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

NJ Cohort 6 Collaborative Learning Session #4

April 22nd 2026

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Learning Session Agenda

Introduction	
TeamBirth Core Knowledge & Skills	○ Recap: CORE COMPONENTS ○ Practice: Board use scenario

TeamBirth Implementation	○ Current core activities:
	  ○ Collect data & feedback: PATIENT SURVEYING
	  ○ Reminder – PROVIDE TRAINING & PRACTICE HUDDLES
	  ○ Reminder – ASSESS YOUR CONTEXT
	  ○ Progress check in

Looking Ahead	○ Takeaways From Today ○ Action Items

TeamBirth Implementation Roadmap

Building on the priority implementation activities from the first session

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE ACTIVITIES	✓ **Build your team** ✓ **Develop your strategy** ✓ **Assess your context** ✓ **Customize TeamBirth**	✓ **Socialize TeamBirth** ✓ **Provide training & practice huddles** ✓ Test & improve	✓ Collect data & feedback ✓ Launch TeamBirth ✓ Monitor & celebrate progress ✓ Conducting patient surveys	✓ Embed for sustainability ✓ Evaluate impact & continuously improve

NJ TeamBirth Websites

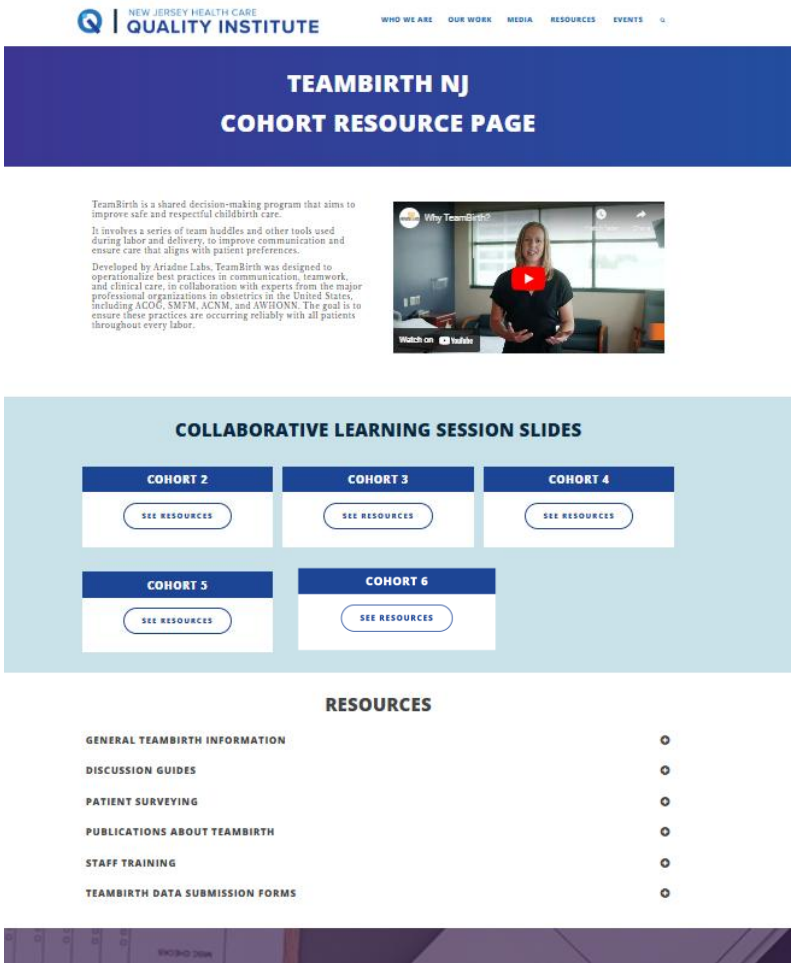
Access the **private** NJ Cohort Resource Page

www.njhcqi.org/teambirthnjcohorts

Password: NJcohorts2022!

Public TeamBirth NJ website

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



TeamBirth Core Knowledge & Skills

TeamBirth **Core** Components

Critical to successful delivery of TeamBirth across the maternal health continuum

1. STRUCTURED TEAM HUDDLES

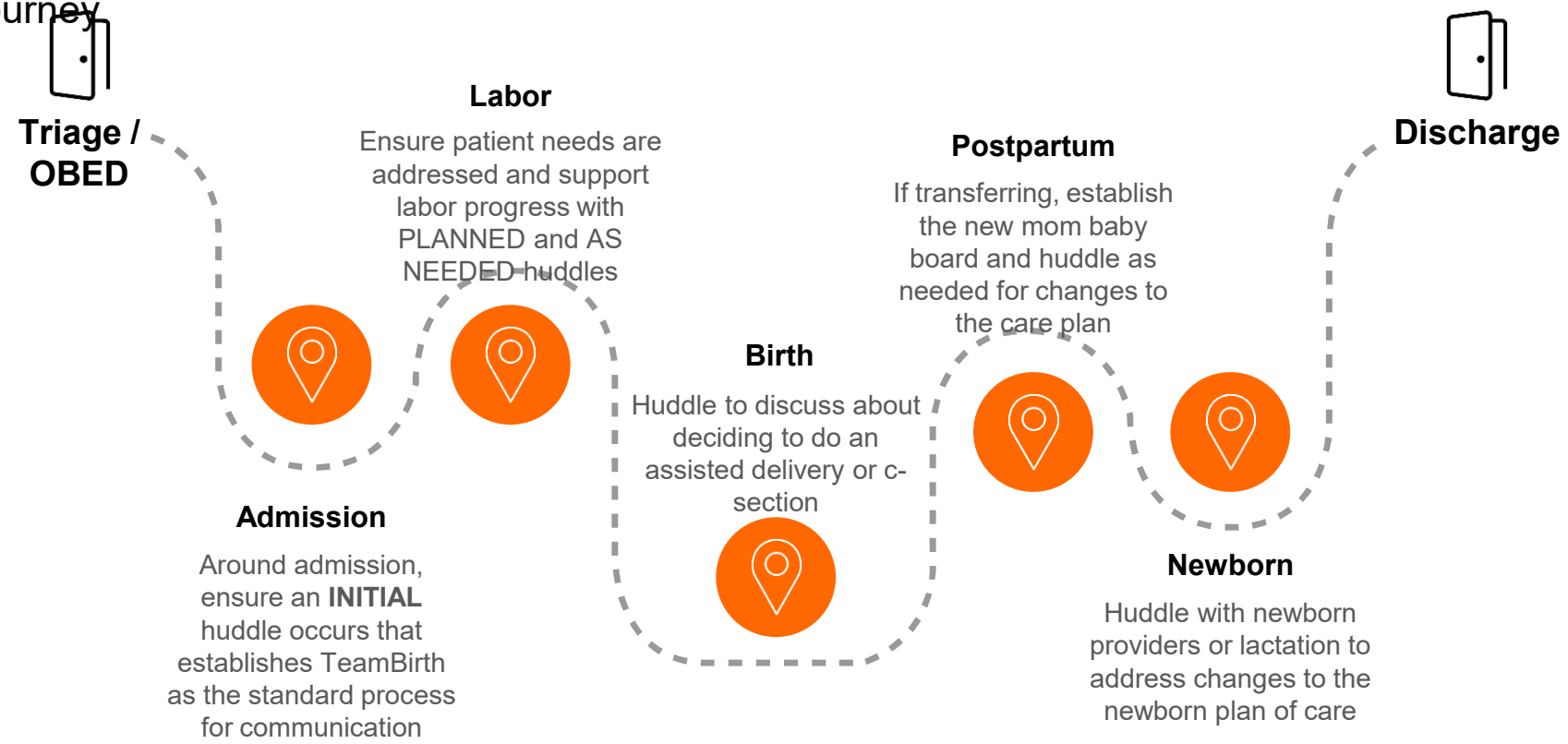
Structured conversations that includes the birthing person and their support people

2. SHARED PLANNING TOOL

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

Door to Door TeamBirth

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



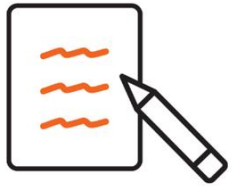
Shared Planning Tool

TEAM

PLAN

Me

Baby



Progress

PREFERENCES

NEXT HUDDLE

TEAMBIRTH

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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)

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

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)

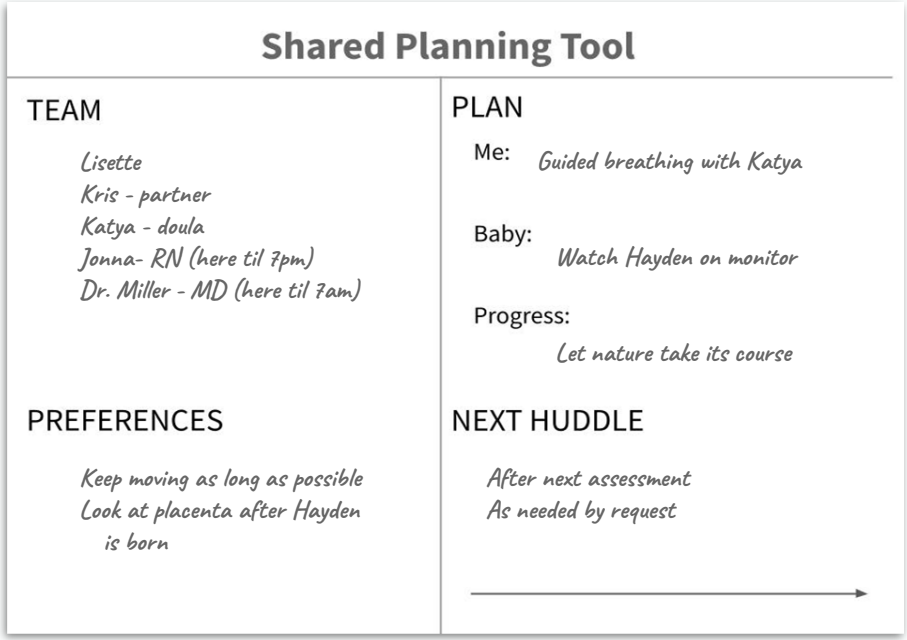
Identify likely reasons to initiate an as needed huddle
(e.g. if pain increases, a decision needs to be made)

Anyone can request a huddle

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

TeamBirth Shared Planning Board - Dual Purpose

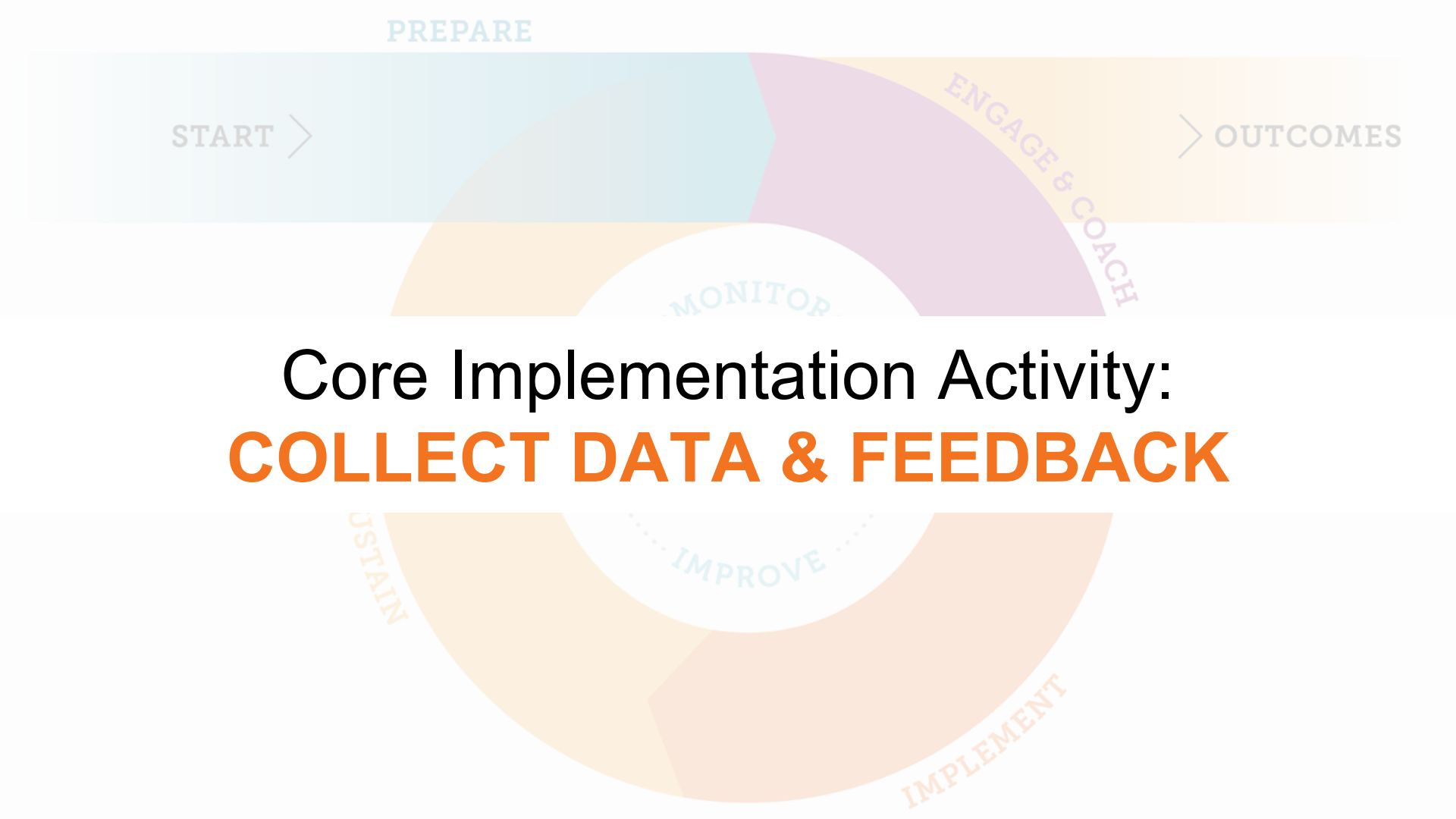
The core components of TeamBirth *benefit the entire team*



The TeamBirth Shared Planning Board:

1. **A visual checklist to prompt key behaviors during a TeamBirth huddle**
2. **Reflects the *current* discussion**
   - Written in patient friendly language
   - Updated as needed by anyone
   - Shows the current team members, preferences, plans, and next huddle

TeamBirth Implementation



Core Implementation Activity:
COLLECT DATA & FEEDBACK

IMPLEMENT PHASE

COLLECT DATA & FEEDBACK

CORE: Capture patient experience at baseline and post-launch to ensure TeamBirth progress and impact

OBJECTIVES

Develop a patient survey strategy

Conduct baseline patient surveying several months before launch and continue post-launch for at least 6 months

Milestones:

- ❑ Baseline patient surveying – *Completed*
- ❑ Patient surveying – *Reconvene late August 2026*

ADAPT

Your unique data collection strategy and methods

TeamBirth New Jersey Cohort 1-5 Data (N=6,242)

**Data as of 3/31/26*

MY AUTONOMY IN DECISION-MAKING SCALE (MADM)

"Please describe your experiences with your clinical team overall during your labor and birth:"

1. My clinical team asked me how involved in decision making I wanted to be.
2. My clinical team told me that there are different options for my maternity care.
3. My clinical team explained the advantages and disadvantages of the maternity care options.
4. My clinical team helped me understand all the information.
5. I was given enough time to thoroughly consider the different maternity care options.
6. I was able to choose what I considered to be the best care options.
7. My clinical team respected that choice.

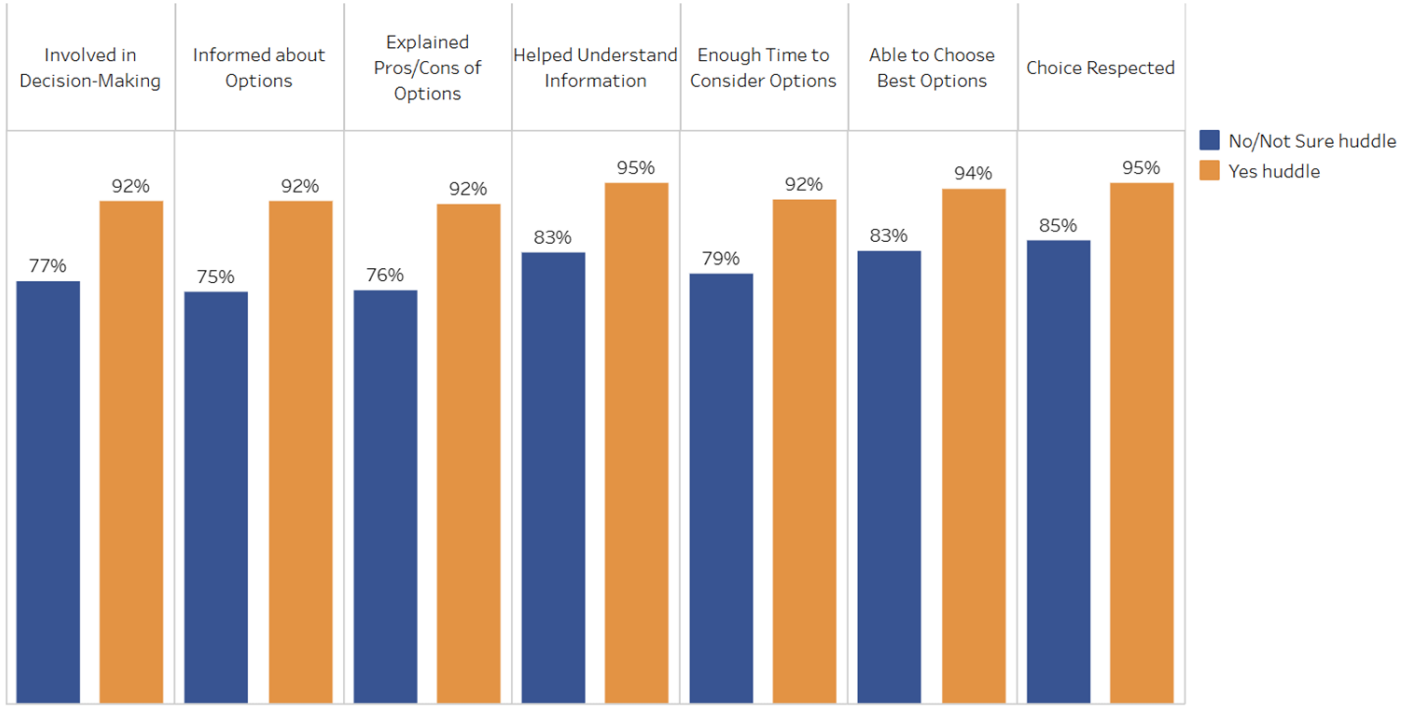
Answered using a 6-point Likert scale:

Completely Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree	Prefer Not to Answer

Vedam S, Stoll K, Martin K, et al. 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*. http://dx.doi.org/10.1371/journal.pone.0171804

Patients who experience a TeamBirth huddle report greater autonomy in decision-making

Higher agreement across all items when patients report experiencing a huddle



No/Not Sure Huddle: 1,795

Yes Huddle: 4,237

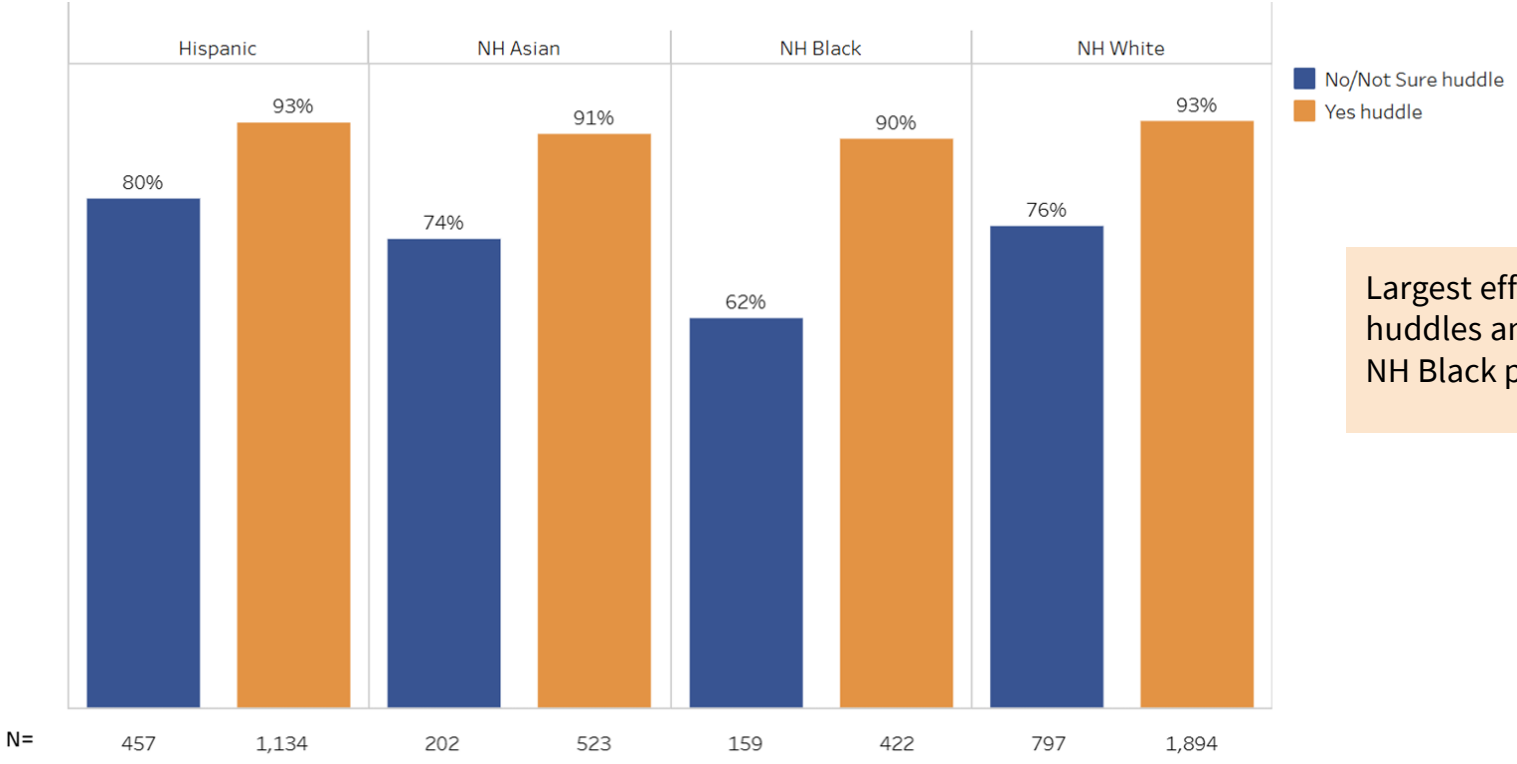
Cohort 1-5 Data as of March 31, 2026
Validated Scale: My Autonomy in Decision-Making Scale

This trend persist across key demographic and clinical characteristics, including by:

- ➔Race/ethnicity
- ➔Insurance status
- ➔Patient-reported experience of complications

Percent of Patients who “Completely/Strongly Agree” by Huddle & Race/Ethnicity

“My clinical team told me that there are different options for my maternity care.”

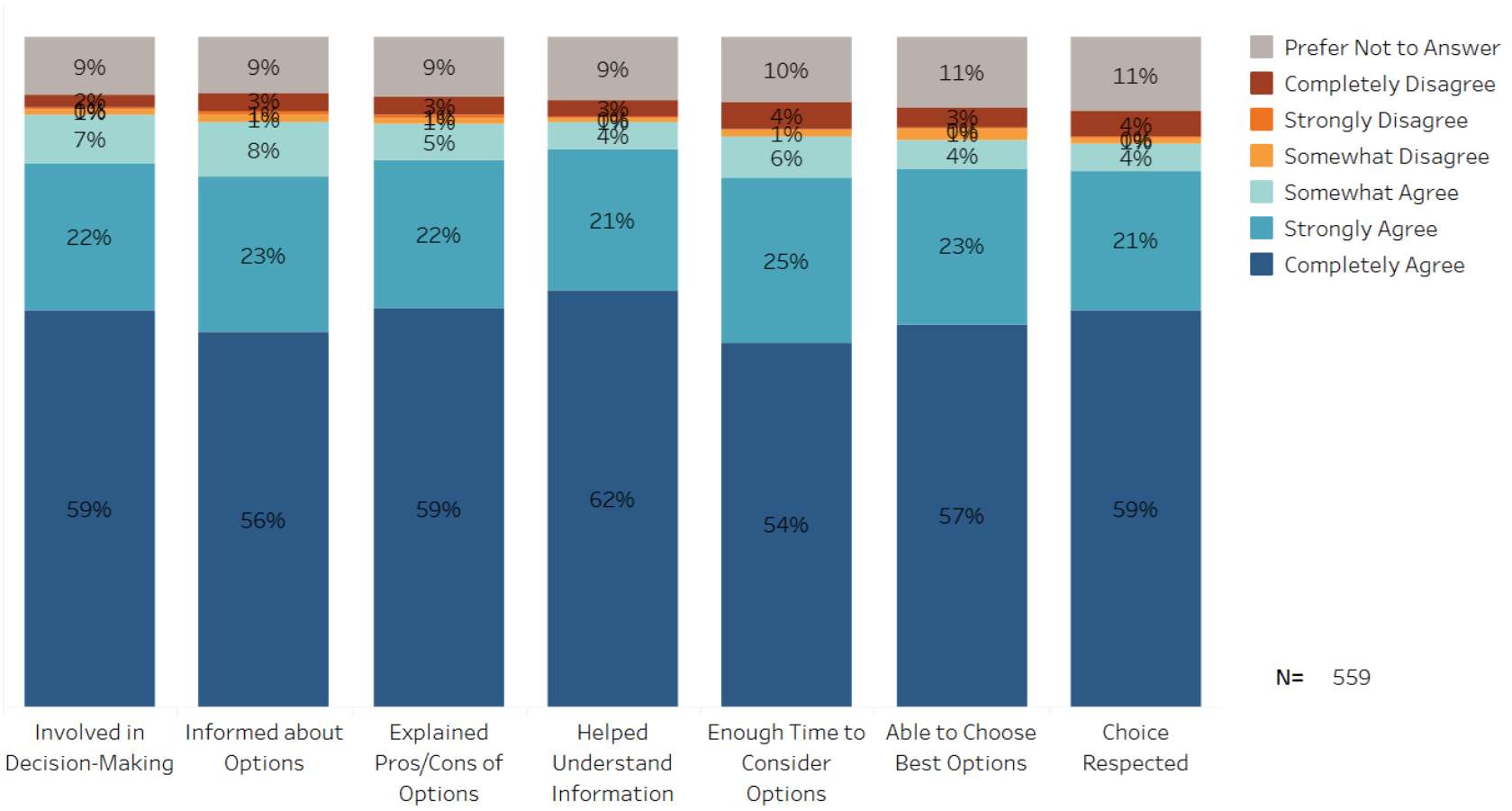


Largest effect of huddles among NH Black patients

TeamBirth New Jersey Cohort 6 Data (N=559)

*Data as of 3/31/26

Responses to Autonomy in Decision-Making (MADM) Items



Patient Comment Highlights

AREAS FOR OPPORTUNITY

- "I wanted a gentle c section (curtain lowered) - **didn't get that even though I stated it.** Same with delayed cord clamping and skin to skin."
- **"During induction I felt nurses did not hear what I wanted and brushed me off.** During c/section father was not asked to cut umbilical cord **nor did they respect mother wishes** for delayed cord clamping even though baby was doing great. bed side manner zero stars."
- **"**Pt comment needs to be noted. **In addition I notice that in labor and delivery they don't write on the board, not even the nurse name/nurse assistant. In postpartum they do."**
- "The hospital staff needs to **listen to the mother's needs when they are giving birth** here + need to give a lot of the nurses people engagement classes."

Cohort 6 Baseline Patient Survey Comments

“Went much better than the first at the same hospital.’

"The teams were amazing! Really made me feel heard and cared for.

"Amazing experience; wonderful care in every way"

“Buen cuidado para mi bebe en la uci" (“*Great care for my baby in the NICU”*)

"me sentí segura con los doctores” (“*I felt safe with the doctors”*)

"Toda a equipe teve muito carinho e atencoo. Eoi uma eguipe excelente." (*The whole team showed a lot of care and attention. It was an excellent team.*)

Baseline Patient Surveying Discussion:

What went well with patient surveying?

What was challenging?

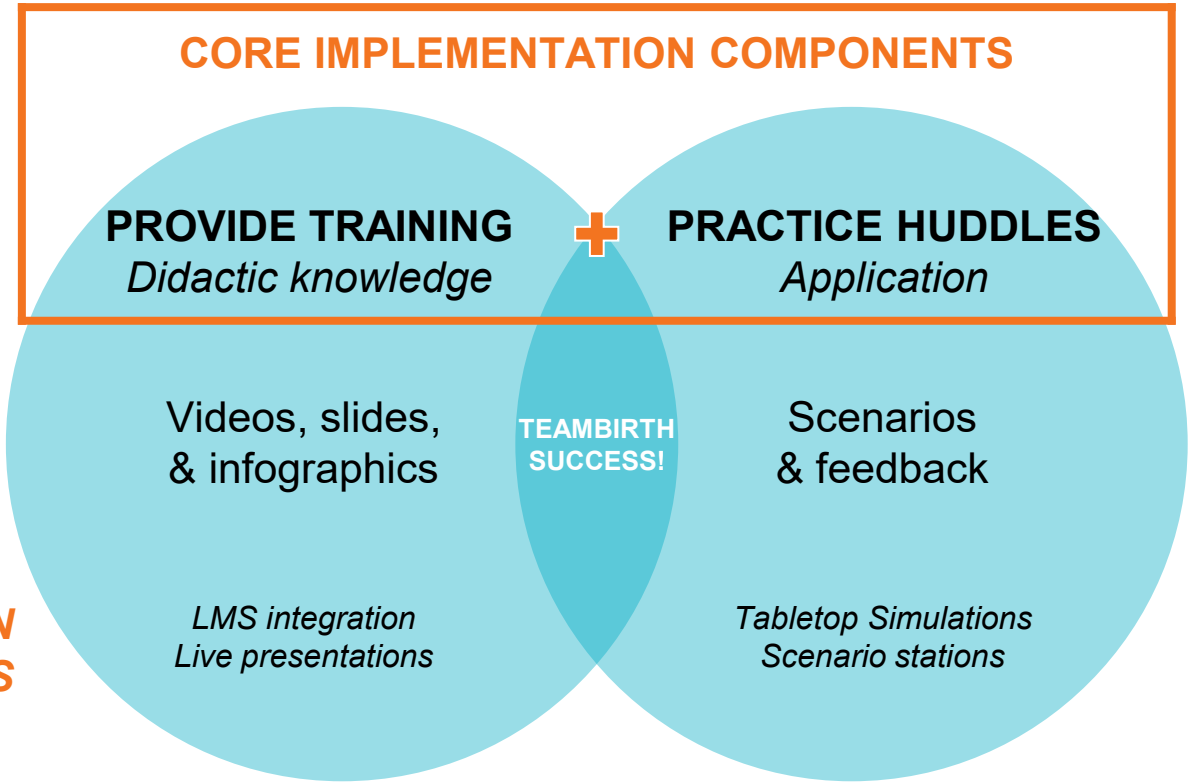
LET'S TALK TEAMBIRTH

Core Implementation Activity:

PROVIDE TRAINING & PRACTICE HUDDLES

For TeamBirth success,

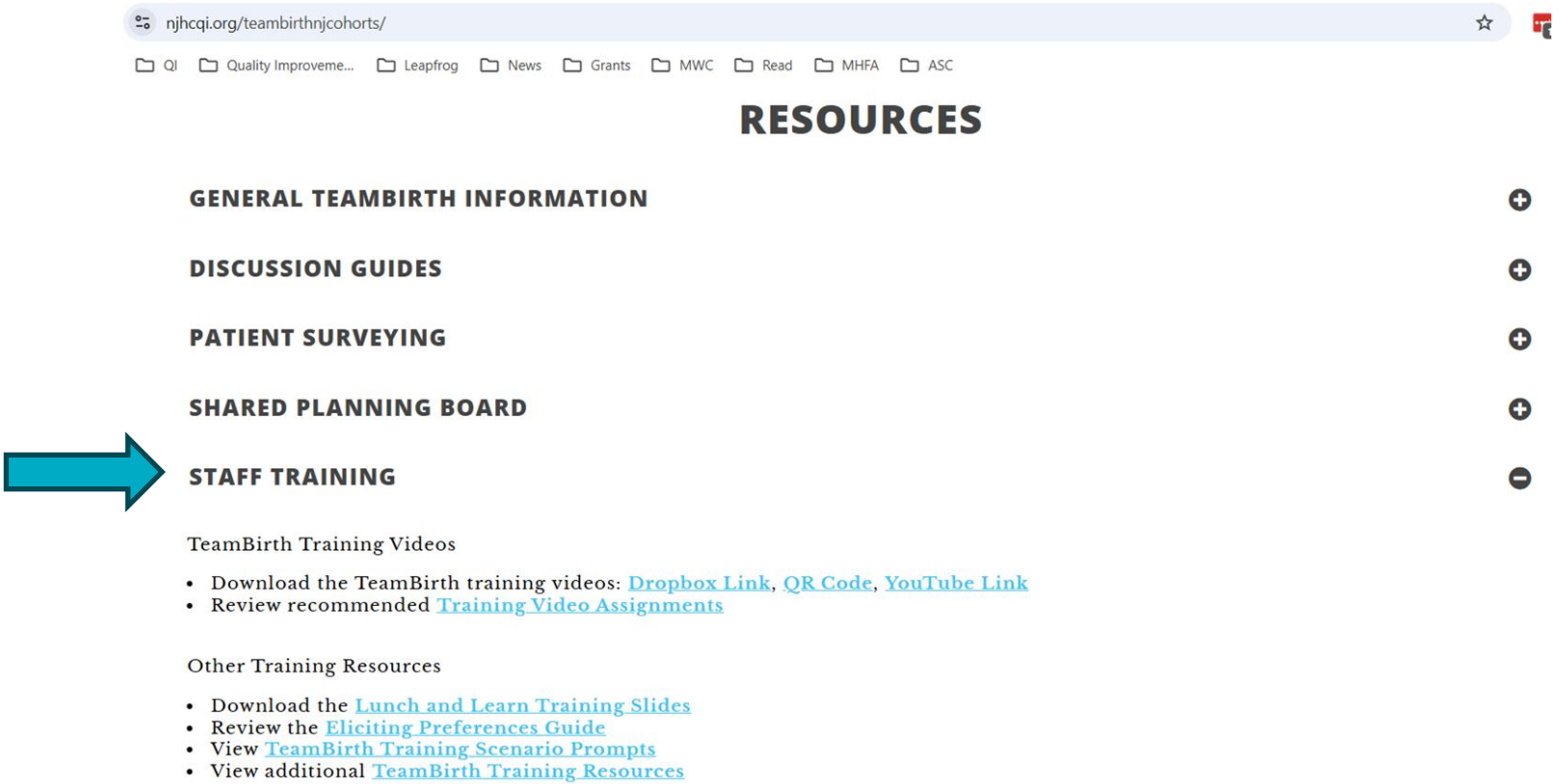
Ensure everyone has the necessary knowledge AND the opportunity to apply it



ADAPTATION EXAMPLES

TeamBirth Training Videos

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



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

Practice Huddle Application
Scenario Training

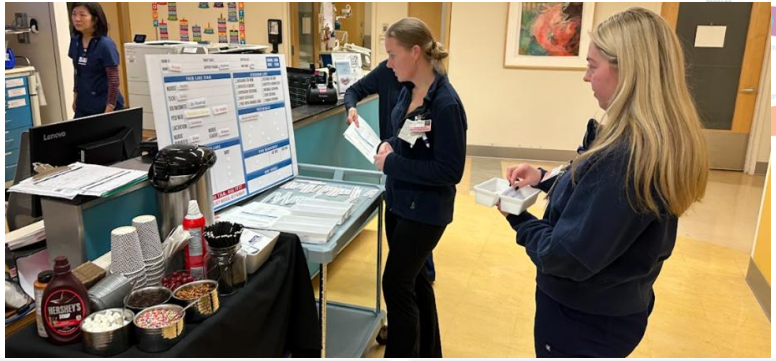
Many approaches to training

On-shift events

- Scenario station for training
- On the fly education
- TeamBirth “roadshows”
- Office hours
- TeamBirth education station
- Mini-trainings at shift changes

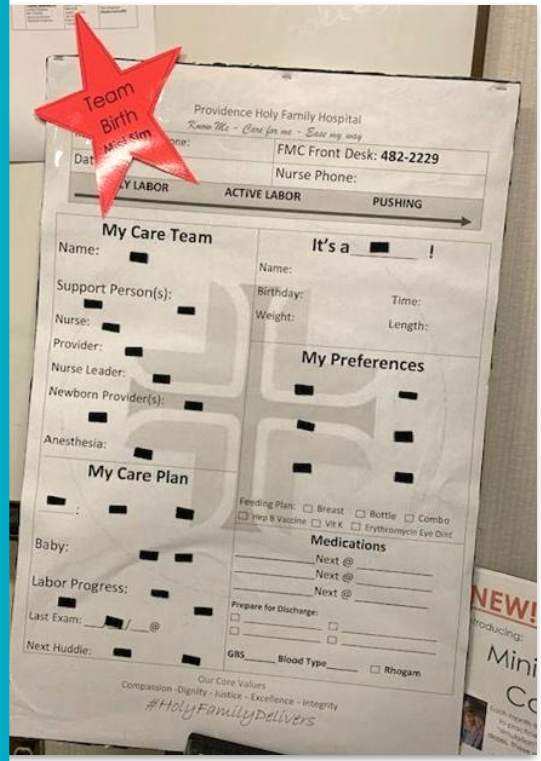
Off-shift events

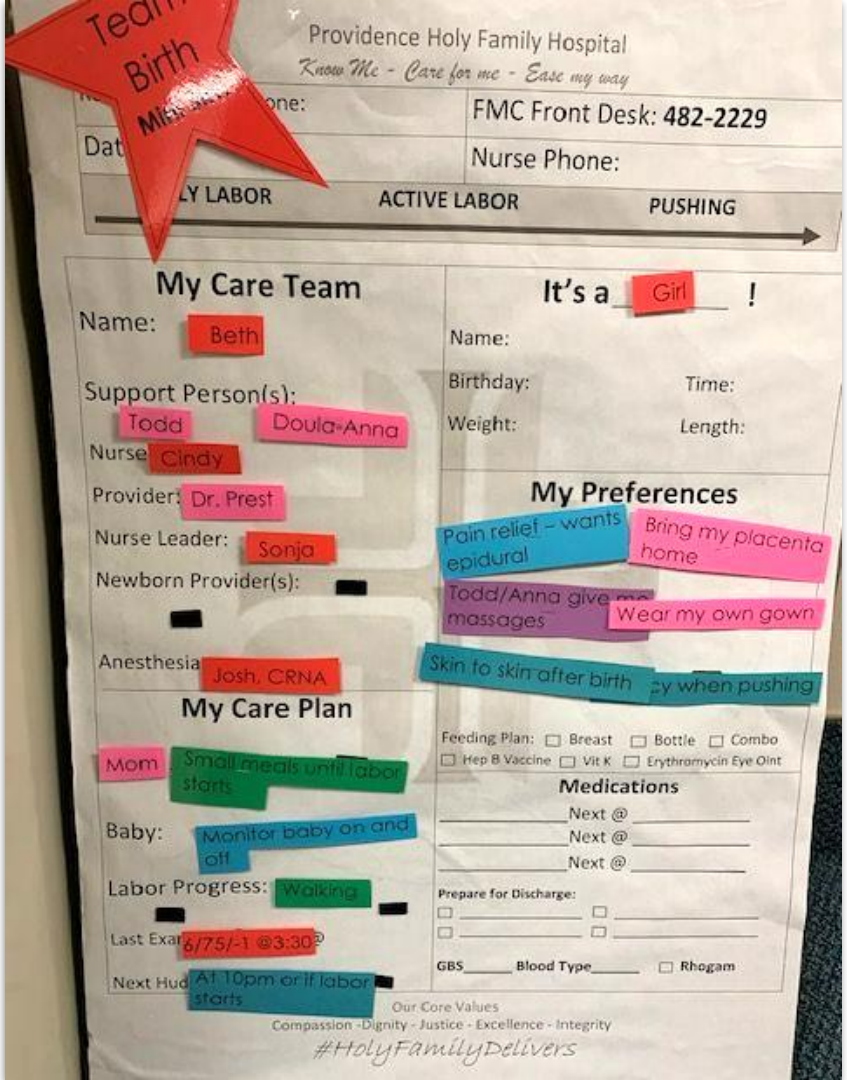
- OB clinics
- SIM lab
- Repurpose unit meetings for multidisciplinary scenario practice and discussion
- Department dinner and training
- Add huddle practice to existing skills labs



Training Examples

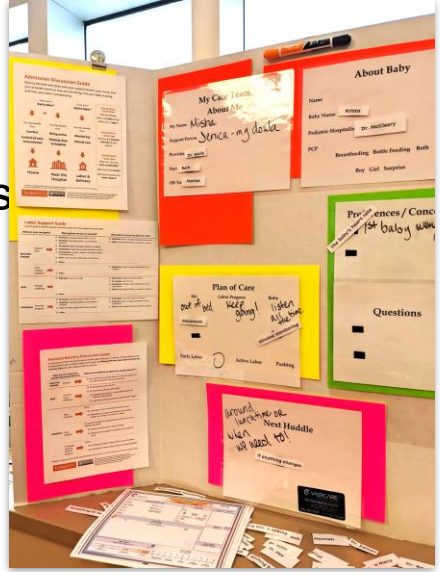
TeamBirth Scenario Station / Mini-Sims

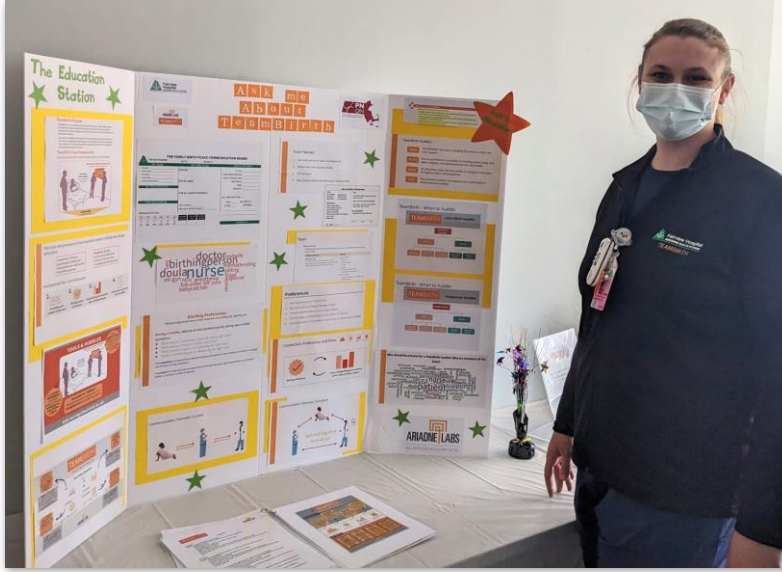


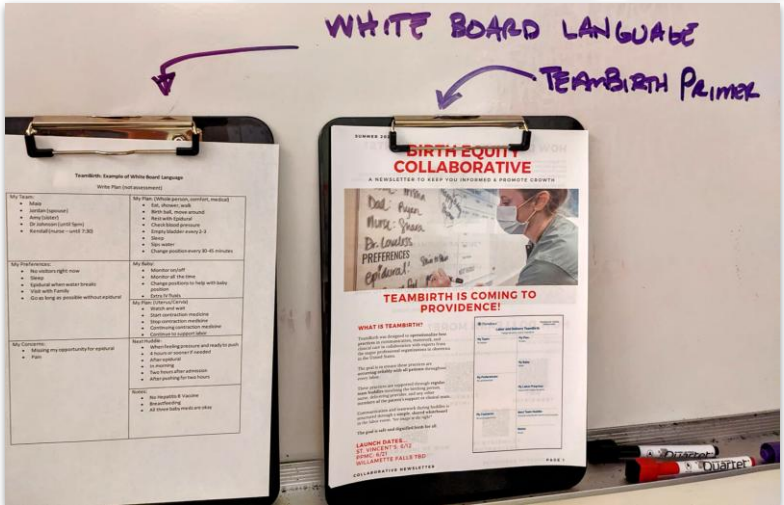


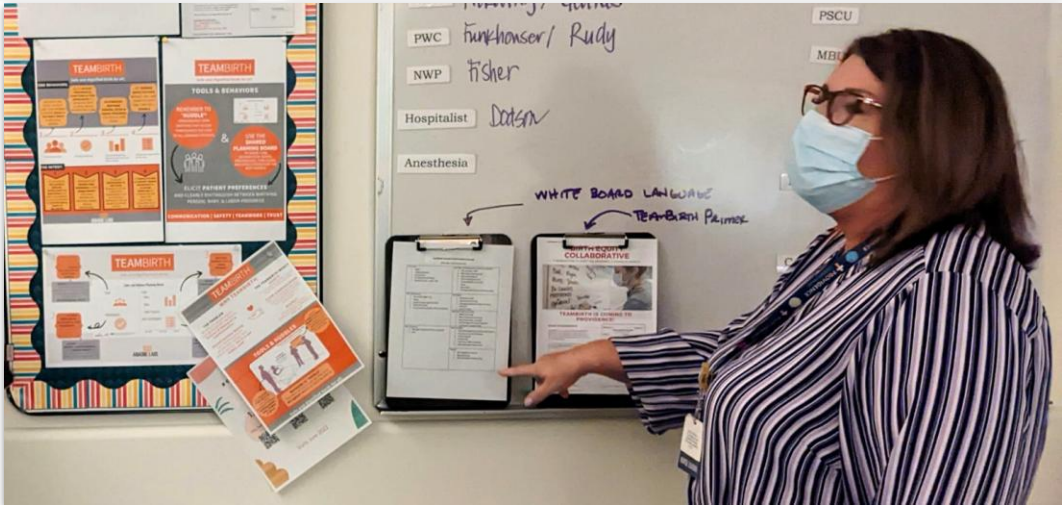
Training Examples

TeamBirth Education Stations









Training Examples

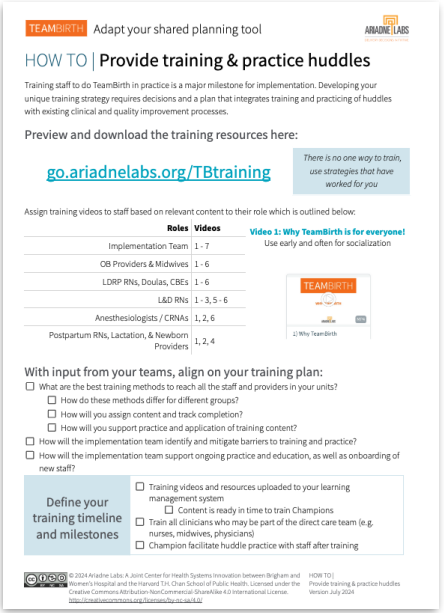
Practice, practice, practice!

Lunch training

Develop your training strategy

There is no one way to train, use strategies that have worked for you

Use the HOW TO resource to start planning your training!



TEAMBIRTH Adapt your shared planning tool

ARIADNE LABS

HOW TO | **Provide training & practice huddles**

Training staff to do TeamBirth in practice is a major milestone for implementation. Developing your unique training strategy requires decisions and a plan that integrates training and practicing of huddles with existing clinical and quality improvement processes.

Preview and download the training resources here:

go.ariadnelabs.org/TBtraining

There is no one way to train, use strategies that have worked for you

Assign training videos to staff based on relevant content to their role which is outlined below:

Roles	Videos
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

Video 1: Why TeamBirth is for everyone!
Use early and often for socialization

With input from your teams, align on your training plan:

- ☐ What are the best training methods to reach all the staff and providers in your units?
  - ☐ How do these methods differ for different groups?
  - ☐ How will you assign content and track completion?
  - ☐ How will you support practice and application of training content?
- ☐ How will the implementation team identify and mitigate barriers to training and practice?
- ☐ How will the implementation team support ongoing practice and education, as well as onboarding of new staff?

Define your training timeline and milestones

- ☐ Training videos and resources uploaded to your learning management system
  - ☐ Content is ready in time to train Champions
- ☐ Train all clinicians who may be part of the direct care team (e.g. nurses, midwives, physicians)
- ☐ Champion facilitate huddle practice with staff after training

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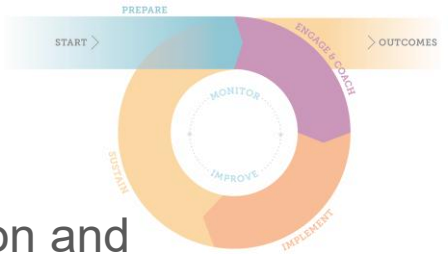


Training Resources

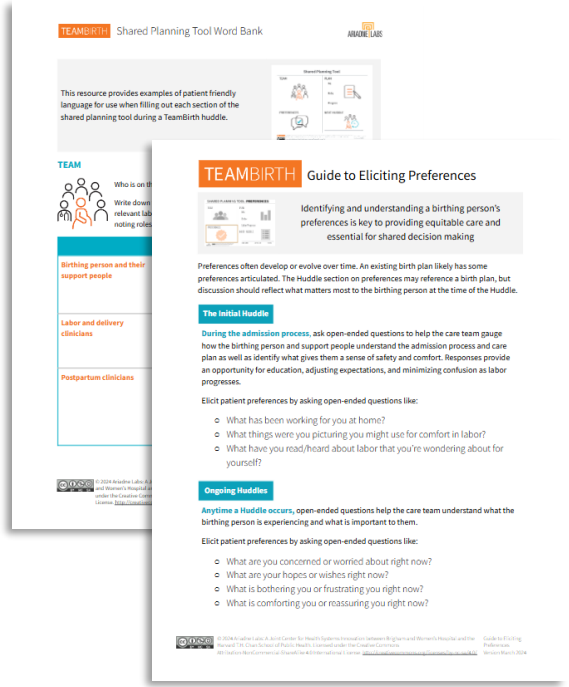
Use these resources to support staff and provider education and training: go.ariadnelabs.org/TBtraining

(also linked on your Cohort Resource Page)

Resource Examples

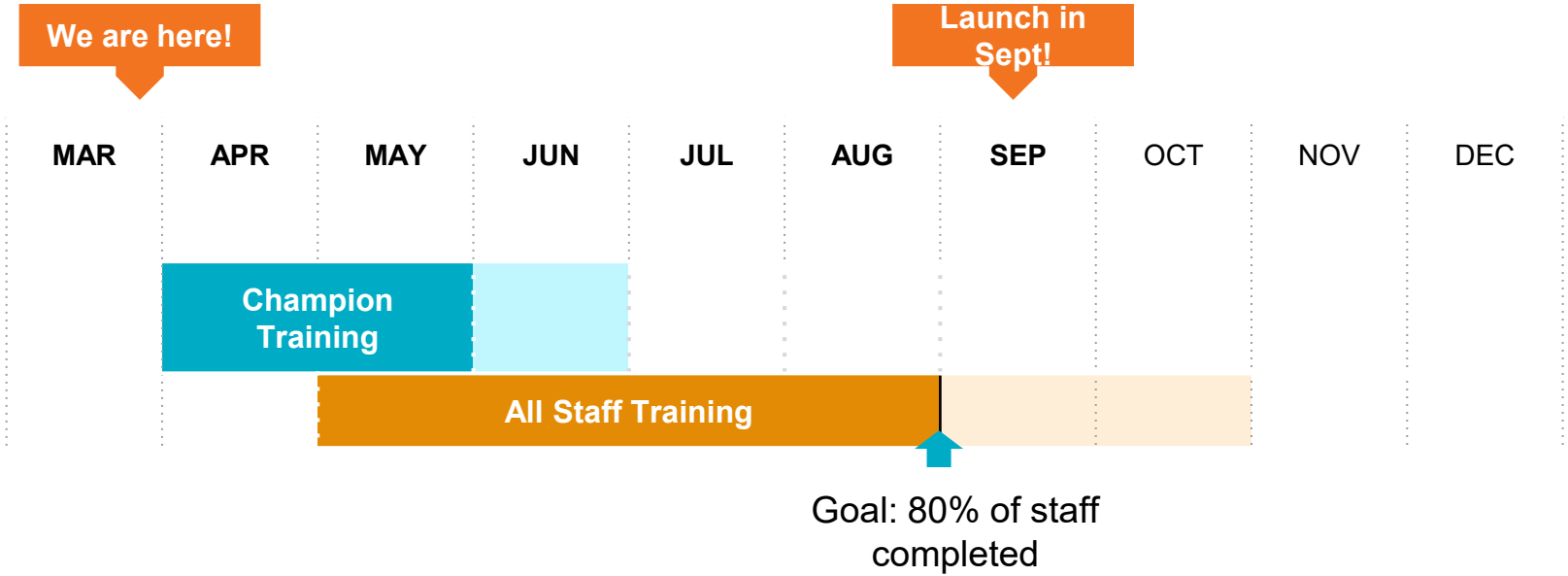
- Guide to Eliciting Preferences
- Infographic | TeamBirth Basics
- Infographic | When to Huddle
- TeamBirth Shared Planning Tool Word Bank
- Spanish TeamBirth Shared Planning Tool Word Bank
- TeamBirth Training Scenarios
- Template | Training Lunch & Learn Slide Deck

… And more

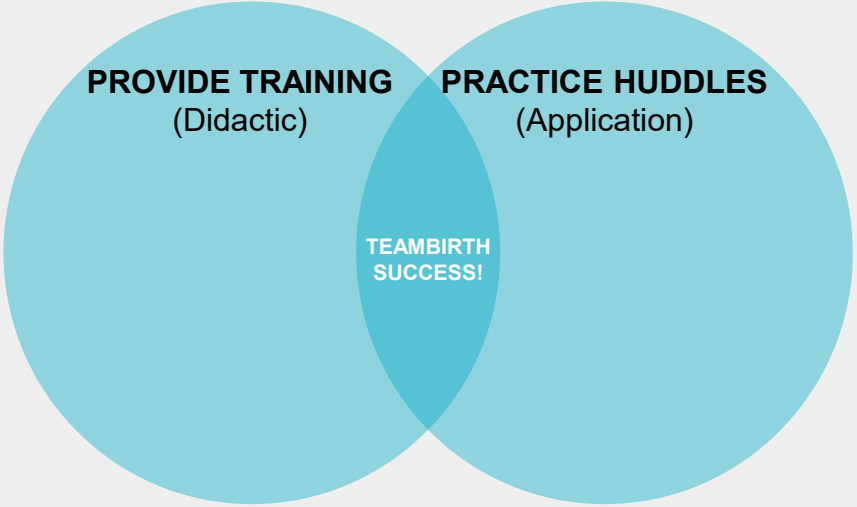


Training Timeline

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



What could TeamBirth training look like for you?



Training Timeline

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

We are here!

Launch!

MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT

Implementation Team/Champions

Training Videos

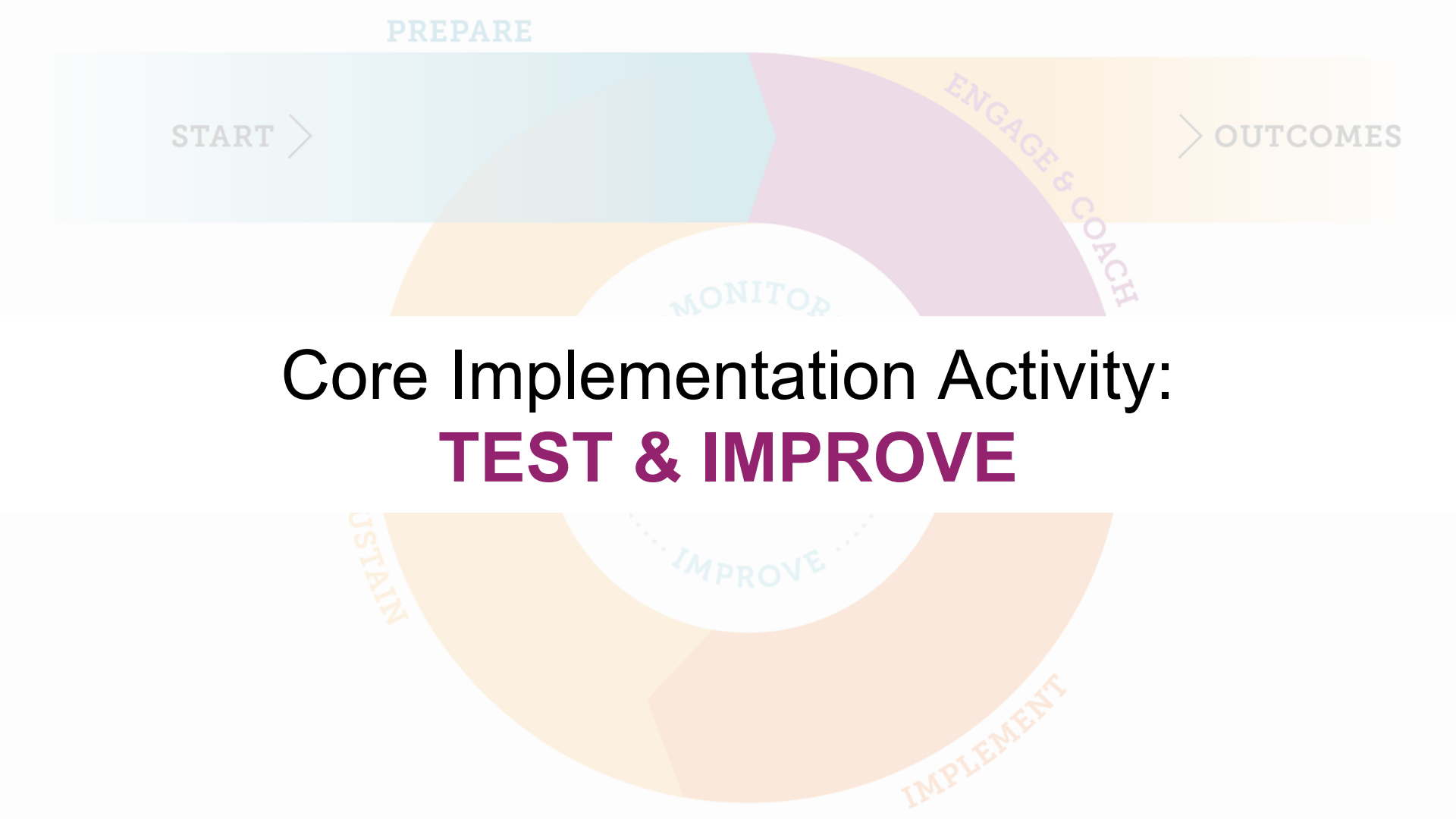
Practice Huddles

All Staff and Provider Training

Training Videos

Practice Huddle Opportunities

Goal: 80% of staff completed



Core Implementation Activity:
TEST & IMPROVE

ENGAGE & COACH PHASE

TEST & IMPROVE

CORE: Conduct small scale testing to improve the adapted TeamBirth components as well as implementation activities

OBJECTIVES	Test your adapted board design with champions in huddles and get their feedback to improve your design
	Make changes to your patient surveying strategy to improve response rates
	Gather feedback from teams about how training and huddle practice is going and make strategy updates as necessary
ADAPT	Who you involve and your methods and timeline for improvement

Conduct Small-Scale Testing

Testing TeamBirth components & activities before rolling it out for your full unit will help you:

Start Small

1 day, 1 person

Grow Slowly

more time, more people

Challenge Your Idea

try difficult or unusual situations

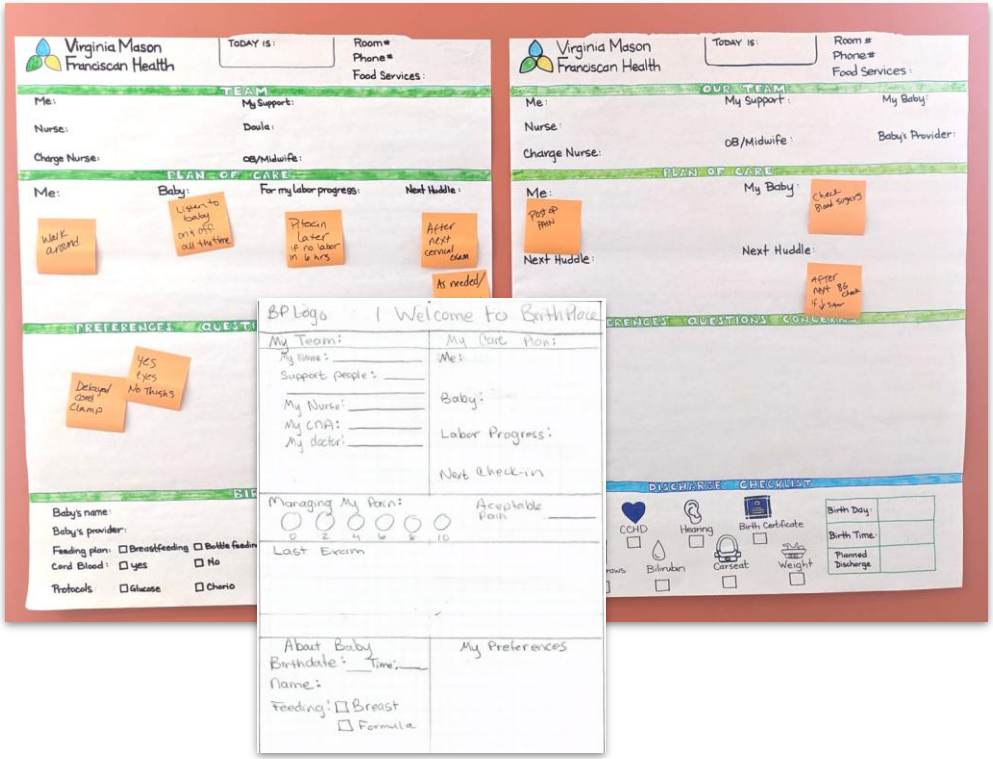
- Learn what works and what doesn't
- Identify and address changes that will make TeamBirth work better for both clinical teams and your patients
- Avoid frustrating, time consuming, and costly mistakes
- Iterate your design until it is ready for use by your whole unit

Keep testing and improving after launch too!

Small-Scale Testing: Board Design

Have your Champions practice huddles with your design and provide feedback

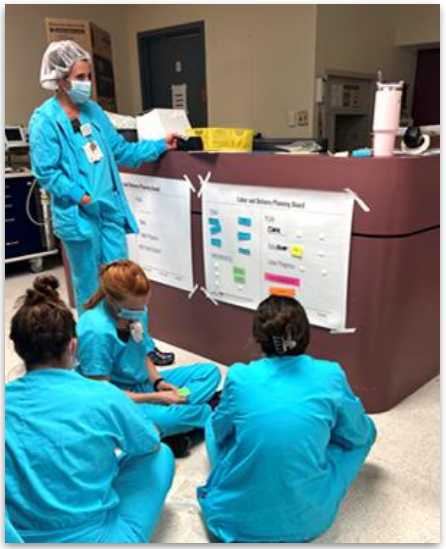
Set up a PDSA cycle to finalize your board design



Small-Scale Testing: Training

Have your Champions complete training and start practice huddles

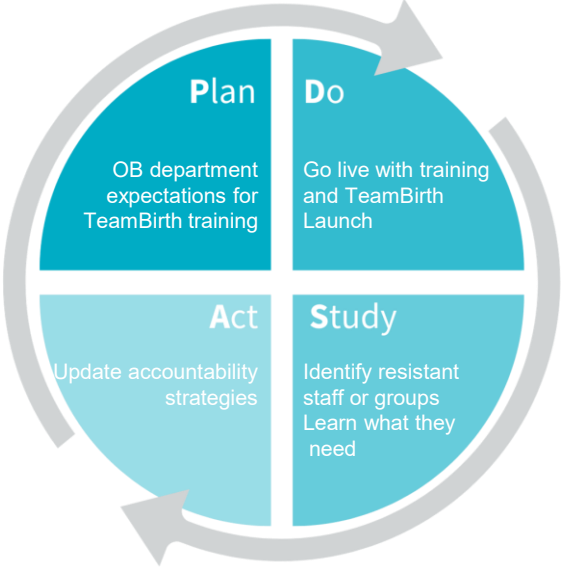
Set up a PDSA cycle to
iron out huddle practice strategies

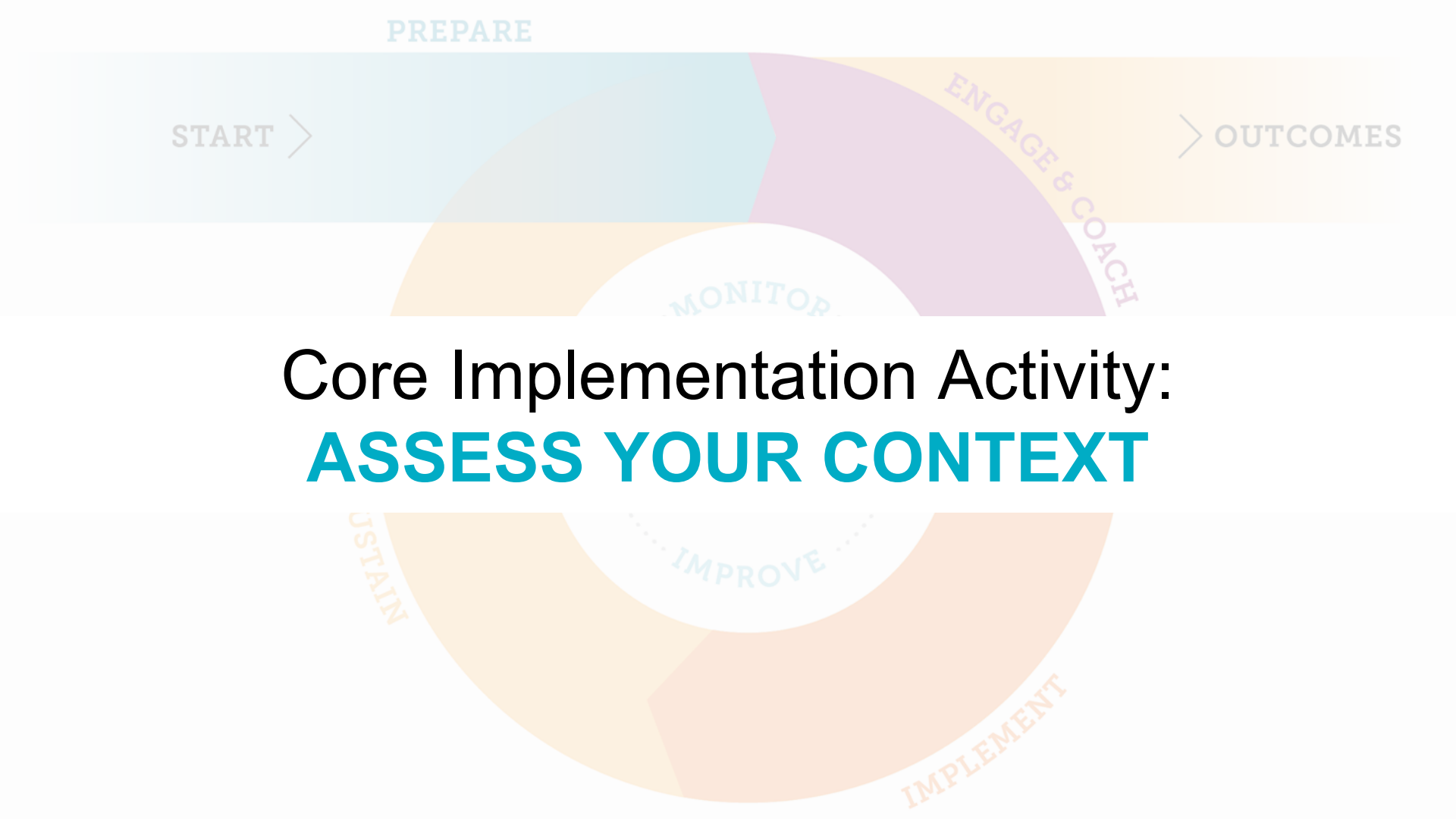


Small-Scale Testing: Accountability

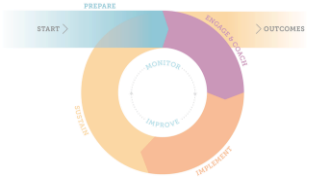
Ensure all staff have clear expectations for doing TeamBirth post launch

Set up a PDSA cycle to hold providers accountable





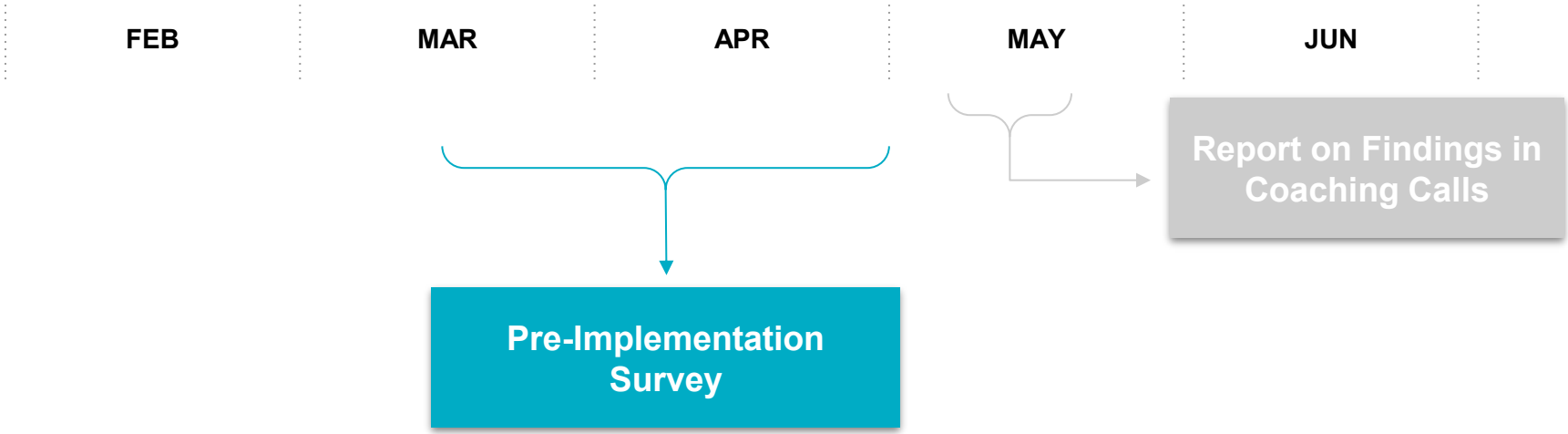
Core Implementation Activity:
ASSESS YOUR CONTEXT



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**



ASSESS YOUR CONTEXT **PROGRESS**

	Atlas Response Rate **Goal: 60%**
AtlantiCare Regional Mainland Campus	35%
Chilton Medical Center	68%
Newark Beth Israel Medical Center	64%
Ocean Medical Center	83%
Palisades Medical Center	26%
Raritan Bay Medical Center	50%
University Hospital	N/A

Atlas Survey Closes EOB on Friday 4/24

Looking Ahead

Implementation Timeline

Go Live!

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

Action Items

Implementation Pathway	*Action Items*	*Details & Resources*
PROVIDE TRAINING & PRACTICE HUDDLES	Implementation Team & Champions complete LMS training & practice huddles	Training Resources
	Assign all staff LMS training and plan for all staff huddle practice opportunities	HOW TO | Provide training & practice huddles
CUSTOMIZE TEAMBIRTH	Send Christine & Armonie your initial/updated board design drafts for review	TEMPLATE | Board Evaluation Form
ASSESS YOUR CONTEXT	Continue reminding staff and providers to complete the Atlas survey	Goal: 60% of staff & providers

Next Steps

Learning Session 5

In Person Lunch & Learns in May

May 27th 2026
1:00 - 2:00 pm EST

Share your feedback on this session!

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

Coaching Calls

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

Email Christine & Armonie for

- Support, resources, and updates
- Implementation Questions & Needs

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