



TEAMBIRTH



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

New Jersey Post-launch Collaborative Learning Session

January 26, 2026



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We Want to Hear From You!



bit.ly/TeamBirth1

- What's working well with TeamBirth in your setting?
- What has been most challenging about implementing TeamBirth?



Learning Session Agenda

Welcome

TeamBirth Implementation

TeamBirth Sustainability

- Staff Onboarding and Continuing Education
- Elevate Impact and Improvement

Sustainability Tools

- Sustainability Survey
- Huddle Observation Forms
- Discussion Support Guides
- Translated Materials

Next Steps

- Looking ahead

Welcome



NEW JERSEY TEAMBIRTH SITES

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



*LAUNCH PENDING

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

NJHCQI TeamBirth Websites

Access all cohort resources at this **private website**

www.njhcqi.org/teambirthnjcohorts

Password: NJcohorts2022!

Public TeamBirth NJ website

www.njhcqi.org/shared-decision-making

TEAMBIRTH NJ COHORT RESOURCE PAGE

TeamBirth is a shared decision-making program that aims to improve safe and respectful childbirth care.

It involves a series of team huddles and other tools used during labor and delivery, to improve communication and ensure care that aligns with patient preferences.

Developed by Ariadne Labs, TeamBirth was designed to operationalize best practices in communication, teamwork, and clinical care, in collaboration with experts from the major professional organizations in obstetrics in the United States, including ACOG, SMFM, ACNM, and AWHONN. The goal is to ensure these practices are occurring reliably with all patients throughout every labor.



COLLABORATIVE LEARNING SESSION SLIDES

SESSION 1

May 2024

[SLIDE DECK](#)

[SESSION HANDOUT #1](#)

SESSION 2

June 2024

[SLIDE DECK](#)

[SESSION HANDOUT #2](#)

RESOURCES

GENERAL TEAMBIRTH INFORMATION

- [Click here](#) to watch the Why TeamBirth video
- Download the [Why TeamBirth Infographic](#)
- Download [TeamBirth Board Examples](#)
- Review [TeamBirth Components](#) – includes core components and add-on components
- View the [TeamBirth Socializing Package](#)

TeamBirth Implementation



TeamBirth Implementation Roadmap

Building on the priority implementation activities



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

TeamBirth Sustainability



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

Patient Education

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

Onboarding

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

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

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

Core Implementation Activity:
**STAFF ONBOARDING AND CONTINUING
EDUCATION**

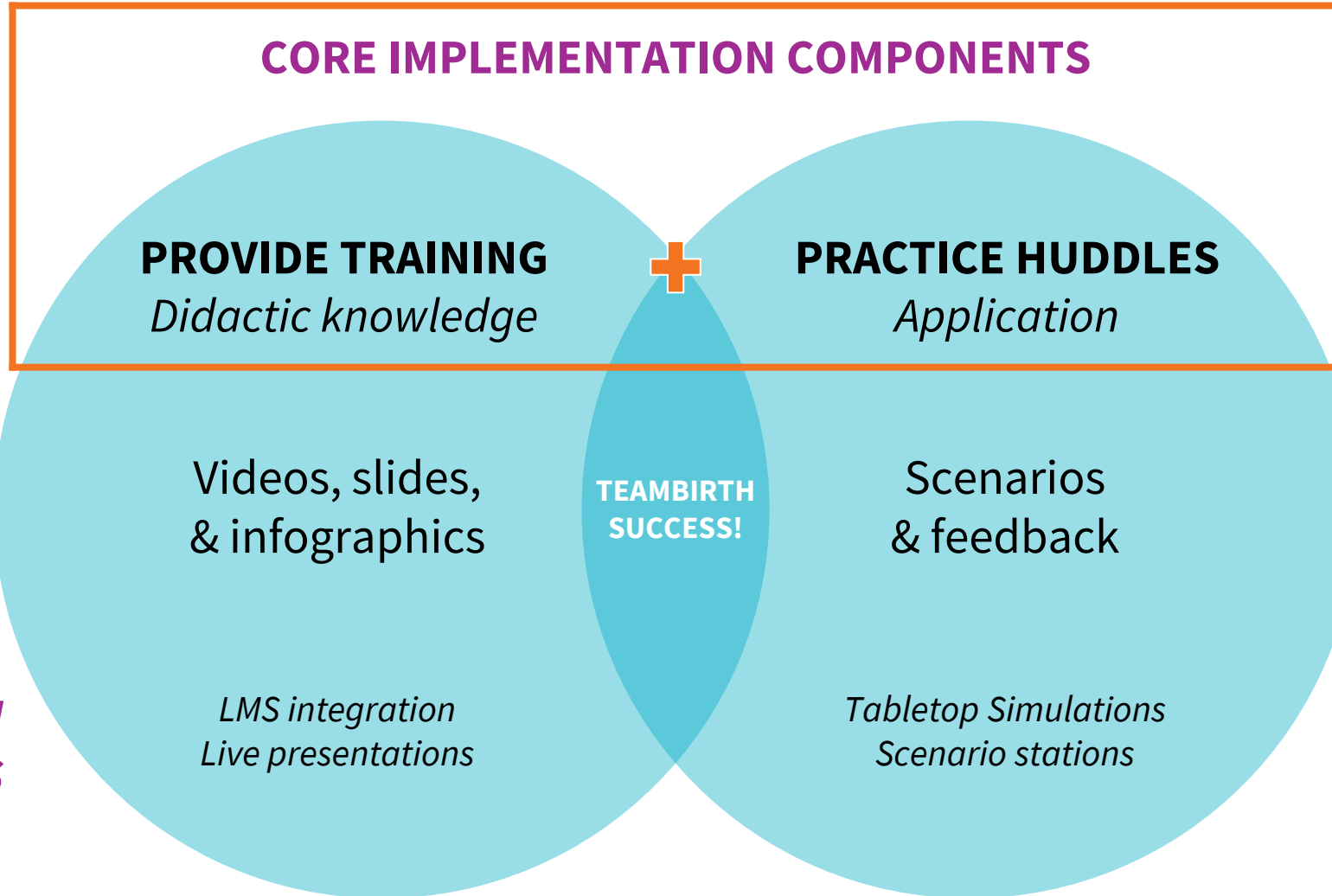
IMPROVE

STAIN

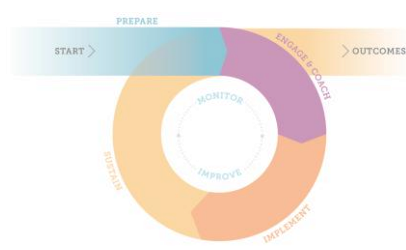
IMPLEMENT

For TeamBirth Success,

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



**ADAPTATION
EXAMPLES**



Embed: Leadership accountability

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

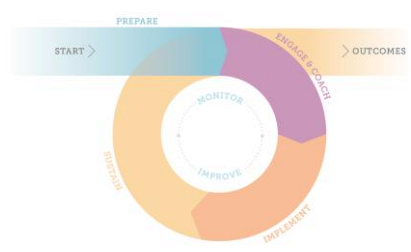
Who will be accountable for ensuring the sustainment activities occur (i.e. onboarding & continuing education, continuous improvement & evaluation of performance, celebrating progress)?

- 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**?

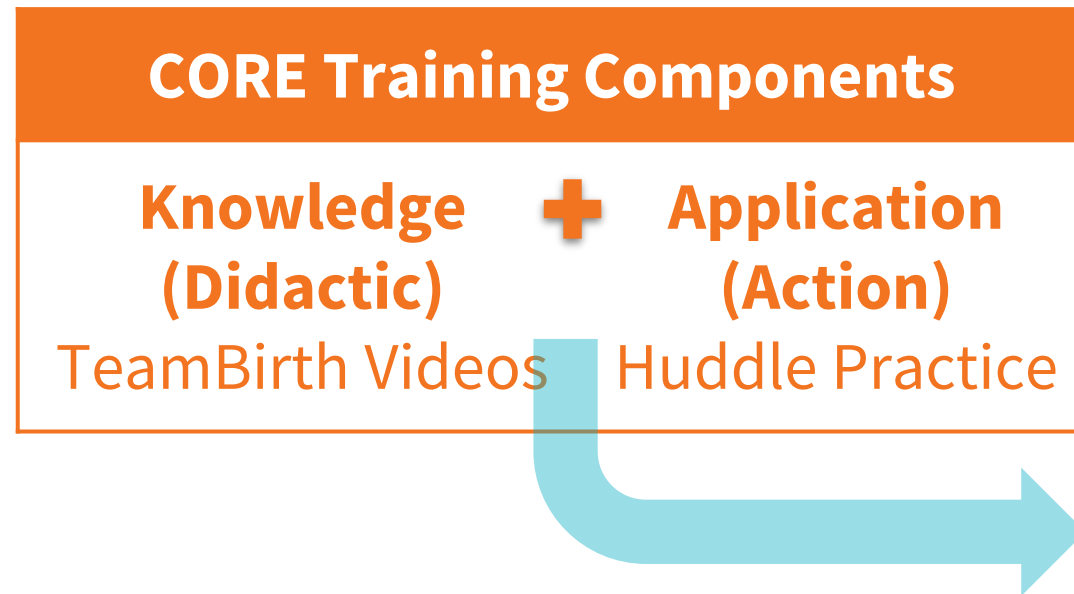
How are current leaders and departments held **accountable** for quality and safety outcomes?

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



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

Who should watch which video?

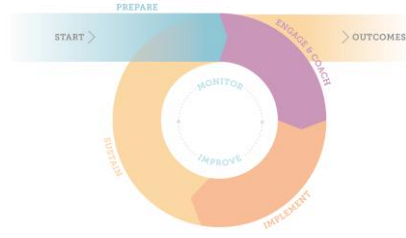
Assign staff based on the content relevant to their role

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

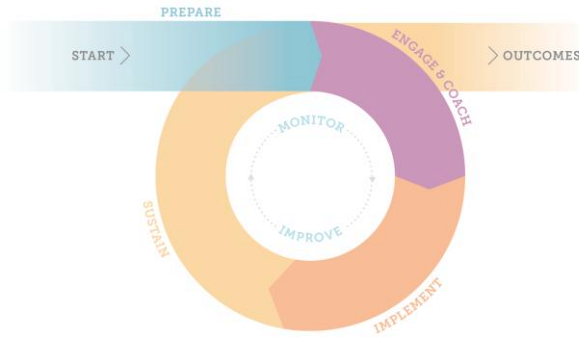




Embed: Onboarding & Continuing Education

Develop clear role-based plans

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



Checking In TeamBirth Implementation

Teamwork and Engagement

- ❑ How would you describe current staff engagement with TeamBirth?
- ❑ What strategies have been effective in keeping staff motivated in using the TeamBirth tools?
- ❑ Are new staff members trained in TeamBirth practices?



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

Core Implementation Activity:

EVALUATE IMPACT & CONTINUOUSLY IMPROVE

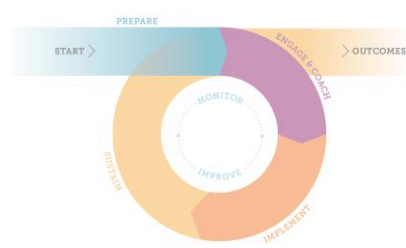
USTAIN

IMPROVE

IMPLEMENT

SUSTAIN PHASE

EVALUATE IMPACT & CONTINUOUSLY IMPROVE



CORE: Measure and evaluate TeamBirth’s impact on key indicators, disaggregated by demographics, to celebrate success and identify needs for improvement

OBJECTIVES

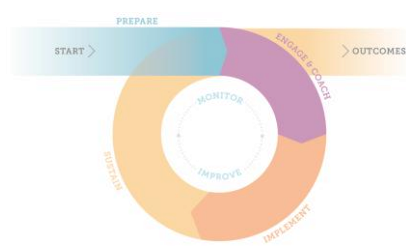
Ensure necessary data is collected and analyzed to measure impact
Conduct ongoing QI activities to ensure TeamBirth quality, fidelity, and sustainability

Milestones:

- ❑ Ongoing improvement goals identified
- ❑ Impact measured 1-year post launch

ADAPT

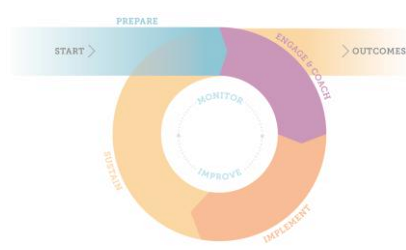
Who you involve and your methods and timeline for analysis, prioritization, planning, and improving



Ongoing Measurement

Establish key performance indicators that monitor TeamBirth, show impact, and inform opportunities for ongoing quality improvement

- **Identify and plan** for how you will measure TeamBirth success in the long-term
 - What process metrics &/or indicators of success will you track and monitor?
- Integrate **patient surveying** into existing patient feedback mechanisms
- Develop **EHR fields** to document and track TeamBirth activities



TeamBirth EHR Fields

Develop EHR fields to document and track TeamBirth activities

What priority metrics or information would be helpful for your teams to track? What are your indicators of success?

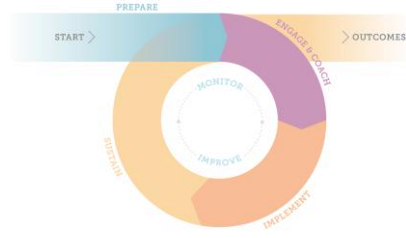
Examples:

- Huddle occurred: yes/no
- Huddle participants: free text or dropdown
- Reason for huddle: dropdown options
- Board sections updated: multi-select
- Use of discussion guides: dropdown options
- Huddle summary: free text or smartphrase in encounter notes
- NTSV rates
- Hemorrhage rates

How and when will you view the data you collect?

Examples:

- Unit and facility dashboards
- Summary data (all time, month, or year to date)
- Run charts showing metrics over time
- Metrics disaggregated by:
 - Patient race/ethnicity
 - Patient language
 - Other priority demographics
 - Provider
 - Birth type



Example TeamBirth EHR Fields - Epic

Team Birth Huddle	
Team BirthHuddle initiated	Yes
Team members present	<input type="text"/>
Whiteboard discussion./update	<input type="text"/>

Team members present

Select Multiple Options: (F5)

- Patient
- Significant Other
- Support Person
- Nurse
- OB Provider
- Midwife
- Doula
- Neonatology Provider
- MFM Provider
- Anesthesia Provide
- Other (Comment)

Whiteboard discussion./update

Select Multiple Options: (F5)

- Whiteboard Update
- Patient Preferences
- Mom Status/Plan
- Baby Status/Plan
- Progress Status/Plan
- Next Huddle



Example TeamBirth EHR Fields - Epic

Epic EHR Screenshot

RT

Summary Chart Recon... Results Work List Flowsheets Notes Education Ca

Flowsheets

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data

Vital Signs Vigilance/Perigen Intake/Output OB Triage Care Record OB Patient Profile Labor Rec

Accordian Expanded View All

1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start: 0700 Reset Now

Admission (Current) from 7/22...

Search (Alt+Comma) 1500 Last Filed

Deep Tendon Reflexes

Additional Documentation

Amnioinfusion

Additional Documentation

Notification

Provider Name/Title

Provider Role

Family member notified

Method of Communication

Reason for Communication

OB Reason for Communication

Response

Notification Time

Notification Exception

TeamBirth Huddle

TeamBirth Huddle

TeamBirth Huddle Participants

Intrapartum Charges (This Phase STOPS at Delivery of Placenta)

Intrapartum Class 1

Patient

COVID-19: Unknown

Isolation: None

Infectious Screening Incomplete

Physician Obstetrics Attending

Primary Cvg: None

Allergies: Not on File

PPH Risk:

TRIAGE

Cervical Exam: None

ROM: No data

THIS PREGNANCY

Hx (GTPAL): G3P1010

GA: 34w4d (8/29/2022)

Blood Type: None

L&D ENCOUNTER: TODAY

Patient Class: Extended Hospital Outpatient

No active principal problem

7/22/22 1500

TeamBirth Huddle

Select single option (F5)

Yes

No

Comments (Alt+M)

7/22/22 1500

TeamBirth Huddle Participants

Select multiple options (F5)

Provider

Primary Nurse

Anesthesia Provider

Consulting Provider

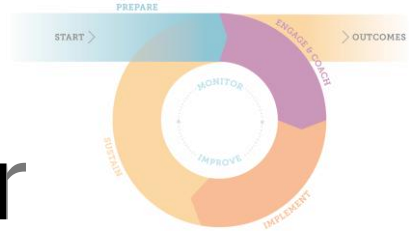
Doula

Resident

Support Person

Charge Nurse

Pediatric Provider



Example TeamBirth EHR Fields - Cerner

- ✓ Magnesium Sulfate Therapy
- ✓ Neurological Assessment
- ✓ Respiratory Assessment
- Seizure Assessment
- Team Birth**
- Psychosocial - OB
- ✓ Membrane Status

Blue Data Applied		
Preeclampsia Additional Comments		
Team Birth		
Members Present for Huddle		
Whiteboard Huddle/Update		
Team Birth Additional Comments		
Psychosocial - OB		

09:28 AM 09:25 AM 09:15 AM 09:00 AM

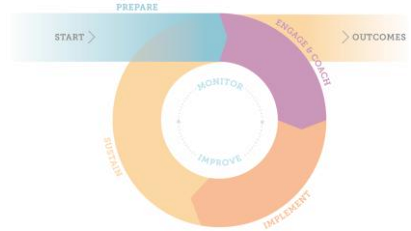
Members Present for Huddle X

- Patient
- Significant other
- Doula
- Support people
- Nurse
- Charge RN
- OB Provider
- MFM Provider
- OB Hospitalist
- Midwife
- Anesthesia
- Pediatrician
- Neonatologist
- Social Worker
- Dietary
- Other

09:28 AM 09:25 AM 09:15 AM 09:00 AM 08:45

Whiteboard Huddle/Update X

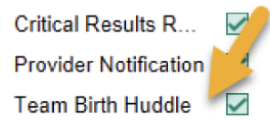
- Team members current
- Patient preferences
- Mom status/plan
- Baby status/plan
- Progress status/plan
- Next assessment
- Decision aid reviewed
- Other



Example EHR Fields Onboarding

Team Birth Huddle – Nurse Documentation

Team Birth Huddle documentation is available in the following Flowsheets: **Labor, Postpartum, and Newborn Nursery Assess**. It is located just under Provider Notification in all three templates.



When you document that a Team Birth Huddle was initiated, the following rows will display: “Team Members Present” and “Whiteboard Discussion/Update.”

Team Birth Huddle
Team Birth Huddle Initiated?
Team Members Present
Whiteboard Discussion/Update

If the “Discussion to Deliver” tool was used during the huddle, make sure to document that in the Whiteboard Discussion/Update row:

Team members current
Patient preferences
Patient status / plan
Baby status / plan
Progress status / plan
Next assessment
Timeline
Discussion to Deliver tool used

Noting Discussion Guide use

When you write your Plan of Care note, all Team Birth Huddle documentation from the past 12 hours will automatically display for review:

Team Birth Huddles for the past 12 hrs:	Team Members Present	Whiteboard Discussion/Update
10/20/23 1500	Patient; Significant other; OB provider; Social Worker	Team members current; Patient status / plan; Timeline

Team Birth Huddle – OB Documentation

To allow Team Birth Huddles to be documented in Epic, a new SmartPhrase is available for use in your Progress Notes: **.BIRTHHUDDLE**

When you use .BIRTHHUDDLE the following template displays in your note:

Team Birth Huddle Discussion

[Team Birth Huddle Discussion:304150001]

Summary: ***

- Patient preferences
- Patient status/plan
- Baby status/plan
- Progress status/plan
- Next assessment
- Timeline
- Discussion to Deliver Tool used

Select the topics discussed during the huddle from the list, and add any additional information needed in the “Summary” section.

Selections from the topic list are filed discretely to the chart as SmartData Elements. This allows reporting on what types of huddles have occurred as well as if the Discussion to Deliver Tool was utilized during care.

Custom TeamBirth Smartphrases

The .BIRTHHUDDLE SmartPhrase can be placed into any personalized note templates you use if you would like it to show automatically, such as an antepartum progress note template.

If you would prefer to create your own format for displaying this information (such as removing the Summary section), you will still need to include the topic list selection as it contains data elements used for reporting.

SmartList ID: 304150001 – OHA IP CBC TEAM BIRTH HUDDLE DISCUSSION

Example TeamBirth Dashboard

Team Birth Huddle Info

excludes planned cesareans

Delivery Provider

(All)

Admission Date

Last 13 months

Data Updated 2/1/2024

Total # Huddles

2,223

Avg # of huddles per patient

0.6429

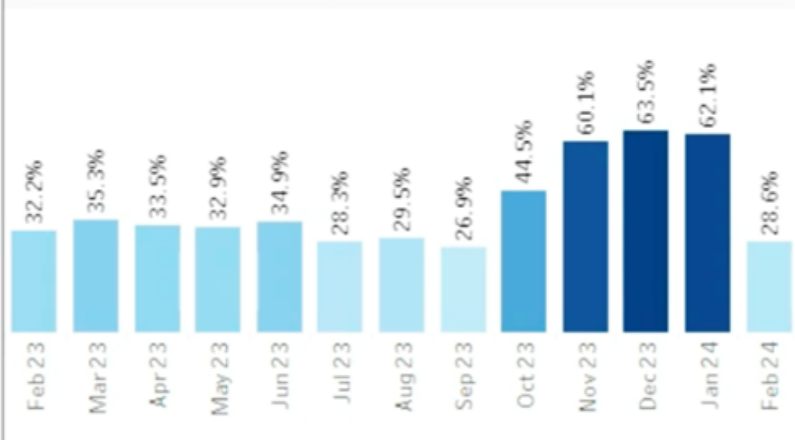
Avg # of huddles for vag births

0.6872

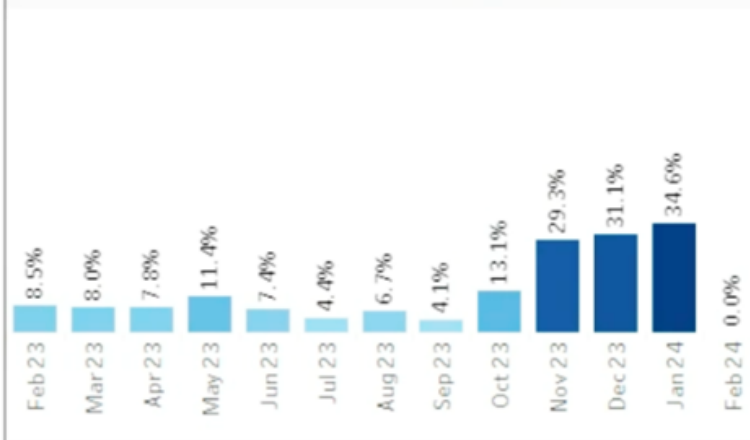
Avg # of huddles for cesareans

0.5781

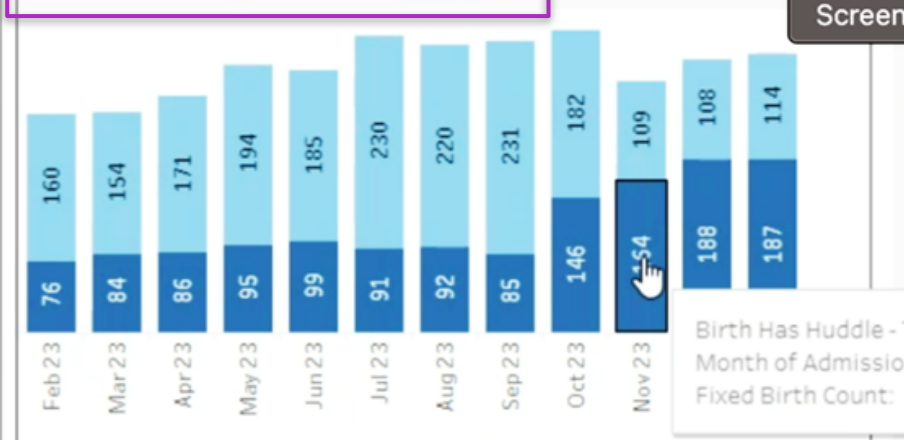
% of Births with 1+ Huddle



% of Births with 2+ Huddles



births WITH vs W/OUT huddle by month



Huddles per Delivering Provider



births w/o huddle by provider

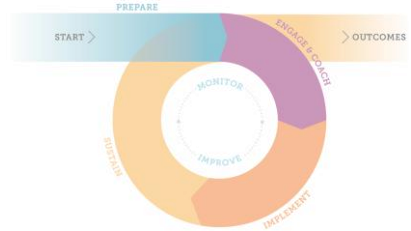


Provider Names

Provider Names

Screen

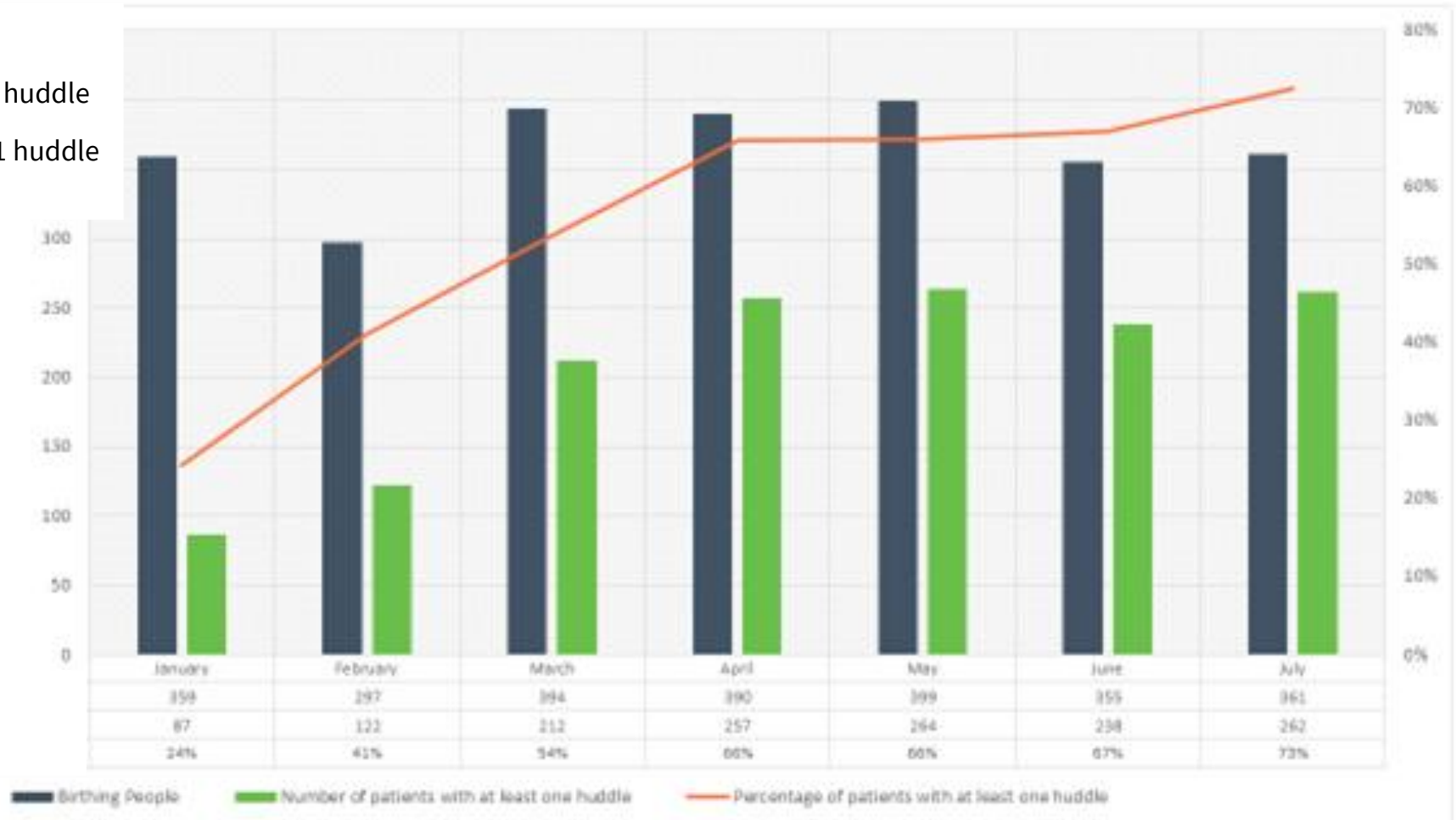
Birth Has Huddle - T
Month of Admission
Fixed Birth Count:

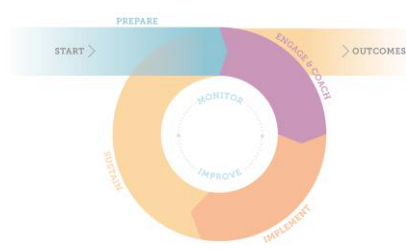


Example TeamBirth Reporting

Percentage of Birthing People with at least one huddle

- # Birthing People
- # of patients with at least 1 huddle
- % of patients with at least 1 huddle





Continuous improvement

Data informs opportunities for ongoing quality improvement

Iterating and expanding

- A role (see Leadership Accountability) should be responsible for **tracking/analyzing data and reporting progress** to leaders and staff
- Data should be used to **inform decisions** about where to focus improvement efforts
- Identify **opportunities to expand TeamBirth** into other units, prenatal care, or community programs
- Leverage successes in TeamBirth's culture change and teamwork to **support future quality improvement initiatives**

Sustainability Tools



TeamBirth Sustainability Survey

INSERT HOSPITAL NAME would like to know about your experience with TeamBirth huddles and shared-decision making with your clinical team during this hospital stay. We invite you to take part in this survey to share your feedback. The survey will take about 3 minutes to complete. You can stop at any time, and you can skip questions that you prefer not to answer. If you do not take this survey, the health care you receive will not be affected in any way. Your responses will be anonymous with no ability to identify you. Once you are home, you may also receive a separate, hospital-wide survey via phone call. Please consider participating in that survey as well. Your participation in this survey is optional. There is no direct benefit to you for participating in this survey, and you will not be paid for participating.

Please describe your experiences with decision making during your hospital stay. (select one option for each statement)	Completely Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree
1. My clinical team asked me how involved in decision making I wanted to be.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
2. My clinical team told me that there are different options for my maternity care.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
3. My clinical team explained the advantages and disadvantages of the maternal care options.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
4. My clinical team helped me understand all the information.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
5. I was given enough time to thoroughly consider the different maternity care options.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
6. I was able to choose what I considered to be the best care options.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
7. My clinical team respected that choice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

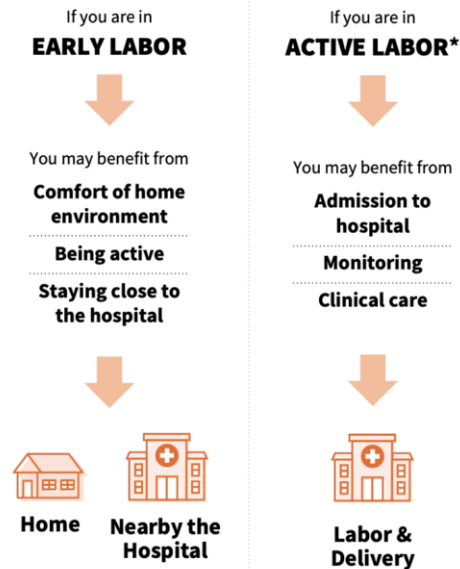
Tool Citation: Vedam, S., Stoll, K., Martin, K., Rubashkin, N., Partridge, S., Thordarson, D., & Jolicoeur, G. (2017). The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care. PLoS one, 12(2), e0171804. <https://doi.org/10.1371/journal.pone.0171804>

Please review the questions and/or statements in each row. (select one option for each statement)	None of the time	A little of the time	A moderate amount of time	Most of the time	All of the time
8. How often did a member of your team update the names of care team members on the board?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9. How often did your doctor/midwife and nurse discuss your preferences/ concerns and update the board?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10. How often did your doctor/midwife and nurse discuss care plans and update the board?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11. How often did your doctor/midwife and nurse set a plan for the next huddle and update the board?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

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.



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. Active labor typically begins at 4-6cm with accelerated cervical dilation. Your clinical team will update you on your cervical dilation and progress. This guide is designed for use with full term births.



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 \$10,361,110.00 with 0 percentage financed with non-governmental sources. 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.

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?
Mom	Support labor	<ul style="list-style-type: none"> <input type="checkbox"/> Movement: Change positions, walk, dance or sway <input type="checkbox"/> Breathing: Take deep breaths or use relaxation methods <input type="checkbox"/> Touch: Massage, stroking, or cuddling <input type="checkbox"/> Temperature: Apply heat or cold with water or packs <input type="checkbox"/> Environment: Use light, smells, or sounds to create a comfortable space <input type="checkbox"/> Drink: Have ice chips or a glass of water <input type="checkbox"/> Medications: Start or change medications for your pain <input type="checkbox"/> Other: _____
	Manage wellbeing	<ul style="list-style-type: none"> <input type="checkbox"/> Reposition: Lay on your side, hands and knees, lunge, squat, etc. <input type="checkbox"/> Monitoring: Change monitoring method <input type="checkbox"/> Hydrate: Drink fluids or use an IV <input type="checkbox"/> Medications: Change or stop medication for your contractions <input type="checkbox"/> Other: _____
Labor Progress	Promote progress	<ul style="list-style-type: none"> <input type="checkbox"/> Movement: Change positions, walk, dance or sway <input type="checkbox"/> Breathing: Take deep breaths or use relaxation methods <input type="checkbox"/> Tools: Use labor support tools, like a birthing ball <input type="checkbox"/> Break Water: Use tools to break your water <input type="checkbox"/> Medications: Change or stop medication for your contractions <input type="checkbox"/> Other: _____

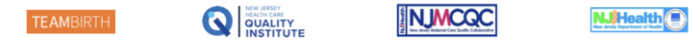


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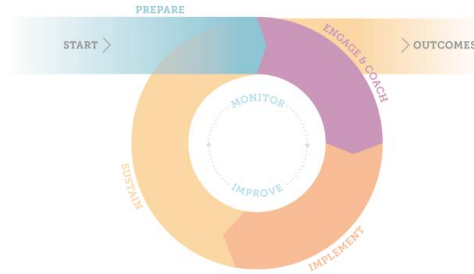
Assisted Delivery Discussion Guide

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?
Mom	Request	<ul style="list-style-type: none"> <input type="checkbox"/> You believe that assisted delivery is the best option for you after discussion with your care team
Baby	Concern for wellbeing	<ul style="list-style-type: none"> <input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <ul style="list-style-type: none"> <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
	Slow induction	Either: <ul style="list-style-type: none"> <input type="checkbox"/> Early labor (6 cm or less) for 24 hours or more <input type="checkbox"/> Medications to support contractions and waters broken for at least 12-18 hours or more
Labor Progress	Slow progress	No cervical change with waters broken and 6 cm or more dilated with either: <ul style="list-style-type: none"> <input type="checkbox"/> Good contractions for 4 hours or more <input type="checkbox"/> Medications to support contractions for 6 hours or more
	Prolonged pushing without progress	Either: <ul style="list-style-type: none"> <input type="checkbox"/> Pushing for at least 3 hours if this is your first labor <input type="checkbox"/> 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)



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Huddle Observation Form

A valuable tool for coaching huddles throughout implementation

Download, print, and share with staff the TeamBirth Huddle Observation Form

TEAMBIRTH Huddle Observation Form

PLAN

8. Did the team discuss the care plan options and make decisions about shared preferences or concerns?
 Yes No

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

	Yes, board updated	No, not updated
Plan for Me / Mom	<input type="radio"/>	<input type="radio"/>
Plan for Baby	<input type="radio"/>	<input type="radio"/>
Plan for Labor Progress	<input type="radio"/>	<input type="radio"/>

NEXT HUDDLE

10. Did the team discuss expectations for when the next huddle will occur?
 Yes Clear expectations for the next huddle were discussed
 No The team did not discuss the next huddle

11. Were the expectations for when the next huddle may occur discussed?
 Yes Next huddle options were written on the board
 Yes, previously Next huddle options were previously written on the board
 No Next huddle options were not written on the board

REFLECTIONS

The below reflections provide opportunities for discussion and feedback.

12. Was everything written on the board in patient friendly language?
 Yes No

13. Who wrote on the shared planning board during this huddle?
 Mom/Birthing person
 Support person (doula, family, friend, partner, spouse)

14. What went well during the huddle?

15. What challenges did you observe or experience?

16. How could the team improve next time?

17. Did you provide any feedback to any team members about the huddle?
 Yes No

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

TEAMBIRTH Huddle Observation Form

ARIADNE LABS

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:
 I was a clinical team member in the huddle
 I was a support person (like spouse, doula, family, etc) in the huddle
 I was an observer of the huddle

2. Which of the following instances prompted the huddle? **Select all that apply:**

<input type="checkbox"/> Admission <small>(Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility)</small>	<input type="checkbox"/> Prior to non-emergent intervention for mom/patient <small>(AROM, augmentation, internal monitors, use of vacuum or forceps to assist birth, C-Section)</small>
<input type="checkbox"/> Labor Progress	<input type="checkbox"/> Prior to non-emergent intervention for baby <small>(Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission)</small>
<input type="checkbox"/> Pain Control	<input type="checkbox"/> Post-birth/Post-emergency Debrief
<input type="checkbox"/> Change in care management <small>(Hypertension, Hemorrhage, Infection, Opioid Use Disorder)</small>	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Shift change/Hand-off/Discharge	

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

TEAM

4. Was each person introduced by name and role at the beginning of the huddle?
 Yes, everyone Including the patient and any support people were introduced
 No, only some Some people were not introduced by name and role, please specify: _____
 No Introductions were not done

5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?
 Yes, all All names & roles were written on the board
 No, only some Some names & roles were left off the board, please specify: _____
 No No names were written on the board

PREFERENCES

6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?
 Yes Patient was able to share preferences or concerns
 No The care team did not ask the birthing person to share preferences or concerns

7. Were any patient preferences or concerns about the current plan written on the shared planning board, either during this huddle or previously?
 Yes Preferences or concerns about the current plan were written on the board
 Yes, previously Preferences or concerns were previously written on the board
 No Preferences or concerns were not written on the board

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TeamBirth Recognition | Huddle Observation Form
Version Dec 2024

WHAT

2-page form

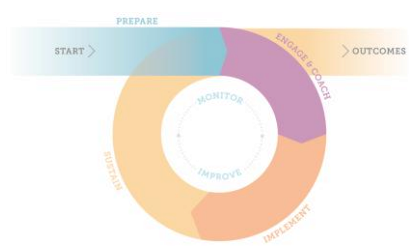
Quick select options to document each key behavior during a huddle

Several open ended questions for providing additional detail

Share:

- As a printed form
- Digital Survey Form Link*

*Get your site specific link from Ariadne



Huddle Observations

Paper Form

Digital Form

Observers will:

- Observe patient huddles
 - *Observers may self-evaluate huddles they participate in up to 3 times*
- Document their observation using the Huddle Observation Form
 - *If observers use paper form, the Liaison should collect them and input them into the digital form*

TEAMBIRTH Huddle Observation Form

ARIADNE LABS

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:
 I was a clinical team member in the huddle
 I was a support person (like spouse, doula, family, etc) in the huddle
 I was an observer of the huddle

2. Which of the following instances prompted the huddle? **Select all that apply:**
 Admission (Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility)
 Labor Progress
 Pain Control
 Change in care management (Hypertension, Hemorrhage, Infection, Opioid Use Disorder)
 Shift change/Hand-off/Discharge
 Prior to non-emergent intervention for mom/patient (AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section)
 Prior to non-emergent intervention for baby (Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission)
 Post-birth/Post-emergency Debrief
 Other, please specify: _____

3. Did the team clearly state that this conversation was a TeamBirth huddle?
 Yes A team member stated clearly that a TeamBirth huddle was occurring
 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, everyone Including the patient and any support people were introduced
 No, only some Some people were not introduced by name and role, please specify: _____
 No Introductions were not done

5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?
 Yes, all All names & roles were written on the board
 No, only some Some names & roles were left off the board, please specify: _____
 No No names were written on the board

REFLECTIONS
The below reflections provide feedback on the huddle.

12. Was everything written on the board?
 Yes
 No

13. Who wrote on the shared planning board?
 Mom/Birthing person
 Support person (if applicable)

14. What went well during the huddle?

15. What challenges did you experience during the huddle?

16. How could the team improve the huddle?

17. Did you provide any feedback?
 Yes
 No

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

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TeamBirth Recognition | Huddle Observation Form
Version Dec 2024

TEAMBIRTH

TEAMBIRTH RECOGNITION
Huddle Observation Form

https://harvard.az1.qualtrics.com/jfe/form/SV_3ra14IHBCXzMnvE

A minimum of 3 team members with a clinical background primary liaison to observe the number of huddles calculated monthly birth volume.

Example:
 Site with an annual birth volume of about 250 (monthly birth volume) x 0.10
 The primary liaison decides to direct 5 clinical members to observe about 5 huddles this month will yield ~ 25 huddles observed (10%)

If your site Huddle Observation target is less than five, or Liaison should reach out to TeamBirth to customize a plan.

3. During your observation of the huddle, were the team members' names written on the shared planning board, either during this huddle or previously?
 Yes, always
 Yes, some - please specify which roles were missing

 No - names were discussed but no one updated the board
 No - names were not updated or discussed
 I was a member of this huddle (self-observer)

4. Who discussed the preferences/concerns of the mom/birthing person? **Select all that apply:**

Translated Infographic Materials

Materials Available In:

- Arabic
- Chinese
- English
- Portuguese
- Spanish
- Vietnamese

Collections / Community Role-Based Infographics

This is a set of 4 infographics are available to share with patients and their family as well as doulas and community midwives in order to inform them about TeamBirth prior to hospital admission. Translations are available for the birthing person,

19 Files

Order by Name ▼



PDF

Arabic_Birthing Person

Share this resource to provide a role specific introduction to TeamBirth at your facility. Use this link to create a copy of this resource to adapt via Canva:
https://go.ariadnelabs.org/TBbirthingperson_adaptable



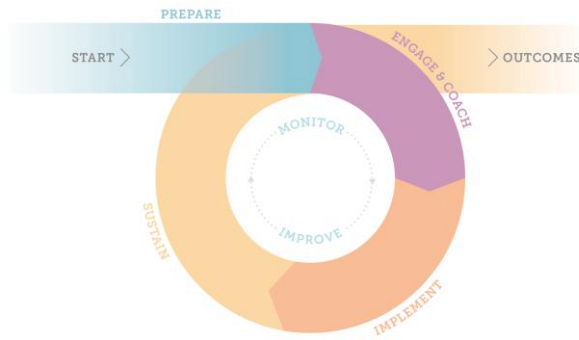
PDF

Arabic_Support Person

Share this resource to provide a role specific introduction to TeamBirth at your facility. Use this link to create a copy of this resource to adapt via Canva:
https://go.ariadnelabs.org/TBsupportperson_adaptable

Looking Ahead





What's Next?

- Reflect on TeamBirth Sustainability
 - TeamBirth Onboarding and Continuing Education
 - Evaluate Impact and Continuous Improvement

- TeamBirth Sustainability Tools Check-in
 - Sustainability Survey
 - Huddle Observation
Pulse Checks
 - TeamBirth Resources and Materials

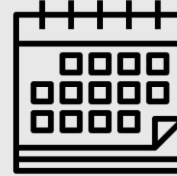
Next Steps

Next Learning Session

TeamBirth Post Launch Support Session

April 27th, 2026

12:00 - 1:00pm EST



Follow Up

A follow up email with key Post Launch Session points will be sent

We Want to Hear From You!

- Anonymous
- Short survey
- What has been challenging or successful?
- Which topic would be helpful for the next meeting?



Email Christine for

- Support and Updates
- Resources
- Implementation Questions & Needs

civery@njhcqi.org

