

## TeamBirth Scenario-Based Learning

### Shared Labor & Delivery Planning Board: In Practice

Clara is admitted to her labor room and Leah, the triage nurse, hands off care to the labor room nurse, Jill. Ruby, the midwife, enters the labor room.

Ruby says, “Hi Clara, my name is Ruby and I am the midwife on call today. This is Jill and she will be your nurse.” Clara says, “Nice to meet you. This is my partner, Jay, and he will be with me. Our doula, Karen, will be in later.”


Ruby responds, “You are progressing well with your labor. I spoke to Rachel, the midwife you saw in the office, and she said you were 4-5cm dilated! That’s wonderful. She gave me a report about you and I have reviewed your chart. I can see that you are very healthy and have had a normal pregnancy. You have no complications. I would like to discuss your labor and birth preferences with you, Jay, and Jill, and write them on this **Shared Labor and Delivery Planning Board** so that we are all on the same page.” Ruby points to a large whiteboard hanging on the wall opposite Clara and Jay, with bold, large text visible to everyone in the room.



As Ruby speaks, Jill fills out the board. She puts Clara’s and Jay’s names at the top of the team section of the board. Ruby comments, “As you can see, you are the most important members of the team.” Jill then adds her own name, as well as Ruby (midwife) and Karen (doula). Ruby notes, “At this time you are under midwifery care, but if at any point we need the assistance of an obstetrician, Dr. Johnson is currently assigned to your care and can join us for a team huddle as well. Let’s go through the **Shared Labor and Planning Board** and write out your preferences, what we will be doing for you, your baby and your labor, and any medical concerns you may have.”

Clara says, “I am hoping for a natural vaginal birth and perhaps I could use the tub or shower for pain relief. I want to be up out of bed and moving. I don’t mind the saline lock, but I would like to eat and drink if I feel like it. I want to have the baby skin-to-skin and have delayed cord clamping. Jay wants to cut the cord.”

Ruby says, “Your baby’s heart rate tracing is very healthy, so you can come off the monitor and utilize the shower. We will write your preferences on the board here. For you, we will offer movement, hydrotherapy, and eating or drinking as you requested. We can monitor the baby with the Doppler according to our guidelines, and for labor progress, we will support your efforts. Does this sound ok to you?” Clara responds that it sounds like a good plan, and Ruby asks Jay and Clara if one of them would like to update the **Shared Labor and Delivery Planning Board**.

### Labor and Delivery Planning Board

<p><b>TEAM</b></p> <p>Clara (patient)      Ruby (midwife)          Jay (partner)      Jill (L&amp;D nurse)          Karen (doula)      Dr. Johnson (OB)</p> <p><b>PREFERENCES</b></p> <ul style="list-style-type: none"> <li>- Natural vaginal delivery</li> <li>- Tub or shower for pain relief</li> <li>- Out of bed and moving</li> <li>- Wants to eat and drink</li> <li>- Skin-to-skin with delayed cord clamping</li> <li>- Jay to cut cord</li> </ul>	<p><b>PLAN</b></p> <p>Mom: come off monitor to use shower/hydrotherapy, movement, eating and drinking</p> <p>Baby: intermittent monitoring with Doppler</p> <p>Labor Progress: support mom’s efforts</p> <p><b>NEXT ASSESSMENT</b></p> <p>Recheck cervix in 2-3 hours or sooner if you feel a need</p> <div style="text-align: center; margin-top: 20px;">  </div>
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**Example of an updated Shared Labor & Delivery Planning Board, with the full care team, Clara’s preferences, the plan, and next assessment listed**

“We will huddle again anytime you feel you need a change in plan. Let’s get you some fluids and into the shower. I will plan to recheck your cervix in 2-3 hours or sooner if you feel a need,” says Ruby.

Clara uses the shower for an hour and has a spontaneous rupture of membranes. Her pain increases and uterine contractions start coming every 2 minutes. Jill calls Ruby to come and evaluate. Clara is working hard and is asking about other pain relief. Ruby evaluates the uterine contractions and checks Clara’s cervix.

Ruby tells Clara, “Wow, you are 8cms/100% and the baby’s head is at 0 station, that is amazing progress. How are you coping with the pain?” Clara responds, “Well it’s really hurting now, maybe I could use the gas.” “Certainly, that is a plan,” Ruby responds. “I have ordered the nitrous oxide so Jill can get it now. Let’s try a new position and some hot packs. I will stay with you now and provide support.”

Jill brings in the gas and as she hooks it up, Ruby goes back to the **Shared Labor and Delivery Planning Board**. “So, we will add nitrous oxide to your preferences and to our plan for what we are doing to help you cope with labor pain. We will stay with you and plan to huddle with the full care team again when you feel ready to push.”

### Labor and Delivery Planning Board

<p><b>TEAM</b></p> <p>Clara (patient)      Ruby (midwife)          Jay (partner)      Jill (L&amp;D nurse)          Karen (doula)      Dr. Johnson (OB)</p> <p><b>PREFERENCES</b></p> <ul style="list-style-type: none"> <li>- Natural vaginal delivery</li> <li>- Tub or shower for pain relief</li> <li>- Out of bed and moving</li> <li>- Wants to eat and drink</li> <li>- Skin-to-skin with delayed cord clamping</li> <li>- Jay to cut cord</li> <li>- Nitrous oxide</li> </ul>	<p><b>PLAN</b></p> <p>Mom: Nitrous oxide, new position, hot packs, support from team</p> <p>Baby: intermittent monitoring with Doppler</p> <p>Labor Progress: care team to stay with Clara and get things ready for delivery</p> <p><b>NEXT ASSESSMENT</b></p> <p>Huddle when Clara feels ready to push</p>
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EARLY LABOR                      ACTIVE LABOR                      PUSHING

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**Example of a newly updated Shared Labor & Delivery Planning Board, with all changes to Clara’s care plan incorporated**