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

New Jersey Post-launch Collaborative Learning Session

October 26, 2026

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Learning Session Agenda

Welcome

- NJHCQI & Ariadne Labs
- NJ Team Birth Cohorts

Practicing Core Knowledge & Skills

TeamBirth Statwide Data Report

TeamBirth Recognition

Scenario Practice: Postpartum Newborn Huddle

Next Steps

- Looking ahead

Welcome

NJHCQI TeamBirth Websites

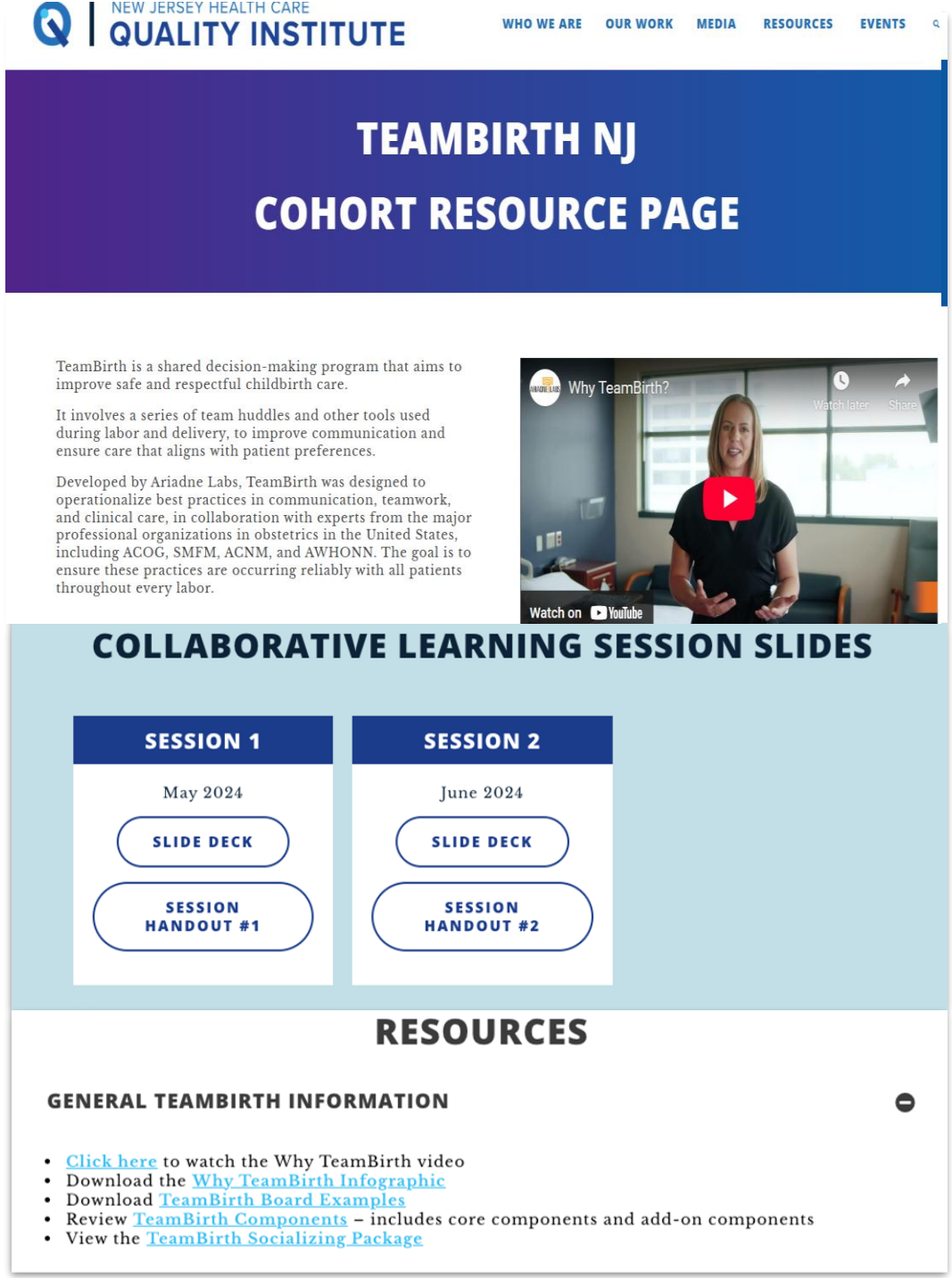
Access all cohort resources at this **private website**

www.njhcqi.org/teambirthnjcohorts

Password: NJcohorts2022!

Public TeamBirth NJ website

www.njhcqi.org/shared-decision-making



TeamBirth Statwide Data Report

TeamBirth New Jersey Cohort 1-5 Data (N=6,556)

**Data as of 8/27/26*

TeamBirth Labor Huddle Participation by Cohort

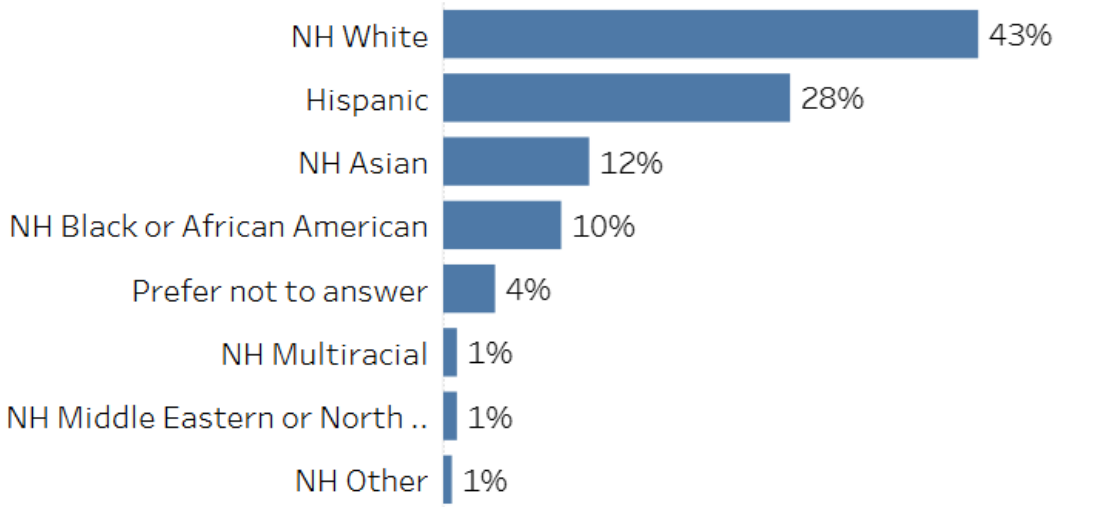
	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5
Yes Huddle	50%	79%	76%	80%	70%
Not Sure Huddle	18%	11%	14%	10%	17%
No Huddle	31%	10%	10%	10%	13%

TeamBirth Huddle Statewide Averages

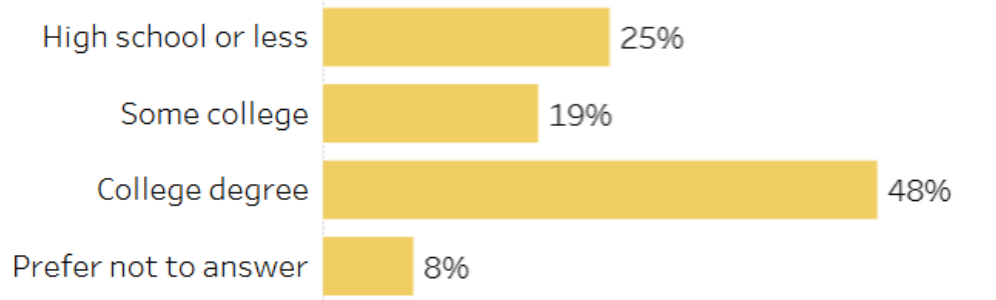
	Labor Huddle	Postpartum Huddle
Yes Huddle	70%	63%
Not Sure Huddle	15%	17%
No Huddle	15%	20%

PATIENT DEMOGRAPHICS

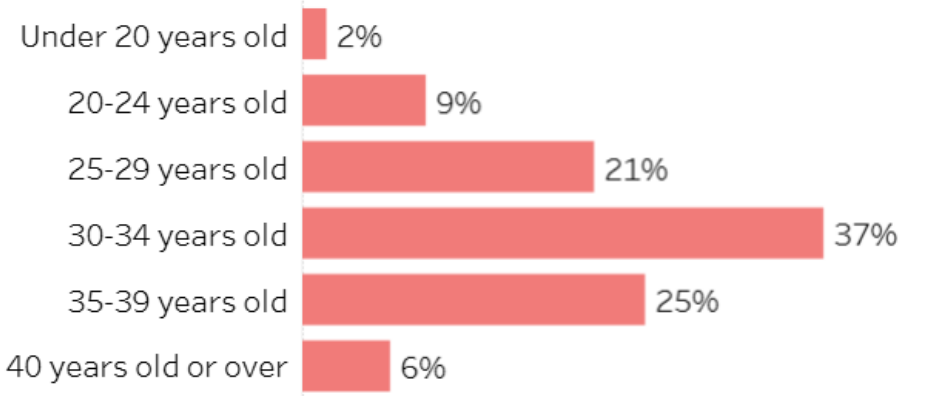
Race/Ethnicity



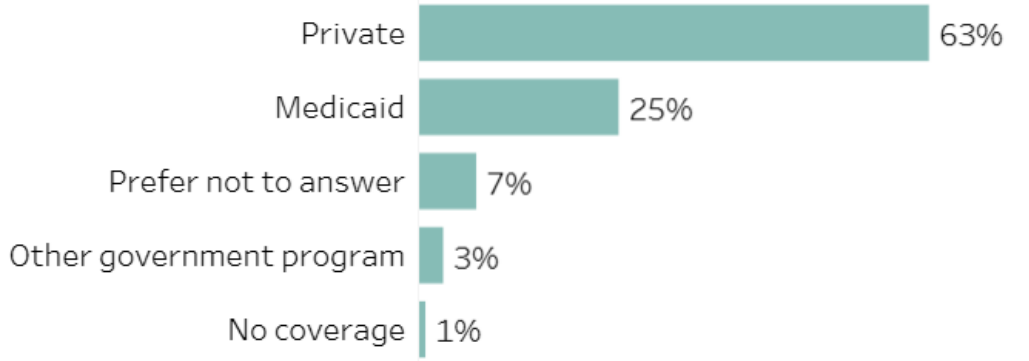
Education



Age



Insurance



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.

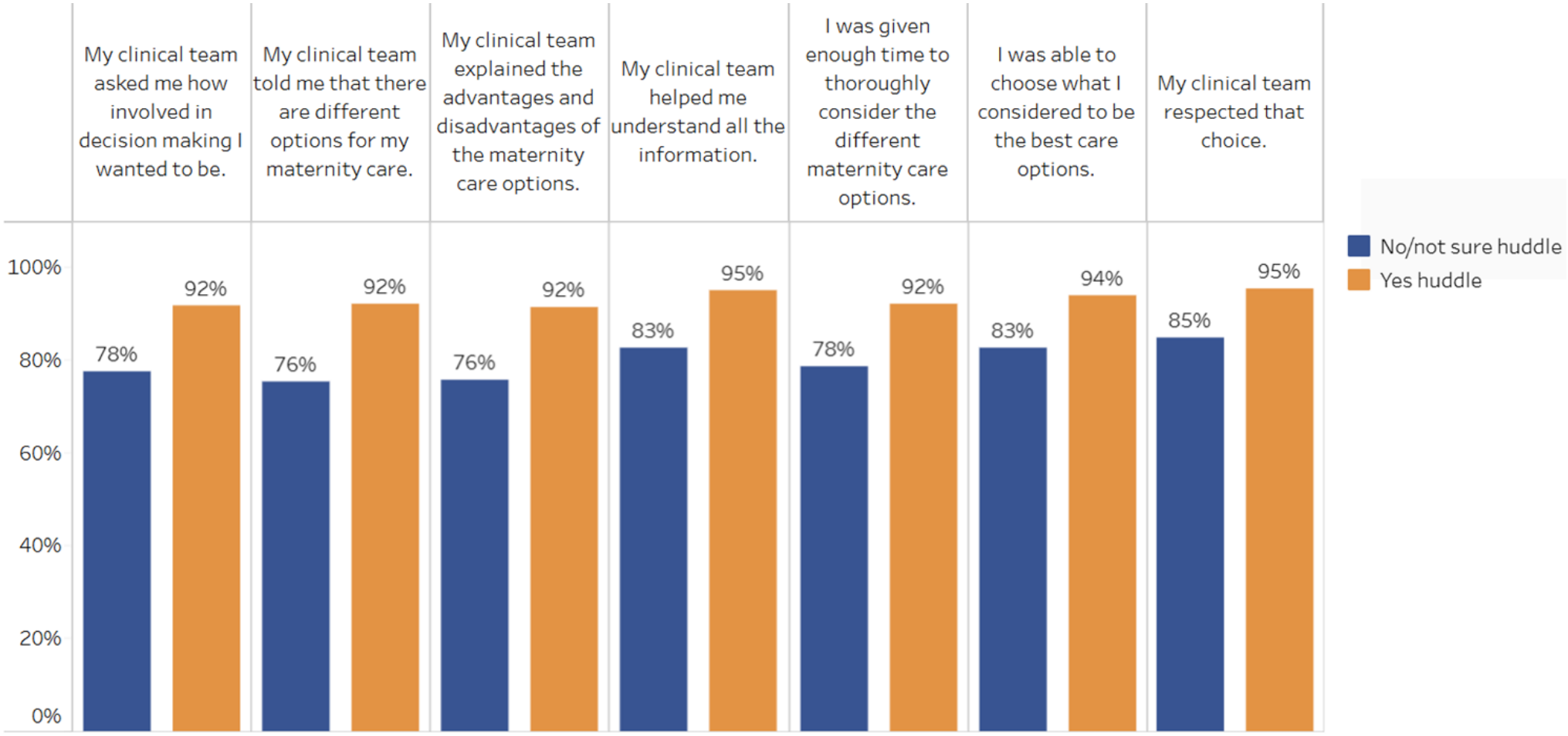
Answered using a 6-point Likert scale:

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 reported higher autonomy on all items

Percent of patients who "**Completely or Strongly Agree**" to autonomy items, by huddle



No/Not Sure Huddle: 1,887

Yes Huddle: 4,443

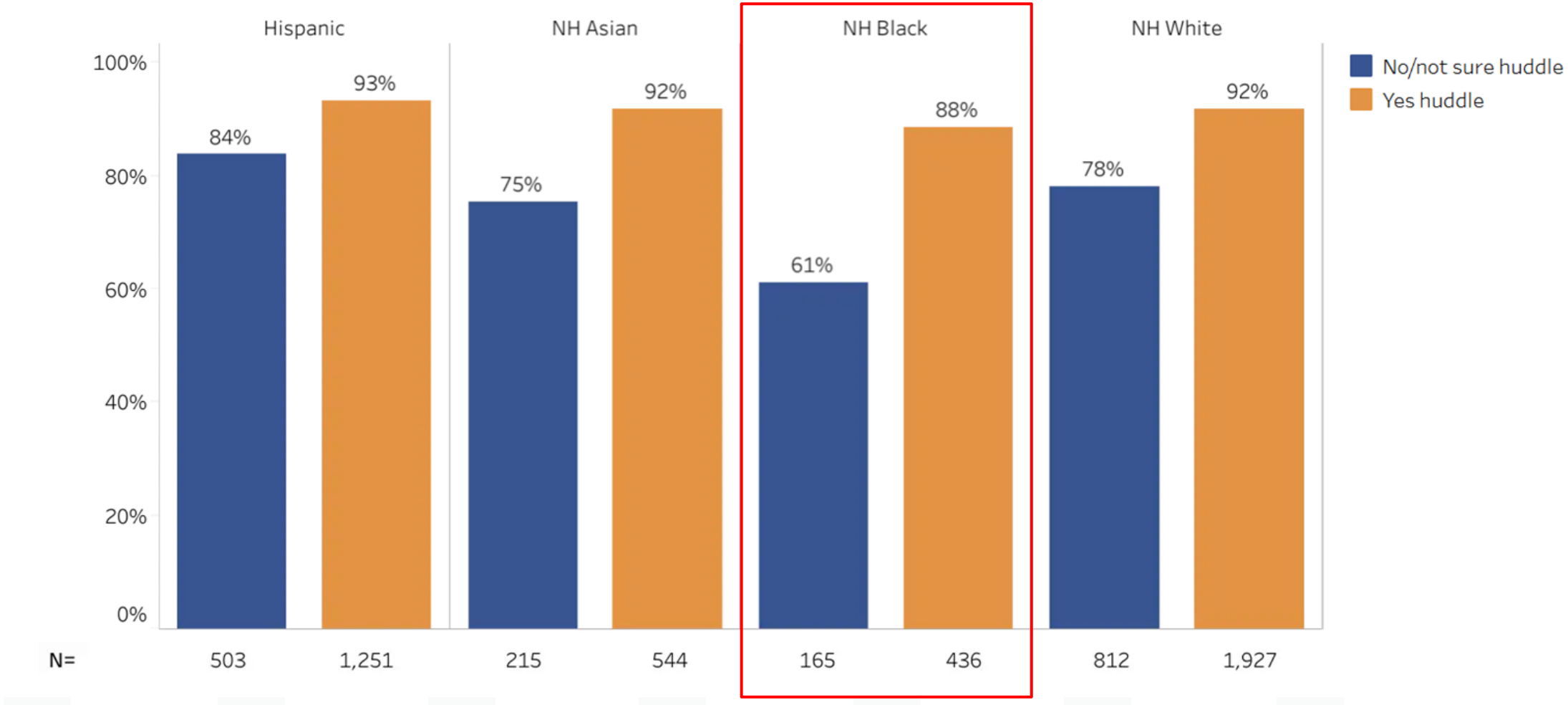
Overall N= 6,330
Cohort 1-5 Data as of August 27, 2026
Validated Scale: My Autonomy in Decision-Making Scale

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

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

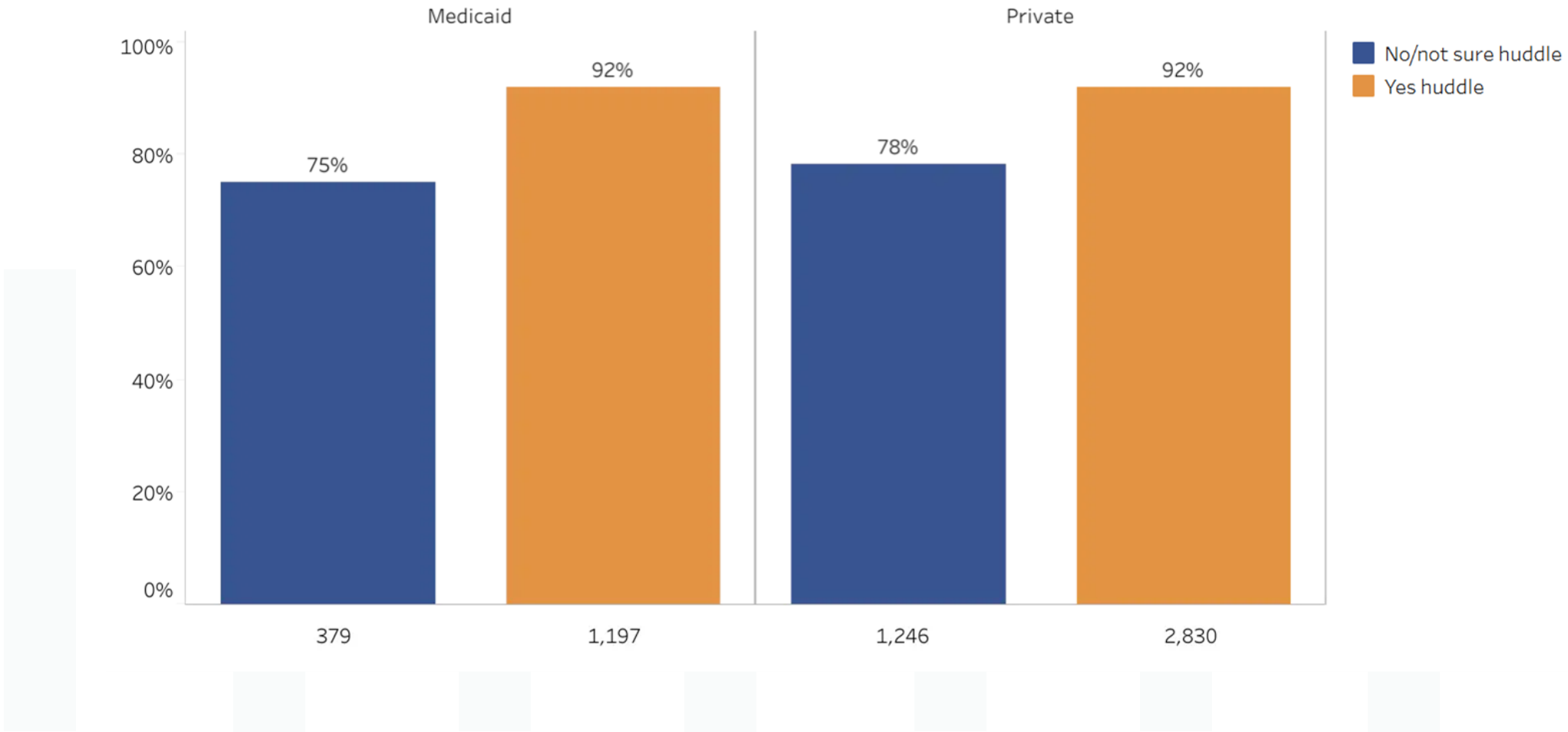
Strong **improvements in autonomy**, particularly among non-Hispanic Black patients

"My clinical team asked me how involved in decision-making I wanted to be"



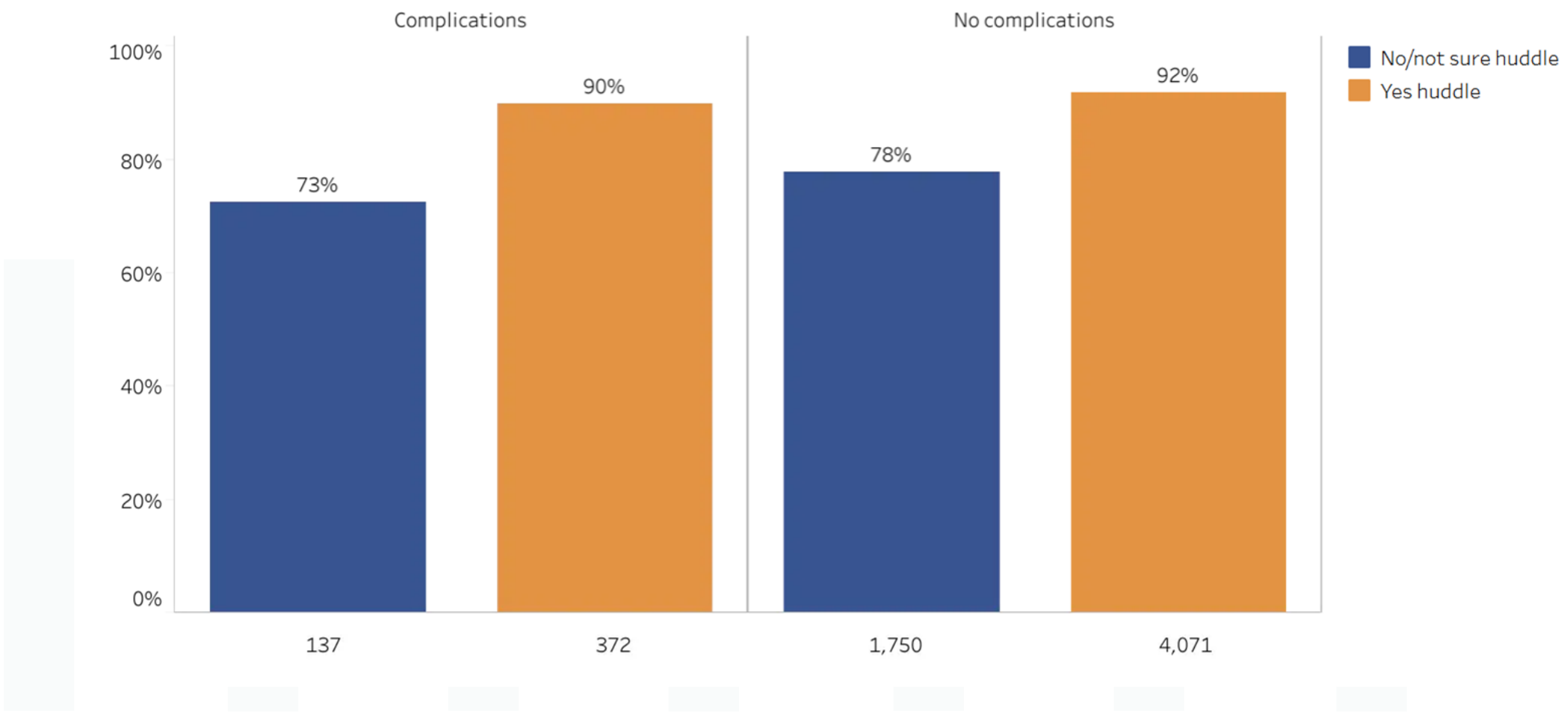
Strong **improvements in autonomy**, particularly among patients with Medicaid

"My clinical team asked me how involved in decision-making I wanted to be"

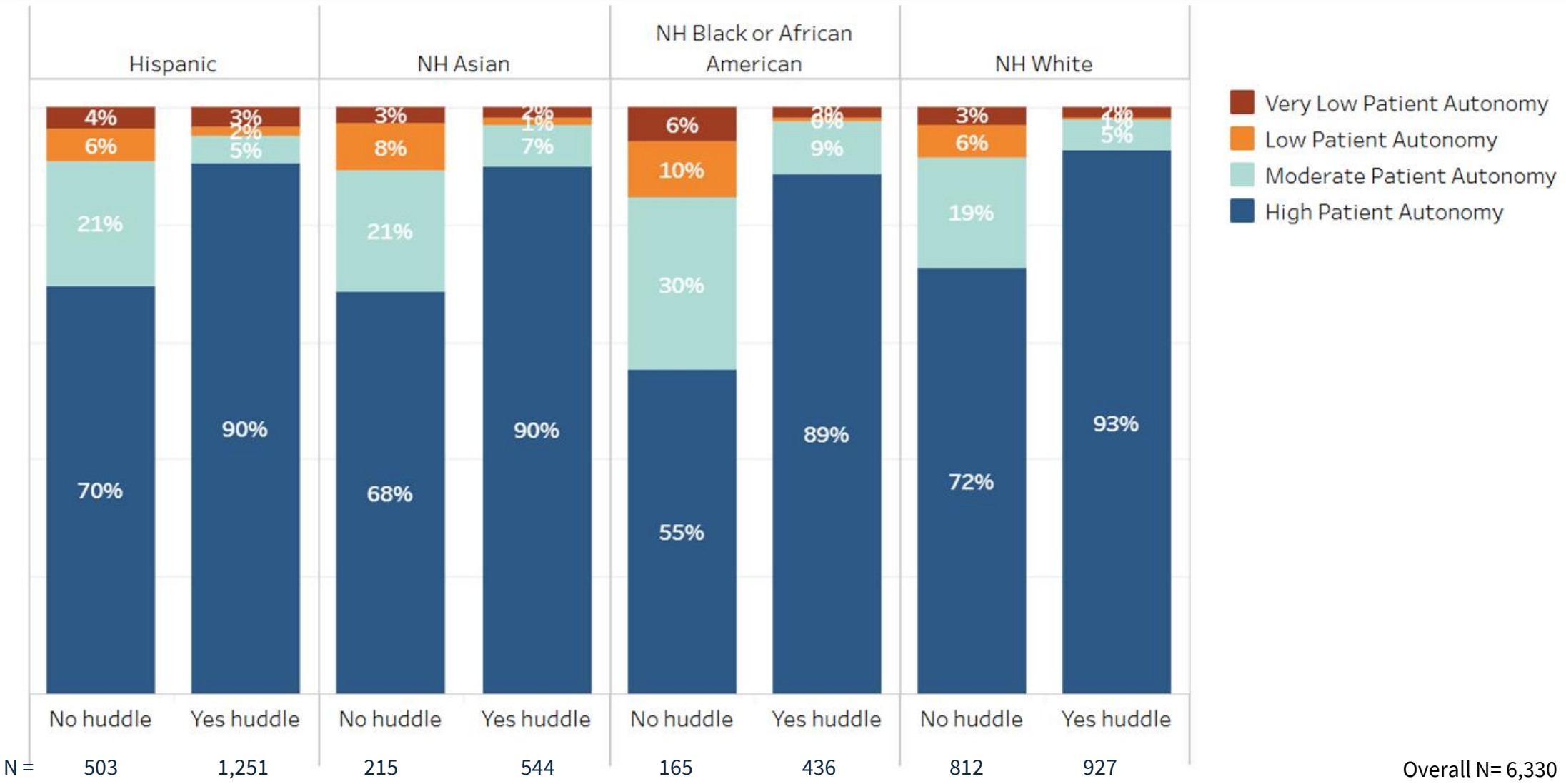


Strong **improvements in autonomy**, particularly among patients who experienced complications

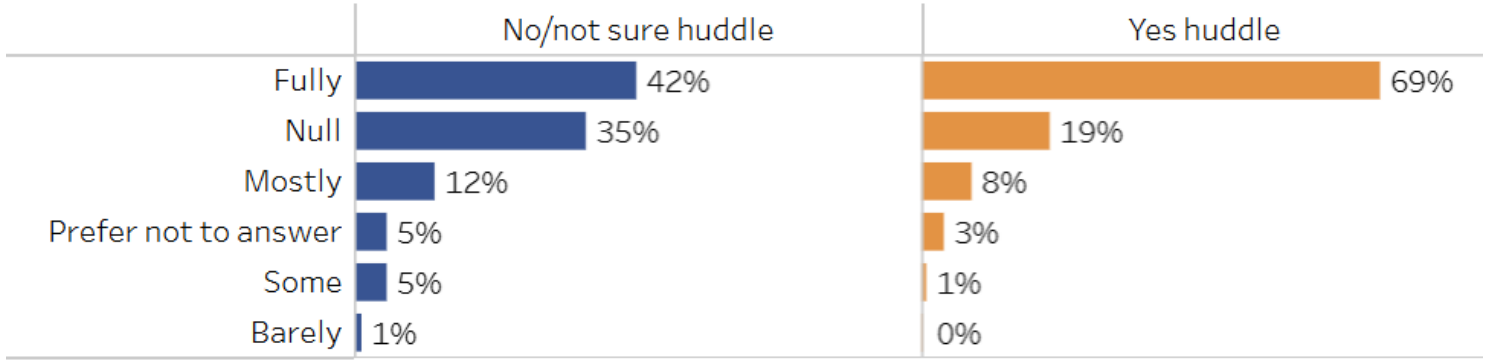
"My clinical team asked me how involved in decision-making I wanted to be"



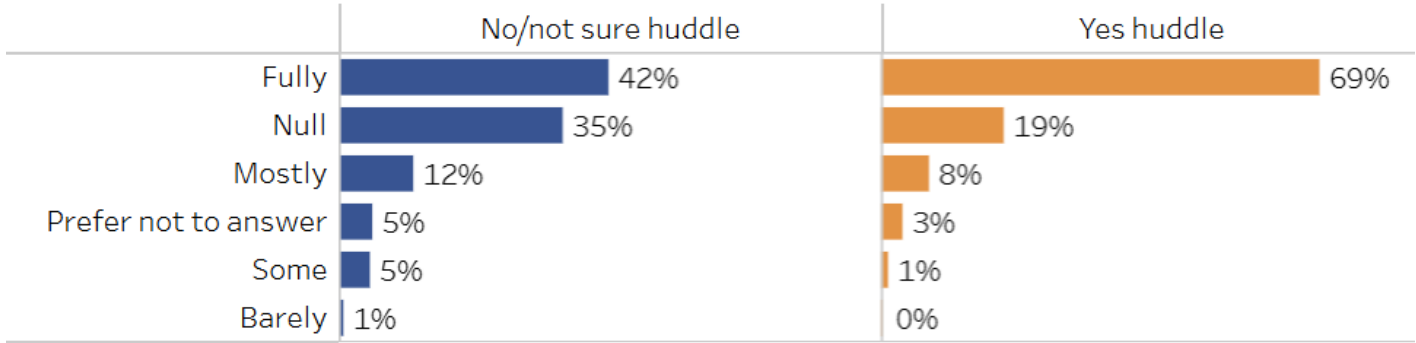
Across race/ethnicity groups, patients who experienced a TeamBirth huddle reported **higher autonomy**, with **largest effect among Black & Asian patients**



How much did you feel like your clinical team heard and understood your preferences?



How much did your clinical team consider your preferences in planning your care?

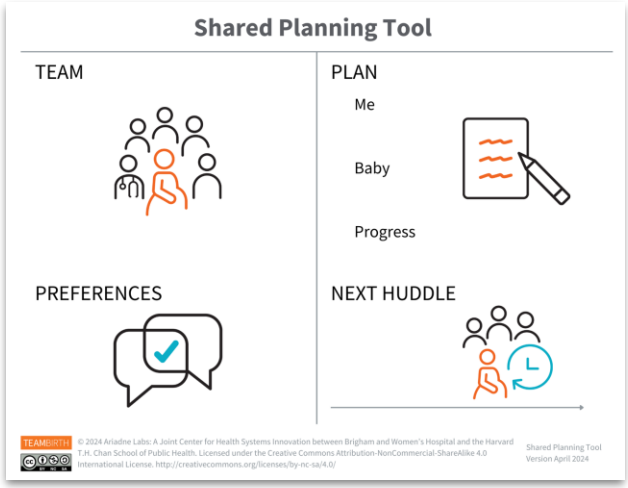


Patient Comments

TEAM

*"**So much teamwork, cooperation, communication + respect.** A very positive birth experience. We are so grateful to all!"*

*"Medical team was always accessible and appropriately responded to my needs. **I'm very satisfied and I am extremely grateful to the team!"***



PREFERENCES

*"I had a great experience. **I had specific preferences about delivery and pain medication and they were fully respected**. My needs were met and it led to as little stress as possible. Thank you!!"*

*"I was particularly impressed by and thankful for my nurses, who **helped be an advocate for my birth plan and preferences** and intervened when I was unclear and uncomfortable with a next step to give me time to decide without no pressure…"*

PLAN

*"I used the same hospital for the birth of my son 3 years ago, but this hospital experience felt so much better. My nurses and the midwife were so kind to me and my husband when we were both extremely nervous about an induction, **they kept me involved in several choices I had for my care**."*

TeamBirth Recognition



Add-On Implementation Activity:
GET RECOGNIZED

SUSTAIN PHASE

GET RECOGNIZED



Add-on: Celebrate the work of teams that have successfully implemented TeamBirth and are committed to ongoing efforts of sustainability

OBJECTIVES

Understand the TeamBirth Recognition opportunity and what it takes to complete it

Begin discussing and preparing to complete the Recognition components, and reach out

Milestones:

- Submitted appropriate number of huddle observations forms
- Submitted recognition attestation form

ADAPT

If and when a site plans for and completes the Recognition components



TeamBirth Recognition

Celebrating successful implementation and the ongoing commitment to sustainability of the TeamBirth care process

TEAMBIRTH RECOGNIZED

Birthing Care Staff

Empowering recognition of organizational culture and high quality care

Birthing Communities

Signal of patient autonomy and dignity throughout birthing process

Birthing Facilities

Encouraging leadership to prioritize equity and quality initiatives

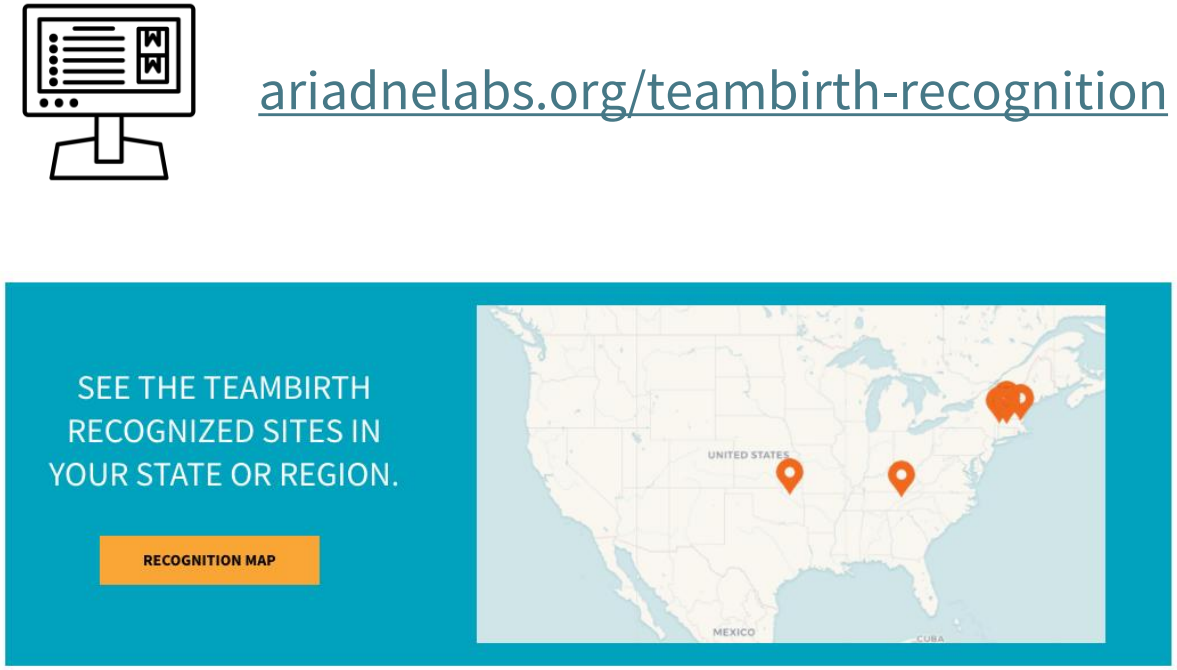
UNRAVEL Healthcare

TeamBirth Recognition

Recognized sites receive:

- Feedback on their TeamBirth Implementation
- Formal recognition of their facility name on the Ariadne Labs website
- Branding content to showcase their status on patient information and marketing materials

ariadnelabs.org/teambirth-recognition



Recognition is achieved when a site:



Attests to the implementation and sustainability components of TeamBirth

Examples:

- *80% of staff trained in TeamBirth*
- *TeamBirth approved boards*
- *Onboarding for providers and nurses*



Demonstrates ongoing commitment to TeamBirth through an engagement activity

Examples:

- *Socialize TeamBirth*
- *Train & Educate*
- *Engage Community*
- *Measure & Research*
- *Expand Implementation*



Observes TeamBirth huddles and submits documentation of the key behaviors

Timeline & Submission Details

We encourage Recognition application by (*date if needed)*



Attestation Report



Huddle Observations

TEAMBIRTH RECOGNIZED



Ready to apply? Reach out to *deliverydecisions@ariadnelabs.org* and we'll send you the application resources

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

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

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

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

Clinician Engagement
- Annual training/simulation
  - Record for future onboarding!
- Gather feedback from patients & clinician
- 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

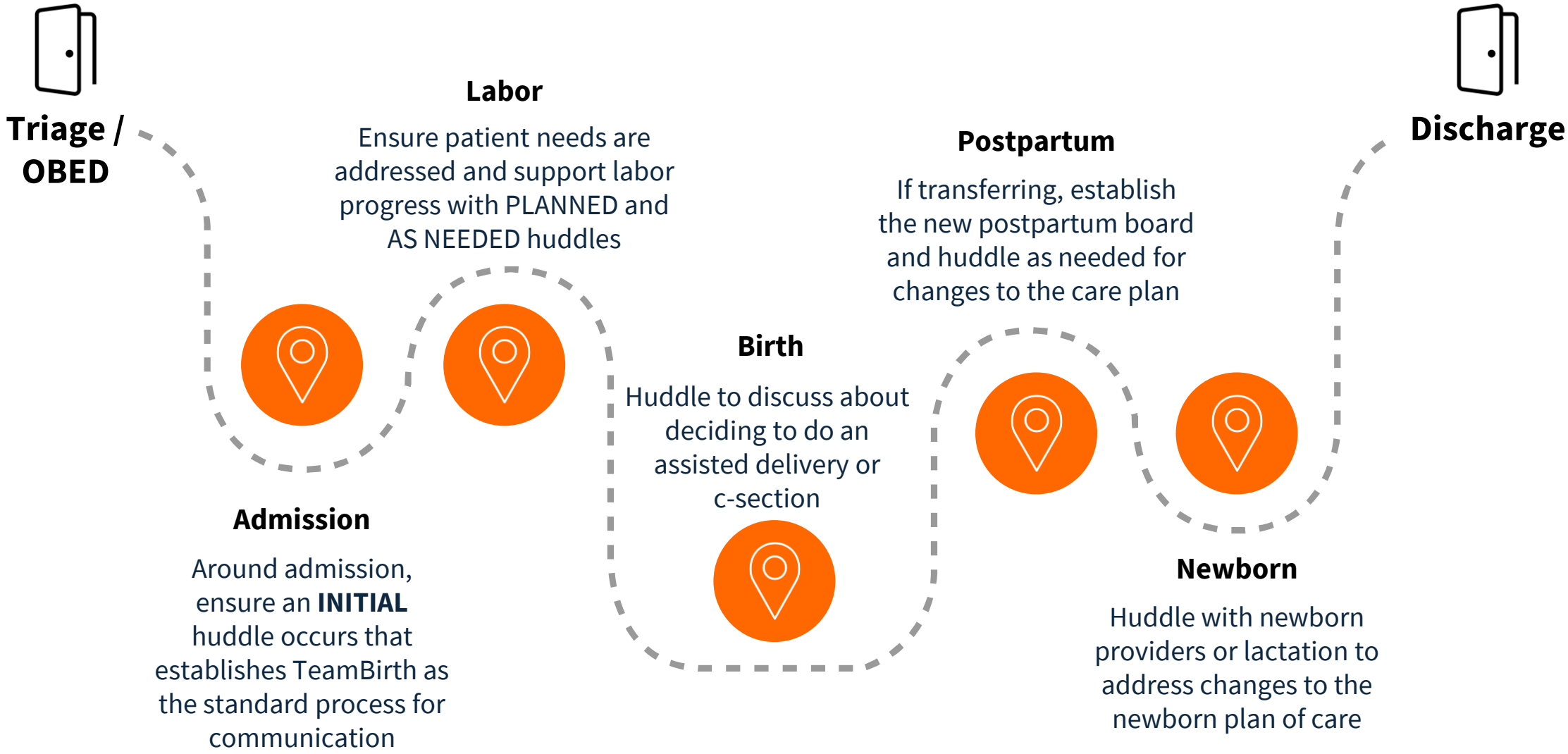
Clinician Role Responsibility
- Preceptors: TeamBirth champions
- Charge RNs: huddle triggers, delivery discussion guide for interventions
- Triage staff: admission huddles
- Review Employee expectations in annual review & dept meetings

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

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

Door to Door TeamBirth

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

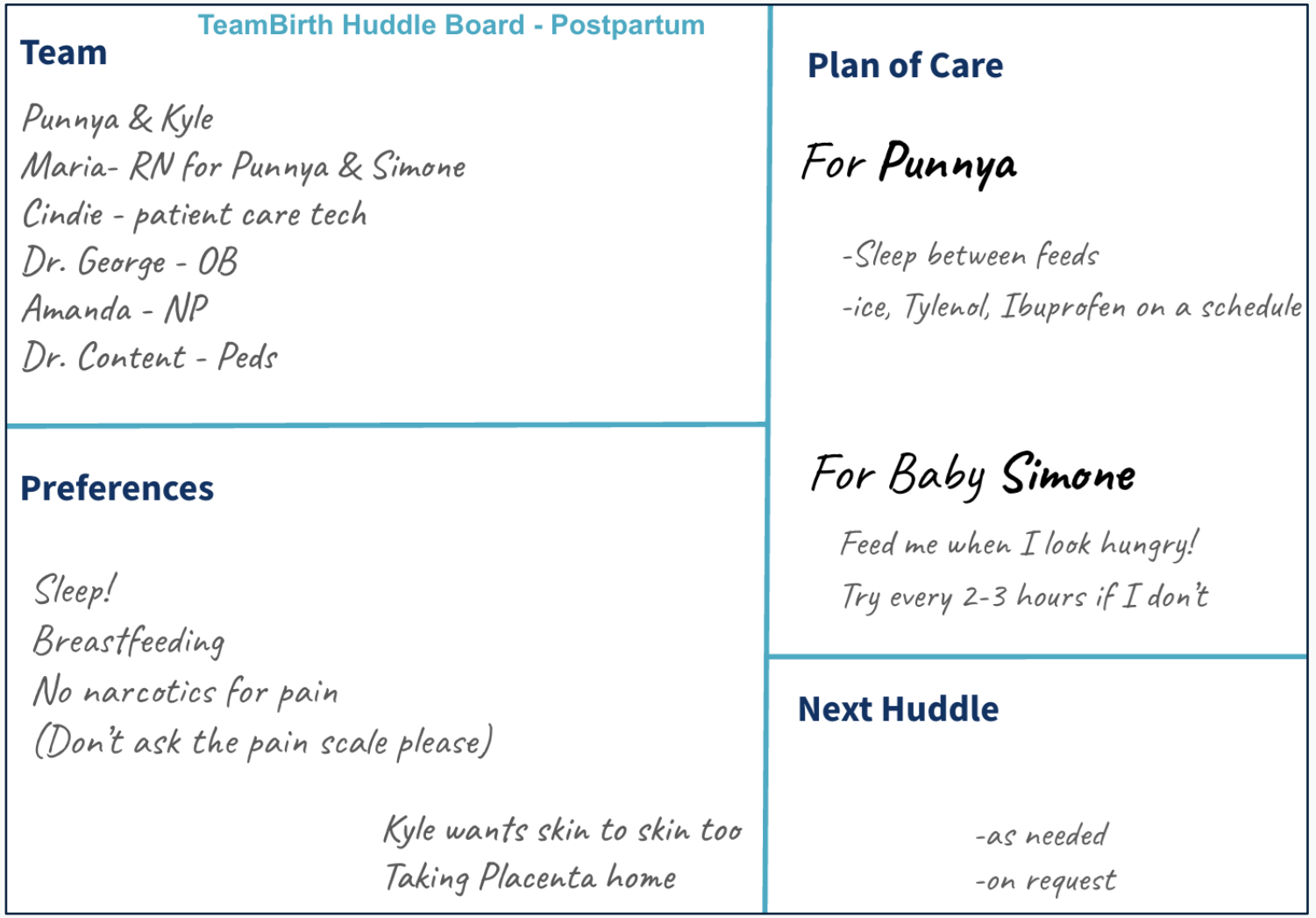


Scenario Practice: Postpartum Newborn Huddle

Applying TeamBirth with the shared planning board

TeamBirth Shared Planning Board: Postpartum & Newborn

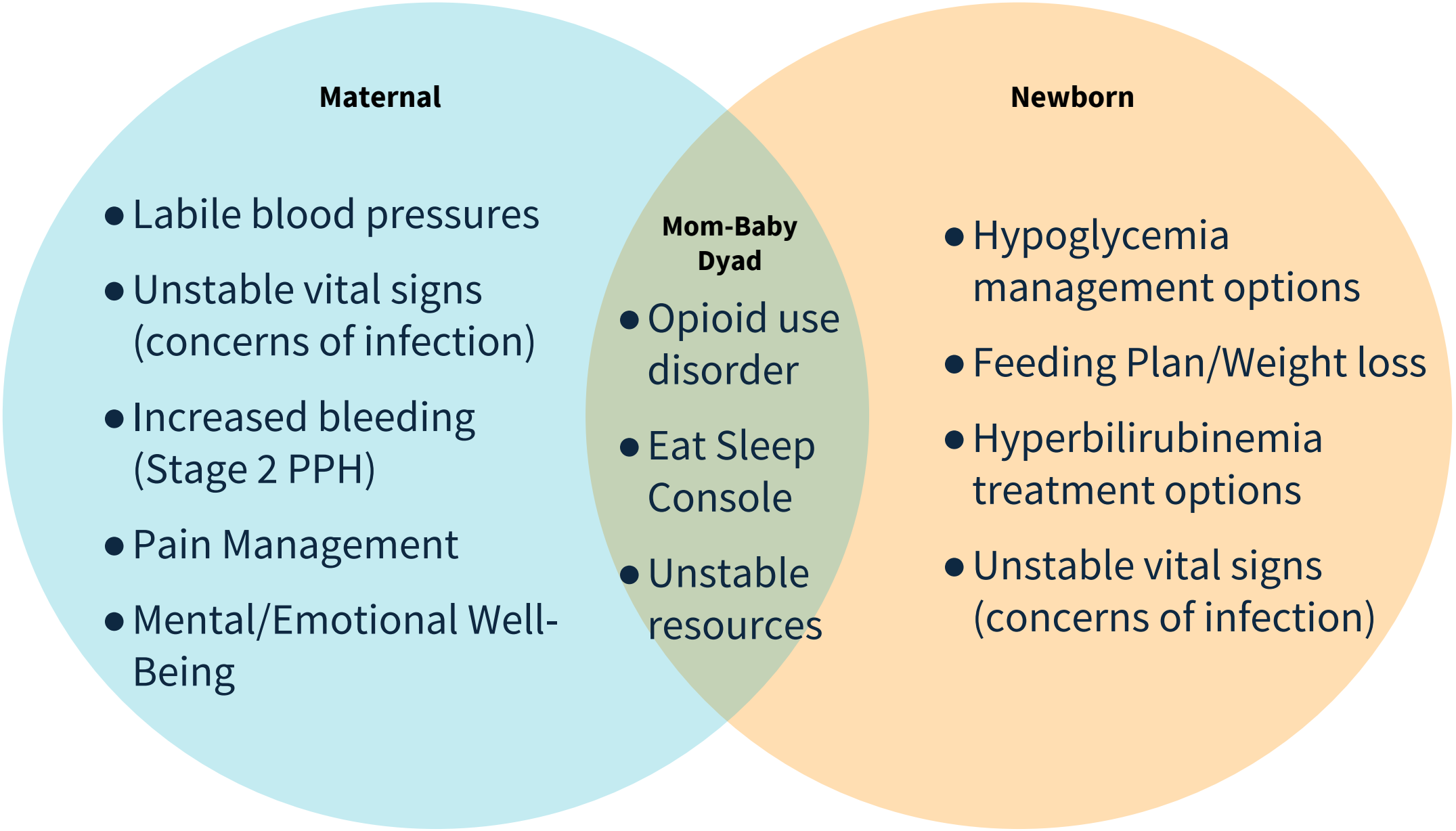
The core components of TeamBirth *benefit the entire team*



The TeamBirth Shared Planning Board:

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

HUDDLE OPPORTUNITIES: Postpartum



Using Scenarios

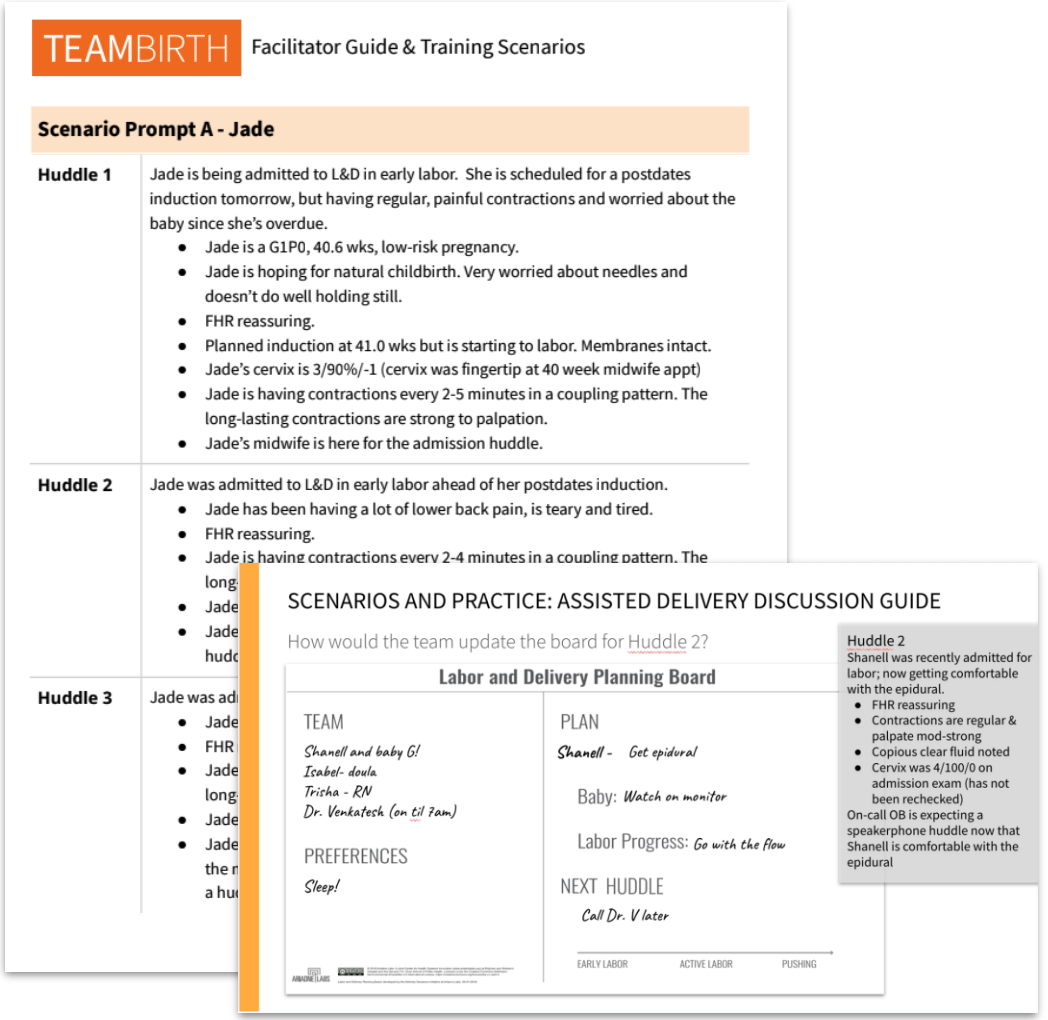
Create time to apply TeamBirth by routinely practicing scenarios

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:

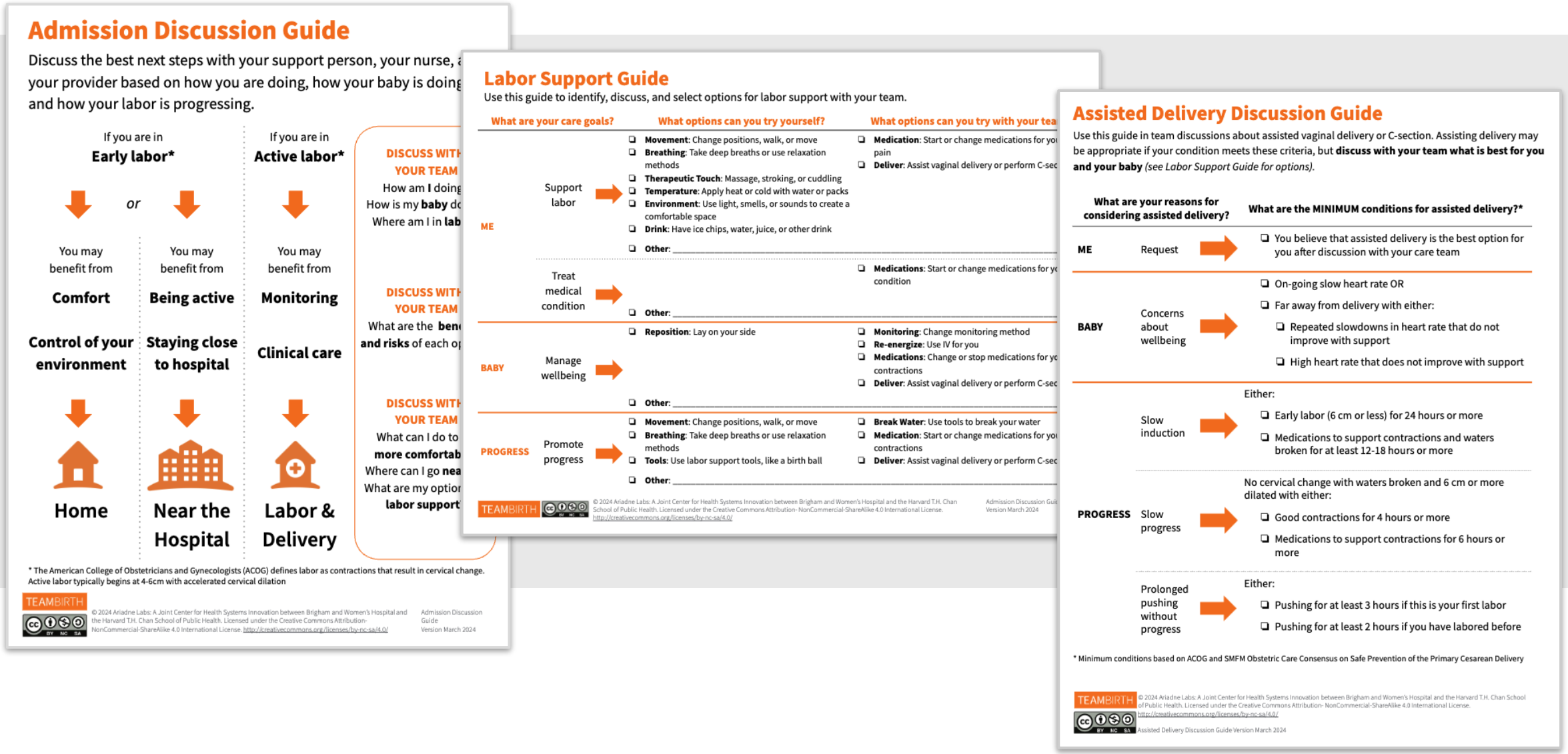
1. to get comfortable doing TeamBirth key behaviors
2. to ask questions
3. to provide feedback for improvement

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?

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

TEAMBIRTH

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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).*

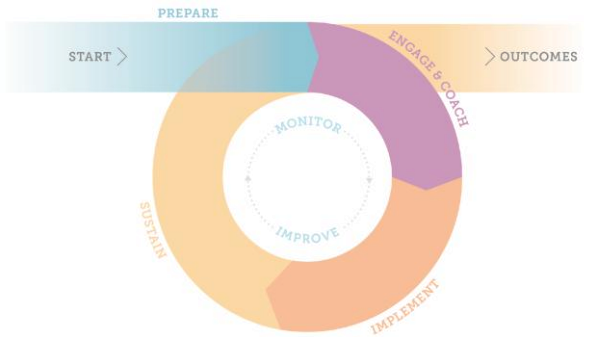
What are your reasons for considering assisted delivery?		What are the MINIMUM conditions for assisted delivery?*
ME	Request	❑ You believe that assisted delivery is the best option for you after discussion with your care team
BABY	Concerns about wellbeing	❑ On-going slow heart rate OR ❑ Far away from 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

TEAMBIRTH

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Assisted Delivery Discussion Guide Version March 2024



Training Resources

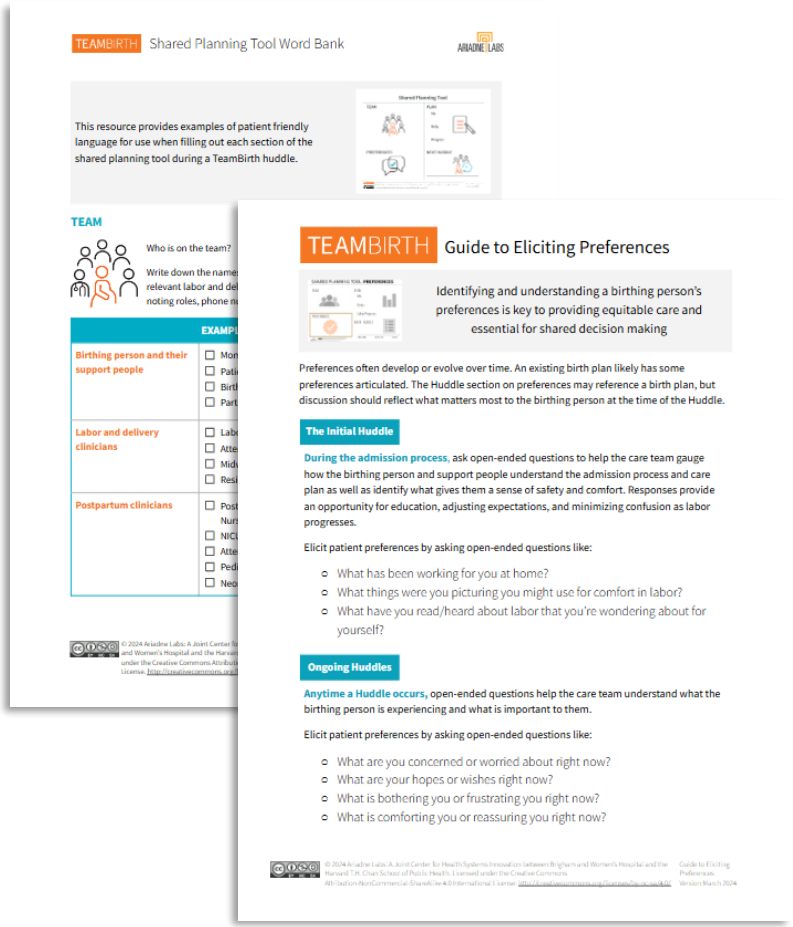
Use these resources to support staff and provider education and training: go.ariadnelabs.org/TBtraining

(also linked on your Cohort Resource Page)

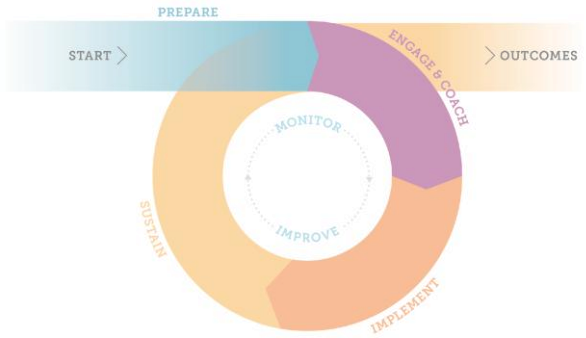
Resource Examples

- 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



Looking Ahead



What's Next?

- Reflect on TeamBirth Sustainability
  - Huddle Practice and Initiation of TeamBirth
  - Evaluate Impact and Continuous Improvement

- TeamBirth Sustainability Tools Check-in
  - Sustainability Survey
  - Training Scenario Prompts
  - TeamBirth Resources and Materials

Next Steps

Next Learning Session

TeamBirth Post Launch Support Session

January 25th, 2027

12:00 - 1:00pm EST

We Want to Hear From You!

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

Follow Up

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

Email Christine for

- Support and Updates
- Resources
- Implementation Questions & Needs

civery@njhcqi.org