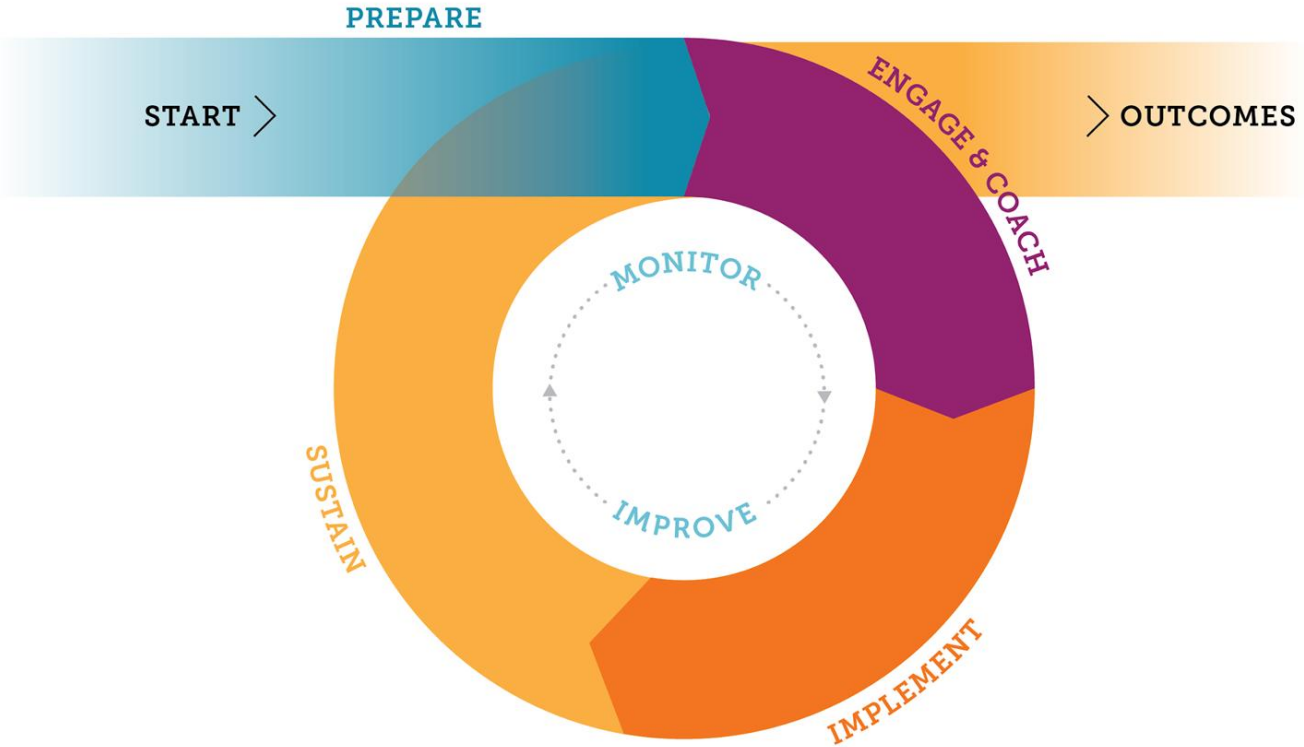
Your **ideas and experience matter,** regardless of title, position, or education

We encourage **safe communication** and creating opportunities to **speak up**

TeamBirth Implementation

TeamBirth Implementation Pathway

Guiding practice and culture change activities to ensure effective and sustainable implementation



TeamBirth Implementation Roadmap

Core milestones and activities that systematically guide TeamBirth integration while providing flexibility to adapt to your unique system's needs and timeline.

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE MILESTONES	❑ Project Kick Off	❑ Boards Installed	❑ TeamBirth Go Live	❑ Showcase Results
CORE ACTIVITIES	✓ **Build your team** ✓ Develop your strategy ✓ Assess your context ✓ Customize TeamBirth	✓ **Socialize culture change** ✓ Provide training ✓ Practice huddles ✓ Conduct patient surveys	✓ Monitor progress ✓ Celebrate wins ✓ Collect huddle & experience data ✓ Iterate & improve	✓ Onboarding & continuing education ✓ Systematic quality improvement ✓ Evaluate impact ✓ Identify areas for expansion

Implementation Support

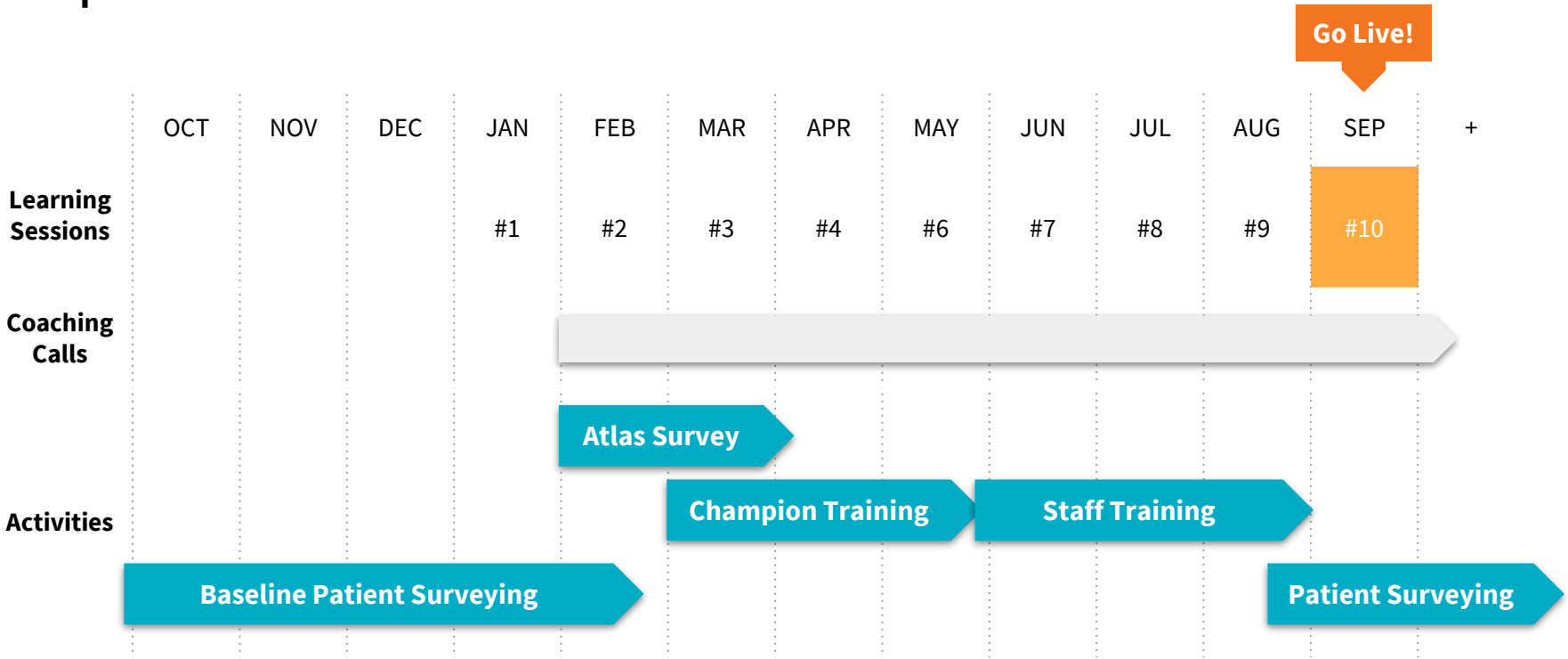
	LEARNING SESSIONS	COACHING CALLS
WHAT	Monthly virtual multi-site group session	Monthly virtual site support meeting
WHY	To provide TeamBirth implementation guidance and training	To provide tailored site specific support (i.e. advising, answering questions, overcoming barriers) for executing the implementation pathway activities
WHO	Led by DDI TeamBirth & Partners Attended by each site's implementation team members	Led by DDI TeamBirth & Site Lead Attended by site's implementation team and as necessary champions

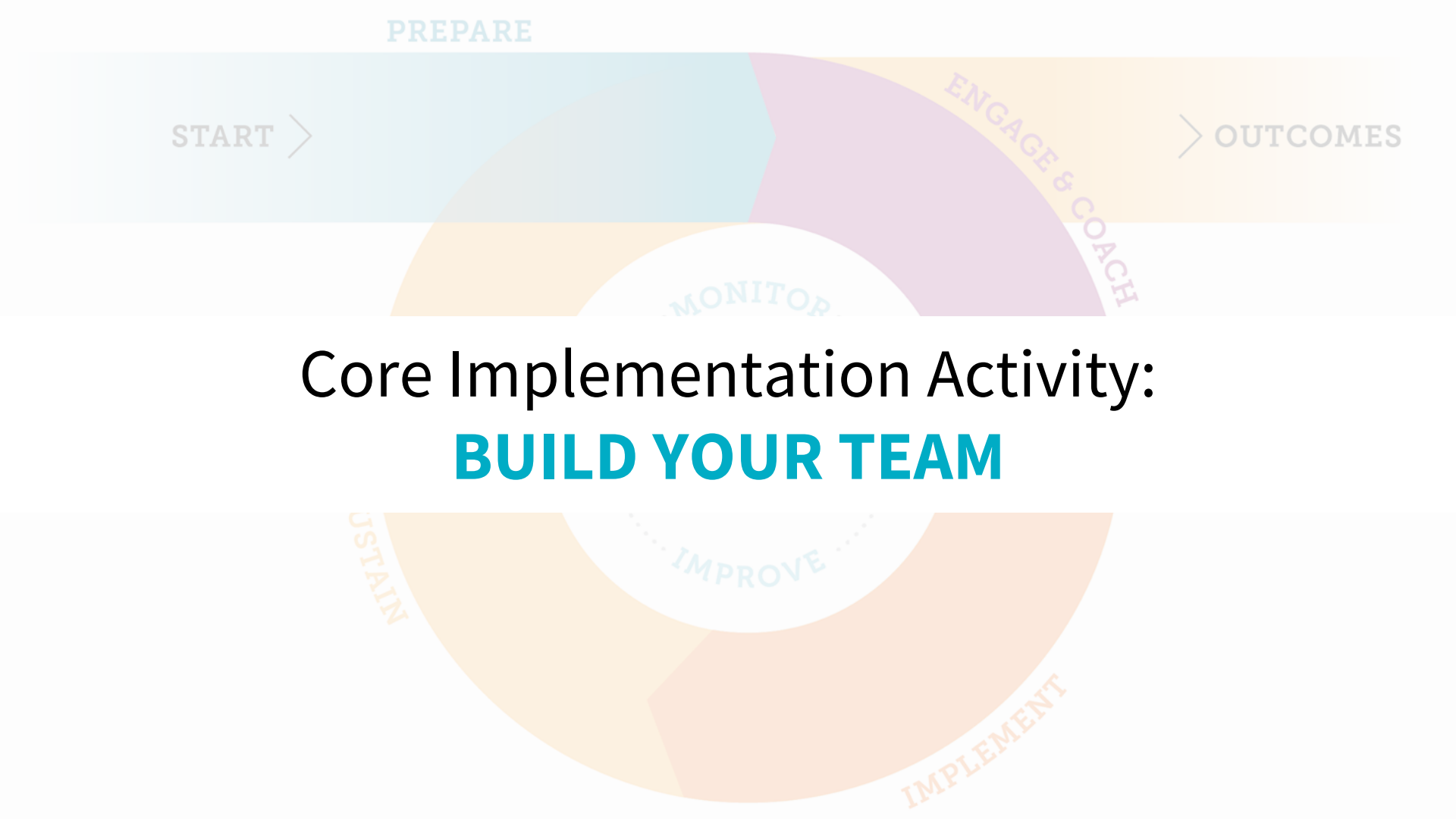
Implementation Timeline

Go Live!

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	+
Learning Sessions *4th Wednesday*	**#1**	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	
Coaching Calls													
Activities		**Atlas Survey**											
			Champion Training			**Staff Training**							
									Patient Surveying				

Implementation Timeline





Core Implementation Activity:

BUILD YOUR TEAM

BUILD YOUR TEAM - **IMPLEMENTERS**

Roles and Responsibilities

Project Management and Governance:

- Define shared project goals and timeline
- Provide planning, support, and resources
- Establish regular internal team check-ins
- Anticipate challenges and overcome barriers
- Engage leaders/colleagues to gain buy-in
- Build necessary data infrastructure for documentation and quality improvement
- Train and support clinicians in using the shared planning tool and having huddles
- Engage in rapid cycle feedback and other QI processes to improve the program
- Embed TeamBirth resources and training in onboarding and continuing education processes to ensure sustainability

BUILD YOUR TEAM - **IMPLEMENTATION TEAM**

Allocate leaders and staff to own the TeamBirth Transformation

- ❑ Who will set agendas, schedule and hold accountability for timelines and tasks?
- ❑ What existing recurring meetings can be leveraged for TeamBirth conversations?
- ❑ What multidisciplinary groups or meetings exist that could help facilitate TeamBirth implementation?

BUILD YOUR TEAM - **CHAMPIONS**

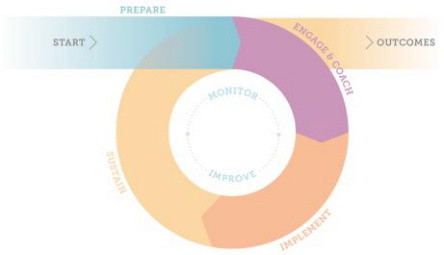
Engage champions with a variety of experiences and backgrounds

CHAMPIONS

Role-based representatives for each of the direct care team members involved in Huddles

- ❑ Obstetrical providers (midwives, residents, and physicians)
- ❑ Nurse leaders & staff nurses in antepartum, labor & delivery, and postpartum, outpatient clinics, lactation
- ❑ Doulas, Childbirth educators
- ❑ Clinicians from Pediatrics, Neonatology, and Anesthesiology
- ❑ Roles across the system: social work, patient safety/experience

BUILD YOUR TEAM - **CHAMPIONS**



Roles and Responsibilities

- **Socialize:** Build support for TeamBirth, particularly among late adopters.
- **Train peers:** Facilitate and encourage training across roles
- **Ongoing coaching and support:** Peer-to-peer coaching of all clinicians; Observe, encourage, and give people respectful and constructive feedback as they implement TeamBirth
- **Identify barriers; Collect feedback:** Regularly check in with front-line clinicians to learn what barriers are being encountered, and share feedback with implementation team
- **Support improvement:** Discuss strategies to address barriers, celebrate successes, and overcome challenges associated with TeamBirth with the implementation team

BUILD YOUR TEAM - **CHAMPIONS**

Leverage leadership and staff to identify valuable champions

- ❏ Which TeamBirth early adopters possess the qualities and skills to be effective champions?
  - ❏ Who will you intentionally invite to champion different parts of the project?
- ❏ How will you incentivize champion engagement?
- ❏ When and how will champions engage the Implementation Team and each other?
- ❏ When and how will champions collect and share feedback from their colleagues?

SOCIALIZE TEAMBIRTH

Build familiarity and buy-in across the implementation team and champions

TeamBirth 1-pagers & Infographics

Review information about TeamBirth's Components and Implementation

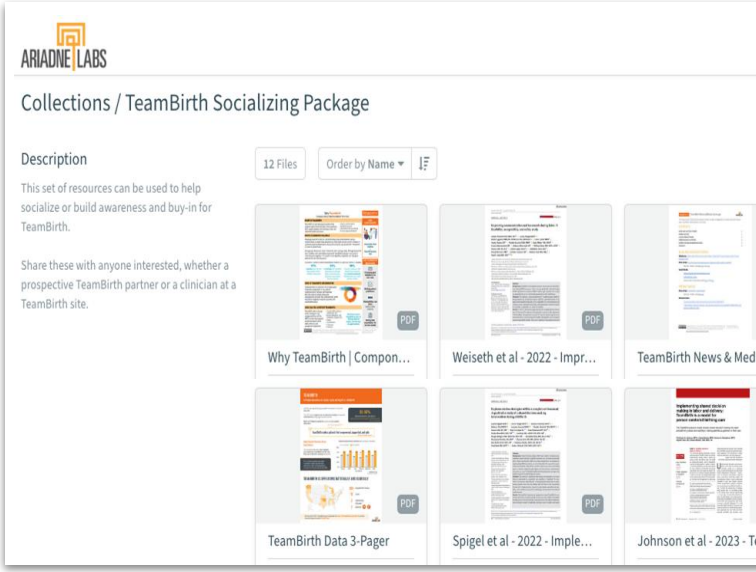
Why TeamBirth Video

Watch this short video showcasing TeamBirth

go.ariadnelabs.org/Why_TeamBirth

Publications

Review the TeamBirth research demonstrating its effectiveness and impact



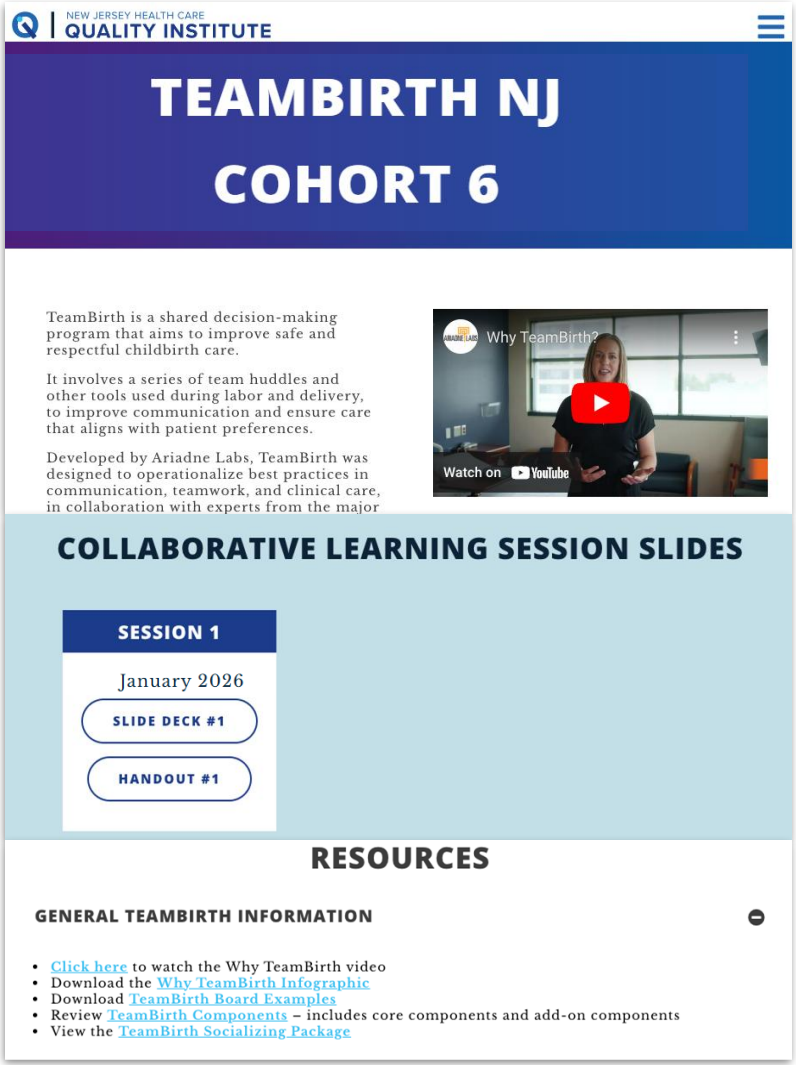
NJ TeamBirth Websites

Access your cohort's resources at:

www.njhcqi.org/teambirthnjcohorts
password: NJcohorts2022

Public TeamBirth NJ website

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



Looking Ahead

Action Items

Implementation Pathway	*Action Items*	*Details & Resources*
General	Familiarize yourself with the Cohort Resource page	www.njhcqi.org/teambirthnjcohorts **password**: NJcohorts2022
BUILD YOUR TEAM	Share any additions/changes to your implementation team and champions	
	Establish an internal meeting time for your team	
SOCIALIZE CULTURE CHANGE	Implementation team review the resources	go.ariadnelabs.org/TeamBirth
ASSESS YOUR CONTEXT	Submit your staff numbers: ❑ # of providers and nurses across units ❑ # of relevant leaders ❑ # of other relevant staff	Use the form on the cohort website linked above

Next Steps

Learning Session 2

February 25, 2026
1:00 - 2:00pm EST

Coaching Calls

See follow up email for Learning **Session Handout** to review before your coaching call

Email Christine and Armonie for

- Support and updates
- Resources
- Implementation Questions & Needs

civery@njhcqi.org
apierrejacques@njhcqi.org

Share your feedback!

- Anonymous, short survey
- Tell us what you like
- Tell us how to improve