ARIADNE LABS
DELIVERY DECISIONS INITIATIVE

TEAMBIRTH

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

Cohort 5 Collaborative Learning Session #1

January 22, 2025

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

NJHealth New Jersey Department of Health Family Health Services

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Internal call planning

Section	Agenda Items	Relevant Resources	Presenter
Intro/Welcome [10 mins]	○ Round of facilitators intros with participant intros in chat ○ NJHCQI intro ○ Ariadne intro ○ Cohort 5 intro	…	○ Adelisa ○ Christine ○ Misha ○ Christine
TeamBirth Background & Overview [15 mins]	○ TeamBirth Background: Why TeamBirth ○ What is TeamBirth?	…	○ Christine ○ Adelisa
TeamBirth Core Knowledge & Skills [10 mins]	○ Learn: **Shared Planning Tool - TEAM**		○ Christine

TeamBirth Implementation
[15 mins]
	○ Implementation Pathway, Roadmap, & Timeline
	○ Current priorities & activities:
	  ○ **(recap) BUILD YOUR TEAM**
	  ○ **(deep dive) SOCIALIZE CULTURE CHANGE**
	  ○ **REVIEW COHORT RESOURCE PAGE**
		…	○ Adelisa
			
			○ Adelisa
			○ Christine
			○ Adelisa

Looking Ahead [5 mins]	○ Next Steps		○ Christine

Learning Session Agenda

Introductions	
TeamBirth Background & Overview	
TeamBirth Core Knowledge & Skills	○ Learn: Shared Planning Tool – TEAM

TeamBirth Implementation	○ Implementation Roadmap & Timeline
	○ Current core activities:
	  ○ BUILD YOUR TEAM
	  ○ SOCIALIZE CULTURE CHANGE

Looking Ahead	○ Takeaways From Today ○ Action Items

Introductions

About the Quality Institute

The Quality Institute is a nonprofit, multi-stakeholder advocate for health care quality in New Jersey.

Our mission is to improve the safety, quality, and affordability of healthcare for everyone.

The primary focus of the Quality Institute's areas of work are:

- Community Health
- Policy
- Quality Improvement

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

We are a joint center for health systems innovation at Brigham & Women's Hospital and the Harvard T.H. Chan School of Public Health.

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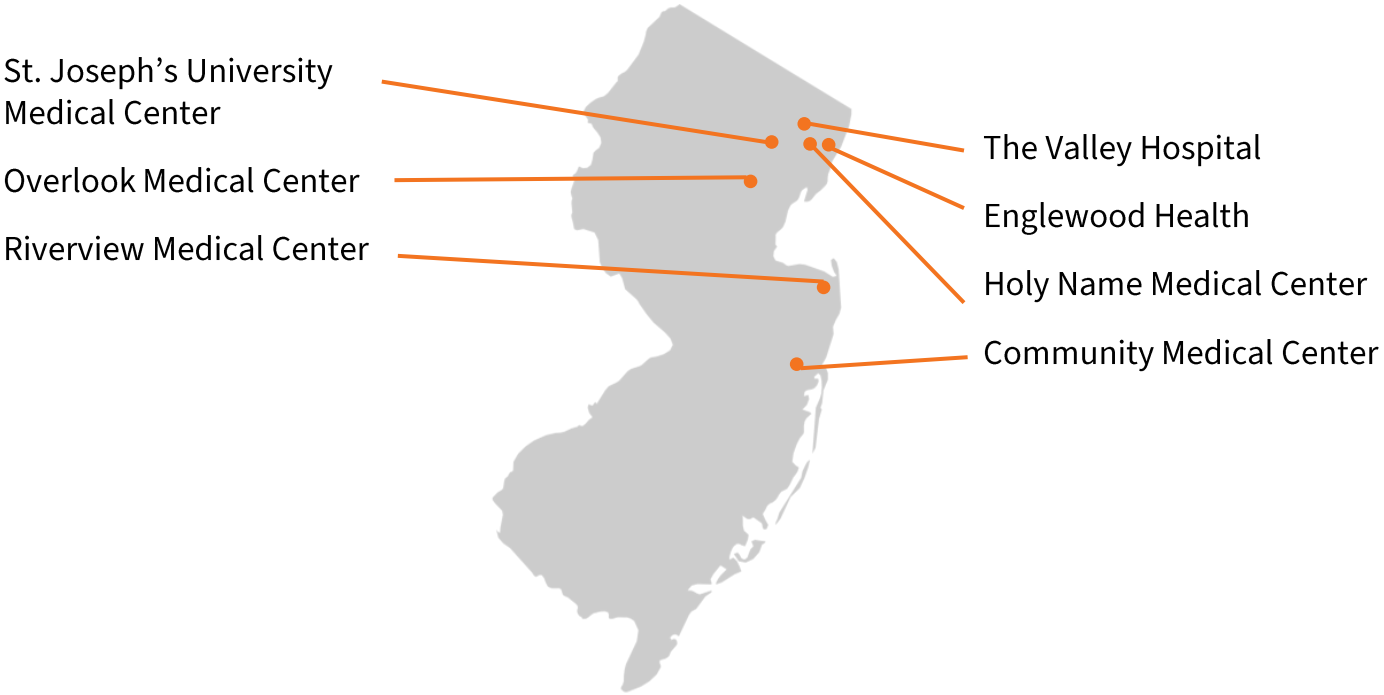
DELIVERY DECISIONS INITIATIVE
Our vision is a world in which every person can choose to grow their family with dignity.

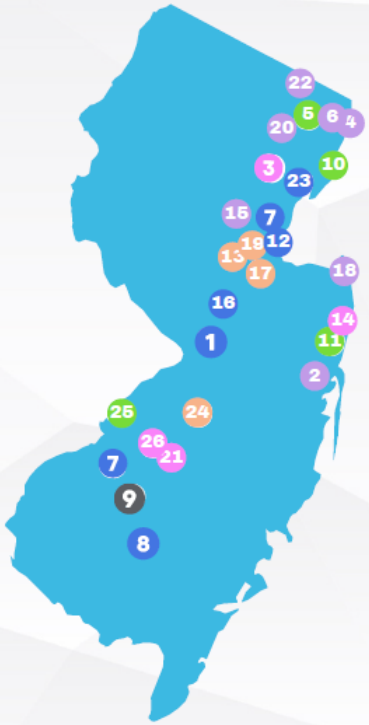
New Jersey Cohort 5 Participants



Who is here with you from your organization today?

NEW JERSEY TEAMBIRTH SITES

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



*LAUNCH PENDING

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

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TeamBirth Background

Over the past generation, giving birth in America has become less **TRUSTWORTHY**

U.S. women have the highest rate of maternal mortality among high-income countries

Black women experience 3-4x higher mortality

80% of pregnancy-related deaths may be preventable

Almost 1/3 of women in U.S. who gave birth in a hospital reported experiencing one or more types of mistreatment

Mistreatment is experienced more frequently by women of color and among those with social, economic or health challenges

Almost half (45%) of moms reported **holding back from asking questions or sharing concerns** during their pregnancy or delivery.

(Source: Center for Disease Control, Giving Voices to Mothers Study-US)

80–90%

of reported sentinel events are due
to failures of communication
and teamwork.

(Source: The Joint Commission)

HEAR
Learn more at cdc.gov/HearHer

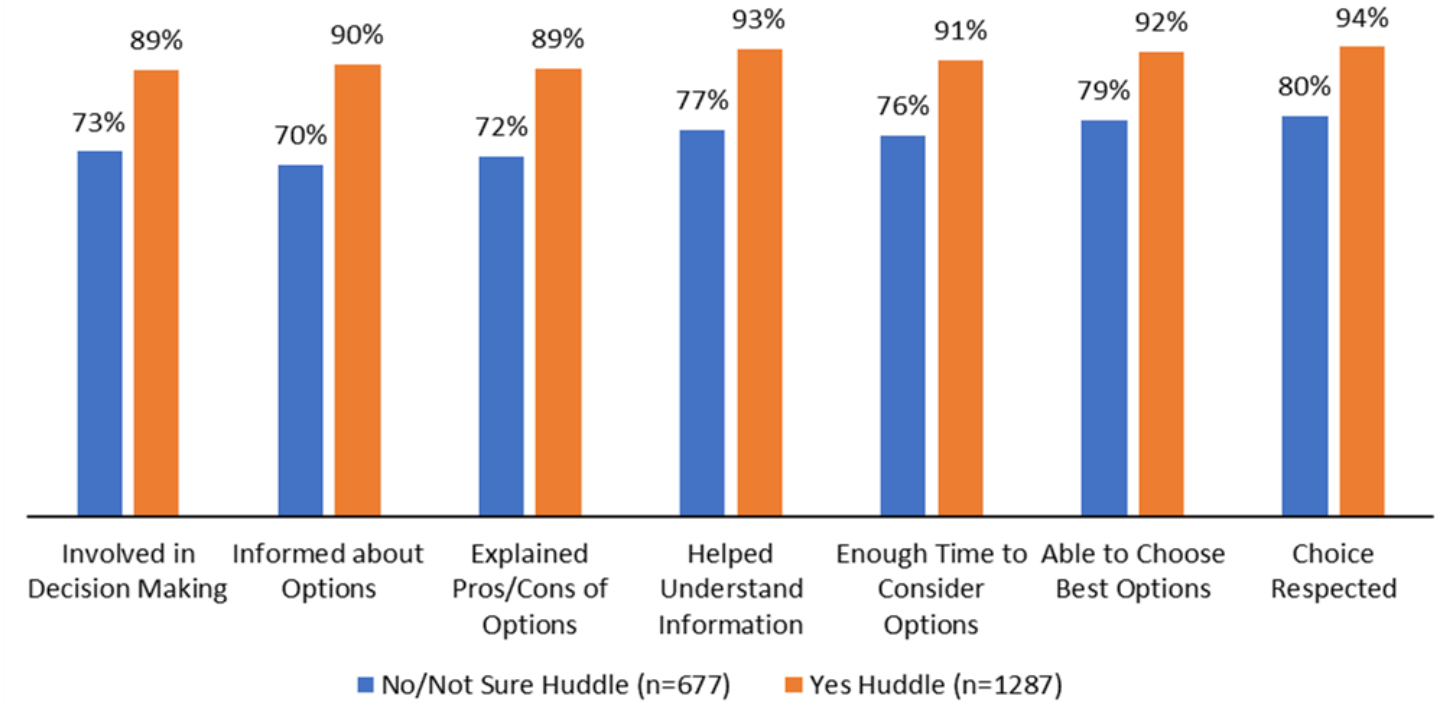
TeamBirth is a care process innovation involving a series of team huddles between the patient and their care team designed to:

- → Empower each team member to contribute information
- → Reliably structure communication
- → Help the team arrive at shared plans together

For patients, TeamBirth invites them into the conversations and provides a structure that is easy to understand and participate in.

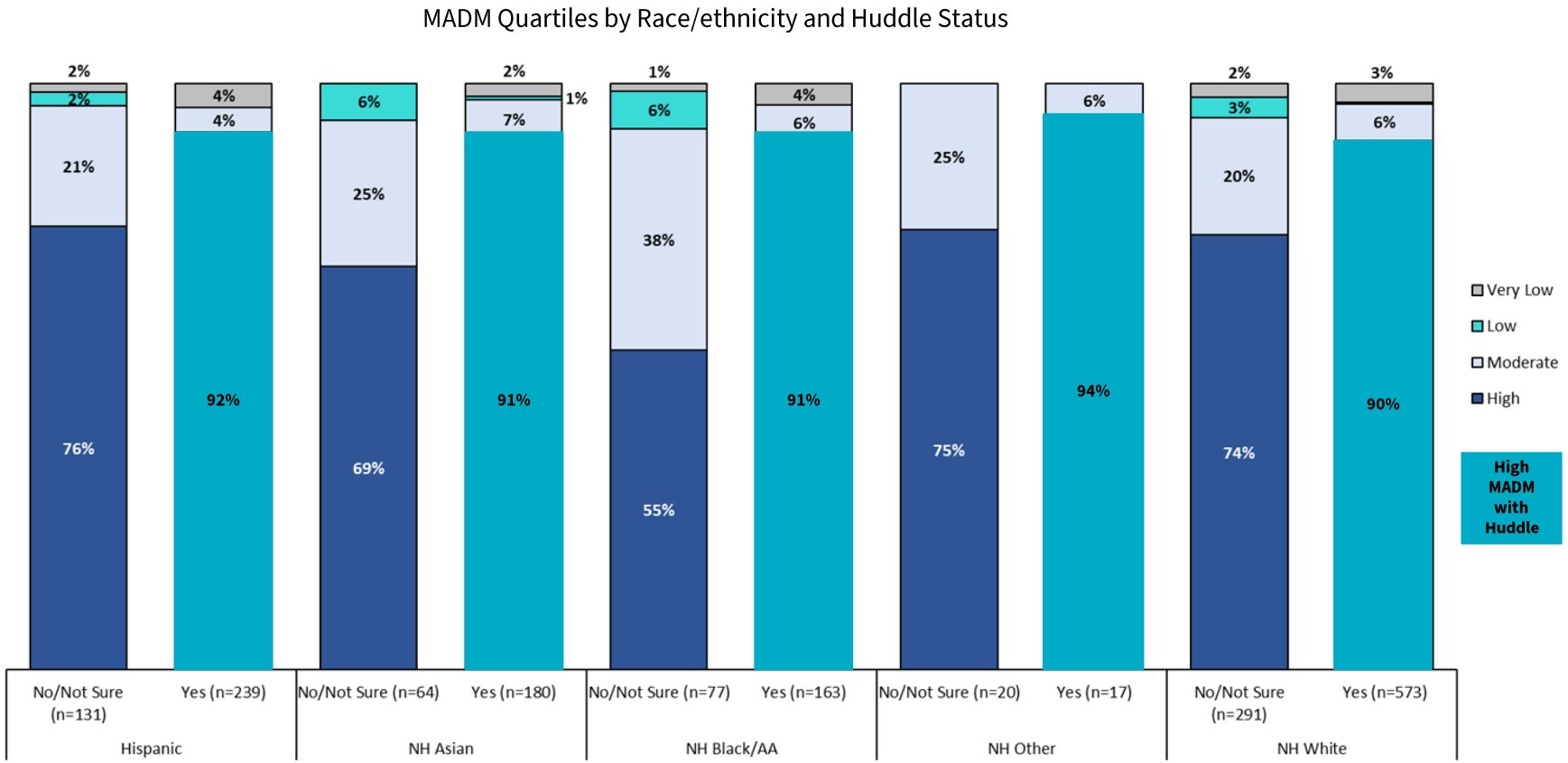
For clinicians, TeamBirth encourages all conversations to be had with the patient to promote effective team communication and alignment across the full team.

Patients who experienced a TeamBirth huddle during labor, report more "strongly agree" or "completely agree" for each of the MADM score items.



*As of August 12, 2024

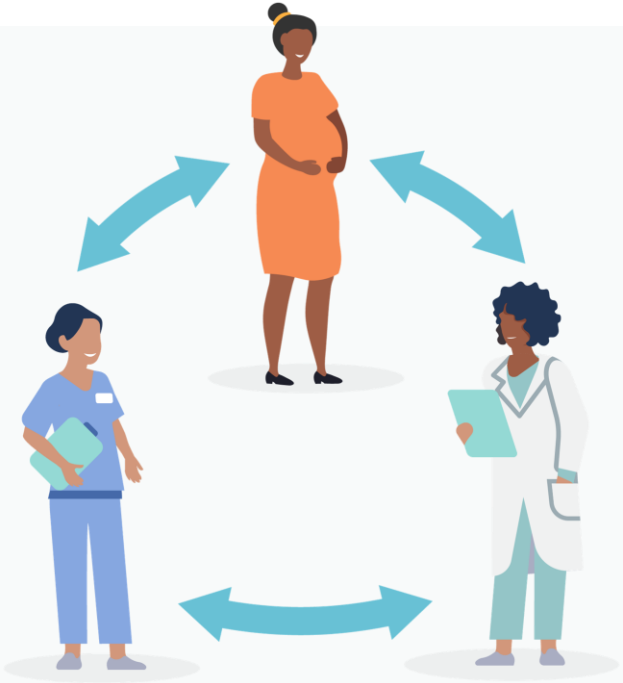
Patients who experienced a TeamBirth huddle during labor, have **high MADM scores across different races and ethnicities**, compared to those with no huddle.



TeamBirth Overview

Current Communication

TeamBirth Communication



The TeamBirth solution embodies two design principles:

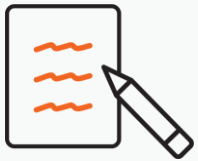
TEAMWORK:
Promote psychological safety and shared decision-making with the birthing person

SIMPLICITY:
Reliably communicate information across the full care team, including the birthing person

TeamBirth's components promote *four key behaviors:*

Promoting the role of each team member

Eliciting patient preferences



Distinguishing plan for patient, baby, and labor progress*

Set shared expectations for the timing of the next huddle

** Labor progress refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.*

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

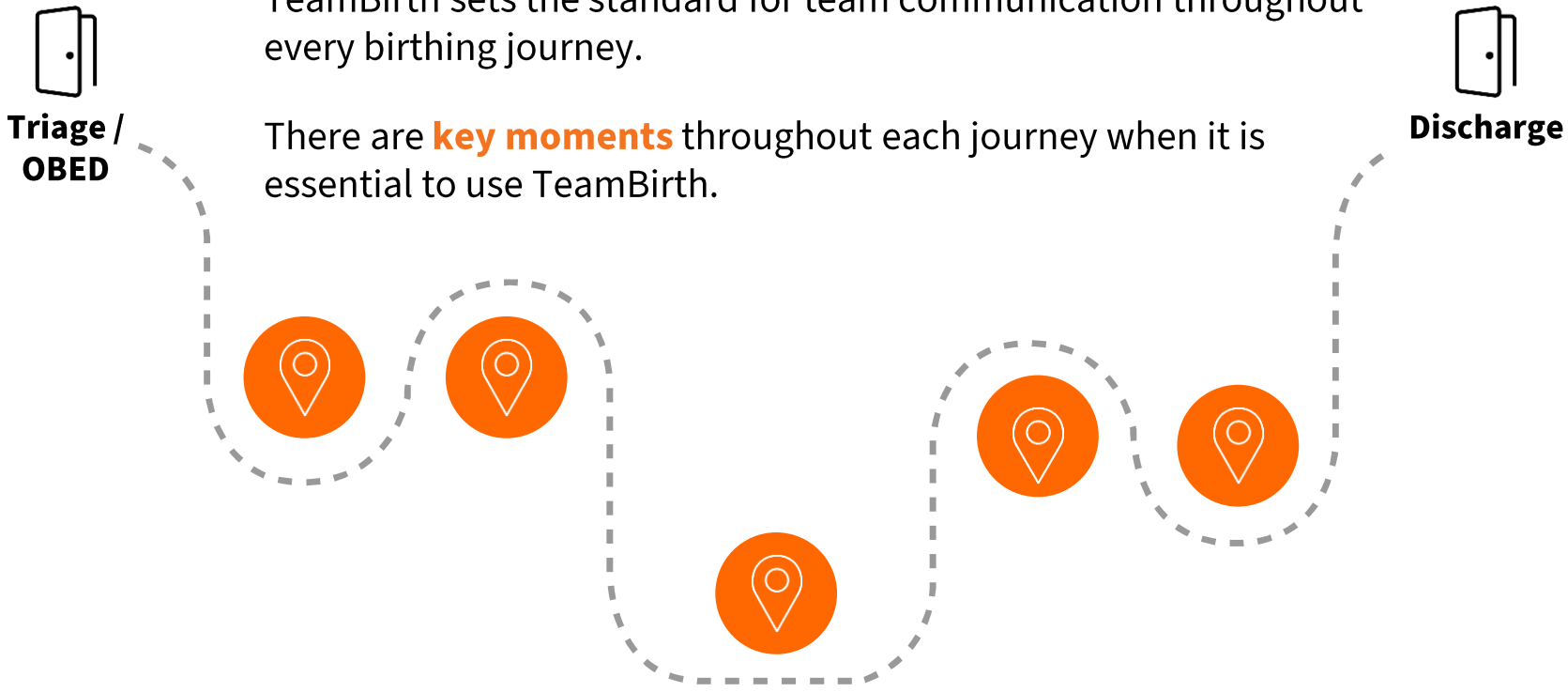
Visual tool that structures communication and provides space to document discussions during huddles

WHEN TO HUDDLE

Door to Door TeamBirth

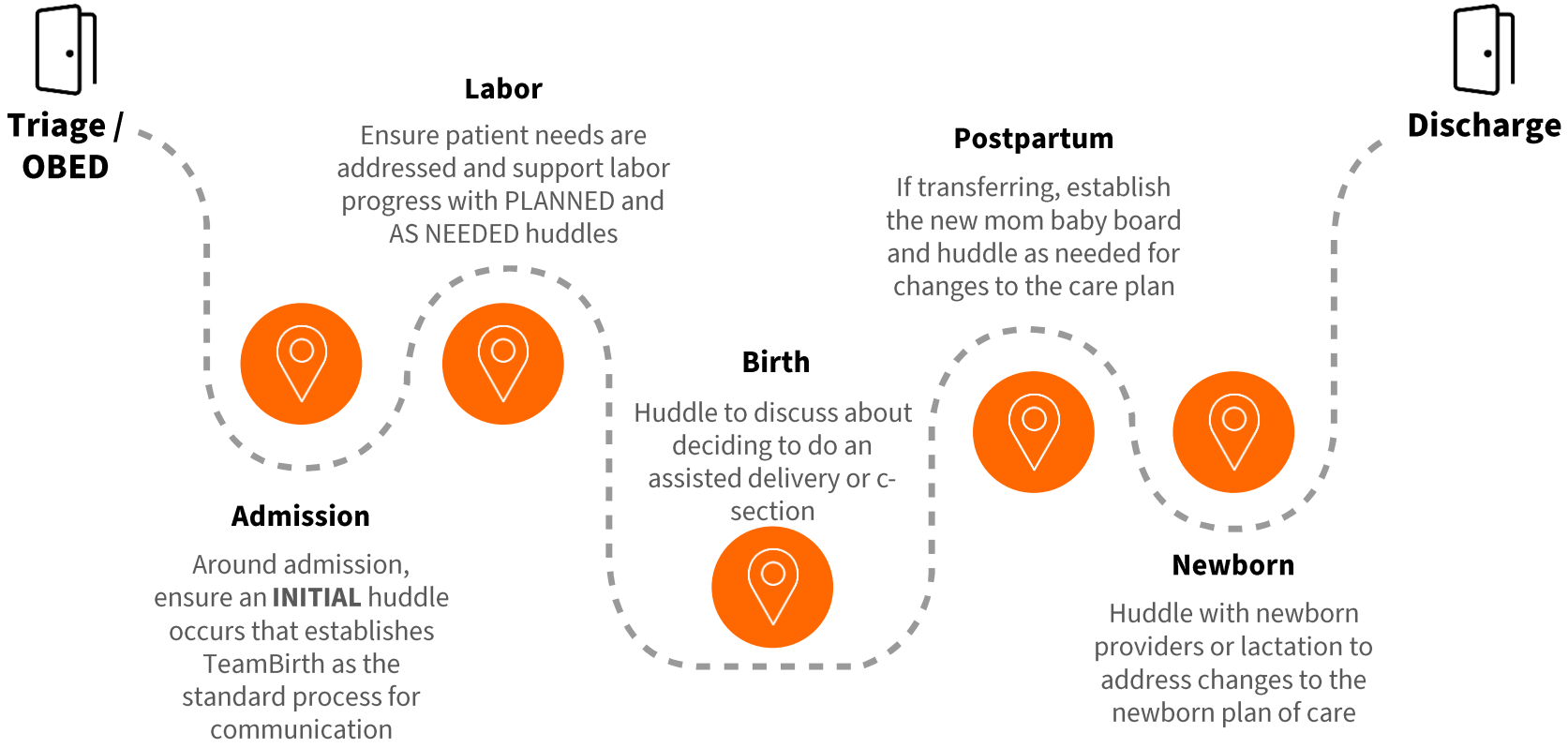
TeamBirth sets the standard for team communication throughout every birthing journey.

There are **key moments** throughout each journey when it is essential to use TeamBirth.



Door to Door TeamBirth

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



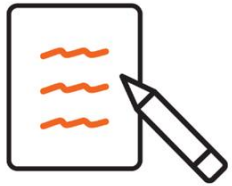
Shared Planning Tool

TEAM

PLAN

Me

Baby



Progress

PREFERENCES

NEXT HUDDLE

TEAMBIRTH

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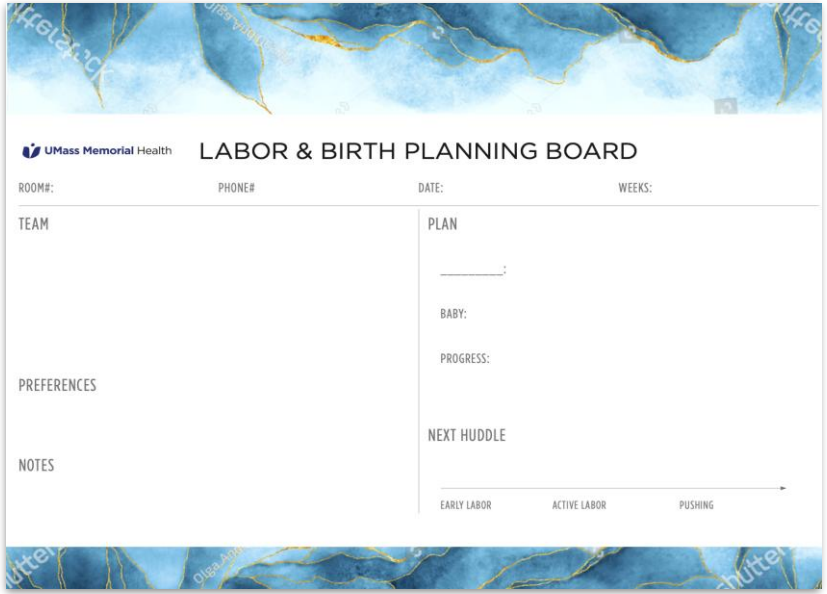
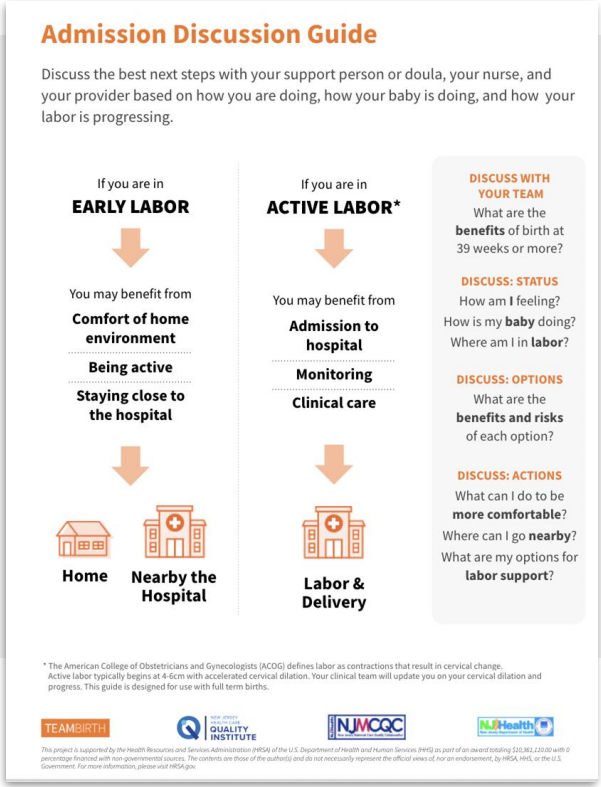
Example: UMass Memorial



Example: Saint Peter's University Hospital

Add-On Components: **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.

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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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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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?
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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TeamBirth Core Knowledge & Skills

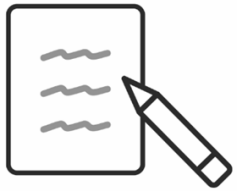
Shared Planning Tool

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)

Who is on the Team

The direct care team includes any support people accompanying the patient as well as the clinical team primarily responsible for patient care

Birthing Person

Support Person

- Partner / Spouse
- Family
- Friend
- Doula

Clinicians

- Nurse
- Certified Nurse Midwife
- Physician (OB hospitalist, Attending OB, Resident)
- Lactation Consultant
- Anesthesiologist/CRNA
- Newborn Provider (Pediatrician, Nurse Practitioner, Resident)

Additional team members:

- Interpreter
- Social Worker
- Community-based Midwife

Huddle Initiation - Starts with the Team

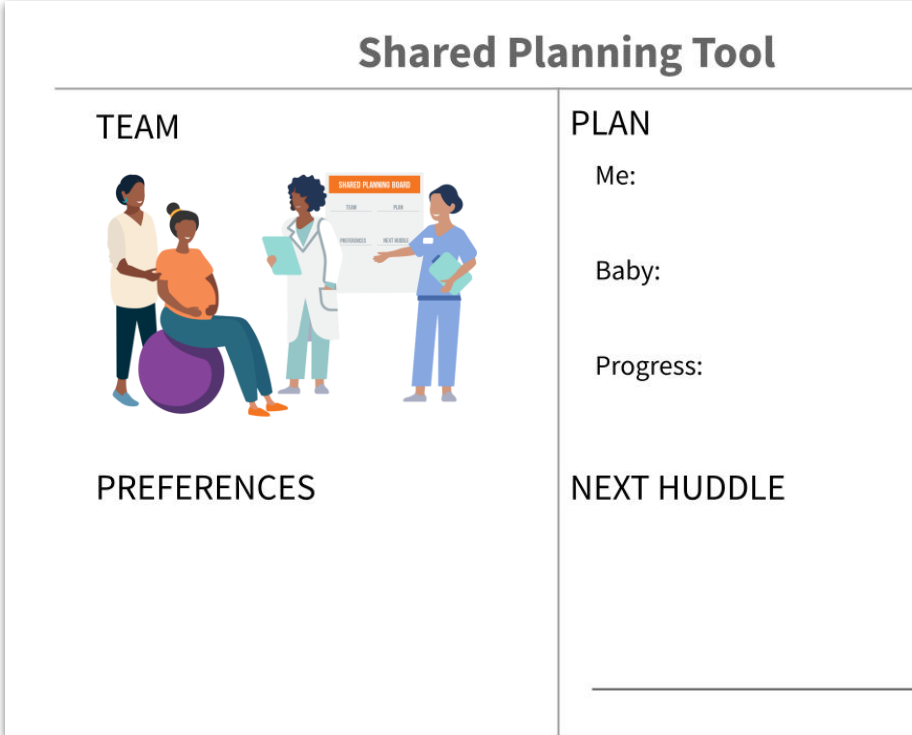
Verbalizing that a TeamBirth Huddle is taking place starts with introducing the team

Team Introductions

1. Start with the birthing person
2. Follow with their support person(s)
3. Then each clinician

Ensure all relevant team members are included based on the purpose of the Huddle:

- Doula, lactation, anesthesiology, etc

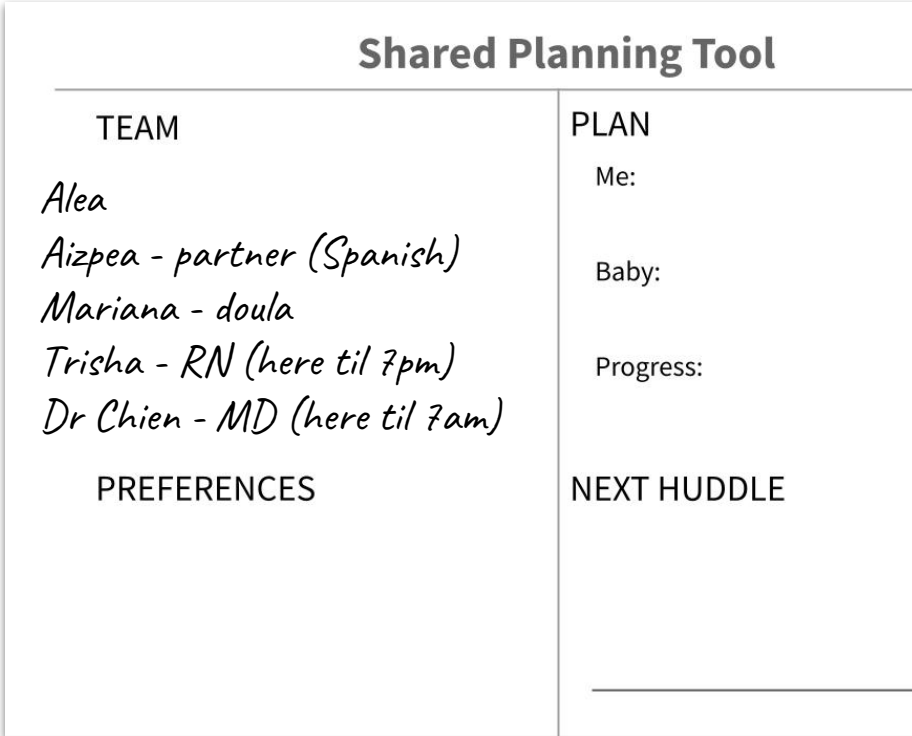


TEAM

Other information may be valuable to include during introductions of the team

In addition to names, consider including:

- Role or Title
- Shift times
- Relationship to birthing person
- Accessibility needs



TeamBirth Introduction

Use this opportunity to ensure the patient knows what TeamBirth is

Admission Huddles should be used to establish TeamBirth huddles as the communication process the patient will experience throughout their time at the hospital

Anytime a huddle begins confirm the patient is familiar with TeamBirth and provide any explanation so they understand what is happening and why

Key Points

1) TeamBirth ensures teamwork and consistent transparent communication
2) This process is used for all birthing patients
3) 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.

Psychological Safety

Including and introducing each team member sets up psychological safety

The TEAM section and key behavior facilitate:

- An environment that allows individuals to feel safe, comfortable, and supported in expressing themselves
- Mitigation of fear of negative consequences such as judgement, criticism, or punishment
- Minimizing hierarchical power dynamics inherent in healthcare

Your **ideas and experience matter,** regardless of title, position, or education

We encourage **safe communication** and creating opportunities to **speak up**

Creating Psychological Safety

01	Promote the whole team	Introduce all individuals present
02	Active listening	Maintain eye contact Consider body language Give full attention
03	Empathy and validation	Acknowledge feelings Avoid dismissing or downplaying
04	Non-judgmental attitude	Avoid assumptions and judgment Recognize and understand your biases
05	Respect for autonomy	Elicit patient preferences Engage in shared-decision making Respect their choice

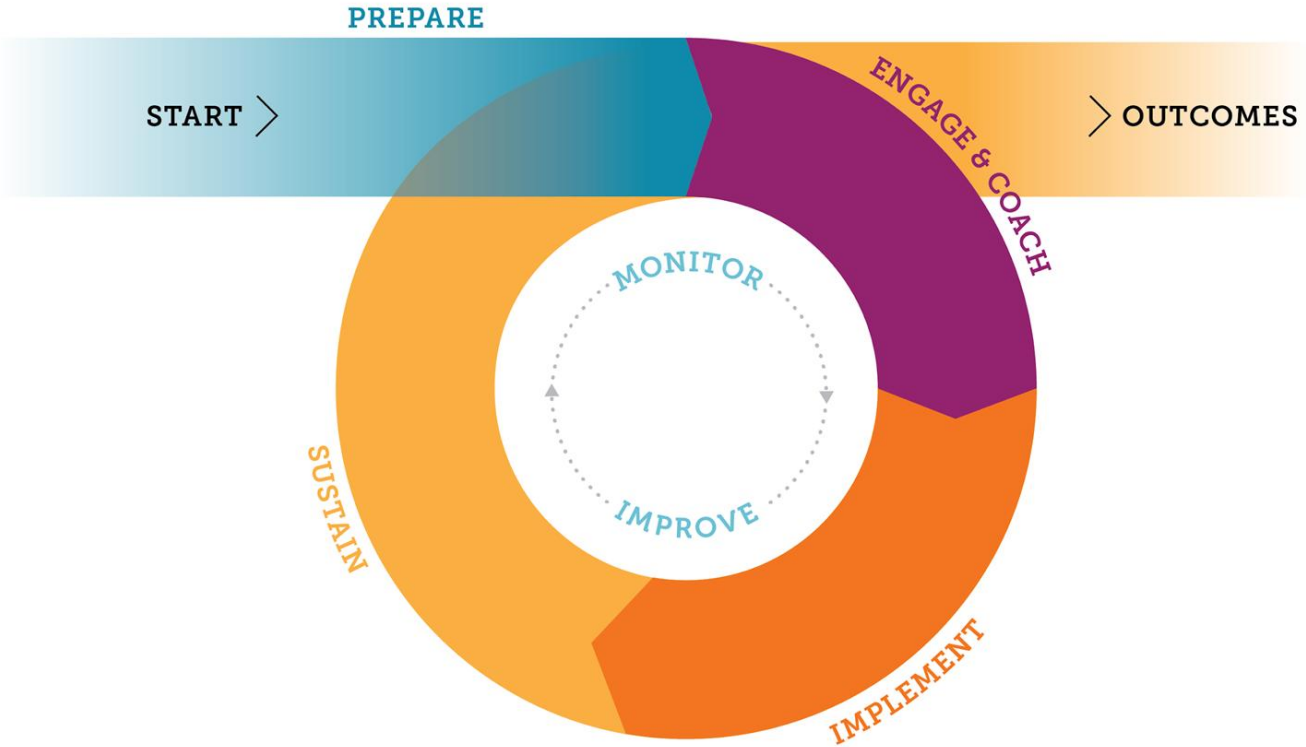
Creating Psychological Safety

06	Clear communication	Use clear patient friendly language Customize your approach to meet their needs
07	Emotional support	Show compassion Provide comfort Demonstrate understanding
08	Cultural sensitivity	Respect and value diverse backgrounds, beliefs, and practices
09	Boundaries & confidentiality	Respect patient privacy Adhere to ethical and legal guidelines
10	Continuous learning & improvement	Seek feedback from patients and colleagues Reflect and learn from your own experiences

TeamBirth Implementation

TeamBirth Implementation Pathway

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



TeamBirth Implementation Roadmap

Core milestones and activities that systematically guide TeamBirth integration while providing flexibility to adapt to your unique system's needs and timeline.

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE MILESTONES	❑ Project Kick Off	❑ Boards Installed	❑ TeamBirth Go Live	❑ Showcase Results
CORE ACTIVITIES	✓ **Build your team** ✓ Develop your strategy ✓ Assess your context ✓ Customize TeamBirth	✓ **Socialize culture change** ✓ Provide training ✓ Practice huddles ✓ Conduct patient surveys	✓ Monitor progress ✓ Celebrate wins ✓ Collect huddle & experience data ✓ Iterate & improve	✓ Onboarding & continuing education ✓ Systematic quality improvement ✓ Evaluate impact ✓ Identify areas for expansion

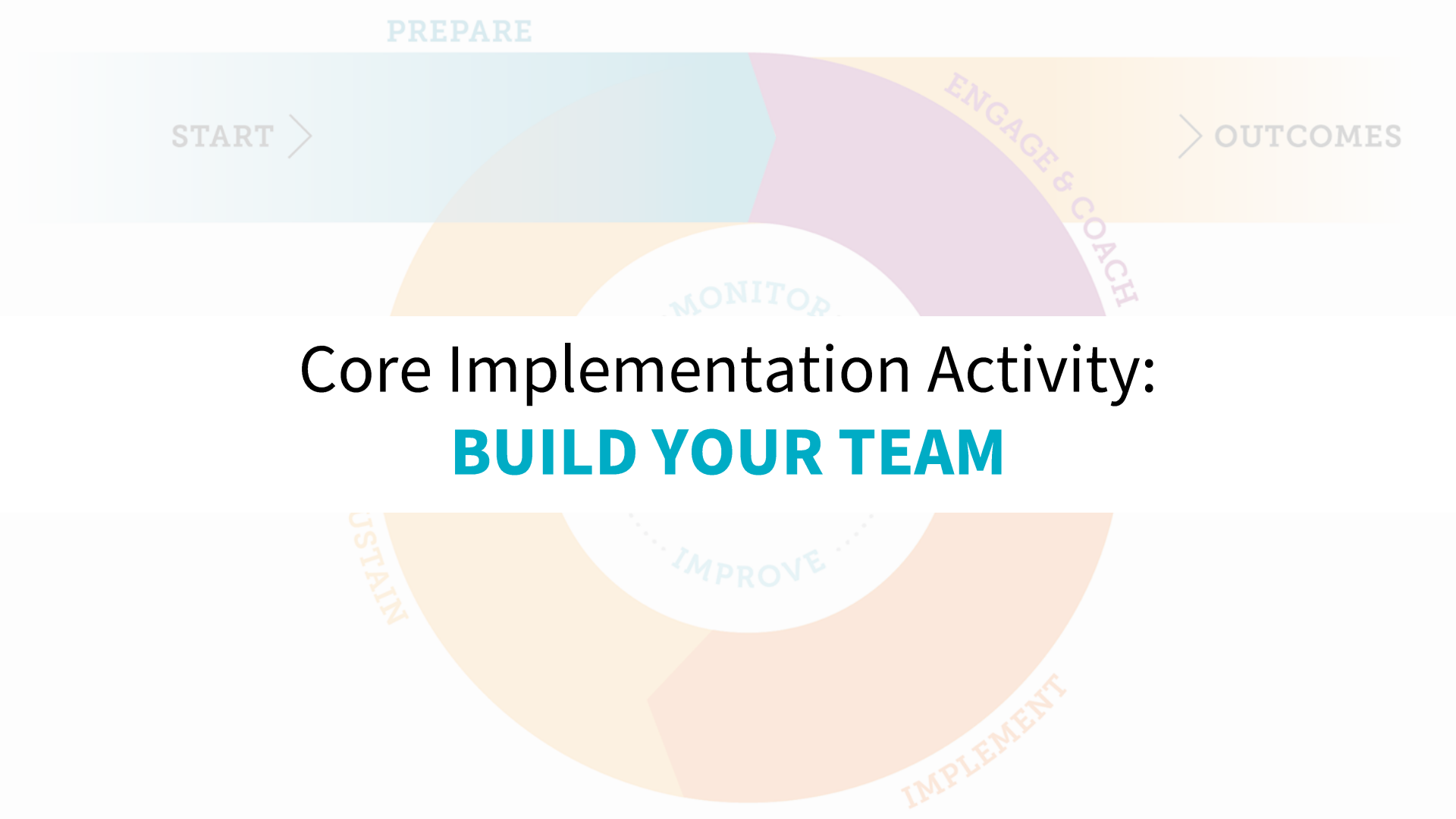
Implementation Support

	LEARNING SESSIONS	COACHING CALLS
WHAT	Monthly virtual multi-site group session	Monthly virtual site support meeting
WHY	To provide TeamBirth implementation guidance and training	To provide tailored site specific support (i.e. advising, answering questions, overcoming barriers) for executing the implementation pathway activities
WHO	Led by DDI TeamBirth & Partners Attended by each site's implementation team members	Led by DDI TeamBirth & Site Lead Attended by site's implementation team and as necessary champions

Implementation Timeline

Go Live!

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



Core Implementation Activity:

BUILD YOUR TEAM

PREPARE PHASE

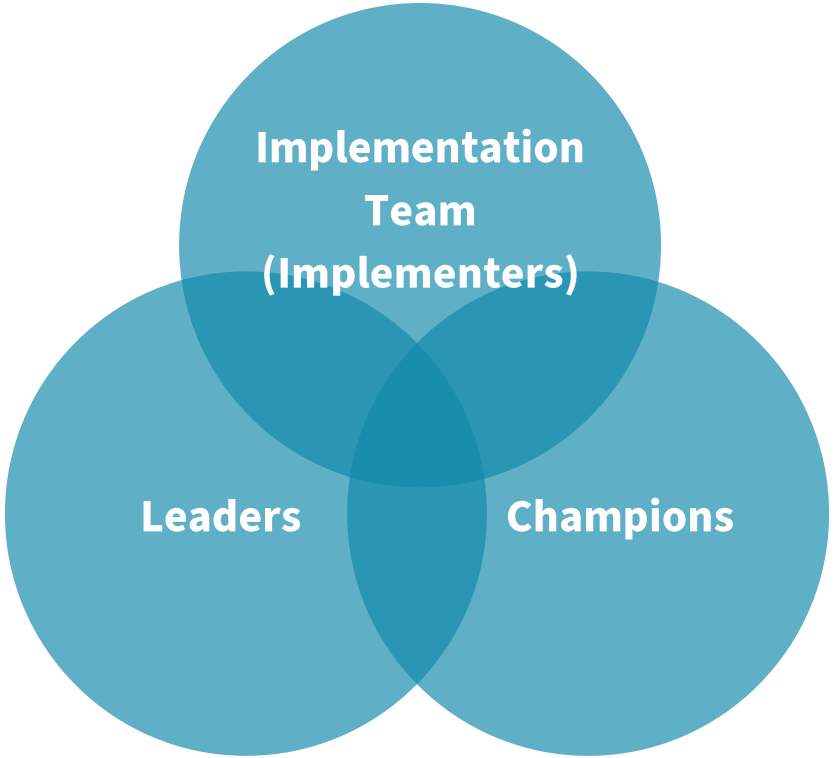
BUILD YOUR TEAM

CORE: Ensure you have the right people, structures, and processes in place to carry out implementation activities

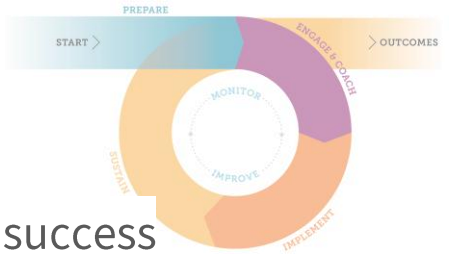
OBJECTIVES	Establish your Implementation Team with clinical and project management roles
	Establish support for TeamBirth among clinical and organizational leadership
	Identify and engage Champions across care team members
ADAPT	Which roles and how many depend on your unique organization
	How you bring people together and set up your project governance

BUILD YOUR TEAM

Ensure you have the right people to support your TeamBirth integration



BUILD YOUR TEAM - **IMPLEMENTERS**



Allocate staff critical to ensuring TeamBirth is a success

IMPLEMENTATION TEAM

The roles responsible for the planning and management of TeamBirth Implementation

The primary “doers”

- ❑ Project Lead (Nurse &/or Physician Managers or Director)
- ❑ Project Manager &/or Coordinator
- ❑ Provider Champions (OB Chair, Midwives, OBs, Pediatricians, Anesthesiologists, Neonatologists, Residents)
- ❑ Nurse Champions (Educators, L&D, Postpartum, Antepartum, Triage)
- ❑ Other Role-based Champions (Doulas, Birth Center Midwives)
- ❑ QI Specialist
- ❑ Data Analyst &/or IT Leader
- ❑ Patient Advocates/Family Representatives

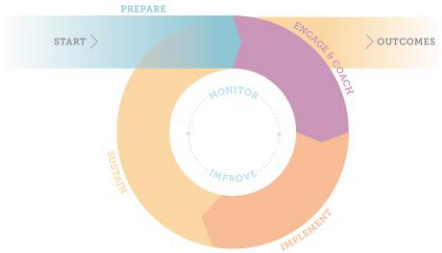
BUILD YOUR TEAM - **IMPLEMENTERS**

Roles and Responsibilities

Project Management and Governance:

- Define shared project goals and timeline
- Provide planning, support, and resources
- Establish regular internal team check-ins
- Anticipate challenges and overcome barriers
- Engage leaders/colleagues to gain buy-in

- Build necessary data infrastructure for documentation and quality improvement
- Train and support clinicians in using the shared planning tool and having huddles
- Engage in rapid cycle feedback and other QI processes to improve the program
- Embed TeamBirth resources and training in onboarding and continuing education processes to ensure sustainability

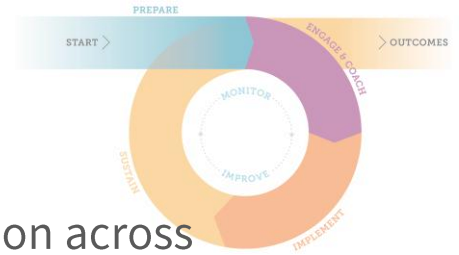


BUILD YOUR TEAM - **IMPLEMENTATION TEAM**

Allocate leaders and staff to own the TeamBirth Transformation

- ❑ Who will set agendas, schedule and hold accountability for timelines and tasks?
- ❑ What existing recurring meetings can be leveraged for TeamBirth conversations?
- ❑ What multidisciplinary groups or meetings exist that could help facilitate TeamBirth implementation?

BUILD YOUR TEAM - **LEADERS**



Advocators for TeamBirth and its implementation across departments, specialties, and disciplines

LEADERSHIP

Key advocates for TeamBirth

Diverse stakeholders with decision making authority to support TeamBirth

Examples:

- ❑ Chief Medical Officer
- ❑ Chief Nursing Officer
- ❑ Chief Quality Officer
- ❑ President or Vice President of Hospital

BUILD YOUR TEAM - **LEADERS**

Roles and Responsibilities

- Views improving TeamBirth as an institutional priority
- Allocates financial resources for an implementation team to implement the program
- Maintains ongoing connection to other implementation leadership and helps overcome obstacles
- Engages department leaders across specialties to garner support for TeamBirth
- Publicly communicates the importance of TeamBirth's components and key behaviors
- Engages clinicians and teams personally to surface barriers to TeamBirth in practice (e.g. helps motivate and 'build the case for change')
- Attends periodic meetings with Implementation Team to monitor progress and address obstacles (e.g. steps in to address clinician reluctance)

BUILD YOUR TEAM - **LEADERS**

Establish key leadership buy-in

- ❏ Who will has decision making authority in the relevant departments and for the relevant roles?
- ❏ Who will be critical to have on board to ensure success?
- ❏ How will you hold leaders, implementers, and clinicians accountable to implementation?
- ❏ Who will be able to help you overcome organizational challenges?

BUILD YOUR TEAM - **CHAMPIONS**

Engage champions with a variety of experiences and backgrounds

CHAMPIONS

Role-based representatives for each of the direct care team members involved in Huddles

- ❑ Obstetrical providers (midwives, residents, and physicians)
- ❑ Nurse leaders & staff nurses in antepartum, labor & delivery, and postpartum, outpatient clinics, lactation
- ❑ Doulas, Childbirth educators
- ❑ Clinicians from Pediatrics, Neonatology, and Anesthesiology
- ❑ Roles across the system: social work, patient safety/experience

BUILD YOUR TEAM - **CHAMPIONS**

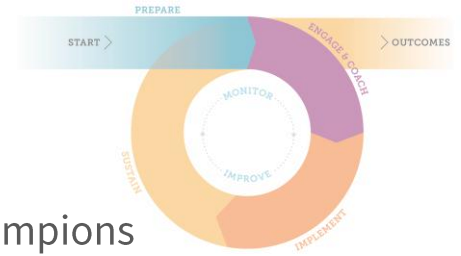
Roles and Responsibilities

- **Socialize:** Build support for TeamBirth, particularly among late adopters.
- **Train peers:** Facilitate and encourage training across roles
- **Ongoing coaching and support:** Peer-to-peer coaching of all clinicians; Observe, encourage, and give people respectful and constructive feedback as they implement TeamBirth
- **Identify barriers; Collect feedback:** Regularly check in with front-line clinicians to learn what barriers are being encountered, and share feedback with implementation team
- **Support improvement:** Discuss strategies to address barriers, celebrate successes, and overcome challenges associated with TeamBirth with the implementation team

BUILD YOUR TEAM - **CHAMPIONS**

Leverage leadership and staff to identify valuable champions

- ❏ Which TeamBirth early adopters possess the qualities and skills to be effective champions?
  - ❏ Who will you intentionally invite to champion different parts of the project?
- ❏ How will you incentivize champion engagement?
- ❏ When and how will champions engage the Implementation Team and each other?
- ❏ When and how will champions collect and share feedback from their colleagues?



SOCIALIZE TEAMBIRTH

Build familiarity and buy-in across the implementation team and champions

TeamBirth 1-pagers & Infographics

Review information about TeamBirth's Components and Implementation

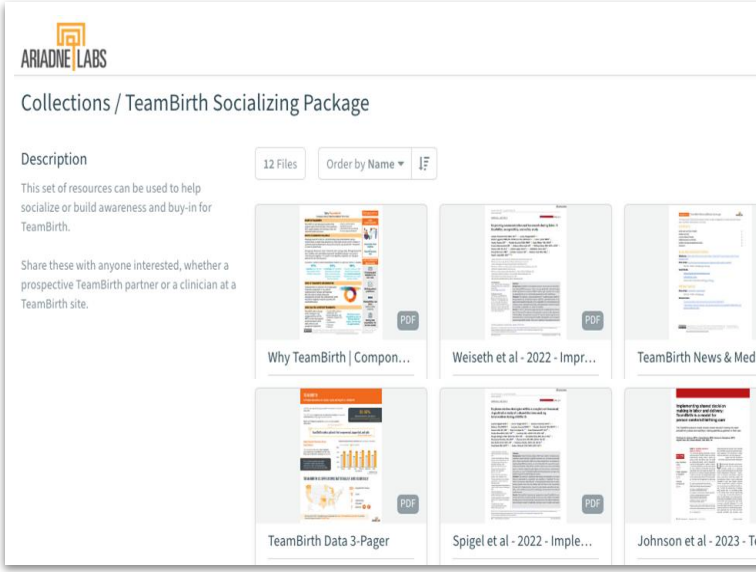
Why TeamBirth Video

Watch this short video showcasing TeamBirth

go.ariadnelabs.org/Why_TeamBirth

Publications

Review the TeamBirth research demonstrating its effectiveness and impact



SOCIALIZE CULTURE CHANGE

The collection of resources help support your understanding, and, later, your messaging and communication plan

- ❏ Example resources to review
  - ❏ Why TeamBirth (video)
  - ❏ Infographic | Why TeamBirth
  - ❏ Why TeamBirth | Components & Implementation Overview
  - ❏ Infographic | TeamBirth Key Behaviors
  - ❏ TeamBirth Implementation Support Overview
  - ❏ TeamBirth Data 3-Pager

Acces these resources on your Cohort Resource Page or here:

go.ariadnelabs.org/TeamBirth

NJ TeamBirth Websites

Access your cohort's resources at:

http://www.njhcqi.org/teambirthnj-cohort5

Password: Cohort52025!

Public TeamBirth NJ website

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

Looking Ahead

Today's Key Takeaways

Shared Planning Tool: TEAM

- State a TeamBirth huddle is happening and ensure the patient knows what huddles are
- Ensure everyone including the patient and support person is included and introduced
- Promote each team member to establish psychological safety

Build Your Team

- Ensure you have champions for all members of the care team

Socialize Culture Change

- Review TeamBirth resources
- Review your Cohort Resource page

Action Items

Implementation Pathway	*Action Items*	*Details & Resources*
General	Familiarize yourself with the Cohort Resource page	**http://www.njhcqi.org/teambirthnj-cohort5** **Password: Cohort52025!**
BUILD YOUR TEAM	Share any additions/changes to your implementation team and champions	
	Establish an internal meeting time for your team	
SOCIALIZE CULTURE CHANGE	Implementation team review the resources	go.ariadnelabs.org/TeamBirth
ASSESS YOUR CONTEXT	Submit your staff numbers: ❑ # of providers and nurses across units ❑ # of relevant leaders ❑ # of other relevant staff	Use the form on the cohort website linked above

Next Steps

Learning Session 2

February 26, 2025
12:00 - 1:00pm EST

Coaching Calls

See follow up email for Learning **Session Handout** to review before your coaching call

Email Adelisa or Annelise for

- Support and updates
- Resources
- Implementation Questions & Needs

aperez@njhcqi.org
aslater@njhcqi.org

Share your feedback!

- Anonymous, short survey
- Tell us what you like
- Tell us how to improve