



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

### NJ Cohort 5 Collaborative Learning Session #10

**January 28, 2026**



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# Learning Session Agenda

## Introductions

### TeamBirth Core Knowledge & Skills

- Learn: Discussion Guides
- Connect: Sustaining TeamBirth

### TeamBirth Implementation

- Implementation Roadmap & Timeline
- Current core activities:
  - COLLECT DATA: Surveys, Huddle Observations
  - SOCIALIZE TEAMBIRTH

## Looking Ahead

- Takeaways From Today
- Action Items

# 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 displays a website interface with a light blue background. At the top, a dark blue header reads "COLLABORATIVE LEARNING SESSION SLIDES". Below this, there are five sections for different cohorts: "COHORT 2", "COHORT 3", "COHORT 4", and "COHORT 5". Each cohort section has a dark blue header and a white box containing a "SEE RESOURCES" button. The "COHORT 5" section is highlighted with a white background. To the right of the cohort sections is a "RESOURCES" section with a dark blue header. Below the header, there is a list of resource categories, each followed by a circular icon: "GENERAL TEAMBIRTH INFORMATION", "DISCUSSION GUIDES", "PATIENT SURVEYING", "SHARED PLANNING BOARD", "STAFF TRAINING", "TEAMBIRTH DATA SUBMISSION FORMS", and "TEAMBIRTH PUBLICATIONS".

# TeamBirth Core Knowledge & Skills



# Add-On Components: DISCUSSION AND SUPPORT GUIDES

## Admission Discussion Guide

Discuss the best next steps with your support person or doula, your nurse, and your provider based on how you are doing, how your baby is doing, and how your labor is progressing.

### If you are in EARLY LABOR

You may benefit from **Comfort of home environment**

Being active  
Staying close to the hospital



Home  
Nearby the Hospital

### If you are in ACTIVE LABOR\*

You may benefit from **Admission to hospital**

Monitoring  
Clinical care



Labor & Delivery

**DISCUSS WITH YOUR TEAM**  
What are the benefits of birth at 39 weeks or more?

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

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

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

\*The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under award number 5U49CE000809. The project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under award number 5U49CE000809. The project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under award number 5U49CE000809.



## 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?**

- 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:**

### Birthing Person



### Baby



### Labor Progress



- 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:**
- 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:**



## 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**
  - You believe that assisted delivery is the best option for you after discussion with your care team
- Baby**
  - 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



### Slow progress



### Prolonged pushing without progress



- Either:**
  - Early labor (6 cm or less) for 24 hours or more
  - Medications to support contractions and waters broken for 12-18 hours or more
- 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
- 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)



# Consistent Guided Structure


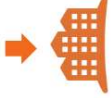

All the TeamBirth tools provide a structured, standardized approach for untangling the gray areas of labor

- ME
- BABY
- LABOR PROGRESS




# Admission Discussion Guide

**Admission Discussion Guide**  
 Discuss the best next steps with your support person, 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 <b>Early labor*</b>		If you are in <b>Active labor*</b>	
<p>You may benefit from <b>Comfort</b></p> <p><b>Control of your environment</b></p> <p> Home</p>	<p>or</p> <p>You may benefit from <b>Being active</b></p> <p><b>Staying close to hospital</b></p> <p> Near the Hospital</p>	<p>You may benefit from <b>Monitoring</b></p> <p><b>Clinical care</b></p> <p> Labor &amp; Delivery</p>	<p><b>DISCUSS WITH YOUR TEAM</b>            How am I doing?            How is my <b>baby</b> doing?            Where am I in <b>labor</b>?</p> <p><b>DISCUSS WITH YOUR TEAM</b>            What are the <b>benefits</b> and risks of each option?</p> <p><b>DISCUSS WITH YOUR TEAM</b>            What can I do to be <b>more comfortable</b>?            Where can I go <b>nearby</b>?            What are my options for <b>labor support</b>?</p>

\*The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4cm with accelerated cervical dilation.

**TEAMWORK**  
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Admission Discussion Guide  
 Version March 2014



# 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

**Admission Discussion Guide**  
Discuss the best next steps with your support person, 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 <b>Early labor*</b>	If you are in <b>Active labor*</b>
<p>→ You may benefit from <b>Comfort</b></p> <p>→ <b>Control of your environment</b></p> <p>→ <b>Home</b></p>	<p>→ You may benefit from <b>Being active</b></p> <p>→ <b>Staying close to hospital</b></p> <p>→ <b>Home</b></p>
<p>→ You may benefit from <b>Being active</b></p> <p>→ <b>Staying close to hospital</b></p> <p>→ <b>Hospital</b></p>	<p>→ You may benefit from <b>Monitoring</b></p> <p>→ <b>Clinical care</b></p> <p>→ <b>Labor &amp; Delivery</b></p>

**DISCUSS WITH YOUR TEAM**  
How am I doing?  
How is my baby doing?  
Where am I in labor?

**DISCUSS WITH YOUR TEAM**  
What are the **benefits** and risks of each option?

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

**TEAMBIRTH**  
© 2024 American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4 cm with accelerated cervical dilation.

**ACOG** **WELL** **WOMEN**

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# Labor Support Guide

## Labor Support Guide

Use this guide to identify, discuss, and select options for labor support with your team.

### What are your care goals?

- Movement:** Change positions, walk, or move
- Breathing:** Take deep breaths or use relaxation methods
- Therapeutic 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, water, juice, or other drink
- Other:**

### Support labor

ME

### Treat medical condition

Other:

### Manage wellbeing

BABY

### Promote progress

PROGRESS



### What options can you try yourself?

- Movement:** Change positions, walk, or move
- Breathing:** Take deep breaths or use relaxation methods
- Therapeutic 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, water, juice, or other drink
- Other:**

### Support labor

ME

### Treat medical condition

Other:

### Manage wellbeing

BABY

### Promote progress

PROGRESS



### What options can you try with your team?

- Medication:** Start or change medications for your pain
- Deliver:** Assist vaginal delivery or perform C-section

### Support labor

ME

### Treat medical condition

Other:

### Manage wellbeing

BABY

### Promote progress

PROGRESS



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Adaptation Discussion Guide  
Version March 2024

## 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

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?	What options can you try?
<b>ME</b>	Support labor	<input type="checkbox"/> <b>Movement:</b> Change positions, walk, or move <input type="checkbox"/> <b>Breathing:</b> Take deep breaths or use relaxation methods <input type="checkbox"/> <b>Therapeutic Touch:</b> Massage, stroking, or cuddling <input type="checkbox"/> <b>Temperature:</b> Apply heat or cold with water or packs <input type="checkbox"/> <b>Environment:</b> Use light, smells, or sounds to create a comfortable space <input type="checkbox"/> <b>Drink:</b> Have ice chips, water, juice, or other drink <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Medication:</b> Start or change your pain <input type="checkbox"/> <b>Deliver:</b> Assist vaginal delivery or C-section
	Treat medical condition	<input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Medications:</b> Start or change your condition
<b>BABY</b>	Manage wellbeing	<input type="checkbox"/> <b>Reposition:</b> Lay on your side <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Monitoring:</b> Change monitoring <input type="checkbox"/> <b>Re-energize:</b> Use IV or oral <input type="checkbox"/> <b>Medications:</b> Change or stop your contractions <input type="checkbox"/> <b>Deliver:</b> Assist vaginal delivery or C-section
	Promote progress	<input type="checkbox"/> <b>Movement:</b> Change positions, walk, or move <input type="checkbox"/> <b>Breathing:</b> Take deep breaths or use relaxation methods <input type="checkbox"/> <b>Tools:</b> Use labor support tools, like a birth ball <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Break Water:</b> Use tools to break water <input type="checkbox"/> <b>Medication:</b> Start or change your contractions <input type="checkbox"/> <b>Deliver:</b> Assist vaginal delivery or C-section

# Assisted Delivery Discussion Guide

## Assisted Delivery Discussion Guide

Use this guide in team discussions about assisted vaginal delivery or C-section. Assisted 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?

**ME** Request 

- You believe that assisted delivery is the best option for you after discussion with your care team

**BABY** Concerns about wellbeing 

- On-going slow heart rate OR
- Far away from delivery with either:
  - Repeated slowdowns in heart rate that do not improve with support
  - High heart rate that does not improve with support

Either:

- Early labor (6 cm or less) for 24 hours or more
- Medications to support contractions and waters broken for at least 12-18 hours or more

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

Either:

- Prolonged pushing without progress 
- Pushing for at least 3 hours if this is your first labor
- Pushing for at least 2 hours if you have labored before

\* Minimum conditions based on ACOG and SMOG Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery



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Revised Delivery Discussion Guide Version March 2014

## 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 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?

**ME** Request 

You believe that assisted delivery is the best option for you after discussion with your care team

On-going slow heart rate OR

Far away from delivery with either:

**BABY** Concerns about wellbeing 

Repeated slow downs in heart rate that do not improve with support

High heart rate that does not improve with support


Either:

Slow induction 

Early labor (6 cm or less) for 24 hours or more

Medications to support contractions and waters broken for at least 12-18 hours or more

No cervical change with waters broken and 6 cm or more dilated with either:

**PROGRESS** Slow progress 

Good contractions for 4 hours or more

Medications to support contractions for 6 hours or more

Either:

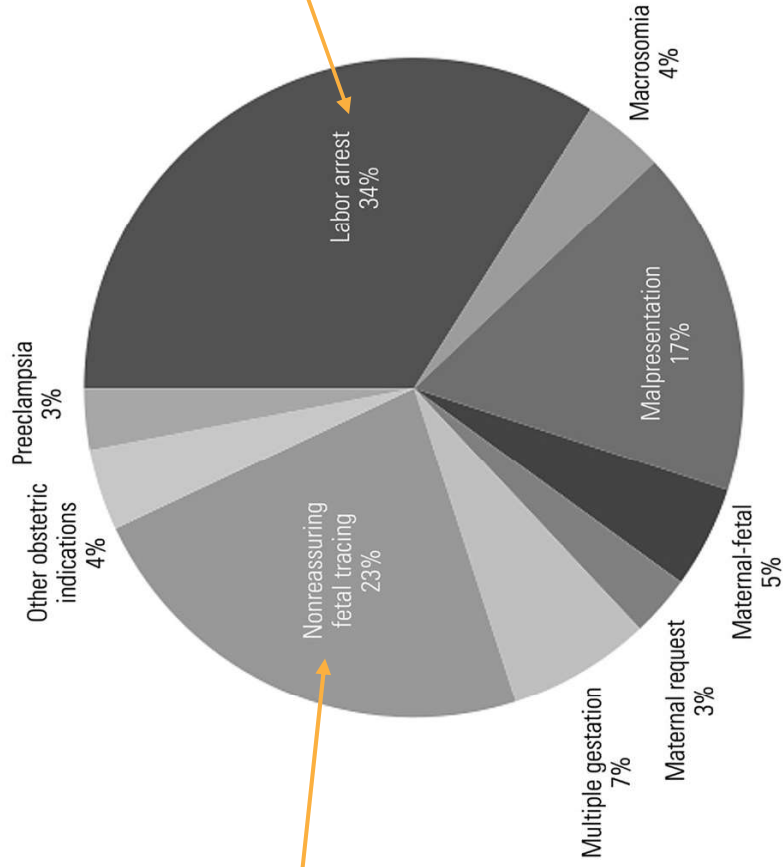
Prolonged pushing without progress 

Pushing for at least 3 hours if this is your first labor

Pushing for at least 2 hours if you have labored before

\* Minimum conditions based on ACOG and SMFM Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery

**FIGURE 3**  
**Indications for primary cesarean delivery**



BABY

LABOR PROGRESS

Data from Barber et al.<sup>16</sup>  
ACOG. Safe prevention of primary cesarean delivery. *Am J Obstet Gynecol* 2014.


# 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 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?**

<b>ME</b>	<b>Request</b> →	<b>What are the MINIMUM conditions for assisted delivery?</b>
		<input type="checkbox"/> You believe that operative delivery is the best option for you after discussion with your care team
<b>BABY</b>	<b>Concerns about wellbeing</b> →	<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
	<b>Slow induction</b> →	<b>Either:</b> <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
	<b>Slow progress</b> →	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
	<b>Prolonged pushing without progress</b> →	<b>Either:</b> <input type="checkbox"/> Pushing for at least 3 hours if this is your first labor <input type="checkbox"/> Pushing for at least 2 hours if you have labored before

**TEAMBIRTH** 

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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?
- How and where will you make the guide(s) accessible to your teams?



[go.ariadnelabs.org/TBguides](http://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

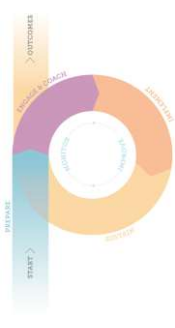


## Core Implementation Activity: **EMBED FOR SUSTAINABILITY**

## SUSTAIN PHASE

# EMBED FOR SUSTAINABILITY

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



Establish onboarding & continuous education on TeamBirth for all relevant staff

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

### **Milestones:**

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

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

## OBJECTIVES

## ADAPT

# Sustainability

When new ways of working and improved outcomes become the norm

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

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

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

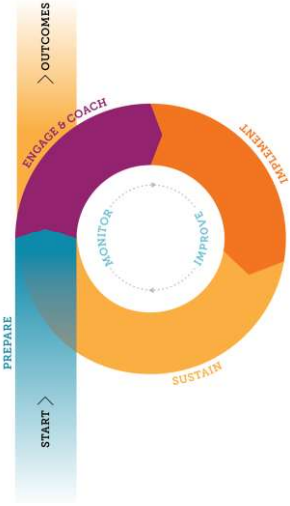
# Implementation activities for sustainability

Turning your TeamBirth foundation into ongoing effectiveness

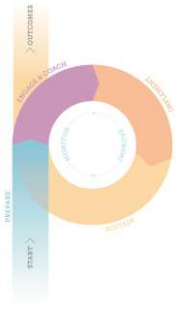
**Implementation Activities**

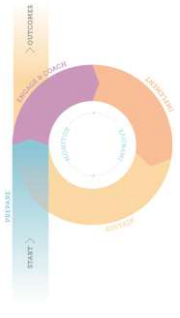


**Transform for Sustainability**



Successful implementation  
=  
Effective & sustained change





# Implementation activities for sustainability

Turning your TeamBirth foundation into ongoing effectiveness

Implementation Activities **↑ Embedded for Sustainability...** **...in order to ensure a core component of sustainability.**

- Build your team** **↑** Leadership accountability **↑** To sustain ownership
- Socialize TeamBirth** **↑** Celebrating progress **↑** To sustain buy-in
- Provide training & practice huddles** **↑** Onboarding & continuing education **↑** To sustain knowledge & skills
- Monitor & celebrate progress** **↑** Evaluate impact & continuously improve **↑** To sustain measurement of outcomes & impact

# Embed: Leadership accountability

Identify ongoing ownership of and accountability for TeamBirth as the new norm



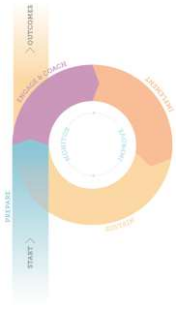
**Who will be accountable for ensuring the sustainment activities occur** (i.e. onboarding & continuing education, continuous improvement & evaluation of performance, celebrating progress)?

- Partner with existing systems across your hospital (e.g. quality, education, information technology, etc)
- Establish a department leader and role-based clinical champion with ongoing TeamBirth ownership

What systems need to be in place to ensure **clear roles and responsibilities that include TeamBirth?**

How are current leaders and departments held **accountable** for quality and safety outcomes?

What **resources** are prioritized to support TeamBirth overtime?



# Embed: Onboarding & continuing education

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

**CORE Training Components**

**Knowledge (Didactic)** + **Application (Action)**  
TeamBirth Videos      Huddle Practice



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

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

# Embed: Onboarding & continuing education

Develop clear role-based plans



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

# Embed: Celebrating progress

Routinely communicate evidence of TeamBirth impact and opportunities for growth with staff, leaders, and the community

Complete Recognition\* (after at least 9 months post launch)

Showcase outstanding patient comments, as well as opportunities for improvement

Post updates:

Acknowledge ongoing champions of

- In organization newsletters
- During department meetings
- On social media

TeamBirth

Disseminate learnings and/or publications



\* Recognition process being revised, will be shared in future Learning Session.

# TeamBirth Sustainability



## Department Consistency

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

## Onboarding

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

## Patient Education

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

## Community Engagement

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

## System Strategic Plans

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

## Clinician Role Responsibility

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

## EMR Integration

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

## Clinician Engagement

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



# When to Huddle

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"><li>• Triage / OBED use of the Admission Discussion Guide</li></ul> <p><b>Admission:</b></p> <ul style="list-style-type: none"><li>• Induction</li><li>• High risk / Antepartum</li><li>• Active labor care planning</li><li>• Scheduled C-section</li><li>• Transfer from other facility</li><li>• Postpartum readmission</li></ul>	<p><b>Laboring:</b></p> <ul style="list-style-type: none"><li>• Use of the Labor Support Guide</li><li>• AROM</li><li>• Augmentation</li><li>• Pain management</li></ul> <p><b>Delivery:</b></p> <ul style="list-style-type: none"><li>• Internal monitoring</li><li>• Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section</li></ul> <p><b>Postpartum:</b></p> <ul style="list-style-type: none"><li>• Hemorrhage</li><li>• Blood pressure management</li><li>• Pain management</li></ul> <p><b>Newborn:</b></p> <ul style="list-style-type: none"><li>• Antibiotics</li><li>• Hypoglycemia / Supplemental feedings</li><li>• Hyperbilirubinemia / Phototherapy</li><li>• Procedures</li><li>• NICU observation or transfer</li></ul>	<ul style="list-style-type: none"><li>• Post-birth debrief</li><li>• Daily rounds</li><li>• Provider handoff</li><li>• Bedside handoff</li><li>• Lactation</li><li>• Discharge</li><li>• Tuck-in (before bed to plan for night contingencies)</li></ul>

**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?**

# TeamBirth Implementation



# 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>✓ Launch TeamBirth</li> <li>✓ <b>Monitor &amp; celebrate progress</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Embed for sustainability</b></li> <li>✓ <b>Evaluate impact &amp; continuously improve</b></li> </ul>



<https://www.menti.com/alfk2hkgnuju>

## We Want to Hear From You!

- **Question 1:** What's working well with TeamBirth in your units?
- **Question 2:** What has been most challenging about implementing TeamBirth?



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

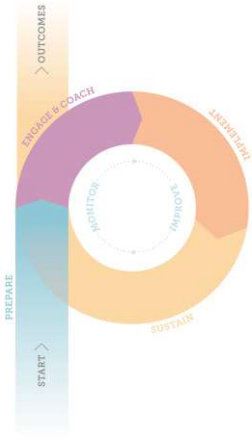


## ASSESS YOUR SURVEY PROGRESS

Response Rate  
December  
Goal: 30% BV

# Surveys Total

	# Surveys Total	Response Rate December Goal: 30% BV
Community Medical Center	52	11%
Englewood Hospital	In progress	N/A
Holy Name Medical Center	78	13%
Overlook Medical Center	41	4%
Riverview Medical Center	49	7%
St. Joe's University Medical Center	369	26%
The Valley Hospital	793	29%



## TeamBirth Implementation Share Out


- What survey wins can you share?
- What challenges are you having?
- What surveying questions do you have for us/other sites?





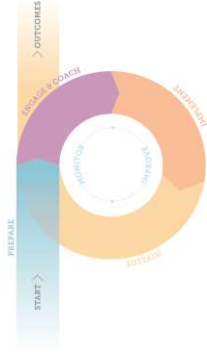
# ASSESS YOUR HUDDLE OBSERVATION PROGRESS

	# Observations Total
Community Medical Center	0
Englewood Hospital	0
Holy Name Medical Center	0
Overlook Medical Center	0
Riverview Medical Center	0
St. Joe's University Medical Center	0
The Valley Hospital	0

**Goal**  **10**  
**Observation Forms**

# Huddle Observation Form

\*Get your site specific link from Annelise



**TEAMBIRTH** Huddle Observation Form

Observer Name: \_\_\_\_\_ Role / Title: \_\_\_\_\_ Date: \_\_\_\_\_ Unit: \_\_\_\_\_

1. Please attest to personally observing or being a part of a TeamBirth huddle by selecting your role in the huddle:  
 Was a clinical team member in the huddle  
 Was a support person (like spouse, family, etc.) in the huddle  
 Was an observer of the huddle

2. Which of the following instances prompted the huddle? **Select all that apply:**  
 Administration (e.g., scheduling of C-section, shift this huddle, etc.)  
 Antenatal (Preparation, reassurance, transfer in from community) (e.g., laboring in hospital, use of woman or birthing room setting or other facility)  
 Birth Control  
 Change in care management  
 Hypertension, hemorrhage, infection, opioid use (banned)  
 Shift change/handoff/discharge  
 Other, please specify: \_\_\_\_\_  
 Prior to non-emergent intervention for (e.g., laboring in hospital, use of woman or birthing room setting or other facility)  
 Post-birth (Post-emergent) (e.g., newborn assessment, use of woman or birthing room setting or other facility)  
 Post-birth (Post-emergent) (e.g., newborn assessment, use of woman or birthing room setting or other facility)  
 Other, please specify: \_\_\_\_\_

3. Did the team clearly state that this conversation was a TeamBirth huddle?  
 Yes  
 No  
 A team member stated clearly that a TeamBirth huddle was occurring  
 Yes  
 No  
 The huddle occurred, but was not clearly named for those present

**TEAM**

4. Was each person introduced by name and role at the beginning of the huddle?  
 Yes, all names & roles were written on the board  
 Yes, all names & roles were written on the board  
 No, only some names & roles were written on the board, 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 names & roles were written on the board  
 Yes, all names & roles were written on the board  
 No, only some names & roles were written on 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  
 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, all preferences or concerns about the current plan were written on the board  
 Yes, previously preferences or concerns were previously written on the board  
 No, no preferences or concerns were written on the board

**REFLECTIONS**

11. Were there any reflections?  
 Yes  
 No  
 Team  
 Support

12. Was over/11?  
 Yes  
 No

13. Who wrote the reflections?  
 Mom/1  
 Support

14. What went well?  
 Team  
 Support

15. What could have gone better?  
 Team  
 Support

16. How could it have gone better?  
 Team  
 Support

17. Did you proactively address any concerns?  
 Yes  
 No

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

WHEN	HOW
<ul style="list-style-type: none"> <li>• During practice scenarios or simulations</li> <li>• During a live patient huddle</li> <li>• In real time</li> <li>• Immediately after the huddle concludes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Self-observation:</b> Asking huddle members to complete the form</li> <li>• <b>Peer observation:</b> Asking other clinical team members to observe and complete the form</li> <li>• <b>Champion observation:</b> Establishing specific people as the observer and completer of the form</li> </ul>

# OTHER DATA TO BE COLLECTED



**TeamBirth NJ Cohort  
Resource Page**  
<https://www.njhcqi.org/teambirth-njcohorts/>  
(Password: NJcohorts2022!)

- HCAHPS Scores
- NTSV Rates



2025: Quarters 1, 2, 3, & 4

## RESOURCES

### GENERAL TEAMBIRTH INFORMATION

### DISCUSSION GUIDES

### PATIENT SURVEYING

### SHARED PLANNING BOARD

### STAFF TRAINING

### TEAMBIRTH DATA SUBMISSION FORMS

- Huddle Observation Forms: [PDF](#) – Once you've tested out the paper form at least once, we will share a digital submission link
- [CLICK HERE](#) to submit your Clinician and Staff Numbers
- [CLICK HERE](#) to submit your Staff Training Totals
- [CLICK HERE](#) to submit quarterly HCAHPS Data
- [CLICK HERE](#) to submit quarterly NTSV Data

### TEAMBIRTH PUBLICATIONS

- +
- +
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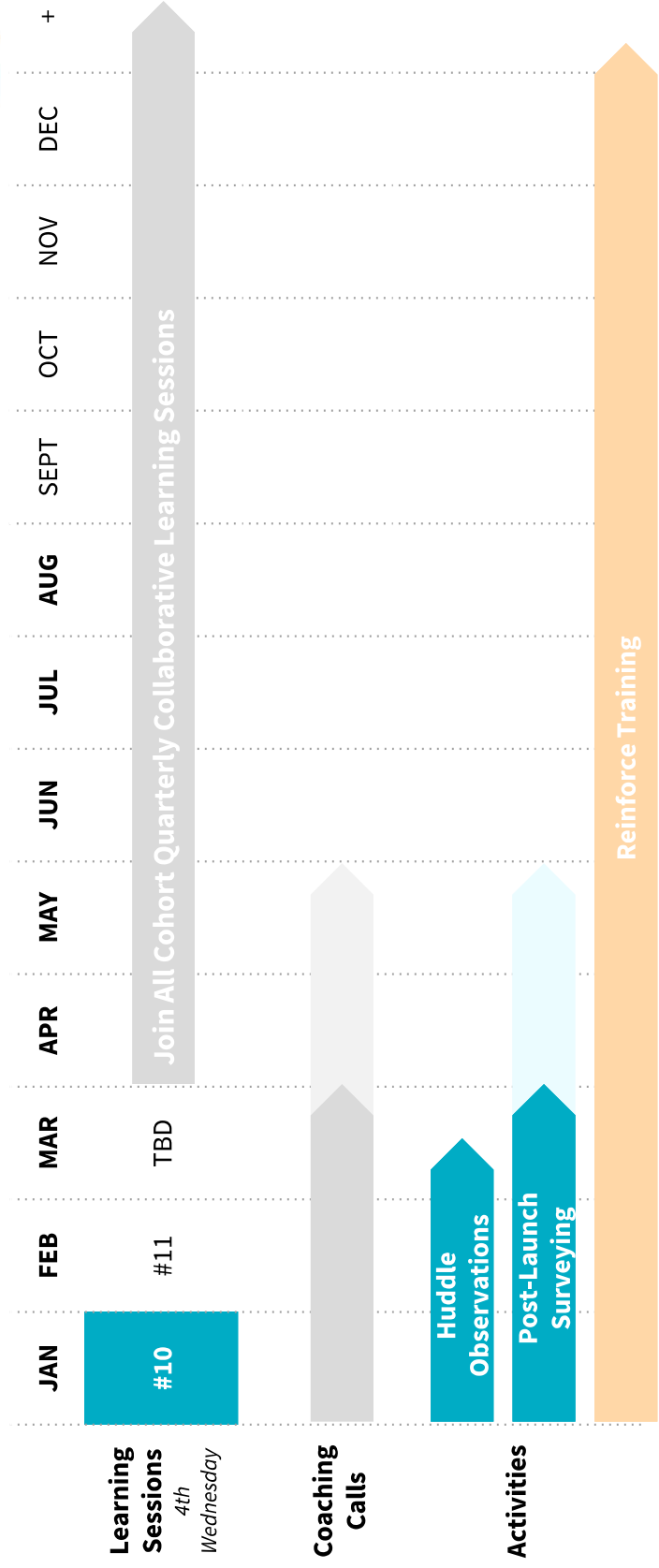
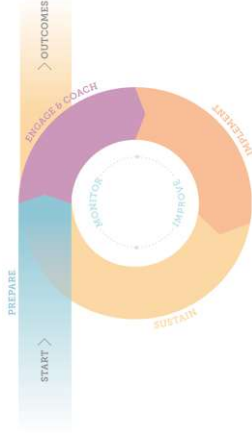
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# Looking Ahead

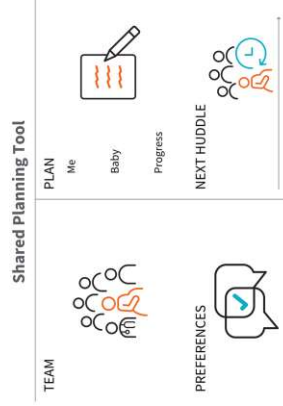




# Implementation Timeline



# Today's Key Takeaways



## Add On Component: Discussion Guides

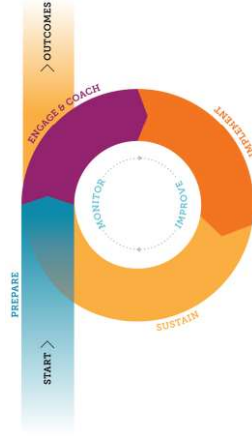
- Review Admission, Labor Support, and Assisted Delivery Discussion Guides

## Sustain TeamBirth

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

## Collect Data

- Continue patient surveying (goal: 30% Birth Volume)
- Complete Huddle Observations (goal: 10 completed forms)



# Action Items



*Implementation Pathway*

*Action Items*

*Details & Resources*

## PROMOTE TRAINING & PRACTICE HUDDLES

- Incorporate discussion guides into huddles about:
- Labor evaluation discussions (Appropriate admissions to the hospital)
  - Delivery discussions (labor progress, FHR concerns, instrumented/surgical birth)

## COLLECT DATA & FEEDBACK

Continue patient surveying; Adjust your process as needed

Complete 10 huddle observation forms

[HOW TO | Conduct Patient Surveying](#)

Contact Annelise for your site specific submission link, or mail to us

## SUSTAIN TEAMBIRTH

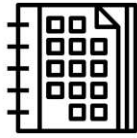
Look ahead: Plan for onboarding new employees, annual competencies for all staff and providers, and continue to reinforce expectations and training.

# Next Steps



**Learning Session –**

February 25 @ 12 pm



**Coaching Calls**

Review Action Items in Learning  
Session Handout (Email and on  
Cohort Resource Page



**Email Adelisa and  
Annelise for**

- Support, resources, and updates
- Implementation questions & needs

[aperez@njhcqi.org](mailto:aperez@njhcqi.org)

[aslater@njhcqi.org](mailto:aslater@njhcqi.org)