



TEAMBIRTH



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

### NJ Cohort 6 Collaborative Learning Session #3

March 25<sup>th</sup> 2026



*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](https://www.hrsa.gov).*

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# Learning Session Agenda

## Introduction

## TeamBirth Core Knowledge & Skills

- Learn: Shared Planning Tool - NEXT HUDDLE
- Learn: WHEN TO HUDDLE

## TeamBirth Implementation

- Implementation Roadmap & Timeline
- Current core activities:
  - SOCIALIZE CULTURE CHANGE
  - PROVIDE TRAINING & PRACTICE HUDDLES
  - Reminder - ASSESS YOUR CONTEXT

## Looking Ahead

- Takeaways From Today
- Action Items

# NJ TeamBirth Websites

Access the **private** NJ Cohort Resource Page

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

Password: NJcohorts2022!

**Public** TeamBirth NJ website

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

## TEAMBIRTH NJ COHORT RESOURCE PAGE

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

Developed by Ariadne Labs, TeamBirth was designed to operationalize best practices in communication, teamwork, and clinical care, in collaboration with experts from the major professional organizations in obstetrics in the United States, including ACOG, 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



PATIENT SURVEYING



PUBLICATIONS ABOUT TEAMBIRTH



STAFF TRAINING

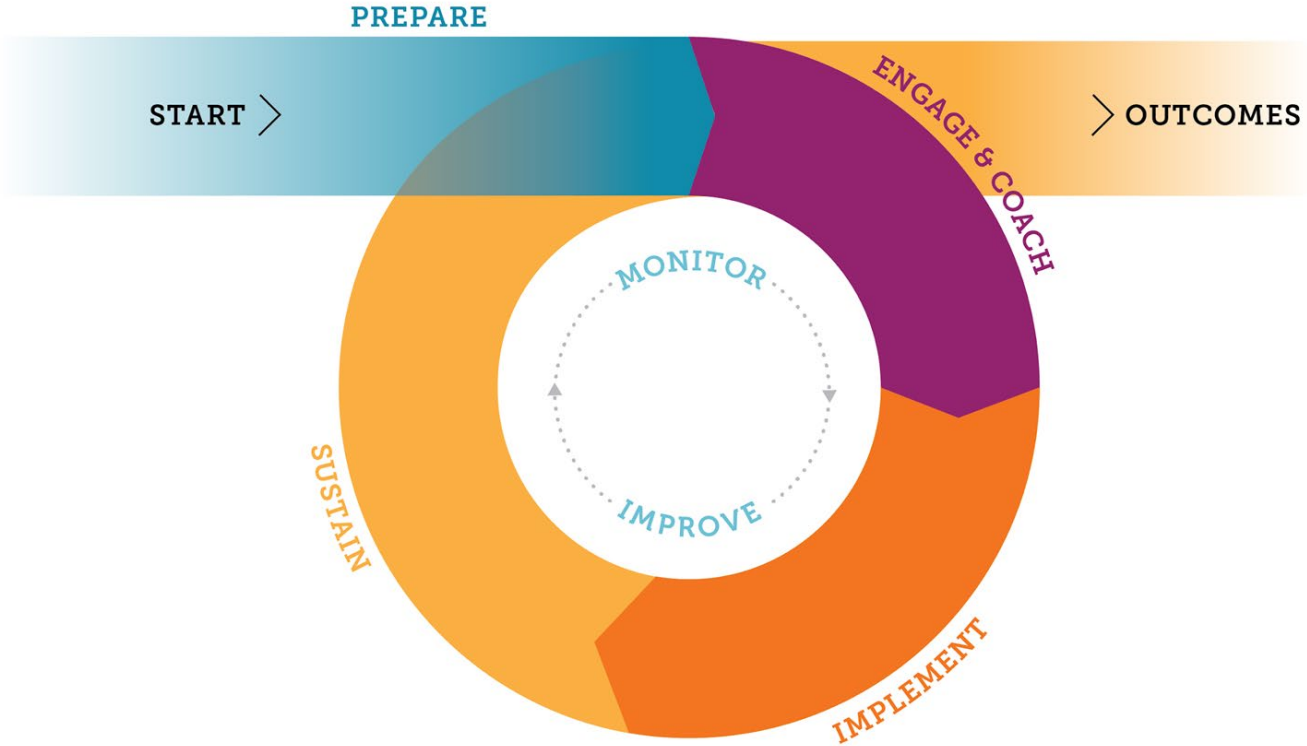


TEAMBIRTH DATA SUBMISSION FORMS



# TeamBirth Implementation Pathway

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



# TeamBirth Core Knowledge & Skills



# TeamBirth Core Components

Critical to successful delivery of TeamBirth across the maternal health continuum

## 1. STRUCTURED TEAM HUDDLES

Structured conversations that includes the birthing person and their support people



## 2. SHARED PLANNING TOOL

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



# Shared Planning Tool

TEAM

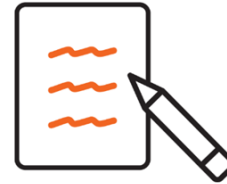


PLAN

Me

Baby

Progress



PREFERENCES



NEXT HUDDLE



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Shared Planning Tool  
Version April 2024

# TEAM

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



## INTENT

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

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

## DETAILS

Verbalize that a TeamBirth huddle is occurring

Start with the patient followed by their support people

Ensure relevant team members are included

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

# PREFERENCES

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



## INTENT

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

To give customized clinical care

To facilitate **equitable care**

## DETAILS

May include referencing an already established birth plan

Expect them to change over time

Opportunities to discuss expectations

Encourage support people to help write in this section

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

# Preferences Prompt Exploration

## Discussion

What is the value in asking for more information about a preference or concern?

What are the risks in asking for more information?

What shapes the preferences and concerns that people hold?

# Preferences Prompt Exploration



When a preference or concern is shared with you...

**Pause.** And get curious!

“What are you hoping this will help with (or prevent)?”

“What experiences led you to this [perspective/preference/concern]?”

“I’d like to hear more about [stated preference/concern], what more can you share with me about this?”

# TeamBirth & Birth Plans



What's the relationship between the Plan & Preference part of Huddles and a person's "birth plan"?

**Birth Plan =**  
Written summary or list of a patient's preferences for their birthing process

## Preferences

What matters most to a birthing person **at the time of the Huddle**

### **With a birth plan:**

- Discuss the stated preferences
- Support and education how the birth plan preferences relate to their current experience and current plan of care being discussed at each Huddle

### **Without a birth plan:**

- Elicit their current thoughts, questions, & concerns related to their experience and the plan of care being discussed at each Huddle

## Plans

What healthcare professionals recommend based on their assessments **and** a patient's stated preferences

### **With a birth plan:**

- Acknowledge and incorporate stated preferences into the current care plans being discussed in each Huddle

### **With or Without a birth plan:**

- Consistent use of the TeamBirth Plan format helps teams:
  - Untangle plans for the birthing person, their baby, and the labor progress
  - Identify where the birth plan preferences can be incorporated



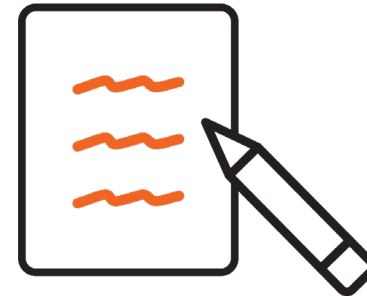
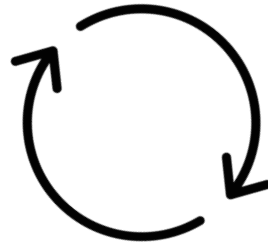
# CONNECTION: PREFERENCES AND PLANS

Patient preferences discovered in the Preferences section of the Huddle directly inform what is prioritized in the Plan section.

Elicit patient preferences that inform care planning



Distinguish the different care plans for the birthing person, baby, and labor progress



# PLAN

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



## INTENT

To ensure transparency and precision during care planning

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

## DETAILS

Plan content should be written in patient friendly language

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

Can be updated more frequently as needed by the nurse

# Clinician Perspectives on Shared Decisions

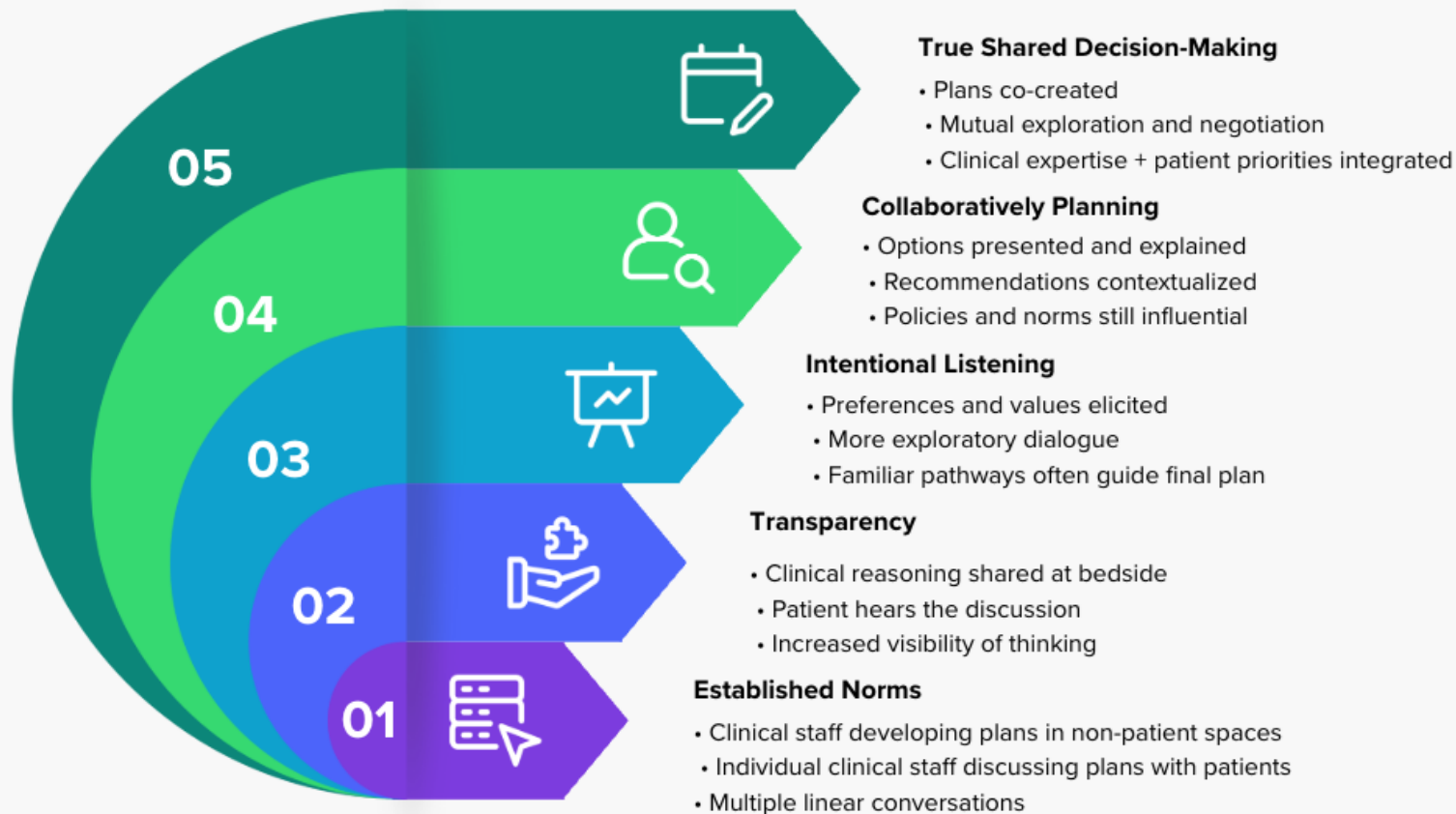
## Discussion

How involved do patients want to be in decision making?

When is a person's autonomy conditional in a health care setting?

# Evolution of TeamBirth Behaviors

A Developmental Continuum Toward Shared Decision-Making



# Clinical Assessment

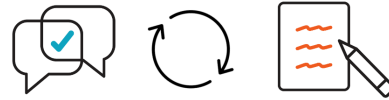
How do my assessments fit into the shared planning tool & huddles?



## Assessments

Assessments provide critical information that inform the PLAN

- Assessments are not explicitly included on the board because:
  - Clinicians don't need a shared planning tool to remind them to do or talk about their assessments
  - Assessments are documented in the EHR



## PREFERENCES + PLAN

The shared planning tool reminds us to:

- Elicit patient PREFERENCE information
- Use shared decision making to apply what you know from your assessment and the PREFERENCES to establish the current PLAN
  - This often includes sharing your assessment or articulating future needs for assessment
  - Only what we are currently *doing* for the mom, baby, and labor progress get written in the PLAN section

# Shared Planning Tool

TEAM

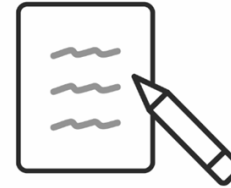


PLAN

Me

Baby

Progress



PREFERENCES



NEXT HUDDLE



# NEXT HUDDLE

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



## INTENT

To reduce uncertainty for the patient and support person

To facilitate **situational awareness**

## DETAILS

Identify planned times for huddles

*(e.g. next labor evaluation, in a specific time frame)*

Identify likely reasons to initiate an as needed huddle

*(e.g. if pain increases, a decision needs to be made)*

Anyone can request a huddle

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



# Next Huddle

Facilitating situational awareness

## Shared Planning Tool

TEAM

PLAN

Me:

Baby:

Progress:

PREFERENCES

NEXT HUDDLE



## Wrapping up the Huddle based on the PLAN:

1. Set expectations and make sure the patient understands what is coming
2. Identify potential planned or as needed Huddles to note on the board



# Next Huddle

Facilitating situational awareness

Baby

Labor Progress

NEXT HUDDLE *Anytime we need to*

By 10pm

After next exam *~2 or 3 hours*

EARLY LABOR      ACTIVE LABOR      PUSHING

There is no prescribed number of huddles expected to occur per patient, per day, or per birthing experience

The goal is:

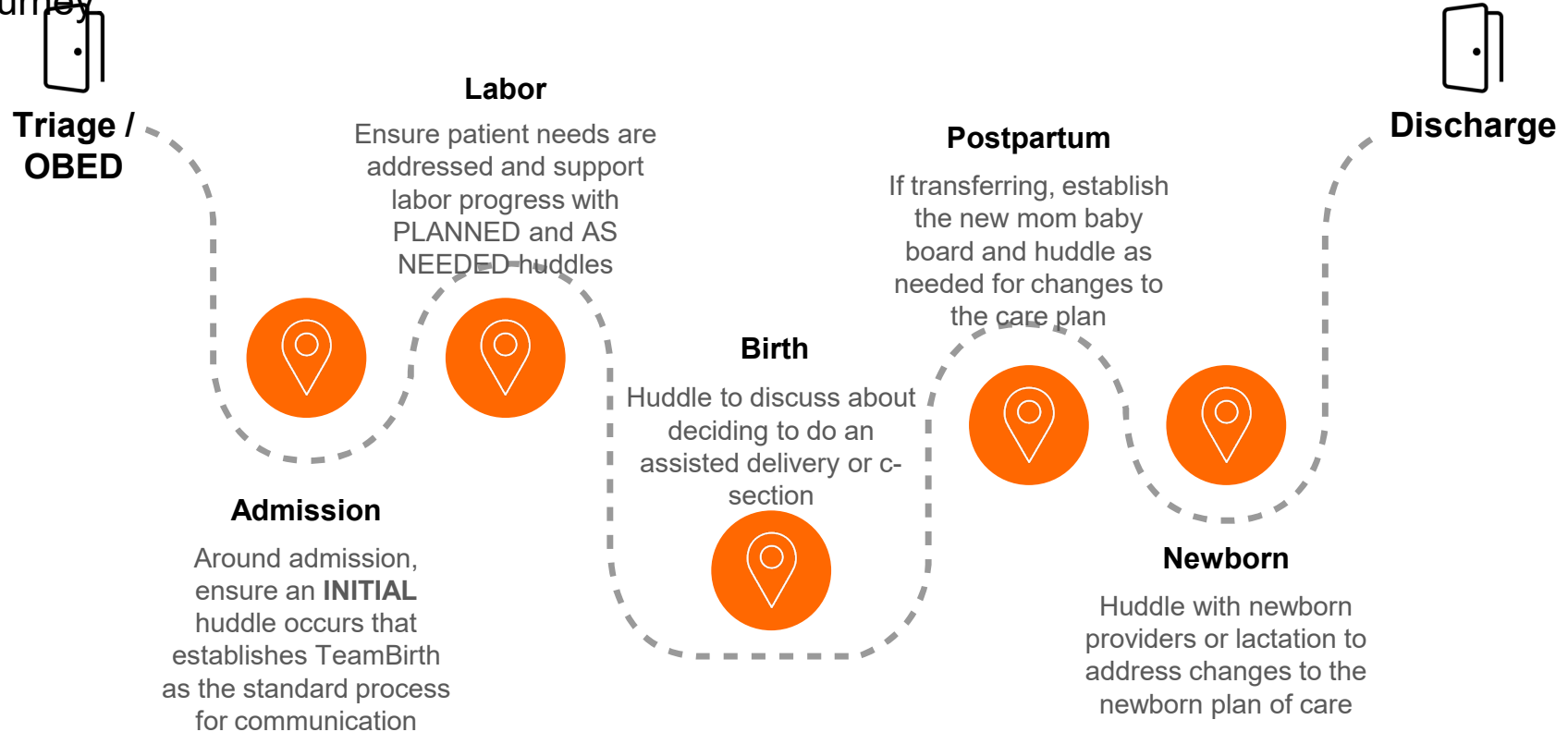
- To have a huddle anytime there is a change in conduction or care plan and by request
- *Not* to make you huddle more than is necessary for the typical standard of care

# WHEN TO HUDDLE



# Door to Door TeamBirth

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



# Types of Huddles

Every patient at a TeamBirth facility should experience an initial huddle



INITIAL

Occurs at or around admission to establish TeamBirth as the standard care process for communication for every patient



*“Is this patient ready to admit?”*

ONGOING

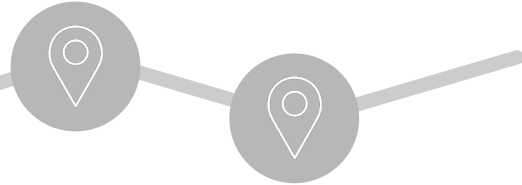
Occurs at key decision points, changes in the plan of care, and requests from any team member

# Types of Huddles



## PLANNED

Based on clinical workflows. Commonly understood time points when huddles are expected can be predicted or scheduled



## AS NEEDED

Initiated when there is an unplanned update or communication need, often identified by the patient, support person, or nurse



*Any member of the care team (including patients and support persons) requests a huddle*

# 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"><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>

*“Are we going to start supplementing with formula?”* ✨

## 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?**

# HUDDLE TIMING

Review the TeamBirth Components resource for guidance on adapting Huddles to your unique context [go.ariadnelabs.org/TBcomponents](http://go.ariadnelabs.org/TBcomponents)



**TEAMBIRTH TEAMBIRTH CORE COMPONENTS**

**TeamBirth Components**

This document will help you understand the Core Components and optional ADD-ON Components. TeamBirth is a care process innovation involving several interdependent work together to improve safety and dignity in childbirth. Some components are not others can be added on as needed. In addition to detailing the components, this document provides recommendations and examples for how each TeamBirth component can be adapted to your context.

**CORE COMPONENTS**

Core components are critical to TeamBirth success. The maternal and fetal health team huddles and the patient and family huddle are the core components. These components ensure the patient and family are always already using other shared decision-making components.

1. Huddling each member of the team
2. Sharing patient preferences
3. Sharing patient care plans

**ADDITIONAL COMPONENTS**

These optional decision-making components can be implemented in the patient and family huddle. These components are already using other shared decision-making components.

**ADAPTABLE**

Previously named "flexible" Core components must be adapted to your unique context. Guidelines describe how they can be adapted in different settings and circumstances.

**SEE THESE GUIDES**

In the following pages, each component is featured as an adaptable component. Each component includes a description and recommendations for adaptation, and examples.

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**Structured Team Huddles...continued**

**Huddle Timing**

Every patient at a TeamBirth facility should experience an **initial huddle** to establish norms for how communication, teamwork, sharing patient preferences, and shared decision-making will be conducted.

**Ongoing huddles** should occur at key decision points, changes in the plan of care, or at the request of any team member. The frequency of ongoing huddles is to allow communication and plan of care updates to the caregiver and specific needs of each patient, depending upon their clinical situation.

PLANNED	REPLACED
<ul style="list-style-type: none"> <li>• Labor induction</li> <li>• Cesarean section</li> <li>• Scheduled C-section</li> </ul>	<ul style="list-style-type: none"> <li>• Anesthesia administration</li> <li>• Transfer to/from other facility or community birth setting</li> <li>• Postpartum examination</li> <li>• High-risk obstetric admission</li> </ul>
<ul style="list-style-type: none"> <li>• By provider or nurse request</li> <li>• Artificial rupture of membranes (ARM)</li> <li>• Anesthesia/analgesia, including all epidurals</li> <li>• Adaptations:               <ul style="list-style-type: none"> <li>• Tuck-in results</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• By patient or family request</li> <li>• Labor progress concerns</li> <li>• Consideration for assisted delivery</li> <li>• Category 2 timing</li> <li>• Hypertension</li> <li>• Postpartum hemorrhage</li> <li>• Hemorrhage/impingement</li> <li>• Hypotension</li> <li>• Substance exposure</li> </ul>
<ul style="list-style-type: none"> <li>• Transfer of care</li> <li>• Soundstage huddle (before and after Transfer)</li> </ul>	

Use the [When to Huddle](#) infographic to align with your teams on your patient journey's unique key moments and huddle sparks

**TEAMBIRTH WHEN TO HUDDLE**

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

**DOOR TO DOOR TEAMBIRTH** TRIAGE / OBED → DISCHARGE

**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 huddle is essential.

**Trriage / OBED** | **Admission** | **Delivery** | **Postpartum** | **Discharge**

**INITIAL**  
Occurs at or around admission to establish TeamBirth as the standard care process for communication for every patient.

**ONGOING, PLANNED, & AS NEEDED**  
Each setting and patient provides unique opportunities to huddle based on clinic workflows, changes to care, and by request.

**ROUTINE**

- Post-birth debrief
- Daily rounds
- Provider handoff
- Bedside handoff
- Lactation
- Discharge
- Tuck-in (before bed to plan for night contingencies)

**Adapting When to Huddle**  
Birth will look different based on:
 

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

**Many of these key moments always spark a huddle for your team?**

- Hypertension/2+ Proteinuria
- Procedures
- NICU observation or transfer

# Shared Planning Tool

TEAM



PREFERENCES

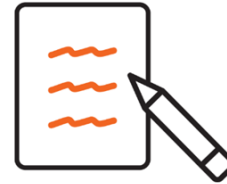


PLAN

Me

Baby

Progress



NEXT HUDDLE





# Design your tool

Use the TeamBirth Components resource to guide your unique adaptations

Design & Test



- ❑ Review examples
- ❑ Edit the template
- ❑ Get input from care team
- ❑ Get input from patients / advocates

- ❑ Make a prototype with paper or a dry erase board
- ❑ Have champions try out the draft
- ❑ Use different Huddle scenarios with the draft
- ❑ Get feedback on what works and what doesn't

- ❑ Update your draft based on feedback
- ❑ Finalize design with appropriate approvals
- ❑ Send your final design to your TeamBirth Coach for review



Complete and Send Draft of Board Mock Up by Next Coaching Call

# TeamBirth Implementation





# TeamBirth Implementation Roadmap

Building on the priority implementation activities from the first session

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

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

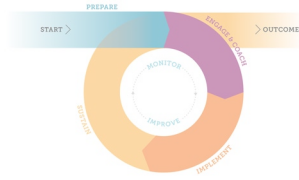
MONITOR

# Core Implementation Activity: **SOCIALIZE TEAMBIRTH**

USTAIN

IMPROVE

IMPLEMENT



PREPARE PHASE

# SOCIALIZE TEAMBIRTH

**CORE:** Build familiarity and buy-in for TeamBirth across staff and clinicians

**OBJECTIVES**

- Apply your TeamBirth communication strategy
- Utilize the TeamBirth resources available for socializing TeamBirth
- Convey key messages to engage colleagues and ensure strong buy-in

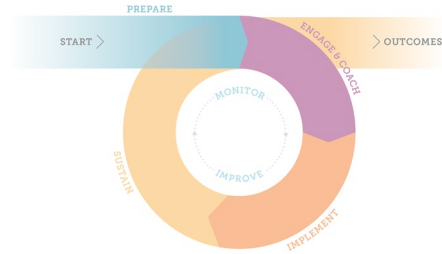
**ADAPT**

Your methods for how and when you talk to, present on, and answer questions about TeamBirth

*“Socialize” just means intentionally talk about TeamBirth!*

# Socialization Key Points

Key messages or points to engage in with colleagues:



## THE BASICS

What the project is and why it is important?

## THE GOALS

How this project is aligned with your individual, team, or organizational priorities and values?

## THEIR ROLE

What will be asked of them and how they benefit by participating (What's in it for them?)?

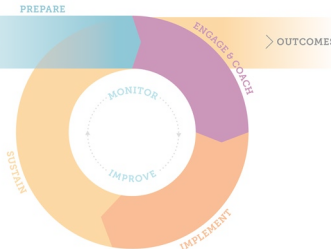
## WHAT TO EXPECT

How everyone will learn about the project and be supported throughout implementation?

Where and when the opportunities will be to engage and provide feedback?

# SOCIALIZE TEAMBIRTH

Our collection of resources help support your messaging and communication plan



**TeamBirth 1-pagers & Infographics**

Share and reference these documents about TeamBirth's Components and Implementation



**Why TeamBirth Video**

Share this short video showcasing TeamBirth  
[go.ariadnelabs.org/Why\\_TeamBirth](https://go.ariadnelabs.org/Why_TeamBirth)



**Publications**

Share the TeamBirth research demonstrating its effectiveness and impact

**ARIADNE LABS**

## Collections / TeamBirth Socializing Package

Description

12 Files | Order by Name | Filter

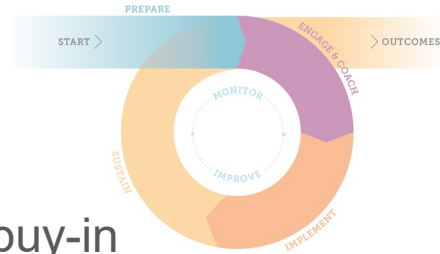
This set of resources can be used to help socialize or build awareness and buy-in for TeamBirth.

Share these with anyone interested, whether a prospective TeamBirth partner or a clinician at a TeamBirth site.

- Why TeamBirth | Compon... (PDF)
- Weiseth et al.
- TeamBirth Data 3-Pager (PDF)
- Spigel et al.

# SOCIALIZE CULTURE CHANGE

Take the steps to ensure your implementation has strong buy-in



- ❑ Review and download the resources in the Socializing Package: [go.ariadnelabs.org/TeamBirth](https://go.ariadnelabs.org/TeamBirth) (also linked on your Cohort Resource Page)

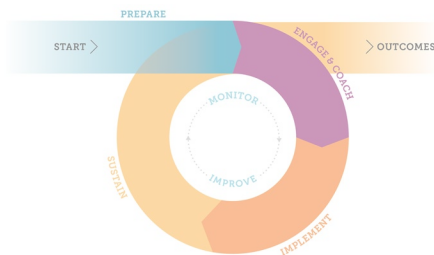
- ❑ Why TeamBirth (video)
- ❑ Infographic | Why TeamBirth
- ❑ Why TeamBirth | Components & Implementation Overview
- ❑ **Infographic | TeamBirth Key Behaviors**
- ❑ TeamBirth Implementation Support Overview
- ❑ TeamBirth Data 3-Pager
- ❑ TeamBirth News and Media Coverage
- ❑ TeamBirth publications

- ❑ Discuss the communication plan to socialize TeamBirth

- ❑ Get socializing by sharing the resources and having conversations!



Turning an infographic into a



## Socialize TeamBirth

- What thoughts do you have on how you will socialize TeamBirth?
- How will you reach providers?
- What questions do you have?

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

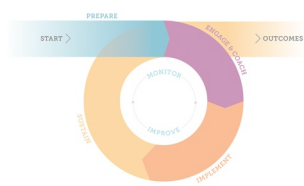
Core Implementation Activity:

**PROVIDE TRAINING & PRACTICE HUDDLES**

USTAIN

IMPROVE

IMPLEMENT



# PROVIDE TRAINING & PRACTICE HUDDLES

**CORE:** Establish the knowledge for applying TeamBirth's components (huddles, the shared planning tool, and discussion and support guides) AND put training into practice by applying knowledge in practice scenarios with multidisciplinary groups

## OBJECTIVES

Identify who should be trained

Ensure everyone who received training has multiple opportunities to practice huddles

Develop and begin your TeamBirth training strategy

### Milestones:

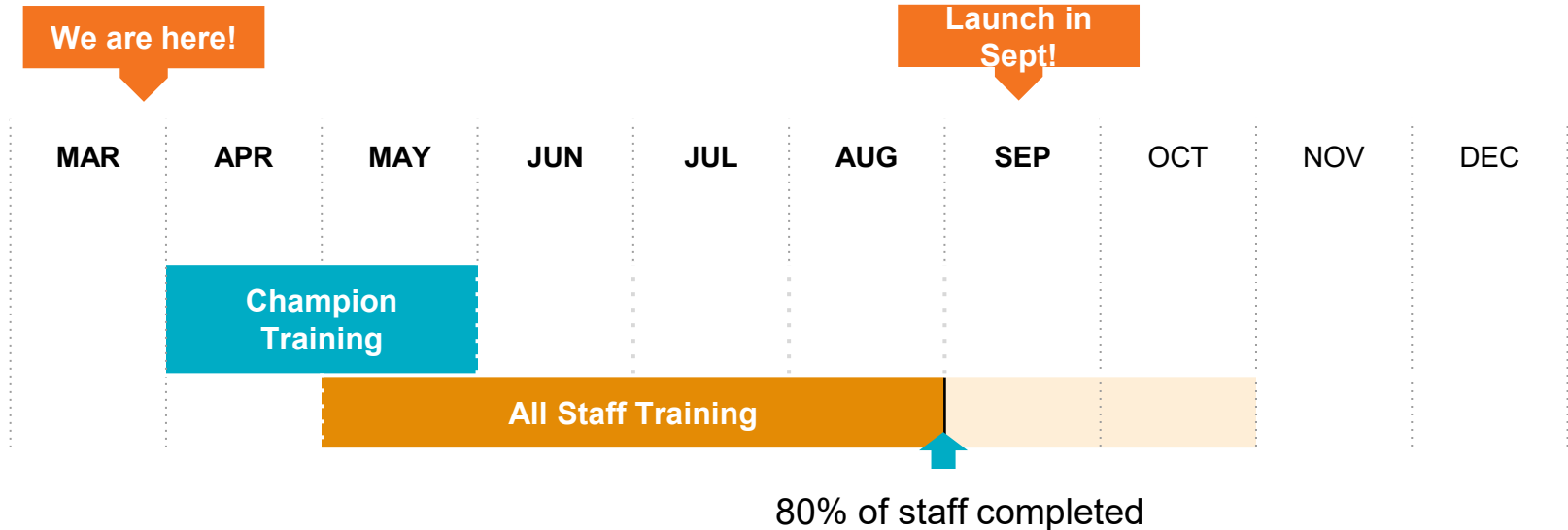
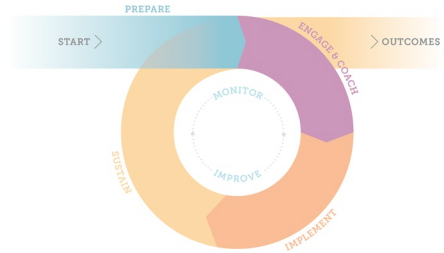
- All Champions completed training
- All clinicians completed training (goal: minimum of 80% completed by launch)

## ADAPT

Your strategy for training: who, how, and when

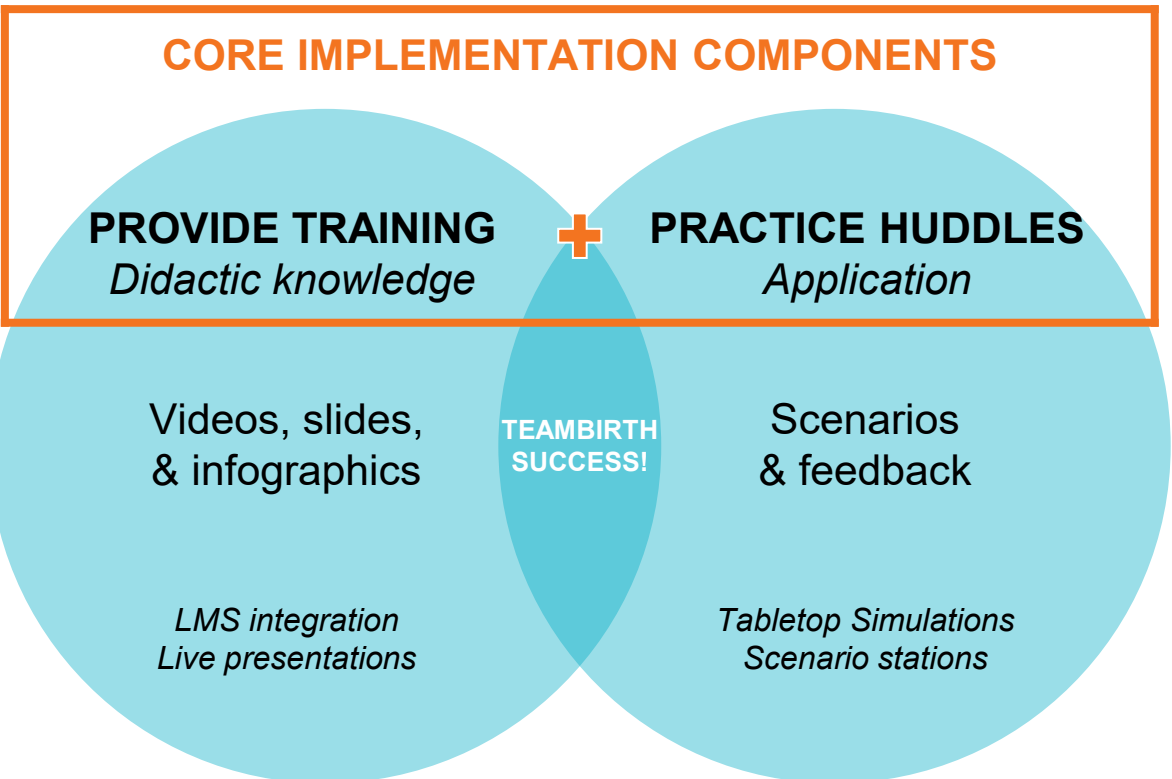
# Training Timeline

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



# For TeamBirth success,

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



**ADAPTATION EXAMPLES**

# TeamBirth Training Videos

Access and download videos and resources via the Ariadne Labs Collection: [go.ariadnelabs.org/TBtraining](http://go.ariadnelabs.org/TBtraining) (and linked on your Cohort Resource

Page njhcqi.org/teambirthnjcohorts/

ARIADNE LABS

Colle

RESOURCES

GENERAL TEAMBIRTH INFORMATION

DISCUSSION GUIDES

PATIENT SURVEYING

SHARED PLANNING BOARD

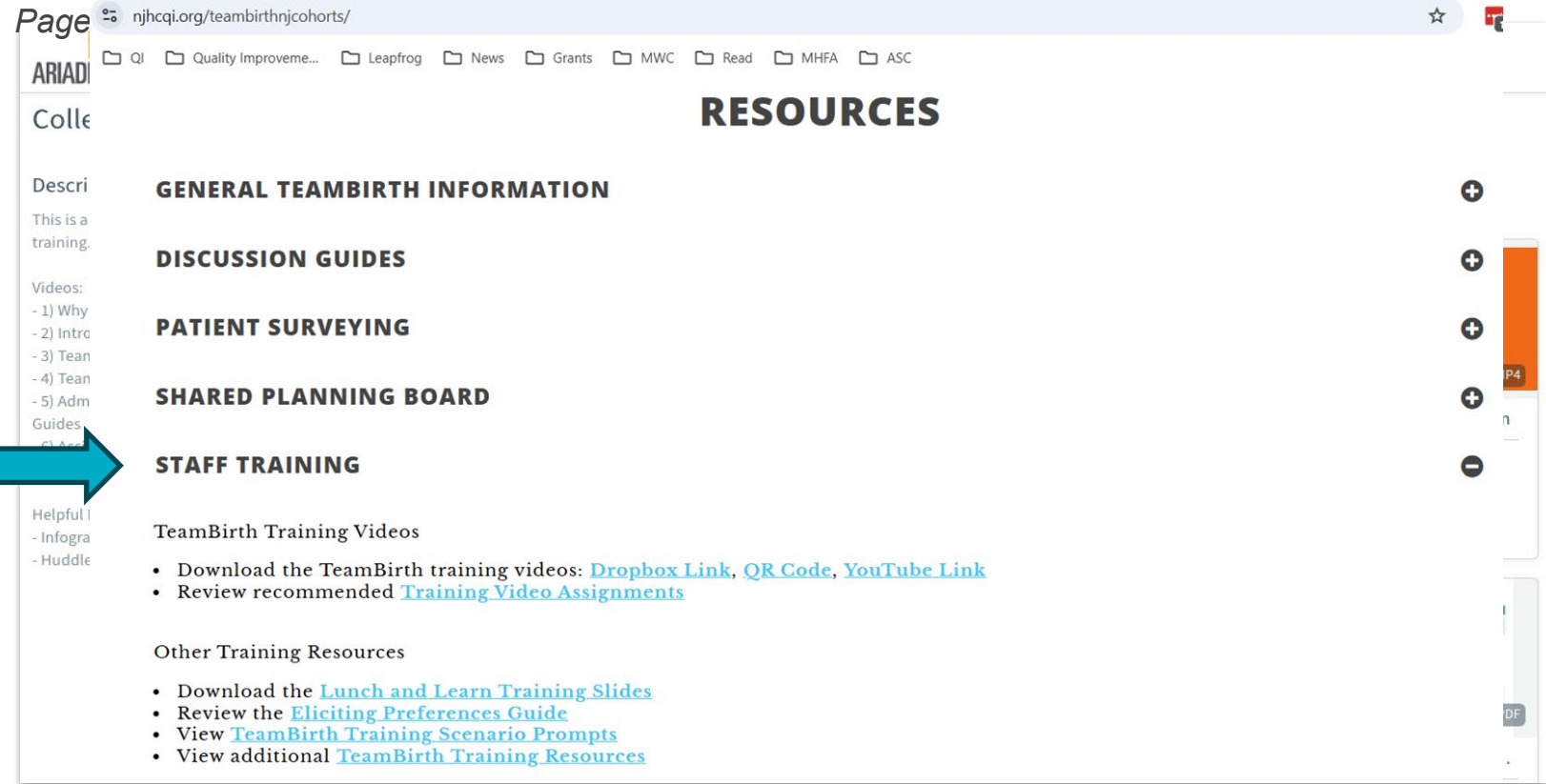
STAFF TRAINING

TeamBirth Training Videos

- Download the TeamBirth training videos: [Dropbox Link](#), [QR Code](#), [YouTube Link](#)
- Review recommended [Training Video Assignments](#)

Other Training Resources

- Download the [Lunch and Learn Training Slides](#)
- Review the [Eliciting Preferences Guide](#)
- View [TeamBirth Training Scenario Prompts](#)
- View additional [TeamBirth Training Resources](#)



# Who should watch which video?

Assign staff based on the content relevant to their role

**Video 1: Why TeamBirth is for everyone!**

Use early and often for socialization



Implementation Team	1 - 7
OB Providers & Midwives	1 - 6
LDRP RNs, Doulas, CBEs	1 - 6
L&D RNs	1 - 3, 5 - 6
Anesthesiologists / CRNAs	1, 2, 6
Postpartum RNs, Lactation, & Newborn Providers	1, 2, 4



# Provide Training

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



## Adaptation for your context

- Assign videos in online learning management system
- Distribute QR codes for YouTube links
- Give your own live presentation of TeamBirth video content
- Supplement videos with TeamBirth resources like the infographics
- Role play huddle simulation in multidisciplinary groups
- Tabletop scenario practice
- Demos
- SIMs
- Combine with skills day

# Training Resources

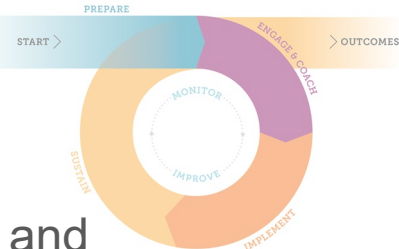
Use these resources to support staff and provider education and training: [go.ariadnelabs.org/TBtraining](https://go.ariadnelabs.org/TBtraining)

(also linked on your Cohort Resource Page)

## Resource Examples

- Guide to Eliciting Preferences
- Infographic | TeamBirth Basics
- Infographic | When to Huddle
- TeamBirth Shared Planning Tool Word Bank
- Spanish TeamBirth Shared Planning Tool Word Bank
- TeamBirth Training Scenarios
- Template | Training Lunch & Learn Slide Deck

... And more



**TEAMBIRTH** Shared Planning Tool Word Bank

ARIDNE LABS

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 it?

Write down relevant lab members

**Birthing person and their support people**

**Labor and delivery clinicians**

**Postpartum clinicians**

**TEAMBIRTH** Guide to Eliciting Preferences

Identifying and understanding a birthing person's preferences is key to providing equitable care and essential for shared decision making

Preferences often develop or evolve over time. An existing birth plan likely has some preferences articulated. The Huddle section on preferences may reference a birth plan, but discussion should reflect what matters most to the birthing person at the time of the Huddle.

**The Initial Huddle**

During the admission process, ask open-ended questions to help the care team gauge how the birthing person and support people understand the admission process and care plan as well as identify what gives them a sense of safety and comfort. Responses provide an opportunity for education, adjusting expectations, and minimizing confusion as labor progresses.

Elicit patient preferences by asking open-ended questions like:

- What has been working for you at home?
- What things were you picturing you might use for comfort in labor?
- What have you read/heard about labor that you're wondering about for yourself?

**Ongoing Huddles**

Anytime a Huddle occurs, open-ended questions help the care team understand what the birthing person is experiencing and what is important to them.

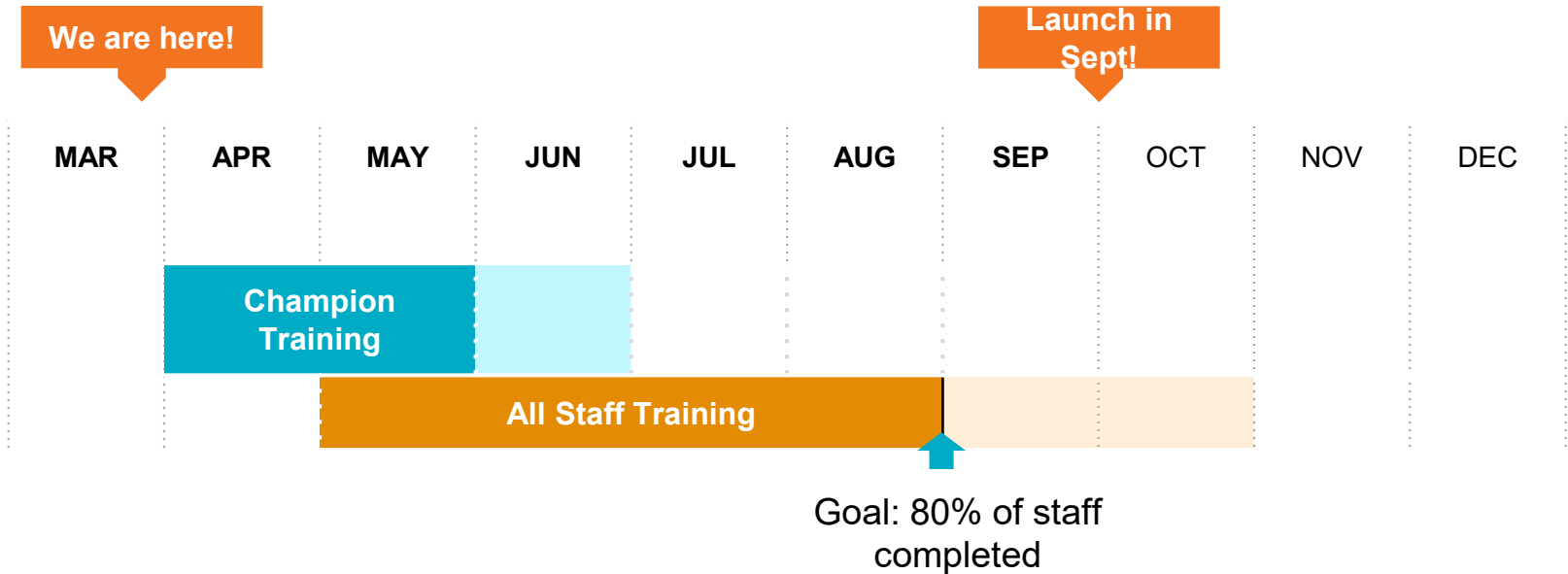
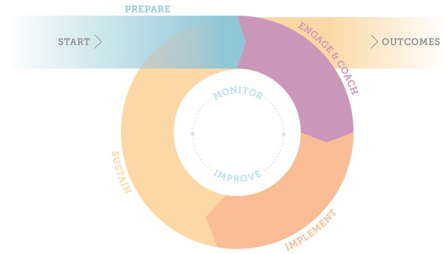
Elicit patient preferences by asking open-ended questions like:

- What are you concerned or worried about right now?
- What are your hopes or wishes right now?
- What is bothering you or frustrating you right now?
- What is comforting you or reassuring you right now?

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# Training Timeline

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



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

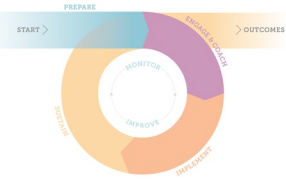
MONITOR

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

IMPROVE

USTAIN

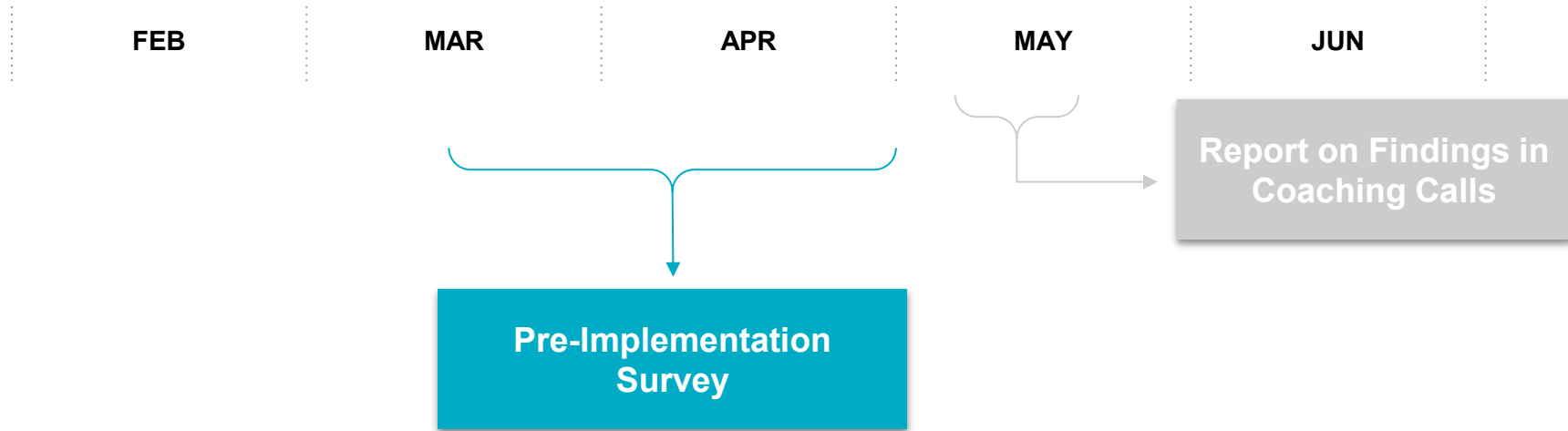
IMPLEMENT



# ASSESS YOUR CONTEXT

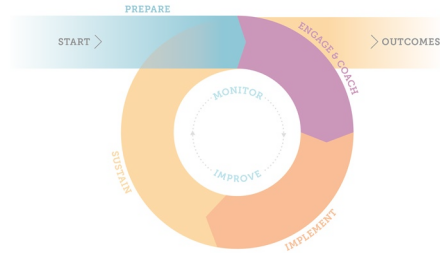
Prepare for your assessment:

- Share the Atlas survey and provide reminders while advocating for survey completion to **reach the 60% response rate goal**

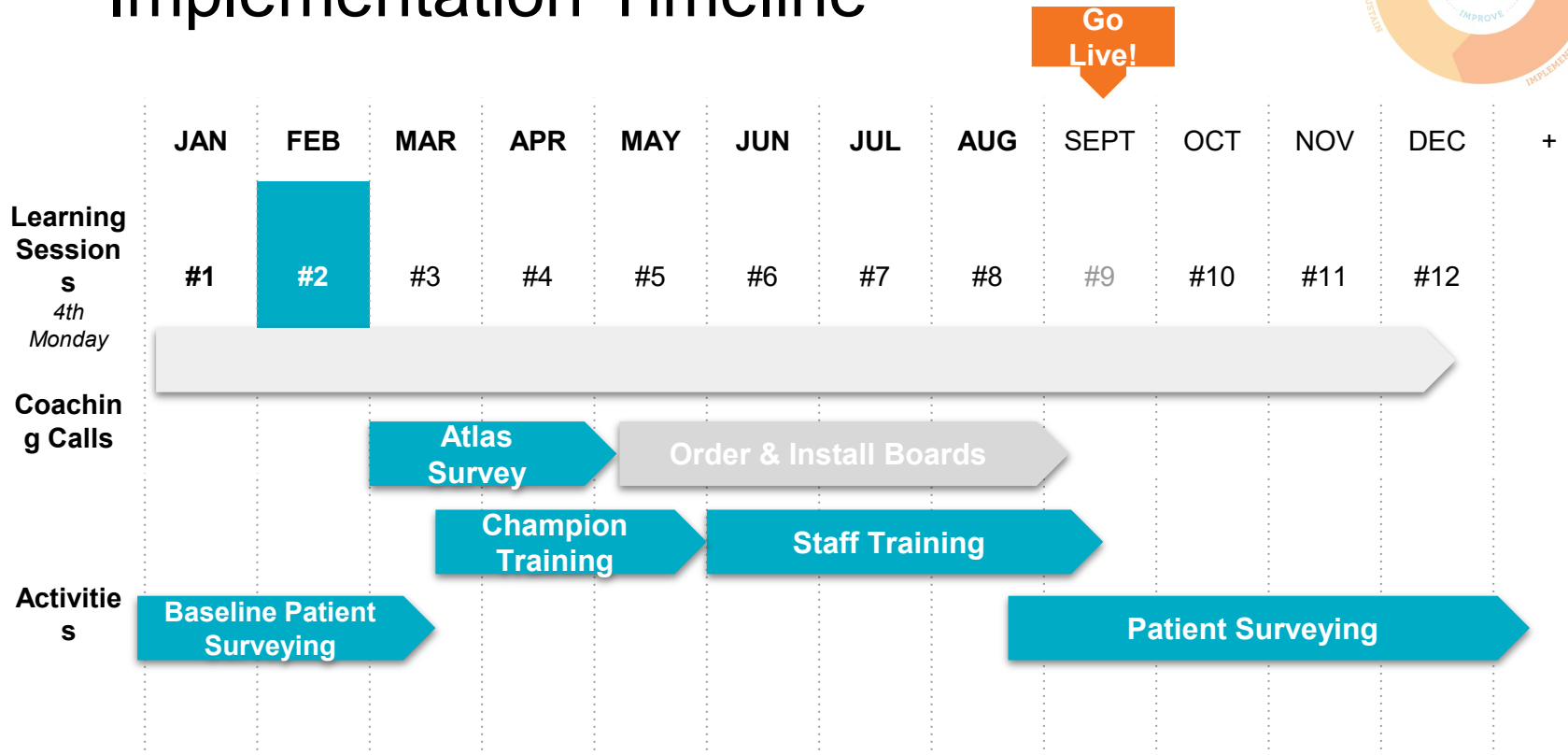


# Looking Ahead





# Implementation Timeline



# Today's Key Takeaways



## Shared Planning Tool: NEXT HUDDLE

- Setting clear expectations for future huddles
- Reduces uncertainty by providing transparency

## WHEN TO HUDDLE

- All patients should have an initial huddle to establish norms
- Ongoing, planned, and as needed huddles will occur throughout their stay at key decision points or requests

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## Socialize Culture Change

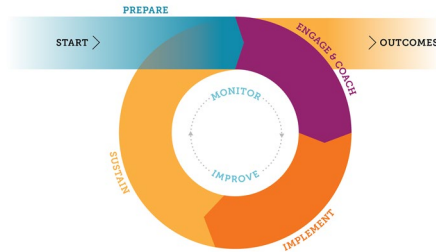
- Review and share TeamBirth resources
- Build buy-in across staff

## Provide training & practice huddles

- Establish staff knowledge for applying TeamBirth's components
- Apply training via practice scenarios with multidisciplinary groups

## Assess Your Context

- Surveying staff to understand your strengths and opportunities for improvement is essential



# Action Items



*Implementation Pathway*

*Action Items*

*Details & Resources*

GENERAL	Find resources on the TeamBirth NJ Cohort Resource Website	<a href="http://www.njhcqi.org/teambirthnjcohorts">http://www.njhcqi.org/teambirthnjcohorts</a> <b>Password: NJcohorts2022!</b>
SOCIALIZE CULTURE CHANGE	Implementation team review the resources and discuss your team's communication strategy	Cohort Resource Page or <a href="http://go.ariadnelabs.org/TeamBirth">go.ariadnelabs.org/TeamBirth</a>
	Start having conversations and sharing resources	
PROVIDE TRAINING & PRACTICE HUDDLES	Implementation Team and Champions watch training videos	<a href="#">Training Resources</a>
	Plan training for staff and providers	<a href="#">HOW TO   Provide training &amp; practice huddles</a>
CUSTOMIZE TEAMBIRTH	Draft your board design	<a href="#">HOW TO   Customize Your Shared Planning Tool</a>
	Submit draft to Armonie & Christine by 3/31/26	Email: <a href="mailto:apierrejacques@njhcqi.org">apierrejacques@njhcqi.org</a> & <a href="mailto:civery@njhcqi.org">civery@njhcqi.org</a>
ASSESS YOUR CONTEXT	Begin distributing your Atlas survey links	Create a socialization & surveying flyer using this <a href="#">template!</a>

# Next Steps

## Learning Session 3

April 22, 2026

1:00 - 2:00 pm EST

## Share your feedback!

- Anonymous
- Short survey
- Tell us what you like
- Tell us how to improve



## Coaching Calls

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



## Email Armonie & Christine for

- Support and updates
- Resources
- Implementation questions & needs

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