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

NJ Cohort 6 Collaborative Learning Session #6

August 26, 2026

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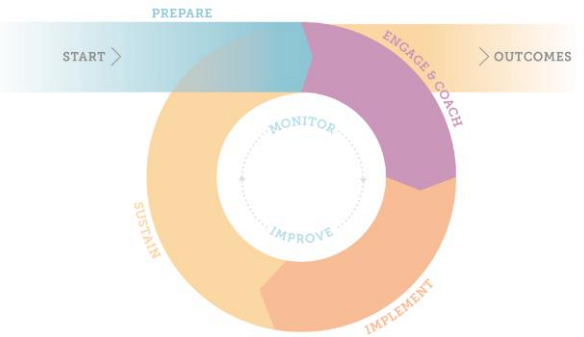
Implementation Timeline



Go Live!

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	+
Learning Sessions *4th Wednesdays*	**#1**	#2	**#3**	#4	#5	#6	#7	#8	#9	#10	#11	#12	
Coaching Calls													
Activities			Atlas Survey										
			Design Boards					Finalize Board Installations					
				Champion Training				Finalize Practice Huddles					
								Test Patient Surveying					

NJHCQI TeamBirth Websites

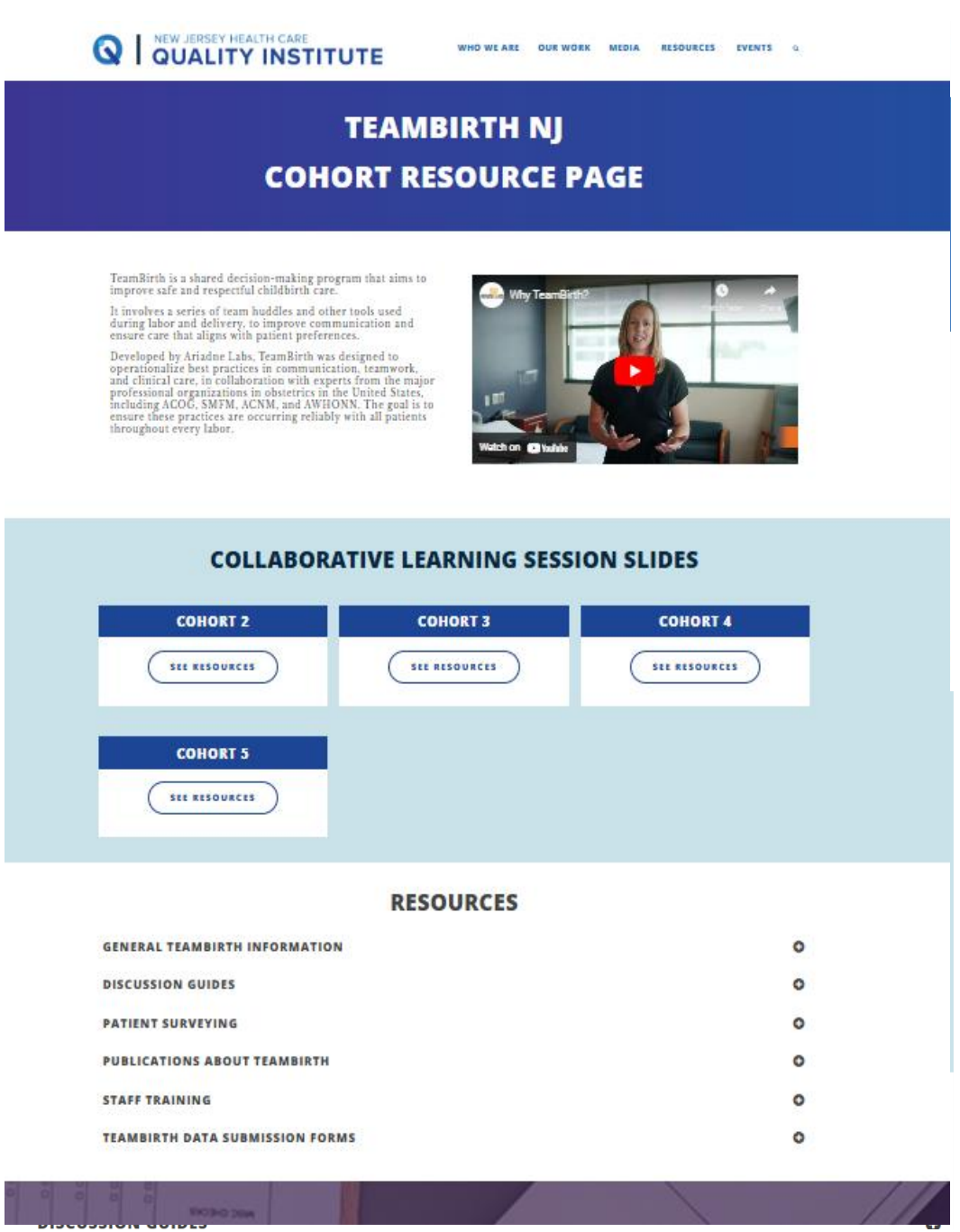
Access Cohort 6 resources at this **private website:**

www.njhcqi.org/teambirthnjcohorts

Password: NJcohorts2022!

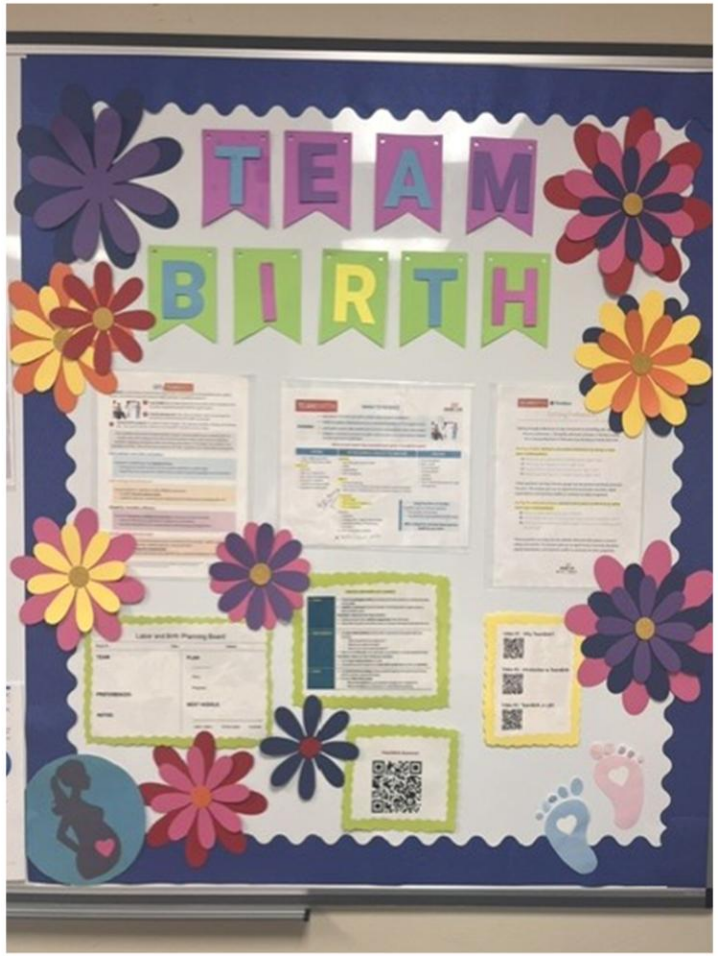
Public TeamBirth NJ website:

www.njhcqi.org/shared-decision-making

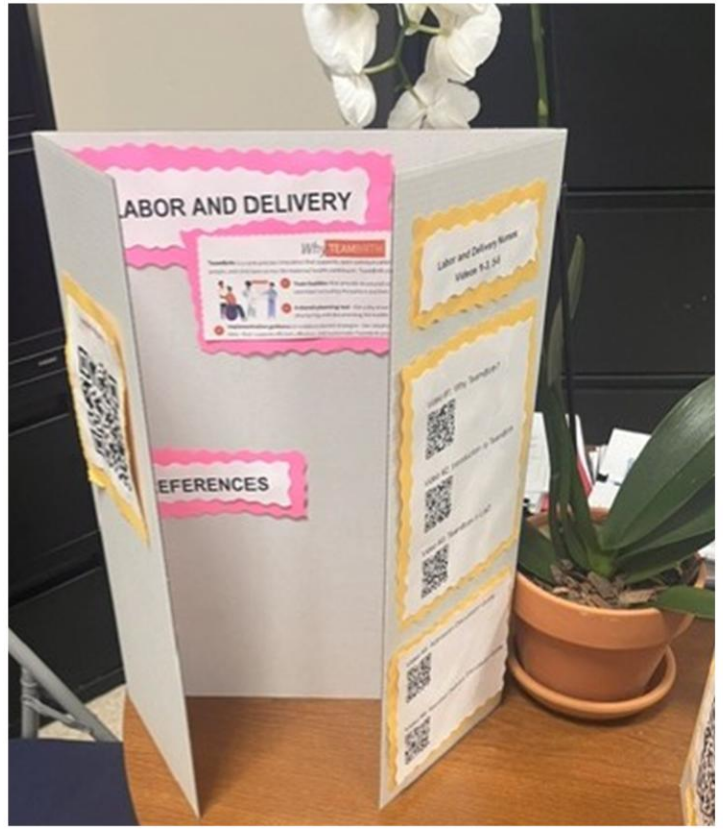


Cohort 6 Spotlights

University Hospital Education Boards

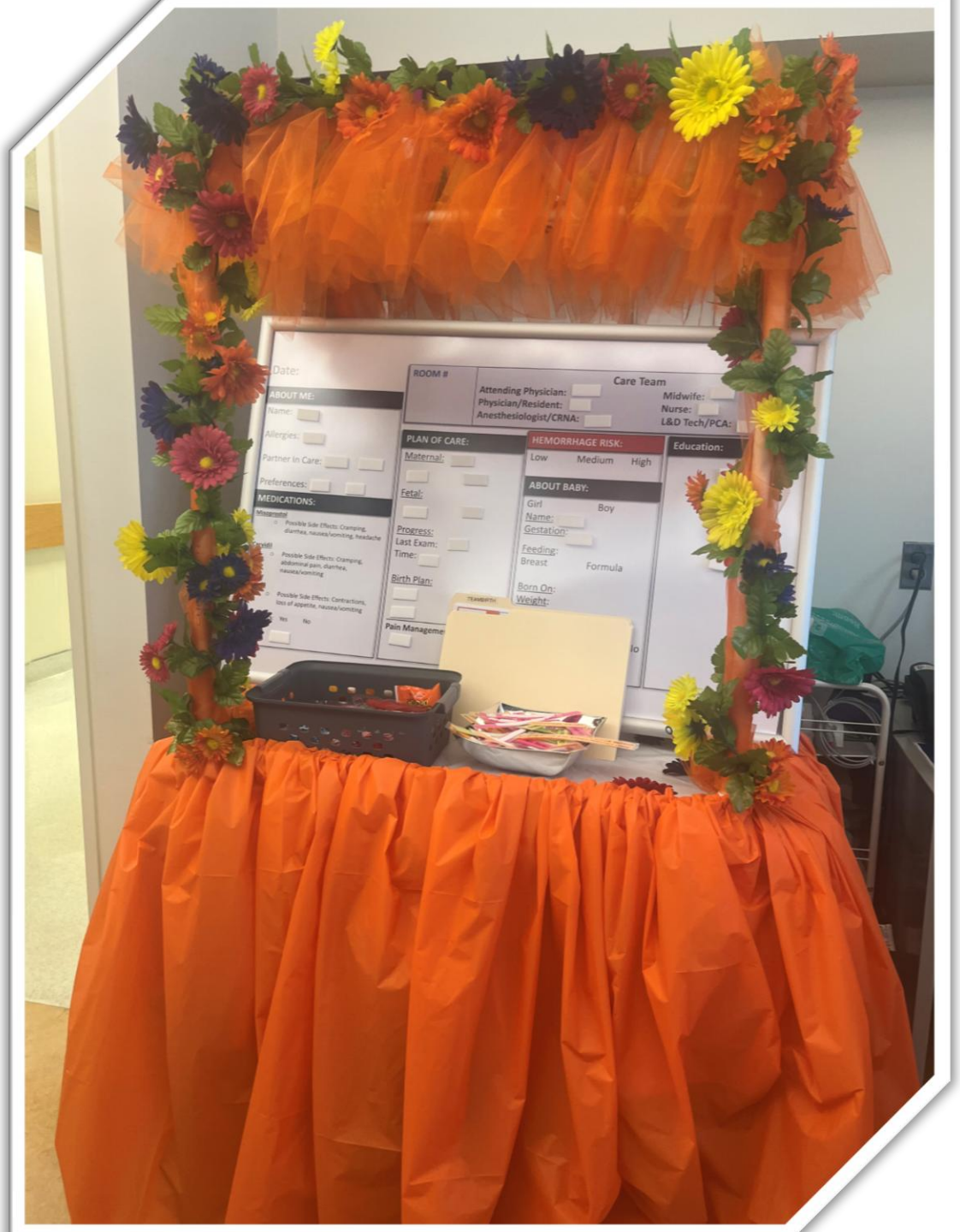


I ♥ TEAMBIRTH
EVERY VOICE MATTERS



Cohort 6 Spotlights

Newark Beth Israel
Education Boards Roadshow



TeamBirth Core Knowledge & Skills

Reflection

Huddle Practice

How are you coordinating participation from nurses, providers, and other multidisciplinary team members during huddles?

What has been working well, and what challenges have you encountered?

Identifying your key moments and their sparks

What are your team's key moments that spark a TeamBirth huddle?

INITIAL

- Triage / OBED use of the Admission Discussion Guide

Admission:

- Induction
- High risk / Antepartum
- Active labor care planning
- Scheduled C-section
- Transfer from other facility
- Postpartum readmission

KEY DECISIONS & CHANGES TO CARE PLAN

Laboring:

- Use of the Labor Support Guide
- AROM
- Augmentation
- Pain management

Delivery:

- Internal monitoring
- Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section

Postpartum:

- Hemorrhage
- Blood pressure management
- Pain management

Newborn:

- Antibiotics
- Hypoglycemia / Supplemental feedings
- Hyperbilirubinemia / Phototherapy
- Procedures
- NICU observation or transfer

"Are we going to start supplementing with formula?"

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

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?

Using Scenarios

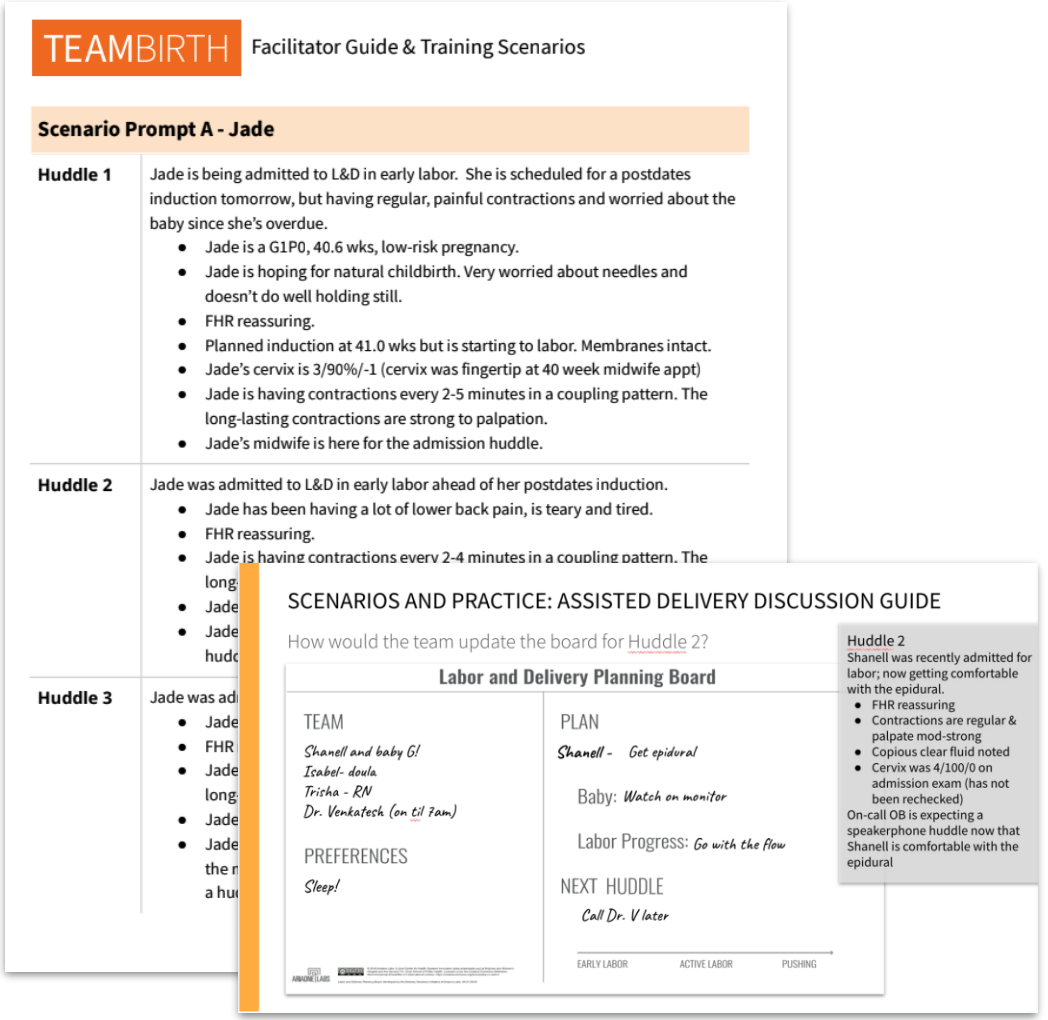
Create time to apply TeamBirth by routinely practicing scenarios

Create time to practice:

- Use 10 mins of a unit meeting agenda
- Schedule “open office hours” for practice sessions

Use paper practice boards with markers or sticky notes to collaboratively fill in scenario content in real time

Share out Scenario Prompts for people to reflect on and run their own practice Huddles



TEAMBIRTH Facilitator Guide & Training Scenarios

Scenario Prompt A - Jade

Huddle 1

Jade is being admitted to L&D in early labor. She is scheduled for a postdates induction tomorrow, but having regular, painful contractions and worried about the baby since she's overdue.

- Jade is a G1P0, 40.6 wks, low-risk pregnancy.
- Jade is hoping for natural childbirth. Very worried about needles and doesn't do well holding still.
- FHR reassuring.
- Planned induction at 41.0 wks but is starting to labor. Membranes intact.
- Jade's cervix is 3/90%/-1 (cervix was fingertip at 40 week midwife appt)
- Jade is having contractions every 2-5 minutes in a coupling pattern. The long-lasting contractions are strong to palpation.
- Jade's midwife is here for the admission huddle.

Huddle 2

Jade was admitted to L&D in early labor ahead of her postdates induction.

- Jade has been having a lot of lower back pain, is teary and tired.
- FHR reassuring.
- Jade is having contractions every 2-4 minutes in a coupling pattern. The long

Huddle 3

Jade was ad

SCENARIOS AND PRACTICE: ASSISTED DELIVERY DISCUSSION GUIDE

How would the team update the board for Huddle 2?

Labor and Delivery Planning Board

TEAM

Shanell and baby G!
Isabel- doula
Trisha - RN
Dr. Venkatesh (on til 7am)

PREFERENCES

Sleep!

PLAN

Shanell - Get epidural

Baby: *Watch on monitor*

Labor Progress: *Go with the flow*

NEXT HUDDLE

Call Dr. V later

EARLY LABOR ACTIVE LABOR PUSHING

Huddle 2
Shanell was recently admitted for labor; now getting comfortable with the epidural.

- FHR reassuring
- Contractions are regular & palpate mod-strong
- Copious clear fluid noted
- Cervix was 4/100/0 on admission exam (has not been rechecked)

On-call OB is expecting a speakerphone huddle now that Shanell is comfortable with the epidural

Using Scenarios

Generally follow this flow during practice

1 Gather your staff for practice (interdisciplinary groups are best!)

2 Assign roles:

1. Who is facilitating?
2. Is it a role play, simulation, or scripted scenario? Who is playing each role?

3 Frame up the scenario practice purpose:

1. to get comfortable doing TeamBirth key behaviors
2. to ask questions
3. to provide feedback for improvement

4 Do the scenario, pausing for questions as needed

5 Reflect and coach as a group:

1. What went well?
2. What was challenging?
3. What would you do differently next time?

Resource Spotlight

TeamBirth Basics 1-pager

TEAMBIRTH

TEAMBIRTH BASICS
Huddle Key Behaviors

TeamBirth Huddles are structured team conversations that occur throughout birthing care. Huddles are prompted by the visual shared planning tool that structures communication and provides space to document.

TEAM

KEY BEHAVIOR
Promote the role of each team member: birthing person, support person, all relevant clinicians

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 huddle is occurring
- Start introductions with the patient followed by their support person
- Ensure relevant clinicians members are included
- May include additional information (e.g. here until 7 pm shift change)

PLAN

KEY BEHAVIOR
Distinguish the care plans:
1. Me (birthing person)
2. Baby
3. Labor Progress

INTENT
- To ensure transparency and precision during care planning
- To facilitate clear communication and shared-decision making

DETAILS
- Content should be written in patient friendly language
- Discuss at every Huddle even if no change is made
- Can be updated more frequently as needed

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 a birth plan
- Expect preferences to change over time
- Opportunity to discuss expectations
- Should be written in the patient's word choice (e.g. break water vs AROM)

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
- Anyone can request a huddle at any time
- Identify planned times for huddles (e.g. next labor evaluation, at a specific time)
- Identify likely reasons to initiate an as needed huddle (e.g. if pain increases, a decision needs to be made)
- May occur in-person or over the phone

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Infographic | TeamBirth Basics
Version April 2024

When To Huddle 2-pager

TEAMBIRTH

WHEN TO HUDDLE

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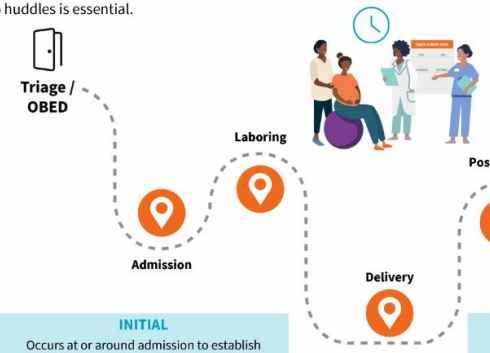
DOOR TO DOOR TEAMBIRTH

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

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 huddles is essential.



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

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Infographic | When to Huddle
Version July 2024

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ir support people
one when needed
all team members

mBirth huddle?

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

- High risk / Antepartum
- Active labor care planning
- Scheduled C-section
- Transfer from other facility
- Postpartum readmission

- Pain management

Delivery:
- Internal monitoring
- Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section

Postpartum:
- Hemorrhage
- Blood pressure management
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Newborn:
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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?

Resource Spotlight

Huddle Intro Scripting

TEAMBIRTH EXAMPLES | TeamBirth Huddle Intro Scripting

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The first TeamBirth key behavior is to promote the role of each team member and introduce TeamBirth. Ensure each patient knows what TeamBirth is by adapting and sharing these scripting examples.

*"On our unit, we use a care process called **TeamBirth**. It's our way of making sure that you, your support people, and our care team are all working together and staying aligned throughout your care journey from admission to discharge."*

Script Key Points

- TeamBirth ensures teamwork and consistent transparent communication
- This process is used for all birthing patients
- The purpose is to ensure you [the patient and support person] can share your preferences and needs and be a part of decision making for your care
- The board is a reminder of key parts of the TeamBirth huddle

"We'll have short team huddles with you to talk through your plan of care—especially when something changes, like a new medication, an intervention, or any shift in direction. During these huddles, you're encouraged to ask questions, share your preferences, and tell us what's important to you."

*"You can also **request a huddle** at any time if you have a concern or want to talk through a change in your plan. These conversations will continue from the time you're admitted until you go home. For some people with an uncomplicated birth, there may be just a few—but if anything unexpected comes up, we'll always come together as a team to keep you informed, involved, and supported."*

EXAMPLE: BADGE BUDDIES

Penn Med Princeton in New Jersey gave staff scripting to keep on their badges:

"Welcome to Labor & Delivery! Here at this hospital, we practice TeamBirth which means we will be "Huddling" with you and your healthcare team all throughout your labor. We will be discussing your preferences, addressing your concerns, and collaborating on a plan of care for you and your baby."

*"We use a process here called **TeamBirth**, which helps make sure your voice is heard throughout your stay. We encourage you to join in team huddles, —where we review your plan of care, make decisions together, and check in on what matters most to you."*

*"These huddles happen any time there's a new decision to make—like starting a medication or changing a plan—but **you can also ask for a huddle any time** if something doesn't feel right or you just want to talk things through. You and your support people are always part of the team."*

"Even if your labor is uncomplicated, we'll check in at key points. And if anything unexpected comes up, we'll pause, regroup, and make sure you understand everything and have a chance to ask questions. TeamBirth continues from admission through discharge—we're here to partner with you every step of the way."

Huddle Debrief Guide

TEAMBIRTH Huddle Debrief Guide

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Core to successful TeamBirth and quality improvement is gathering real world data on Huddles in order to provide timely and actionable feedback that supports behavior change and improvement.

Prioritize time with teams to reflect on huddles and opportunities for improvement.

Consider the following prompts as a guide to debrief with teams after a huddle

Use the Huddle Observation Form as a Guide for Discussion

Questions 15 - 17 & 19 on the form provide the basic format for coaching. For each question, refer back to the observation documented on the form and elicit additional observations from participants in the huddle.

15 | **What went well during the huddle?**

16 | **What challenges were observed or experienced?**

17 | **How could the team improve next time?**

19 | **What else do you want to share about the huddle experience?**

TEAM

Promote the role of each team member and introduce the purpose of TeamBirth

1. Did everyone share their name and role on the team?
2. Was it written on the board?
3. How was the huddle initiated, and did everyone understand its purpose?

PREFERENCES

Elicit patient preferences, thoughts, and concerns to inform the current plan

4. What open-ended questions were used to encourage the patient to share their preferences and concerns? *Follow-up: Can someone give an example of an open-ended question used during the huddle?*
5. How was the patient able to express what was important to them during the conversation?
6. How was the patient able to express what was important to them during the conversation? *Follow-up: How did the team respond to the patient's concerns or preferences?*
7. Were the preferences listed on the shared-planning board?

Resource Spotlight

Huddle Flow 1-Pager

TEAMBIRTH

HUDDLE FLOW

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What does a huddle look like in action? Each huddle is unique to the moment, the team, and the patient.
However, there is a general flow that huddles follow as the core components get used and the key behaviors are demonstrated.

1 Initiate a Huddle & Introduce the Team

- Explain the reason for calling a TeamBirth huddle
- Introduce each person and write names and roles on the TeamBirth board
- Ensure the appropriate team members are present (including support people indicated by the patient)

2 Elicit Preferences, Concerns, & Needs

Ask patients about their goals and any concerns with open-ended questions like:

- *What matters most to you?*
- *What are you worried about?*
- *What do you want us to know that is important to you?*

3 Discuss Clinical Assessments & Care Options

- Talk about the reason for calling the huddle
- Outline options for the plan of care
  - Clearly differentiate between recommendations and/or interventions for the:
    - well-being of the patient
    - well-being of the baby
    - the progression of labor
  - Include the option of doing nothing yet
- Discuss considerations for each option

4 Use Shared Decision-Making to Create Plans

- Leverage the elicited preferences and any new concerns or questions the patient has to decide on the updated plan
  - Ensure all team members have the opportunity to share thoughts, concerns, questions and ideas.
- Write the new plan briefly on the board, using patient-friendly words in the relevant section: Me, Baby, Labor Progress
- Be clear about how any changes to the plan will (or will not) affect any other plans in place

5 State the next anticipated TeamBirth huddle

- Give a time frame, or name what would spark another huddle
- Always reassure that any team member can request a huddle for any reason

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INFOGRAPHIC | TeamBirth Huddle Flow
Version July 2025

Shared Planning Tool Word Bank

TEAMBIRTH Shared Planning Tool Word Bank

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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 the team?

Write down the names of the birthing person and their support people as well as any relevant labor and delivery or postpartum clinicians. In addition to names, consider noting roles, phone numbers, and/or shift times for clinicians.

EXAMPLES FOR THE TEAM SECTION		
Birthing person and their support people	☐ Mom ☐ Patient ☐ Birthing person ☐ Partner	☐ Family member ☐ Friend ☐ Doula ☐ Interpreter
Labor and delivery clinicians	☐ Labor Nurse ☐ Attending physician/OB ☐ Midwife ☐ Resident	☐ Med student ☐ Student Nurse ☐ Anesthesiologist/CRNA ☐ Charge Nurse
Postpartum clinicians	☐ Postpartum or Mom-Baby Nurse ☐ NICU nurse ☐ Attending physician/OB ☐ Pediatrician ☐ Neonatologist	☐ Resident ☐ Lactation consultant ☐ Nurse Tech/CNA ☐ Social worker ☐ Nurse Leader

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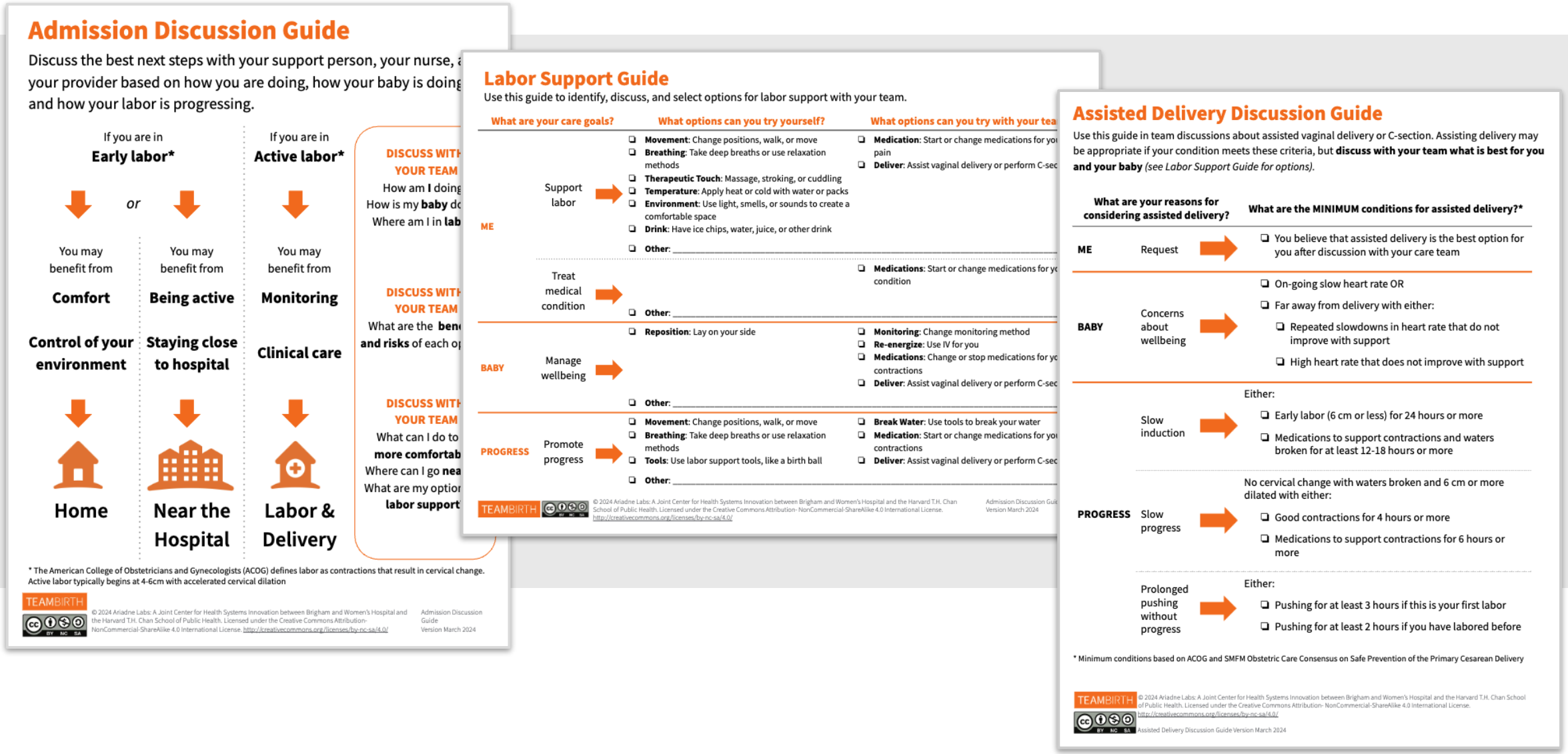
TeamBirth Shared Planning Tool Guidance & Word Bank
Version April 2024

Add-On Components: DISCUSSION AND SUPPORT GUIDES



Admission Discussion Guide

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

If you are in **Early labor***

or

If you are in **Active labor***

You may benefit from **Comfort**

Control of your environment

Home

You may benefit from **Being active**

Staying close to hospital

Near the Hospital

You may benefit from **Monitoring**

Clinical care

Labor & Delivery

DISCUSS WITH YOUR TEAM
How am **I** doing
How is my **baby** do
Where am I in **lab**

DISCUSS WITH YOUR TEAM
What are the **bene and risks** of each op

DISCUSS WITH YOUR TEAM
What can I do to **more comfortab**
Where can I go **nea**
What are my optio **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

TEAMBIRTH

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Admission Discussion Guide
Version March 2024

Labor Support Guide

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

What are your care goals?		What options can you try yourself?	What options can you try with your tea
ME	Support labor	❑ **Movement**: Change positions, walk, or move ❑ **Breathing**: Take deep breaths or use relaxation methods ❑ **Therapeutic Touch**: Massage, stroking, or cuddling ❑ **Temperature**: Apply heat or cold with water or packs ❑ **Environment**: Use light, smells, or sounds to create a comfortable space ❑ **Drink**: Have ice chips, water, juice, or other drink ❑ **Other**: _____	❑ **Medication**: Start or change medications for yo pain ❑ **Deliver**: Assist vaginal delivery or perform C-sec
	Treat medical condition	❑ **Other**: _____	❑ **Medications**: Start or change medications for yo condition
BABY	Manage wellbeing	❑ **Reposition**: Lay on your side ❑ **Other**: _____	❑ **Monitoring**: Change monitoring method ❑ **Re-energize**: Use IV for you ❑ **Medications**: Change or stop medications for yo contractions ❑ **Deliver**: Assist vaginal delivery or perform C-sec
PROGRESS	Promote progress	❑ **Movement**: Change positions, walk, or move ❑ **Breathing**: Take deep breaths or use relaxation methods ❑ **Tools**: Use labor support tools, like a birth ball ❑ **Other**: _____	❑ **Break Water**: Use tools to break your water ❑ **Medication**: Start or change medications for yo contractions ❑ **Deliver**: Assist vaginal delivery or perform C-sec

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Admission Discussion Gui
Version March 2024

Assisted Delivery Discussion Guide

Use this guide in team discussions about assisted vaginal delivery or C-section. Assisting delivery may be appropriate if your condition meets these criteria, but **discuss with your team what is best for you and your baby** *(see Labor Support Guide for options).*

What are your reasons for considering assisted delivery?		What are the MINIMUM conditions for assisted delivery?*
ME	Request	❑ You believe that assisted delivery is the best option for you after discussion with your care team
BABY	Concerns about wellbeing	❑ On-going slow heart rate OR ❑ Far away from delivery with either: ❑ Repeated slowdowns in heart rate that do not improve with support ❑ High heart rate that does not improve with support
PROGRESS	Slow induction	Either: ❑ Early labor (6 cm or less) for 24 hours or more ❑ Medications to support contractions and waters broken for at least 12-18 hours or more
	Slow progress	No cervical change with waters broken and 6 cm or more dilated with either: ❑ Good contractions for 4 hours or more ❑ Medications to support contractions for 6 hours or more
	Prolonged pushing without progress	Either: ❑ Pushing for at least 3 hours if this is your first labor ❑ Pushing for at least 2 hours if you have labored before

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

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Assisted Delivery Discussion Guide Version March 2024

Consistent Guide Structure

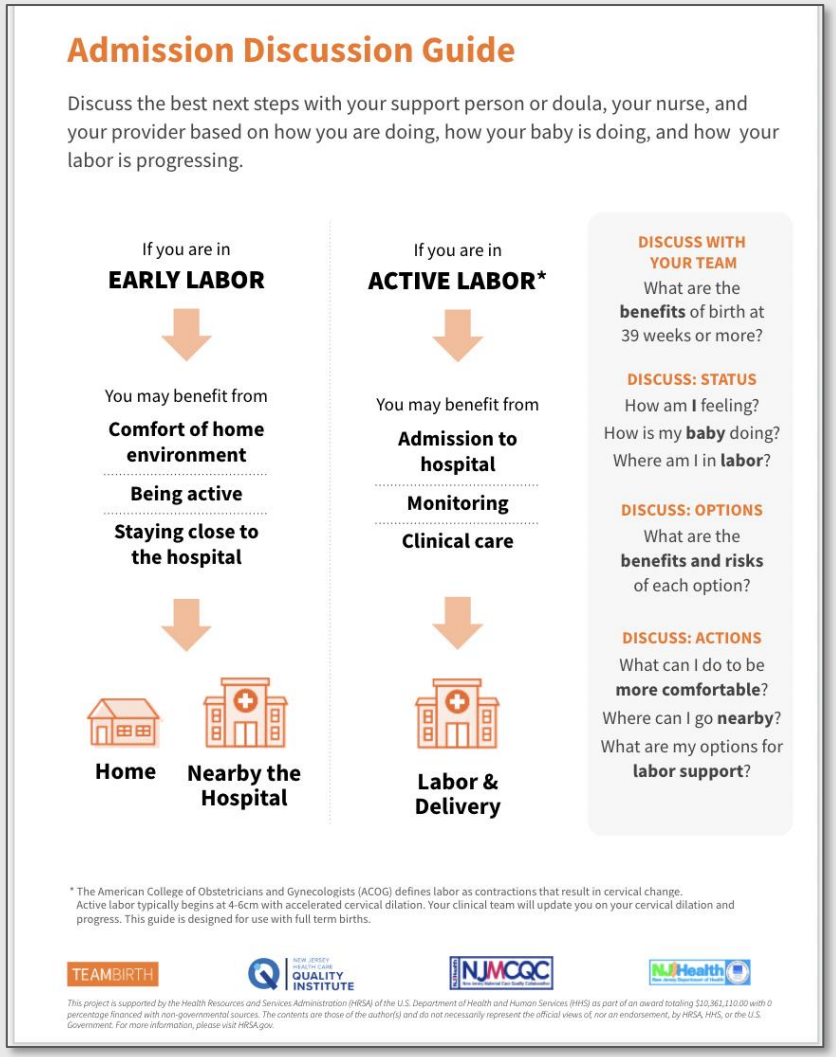
All the TeamBirth tools provide a structured, standardized approach for untangling the gray areas of labor

ME

BABY

LABOR PROGRESS

Admission Discussion Guide



Admission Discussion Guide

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

If you are in
EARLY LABOR

You may benefit from
Comfort of home environment
Being active
Staying close to the hospital

Home
Nearby the Hospital

If you are in
ACTIVE LABOR*

You may benefit from
Admission to hospital
Monitoring
Clinical care

Labor & Delivery

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

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

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

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

* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. 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.

TEAMBIRTH · NEW JERSEY HEALTH CARE QUALITY INSTITUTE · NJMCQC · NJHealth

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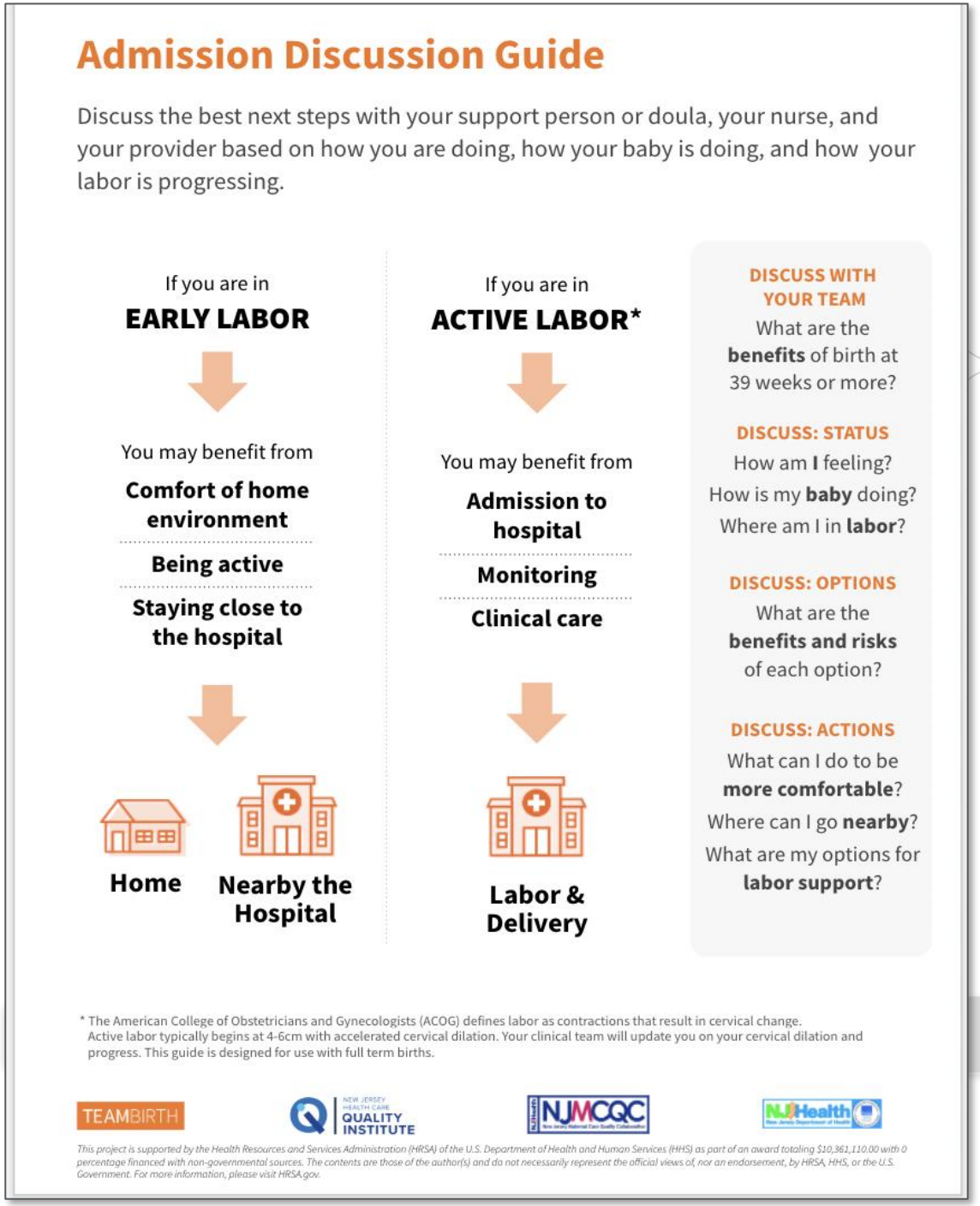

Admission Discussion Guide

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

If you are in
EARLY LABOR

You may benefit from
Comfort of home environment
Being active
Staying close to the hospital

Home
Nearby the Hospital

If you are in
ACTIVE LABOR*

You may benefit from
Admission to hospital
Monitoring
Clinical care

Labor & Delivery

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

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

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

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

* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. 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.

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Using the Guide together:

- Facilitates shared admission decision making
- Minimizes implicit bias
- Supports transparency and respectful care

Clearly assess each to determine indicators for admission

PLAN FOR

Me:

Baby:

Labor Progress:

ACOG active labor definition

Triage / OBED Huddle Considerations

Consistent use with every patient provides transparent, equitable decision-making

Introduce at onset of labor evaluation

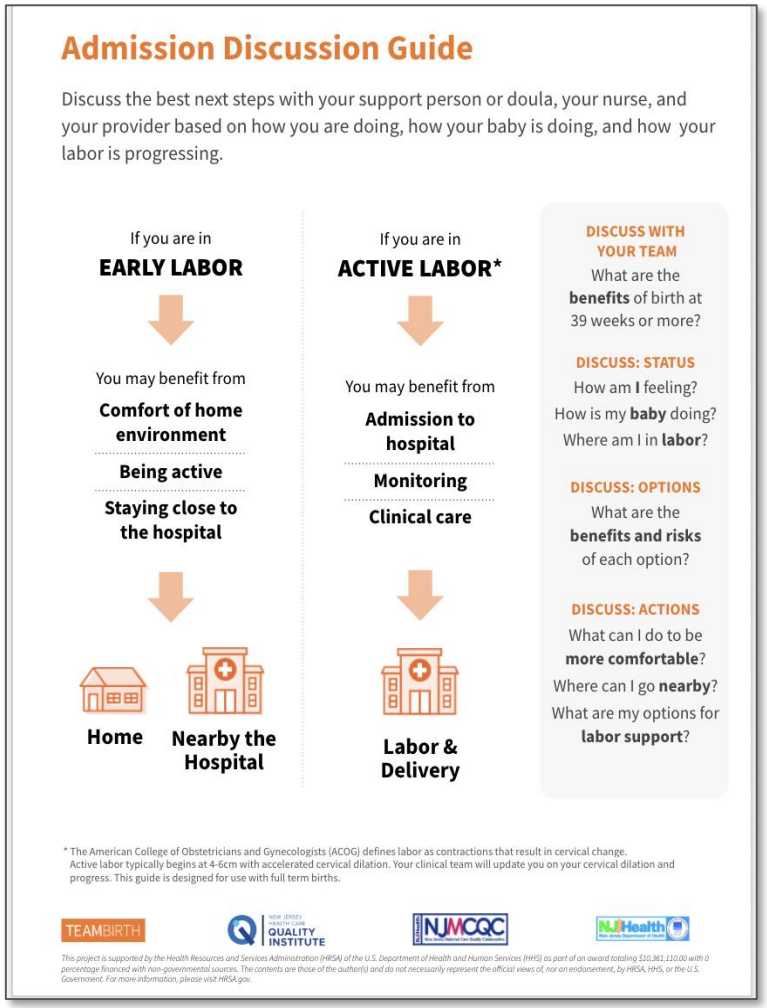
Provides an early messaging opportunity to patients and families about TeamBirth Huddles

Triage and OBED staff and providers may:

- Coordinate the initial Huddle

  OR

- Communicate to the admitting staff and providers that an initial Huddle is needed



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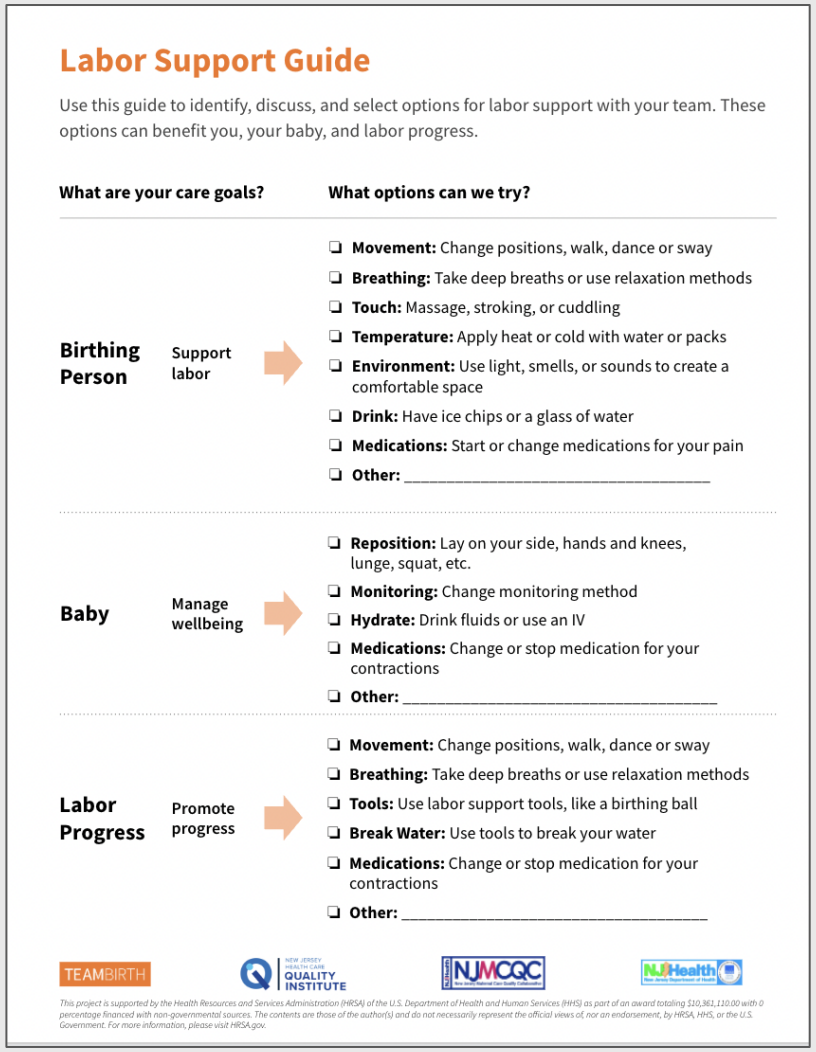
Labor Support Guide



Labor Support Guide

Use this guide to identify, discuss, and select options for labor support with your team. These options can benefit you, your baby, and labor progress.

What are your care goals?		What options can we try?
Birthing Person	Support labor	❑ **Movement:** Change positions, walk, dance or sway ❑ **Breathing:** Take deep breaths or use relaxation methods ❑ **Touch:** Massage, stroking, or cuddling ❑ **Temperature:** Apply heat or cold with water or packs ❑ **Environment:** Use light, smells, or sounds to create a comfortable space ❑ **Drink:** Have ice chips or a glass of water ❑ **Medications:** Start or change medications for your pain ❑ **Other:** _____
Baby	Manage wellbeing	❑ **Reposition:** Lay on your side, hands and knees, lunge, squat, etc. ❑ **Monitoring:** Change monitoring method ❑ **Hydrate:** Drink fluids or use an IV ❑ **Medications:** Change or stop medication for your contractions ❑ **Other:** _____
Labor Progress	Promote progress	❑ **Movement:** Change positions, walk, dance or sway ❑ **Breathing:** Take deep breaths or use relaxation methods ❑ **Tools:** Use labor support tools, like a birthing ball ❑ **Break Water:** Use tools to break your water ❑ **Medications:** Change or stop medication for your contractions ❑ **Other:** _____

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Using the Guide:

- Facilitates shared decision making
- Minimizes implicit bias
- Supports transparency and respectful care

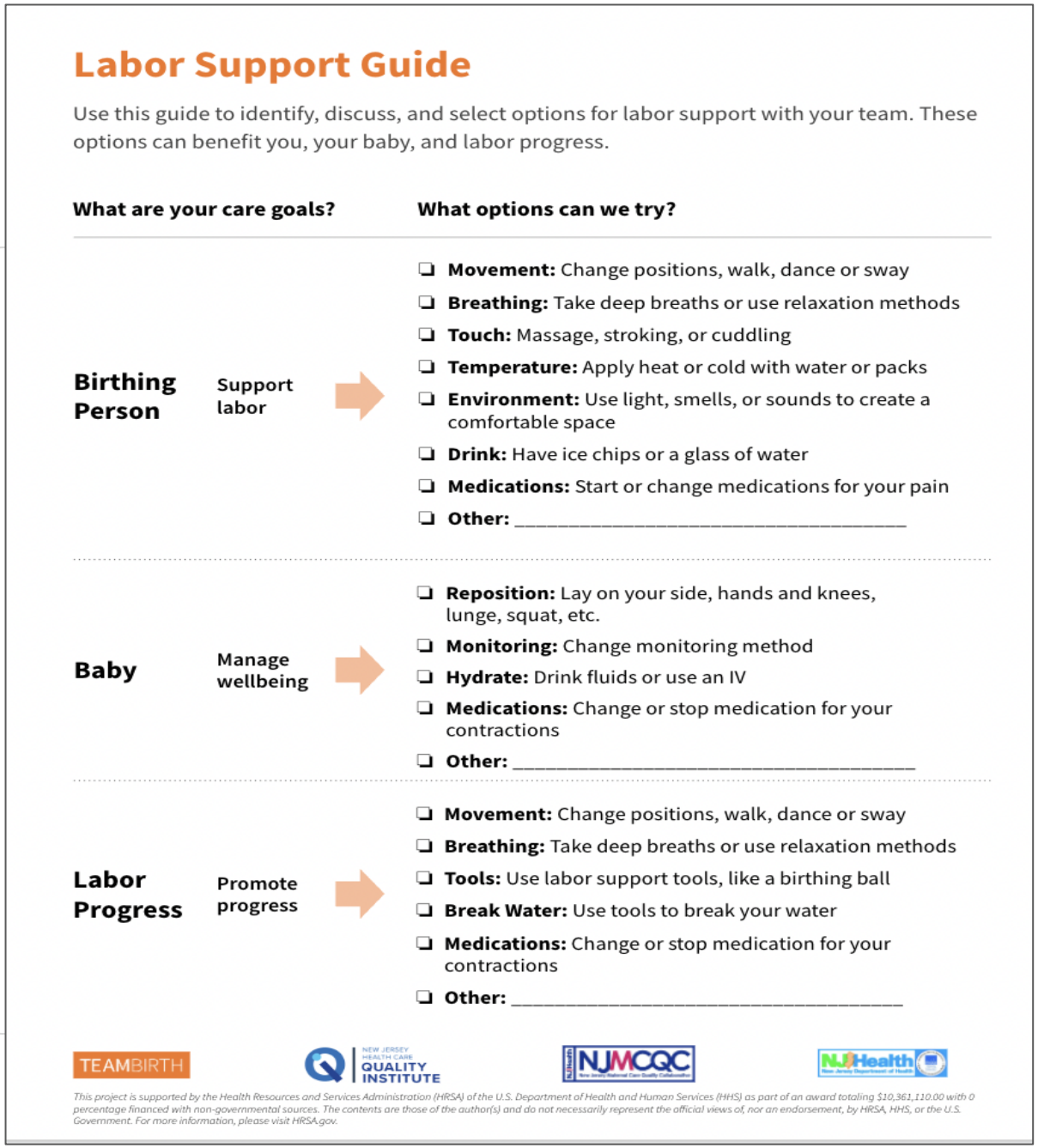
Clearly differentiate care & support options for

PLAN FOR

Me:

Baby:

Labor Progress:



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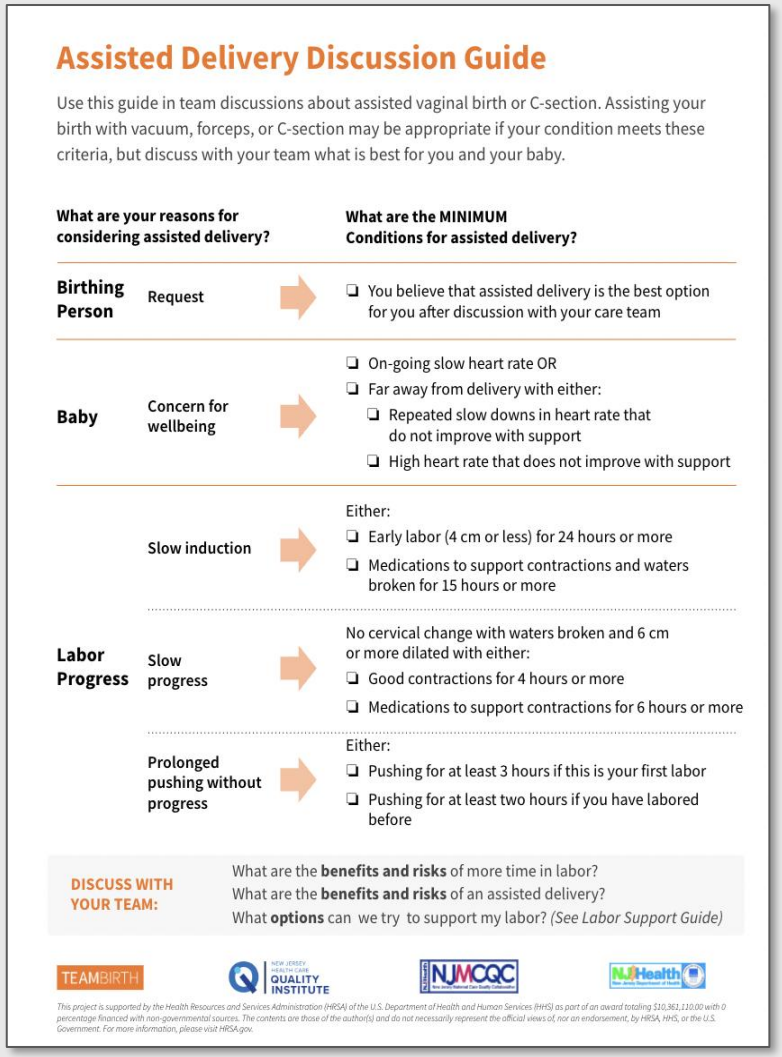
Assisted Delivery Discussion Guide



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Use this guide in team discussions about assisted vaginal birth or C-section. Assisting your birth with vacuum, forceps, or C-section may be appropriate if your condition meets these criteria, but discuss with your team what is best for you and your baby.

What are your reasons for considering assisted delivery?		What are the MINIMUM Conditions for assisted delivery?
Birthing Person	Request	❑ You believe that assisted delivery is the best option for you after discussion with your care team
Baby	Concern for wellbeing	❑ On-going slow heart rate OR ❑ Far away from delivery with either: ❑ Repeated slow downs in heart rate that do not improve with support ❑ High heart rate that does not improve with support
Labor Progress	Slow induction	Either: ❑ Early labor (4 cm or less) for 24 hours or more ❑ Medications to support contractions and waters broken for 15 hours or more
	Slow progress	No cervical change with waters broken and 6 cm or more dilated with either: ❑ Good contractions for 4 hours or more ❑ Medications to support contractions for 6 hours or more
	Prolonged pushing without progress	Either: ❑ Pushing for at least 3 hours if this is your first labor ❑ Pushing for at least two hours if you have labored before

DISCUSS WITH YOUR TEAM:

What are the **benefits and risks** of more time in labor?
What are the **benefits and risks** of an assisted delivery?
What **options** can we try to support my labor? *(See Labor Support Guide)*

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When there is a concern, using the Guide:

- Facilitates shared decision making
- Minimizes implicit bias
- Supports transparency and respectful care

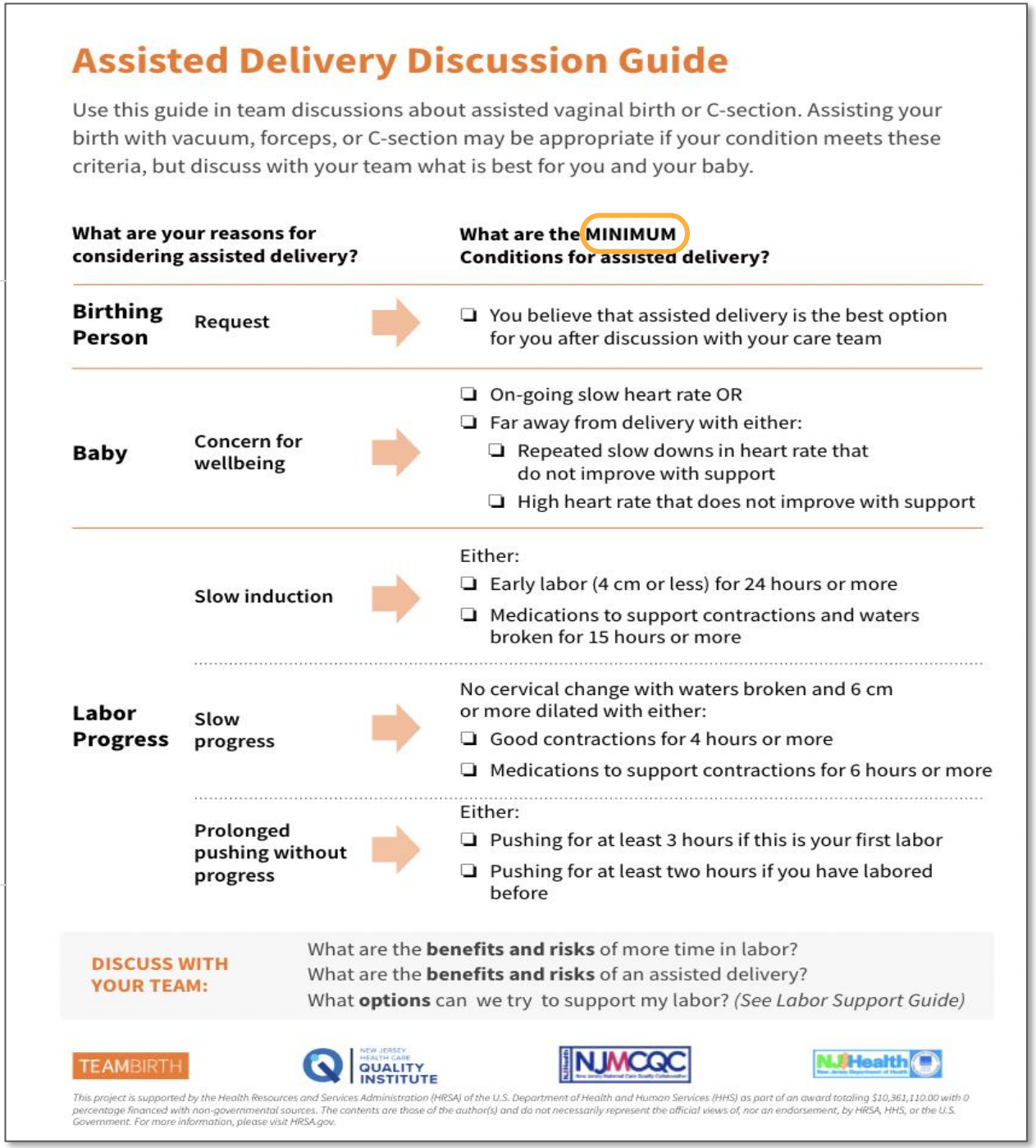
Provide structure to discussion of the **MINIMUM conditions** for assisted delivery

PLAN FOR

Me:

Baby:

Labor Progress:



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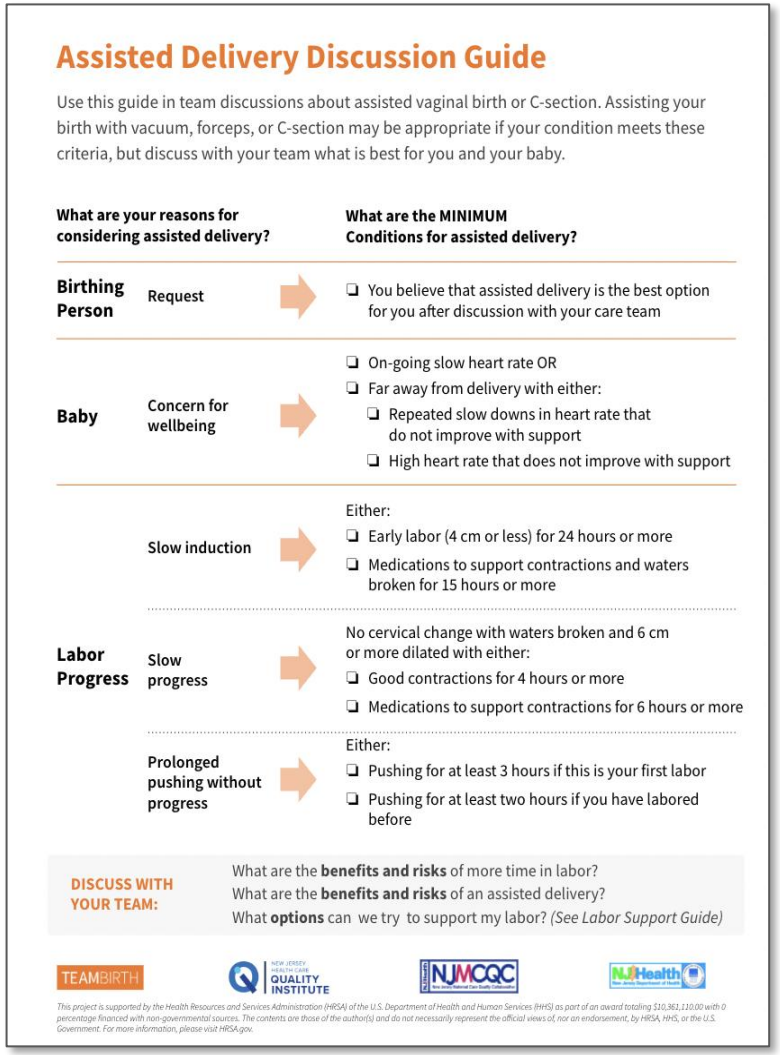
TeamBirth Huddle Considerations

- Present tool to patient as soon as concern for assisted delivery is identified
- Respectfully redirect conversations
- Identify huddle opportunities
- Support primary RN to coordinate a huddle
- Encourage huddles with Discussion Guide
    - Indeterminate FHR tracing
    - Labor progress evaluation



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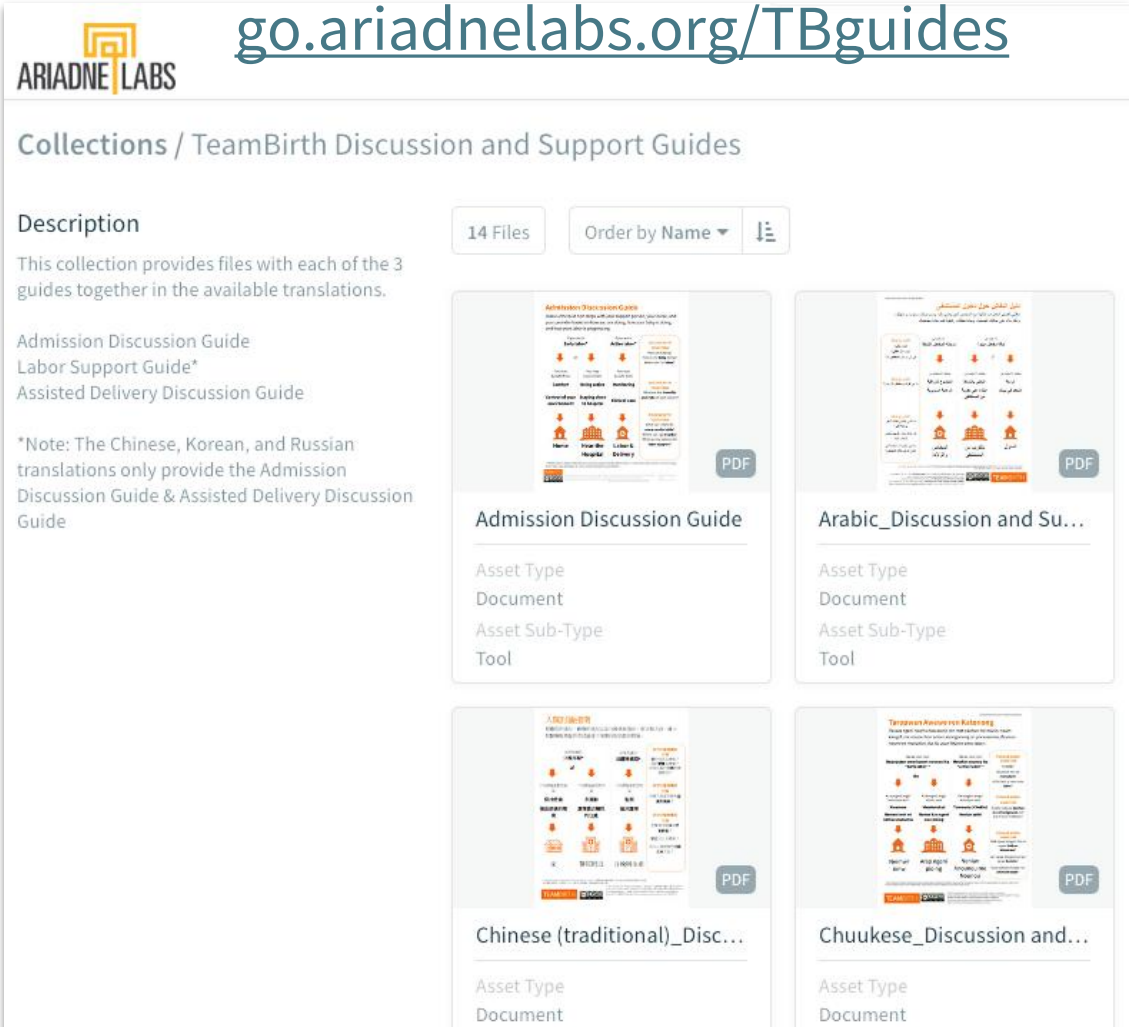
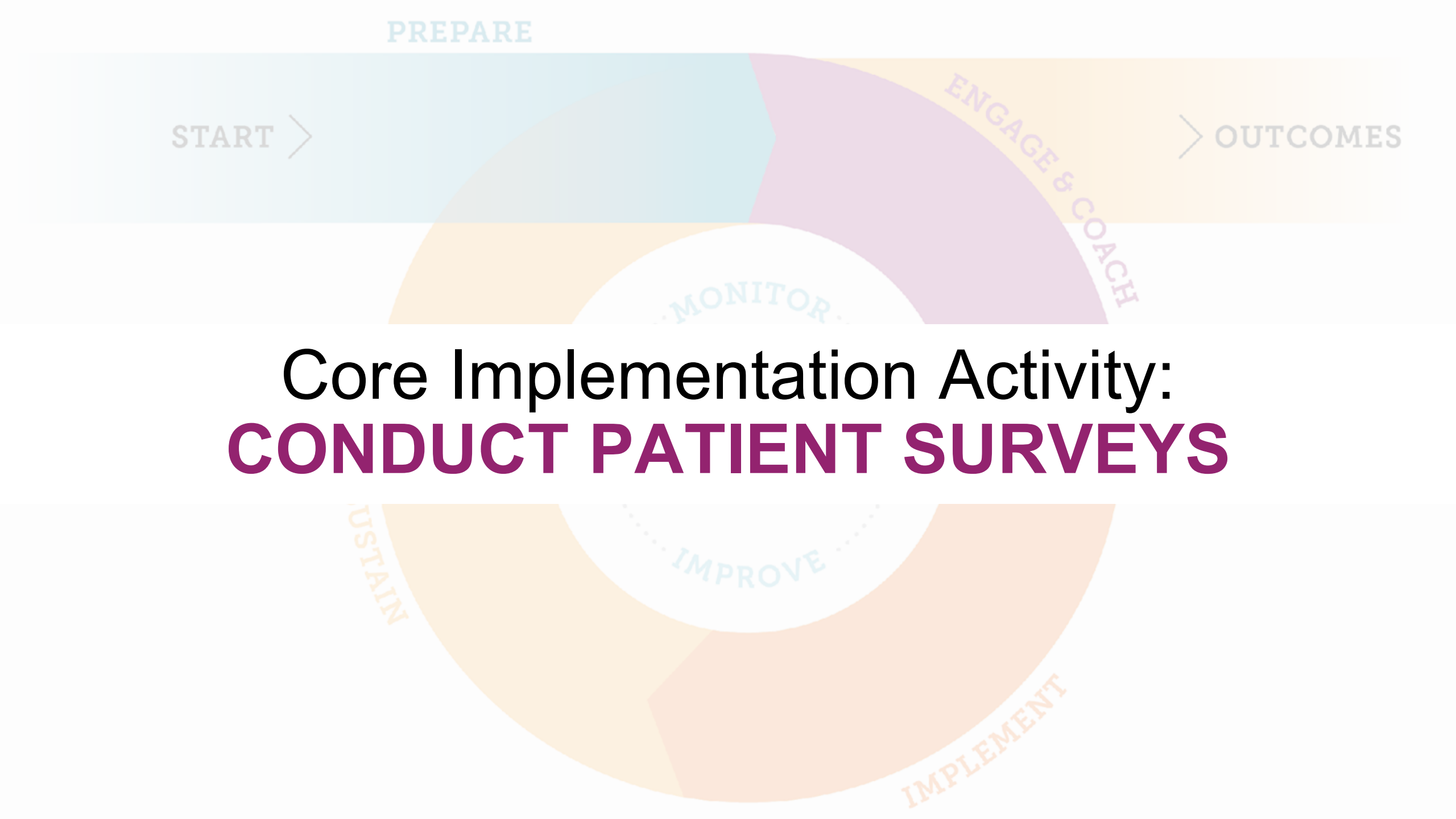
Review these tools and discuss how and when to include them in your huddles

Add-On Components: DISCUSSION AND SUPPORT GUIDES

- ❑ Do you have existing tools you use to support patients during these discussions?
- ❑ Which guide(s) do you want to integrate first?
- ❑ Which language translations will you need?
- ❑ How and where will you make the guide(s) accessible to your teams?





Core Implementation Activity:
CONDUCT PATIENT SURVEYS

TeamBirth Implementation Roadmap

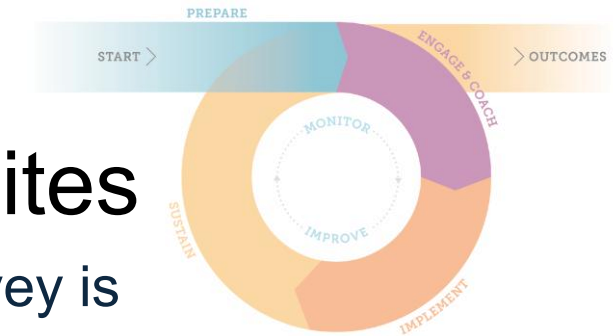
Today's focus

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 ✓ **Conduct patient surveys** ✓ **Test & improve**	✓ Collect data & feedback ✓ **Launch TeamBirth** ✓ Monitor & celebrate progress	✓ Embed for sustainability ✓ Evaluate impact & continuously improve

Your Measurement Strategy: Patient Surveying

TeamBirth implementation requires input from patients and care teams

	Patient Survey
WHO	Patients who delivered at your hospital
WHAT	Questions on: demographics, experience of huddle and board use, Mother's autonomy in decision making scale, and patient feedback on their overall TeamBirth experience
WHY	To collect first hand experiences of patients throughout implementation in order to inform opportunities for improvement and demonstrate TeamBirth impact
WHERE	Inpatient postpartum units
HOW	Via paper or digital surveys delivered according to your surveying methods and strategy
WHEN	***Resume Surveying by 9/4***

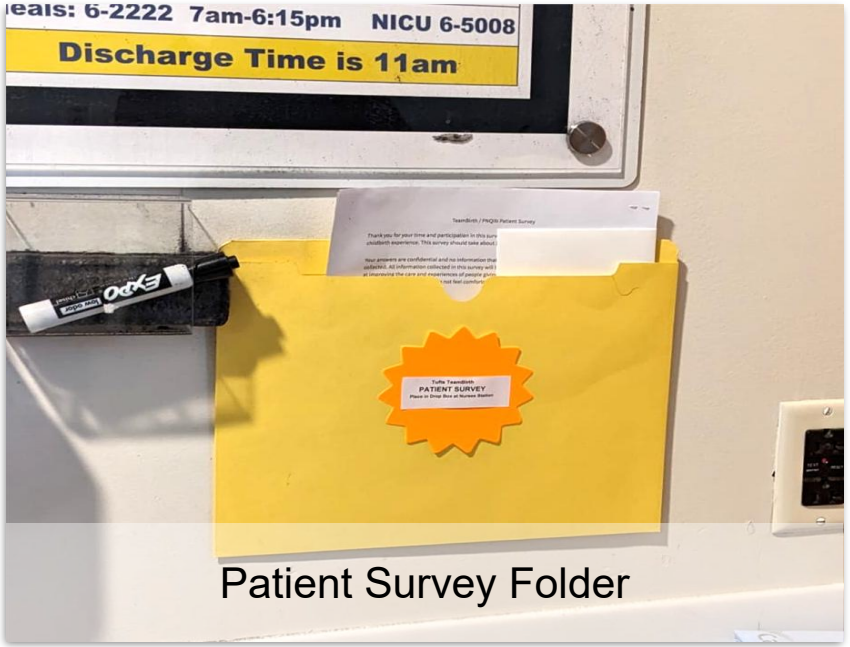


Patient Surveying Tips from Successful Sites

You can get creative and adapt your process to ensure your survey is effective

- Review the Patient Survey worksheet to help plan out your process
- Use a double layered approach with leaders and unit staff administering the surveys
- Create patient survey folders for your rooms
- Create a TeamBirth envelope sticker
- Print on colorful paper to be easily identifiable to staff, patients, and families

What went well previously?
What was challenging?



Patient Survey Folder

Envelope Sticker

Revised TeamBirth Survey

ARIADNE LABS TEAMBIRTH

New Jersey TeamBirth Patient Survey

Thank you for taking the time to share about your care experience! This survey should take about 10 minutes. Your answers will be kept private. We will not ask for your name or anything that can identify you. Your answers help us learn what we are doing well and what we can do better. This helps us improve care for all parents and babies. Taking this survey is your choice, and you can stop at any time. If you have questions or want someone to follow up with you, please tell your health care team.

1) Please describe your experiences with your clinical team during your labor and birth. Your clinical team includes your nurse, physician, and/or midwife, if present. Select one answer for each row.

	Completely Disagree	*Strongly Disagree*	*Somewhat Disagree*	*Somewhat Agree*	*Strongly Agree*	*Completely Agree*	*Prefer Not to Answer*
My clinical team asked me how involved in decision making I wanted to be	○	○	○	○	○	○	○
My clinical team told me that there are different options for my maternity care	○	○	○	○	○	○	○
My clinical team explained the advantages and disadvantages of the maternity care options	○	○	○	○	○	○	○
My clinical team helped me understand all the information	○	○	○	○	○	○	○
I was given enough time to thoroughly consider the different maternity care options	○	○	○	○	○	○	○
I was able to choose what I considered to be the best care options	○	○	○	○	○	○	○
My clinical team respected that choice	○	○	○	○	○	○	○

Revised TeamBirth Survey

TeamBirth Experience

The next two questions are about your experience with **TeamBirth huddles.** A **huddle** is a conversation with you, your doctor/midwife, nurse, and your support people present (or on speakerphone) to discuss and write all the following on the dry erase board on the wall:

- Who is on your care **team**
- Your **preferences** and concerns
- The care **plans**
- The **next huddle**/check-in

4) During your labor and delivery stay, did you participate in a TeamBirth huddle? Select one answer.

- ◯ Yes
- ◯ No
- ◯ Not Sure
- ◯ Prefer not to answer

5) During your hospital stay after giving birth, did you participate in a TeamBirth huddle? Select one answer.

- ◯ Yes
- ◯ No
- ◯ Not Sure
- ◯ Prefer not to answer

How might your experience with huddles and/or the board be improved? Please write here:

Revised TeamBirth Survey

12) Is this your first time giving birth? Select one answer.

- ○ Yes
- ○ No
- ○ Prefer not to answer

13) How was this baby (or babies) born? Select all that apply if there is more than one baby.

- ○ Vaginal delivery
- ○ Vaginal delivery with forceps
- ○ Vaginal delivery with vacuum
- ○ Cesarean delivery
- ○ Prefer not to answer

14) Was your labor induced (started by medicine or other methods)? Select one answer.

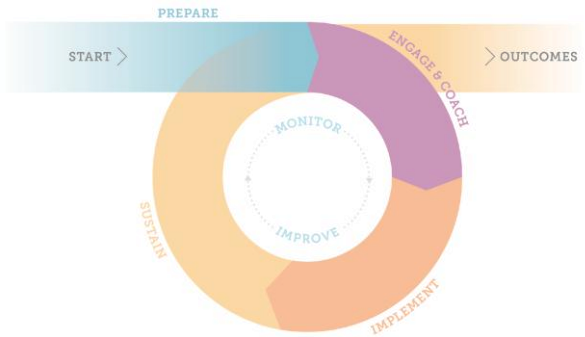
- ○ Yes, for a medical reason
- ○ Yes, not for a medical reason (elective induction)
- ○ No
- ○ Don't know
- ○ Prefer not to answer

15) Did you experience the following? Select all that apply.

- ☐ High-risk pregnancy
- ☐ Medical complications during birth or postpartum hospital stay
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ None of the above

16) Please share any additional thoughts or comments you have about your labor and delivery. Please write here:

This survey is anonymous and not linked to your name. **Thank you for your time!**



Patient Surveying Process

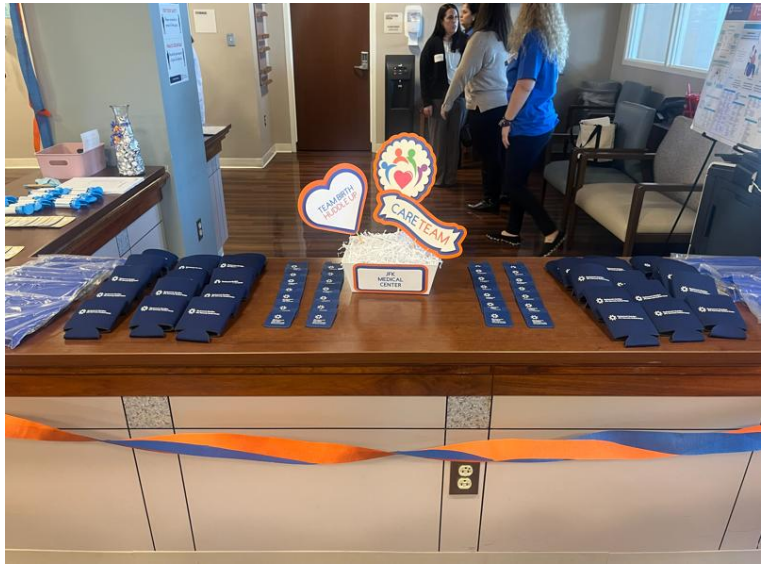
Your process for surveying will include:

Survey Preparation	What are your survey methods? What needs to happen to finalize **survey development**?
Collect Data	Who will be responsible for **distributing** & **administering** the survey? What are the processes for how and when they will administer the survey?
Analyze & Review	Who will enter the data into **Qualtrics** and when? Who needs to **review** the data? How and when?
Share Results	How and when will you **share** the survey results with leadership and clinical teams?

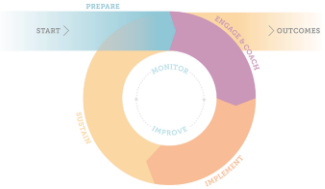
Core Implementation Milestone:
LAUNCH TEAMBIRTH

How will you go live?

Reference your communication plan for key roles and strategies



TeamBirth Launch Event



How will you go live?

What will effectively help you communicate to your leaders, staff, patients, and community?

Consider:

- Do you have a website or newsletters to include launch announcements in?
- Do you want a formal celebration or something more intimate on the units?
- Will you include different shifts, units, and provider groups?

Plan for:

- Formal remarks at “kick-off” to engage staff and announce go-live.
- Quality Institute staff will attend in-person; NJDOH staff member *may* attend in-person.
- Quality Institute staff to observe a huddle in L&D and postpartum.
- How else can we be helpful day of?

Looking Ahead

Today's Key Takeaways

Huddle Practice

- Use training scenarios to practice having interdisciplinary huddles and practice documenting the conversation on the board with patient friendly language

Conduct Patient Surveying

- Prepare to resume patient surveying and complete any needed PDSA cycles

Launch TeamBirth

- Prepare for launch and going live at your site with patients
- Plan for how you will notify your staff and leadership of when boards are installed and when huddles should start happening

Action Items

Implementation Pathway	*Action Items*	*Details & Resources*
PROVIDE TRAINING & PRACTICE HUDDLES	Implementation Team & Champions complete LMS training videos	Training Resources
	All staff complete huddle practice opportunities	HOW TO | Provide training & practice huddles
CUSTOMIZE TEAMBIRTH	Send Christine and Armonie your finalized board designs	TEMPLATE | Board Evaluation Form
CONDUCT PATIENT SURVEYS	Conduct 1-2 small scale survey tests	NJ Patient Survey Template
	Use the HOW TO worksheet to plan your survey methods	HOW TO | Conduct Patient Surveying
LAUNCH TEAMBIRTH	Plan launch event ideas	Plan activities and prepare agenda

Next Steps

Learning Session 6

September, 23rd 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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