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

Session Agenda

1. Review National and State Severe Morbidity and Mortality Data

2. What is TeamBirth?

3. Review 2 Core Components and 4 key behaviors of TeamBirth

4. Review Birth Equity

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Learning Objectives

1. Participants can articulate the TeamBirth **4 Key Behaviors & 2 Core Components**

2. Participants can demonstrate application of TeamBirth **behaviors** and **components** in a clinical scenario

3. Participants are able to identify how TeamBirth behaviors **promotes the delivery of equitable care**

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OUR MISSION

Our mission is to save lives and reduce suffering for people everywhere, by creating scalable systems-level solutions that improve health care.

ARIADNE LABS

We have the breakthroughs
to save countless lives
around the world.

We need
follow-through innovations
to ensure these
innovations reach
every patient, everywhere.

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

Meet the DDI Team at Ariadne Labs

Amber Weiseth
DNP, MSN, RNC-OB: Director

Jonathan Wolinsky
MPP: Assistant Director

Joyce Edmonds
PhD MPH, RN: Sr. Research Scientist

Trisha Short RN: Sr. Implementation Specialist

Misha Severson
RN: Implementation Specialist

Angela Chien
MD: TeamBirth Faculty

Abby Slattery
MPH, MSN, RN: Implementation Specialist

Madison Canfora
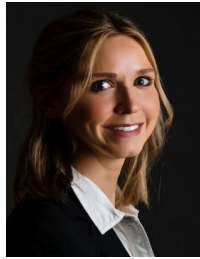Research Specialist

Yara Altaher
MPH: Research Coordinator

Alea Challenger
Research Assistant

Lynn El Chaer
MPH: Research Assistant

Lindsey Renner,
Research Assistant

Tyler Fox
Project Assistant

Kaya Duguay
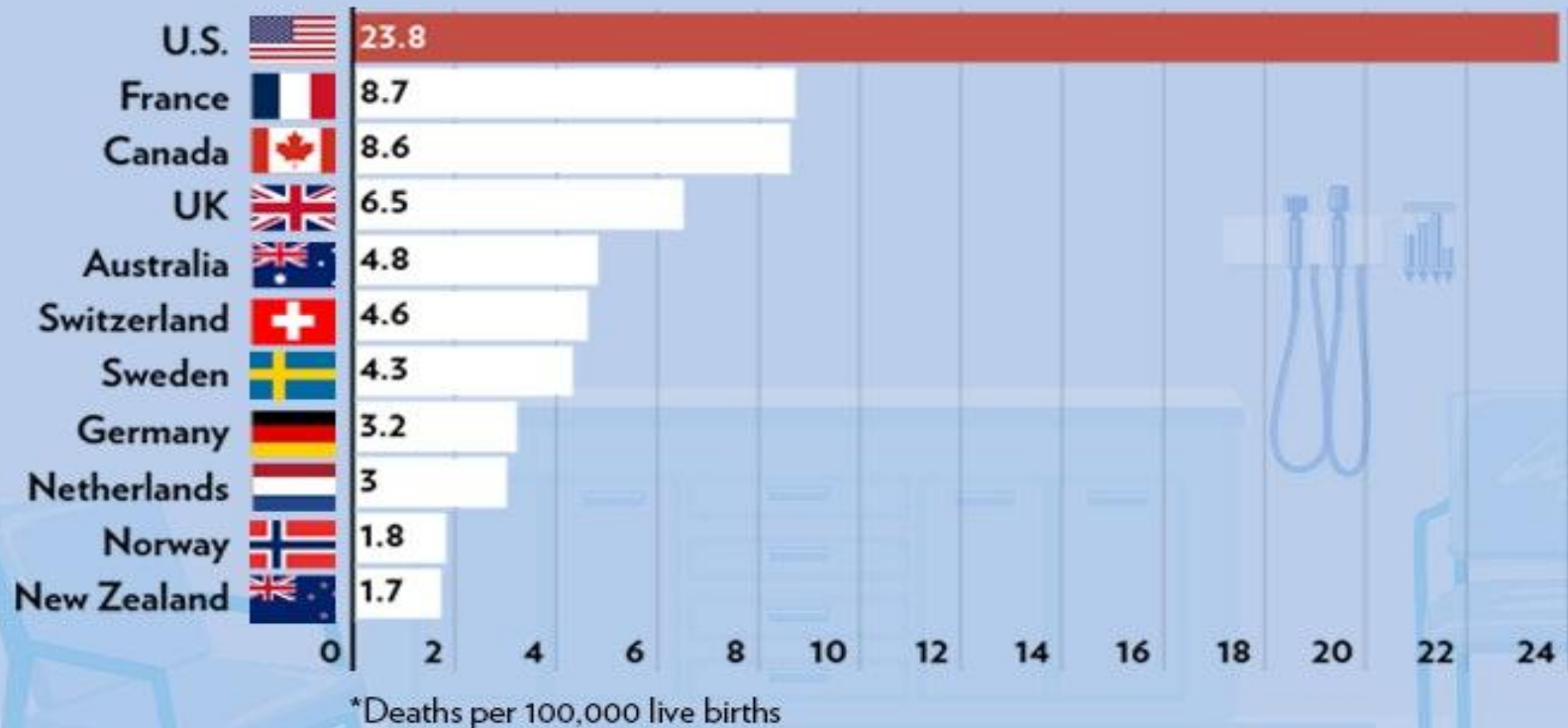MPH: Intern
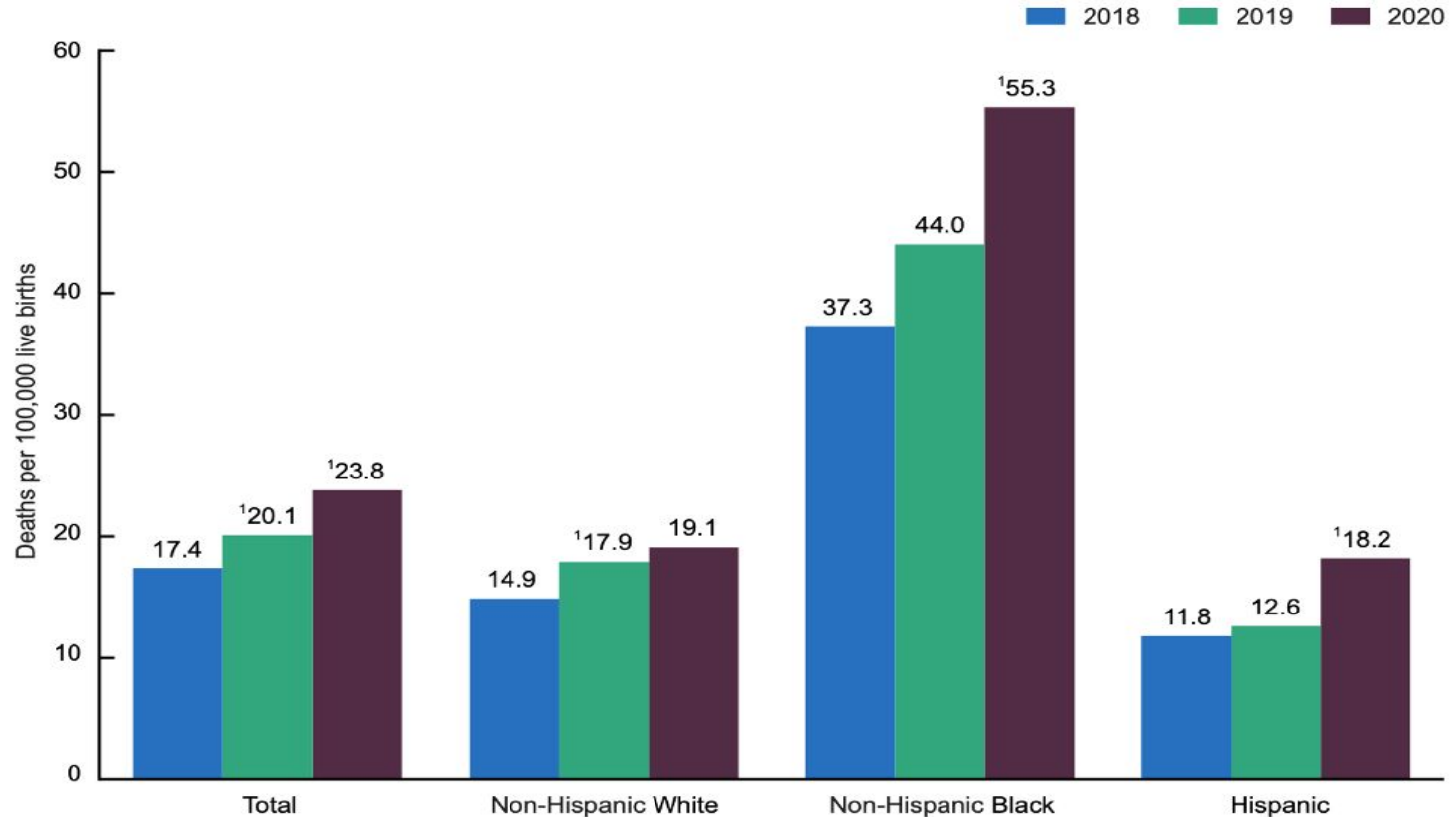
Anusha Venkatesh
MBBS, MPH: Intern

Christie Louis
Intern

Data Gaps

# Maternal Mortality in the U.S. Far Outstrips That of Other Industrialized Nations

Country	Rate
U.S.	23.8
France	8.7
Canada	8.6
UK	6.5
Australia	4.8
Switzerland	4.6
Sweden	4.3
Germany	3.2
Netherlands	3
Norway	1.8
New Zealand	1.7

*Deaths per 100,000 live births

Source: https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm

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Nationally, Black Women are 3x More Likely to Die From Pregnancy-Related Causes

Severe Maternal Morbidity affects ~60,000 Yearly
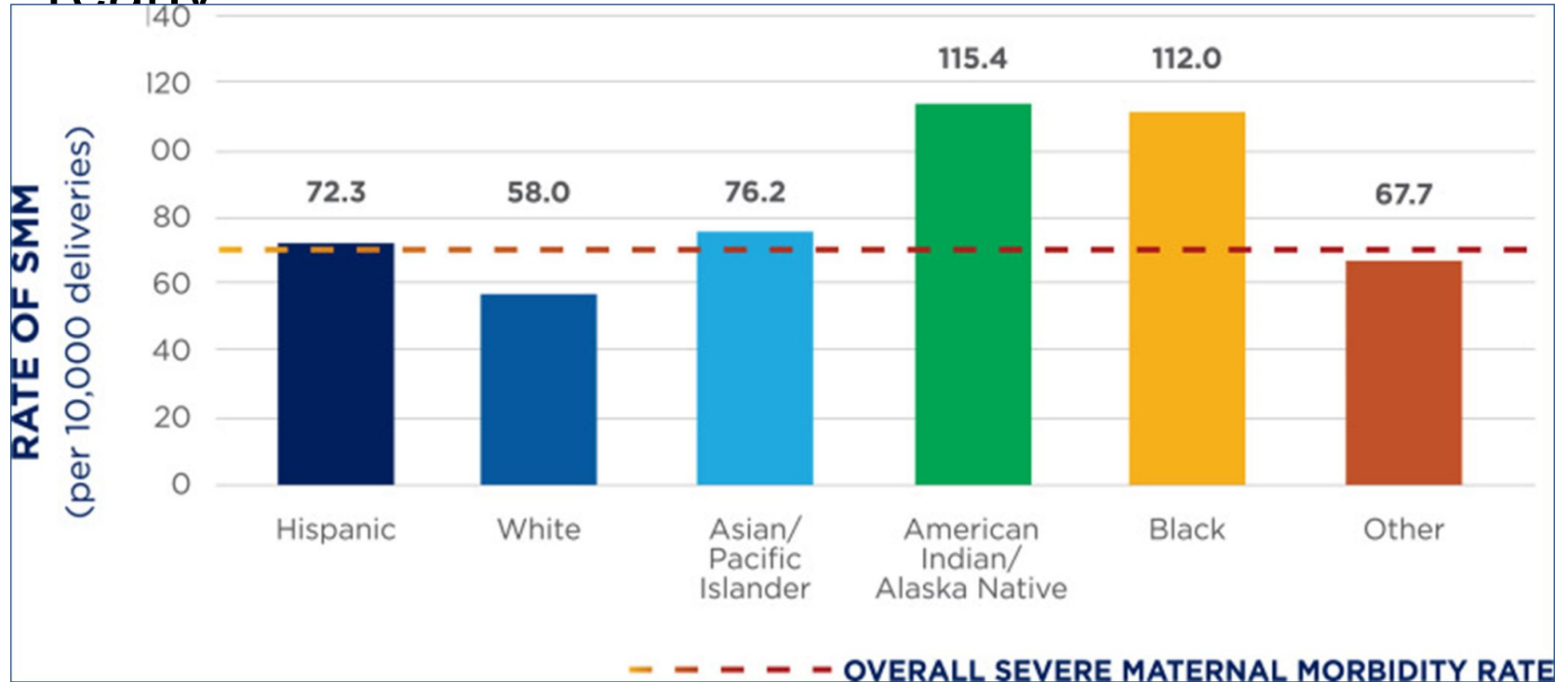

The Surgeon General's Call to Action to Improve Maternal Health [Internet]. Washington (DC): US Department of Health and Human Services; 2020 Dec. 2, THE CURRENT STATE: MATERNAL MORTALITY AND MORBIDITY IN THE UNITED STATES. Available from: https://www.ncbi.nlm.nih.gov/books/NBK568226/

In OK, Black and American Indian Women Are Most at Risk

Chart 6: Three-Year Rolling Rate of Maternal Deaths per 100,000 Live Births by Race/Ethnicity, Oklahoma 2011-2020
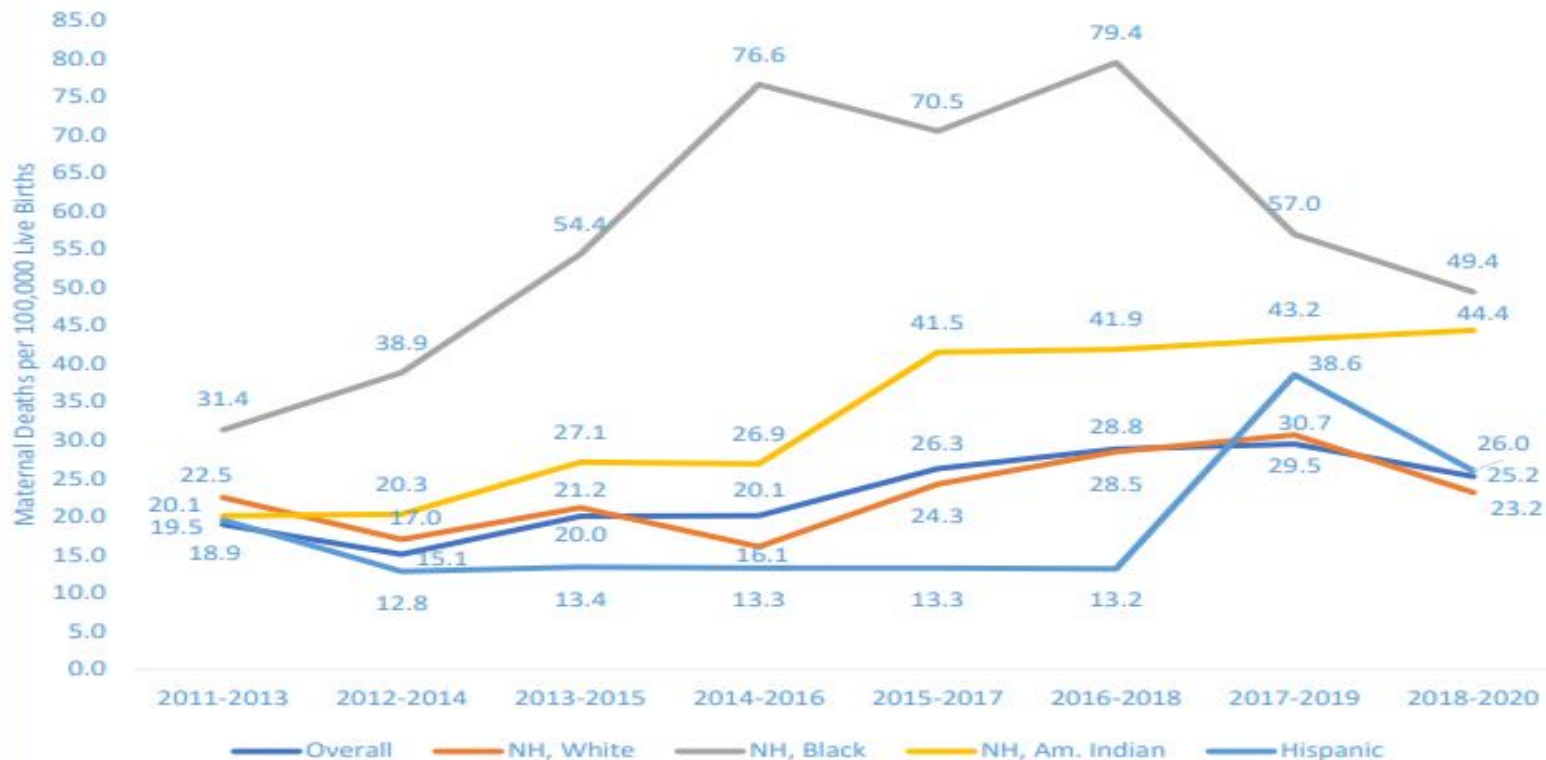
Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics

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, and this rate is **rising**. These women are also more likely to experience **severe maternal morbidity.**

Black women experience **3-4x higher mortality.**

80% of pregnancy-related deaths may be **preventable.**

Almost **1/3 of women in the U.S.** who gave birth in a hospital **reported experiencing one or more types of mistreatment,** such as loss of autonomy or receiving no response to requests for help

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

80–90%
of reported sentinel events are due to failures of communication and teamwork.

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HEAR

Learn more at cdc.gov/HearHer

What is TeamBirth?

The *tools and processes* of the **TeamBirth solution** embody 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 **2 Core** Components:

1. TEAM HUDDLES

2. SHARED PLANNING BOARD

SHARED LABOR & DELIVERY PLANNING BOARD

TEAM	PLAN
PREFERENCES	NEXT HUDDLE

Components which are critical to the successful delivery of the intervention

Team meetings with all participants

Communication Channels: Current
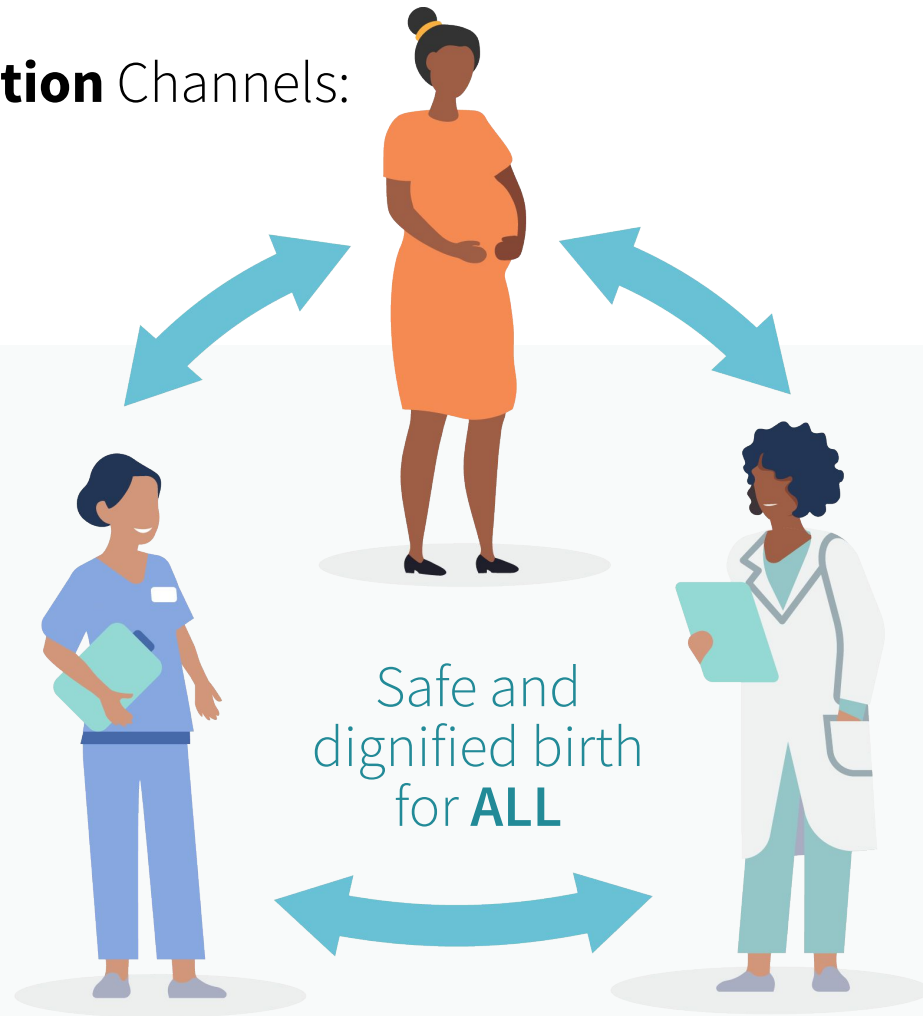
1. TeamBirth Huddles:

WHO

The **full direct care team,** including the person in labor and their support

WHEN

At **admission** and at **major decision** points or **changes** in care plans throughout labor and postpartum

WHAT

Discuss preferences; care plans for mom and baby; labor progress; and expectations for the next huddle

WHY

Give all team members the **opportunity to participate** in shared decision-making

2. Shared Planning Board

A dry-erase board that is divided into quadrants - each corresponding to one of the 4 core behaviors - is used to structure the discussion during team huddles and provide a shared mental model of this information for all members of the care team.

Labor and Delivery Planning Board

TEAM

PREFERENCES

PLAN

Me:

Baby:

Labor Progress:

NEXT HUDDLE

EARLY LABOR   ACTIVE LABOR   PUSHING

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Labor and Delivery Planning Board developed by the Delivery Decisions Initiative at Ariadne Labs. 04-01-2016

Postpartum Planning Board

TEAM

PREFERENCES

PLAN

Me:

Baby:

NEXT HUDDLE

Me:

Baby:

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TEAMBIRTH   Postpartum Planning Board developed by the Delivery Decisions Initiative at Ariadne Labs. 03-08-2021
© 2021 Ariadne Labs: A Joint Center for Health Systems Innovation (www.ariadnelabs.org) at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License, https://creativecommons.org/licenses/by-nc-sa/4.0

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TeamBirth **4 Key** Behaviors:

Promoting each member of the team

Eliciting Patient Preferences

Distinguishing plan for patient, baby, and *labor progress

Setting clear expectations for next huddle

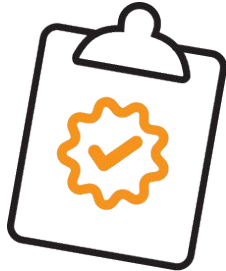** Labor progress refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.*

Labor and Delivery Planning Board

1. TEAM

2. PREFERENCES

3. PLAN

Me:

Baby:

Labor Progress:

4. NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

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Four Key Behaviors
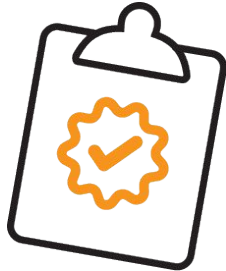   **1. Promoting the Team**

Labor and Delivery Planning Board

TEAM

PREFERENCES

PLAN

Me:

Baby:

Labor Progress:

NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

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Team Names

1. Start with person in labor or postpartum

2. Follow with their support people

3. Clinical team

4. Promote Psychological Safety

What is Psychological Safety?

Psychological safety refers to a climate or environment that allows individuals to feel **safe, comfortable, and supported in expressing themselves without fear of negative consequences such as judgment, criticism, or punishment.**

- Amy C. Edmondson

How do you create psychological Safety?

01 Promote the 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

How do you create 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 and Confidentiality**	• Respect patient privacy • Adhere to ethical and legal guidelines
10	**Continuous learning and improvement**	• Seek feedback from patients and colleagues • Reflect and learn from your own experiences

Labor and Delivery Planning Board

TEAM

Alea

Aizpea

Mariana- doula

Misha - RN (here til 7pm)

Dr Chien - MD (here til 7am)

PREFERENCES

PLAN

Me:

Baby:

Labor Progress:

NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

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Four Key Behaviors
2. Eliciting Patient Preferences

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TEAM

PREFERENCES

PLAN

Me:

Baby:

Labor Progress:

NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

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Preferences

1. Not meant to replace the birth plan

2. We expect them to change throughout labor

3. They are opportunities to discuss expectations

4. We encourage support people to help write in this section

5. Should be written in the patient's word choice (ie. break water vs AROM)

Eliciting Preferences

Talking through preferences is a key component to providing safe, dignified care.

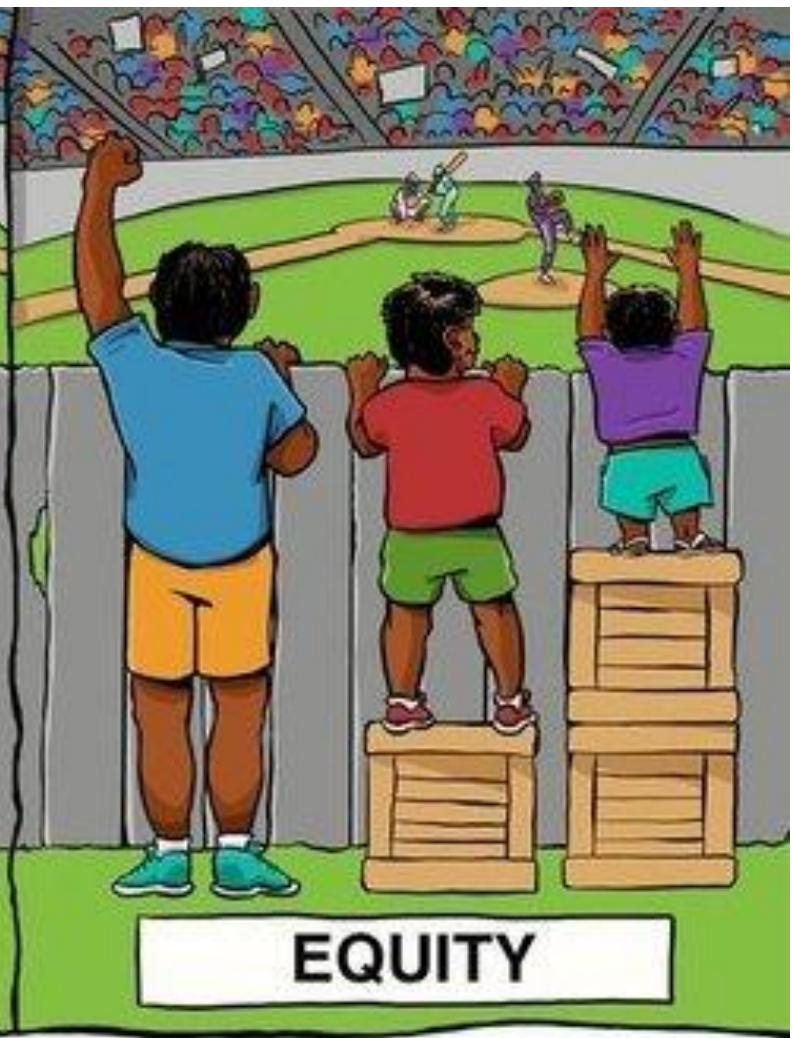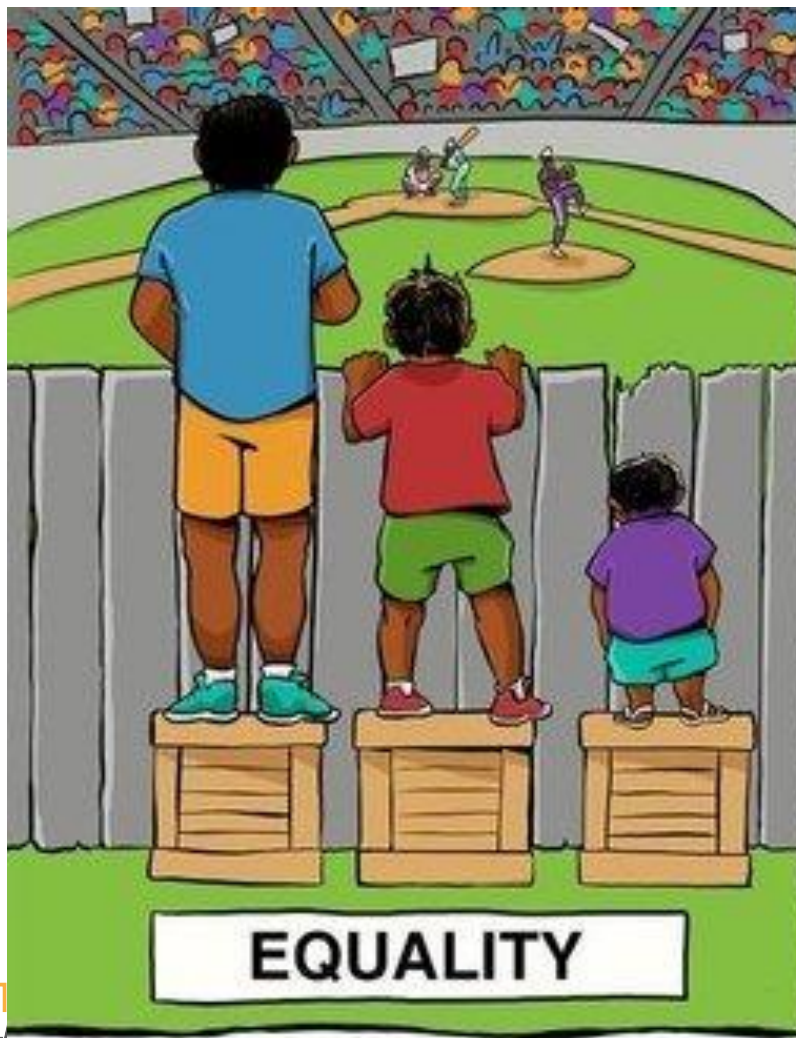**During a huddle,** attempt to elicit preferences by asking open-ended questions:

❖ What are you concerned or worried about right now?
❖ What are your hopes or wishes right now?
❖ What is bothering you or frustrating you right now?
❖ What is comforting you or reassuring you right now?

These **questions** can help clinicians identify what gives the patient a sense of safety and comfort, and gauge how the plan is being understood.

The **answers** can help clinicians an opportunity to provide education, adjust expectations, and minimize conflict or confusion as labor progresses.
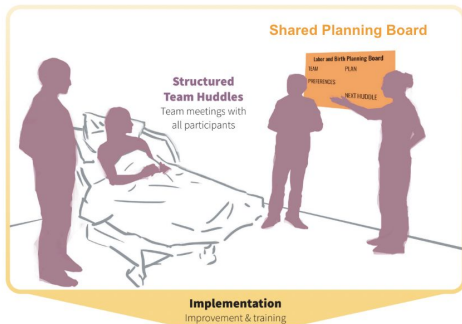
What is Birth Equity?

Birth equity refers to the principle and goal of **ensuring that every individual, regardless of their background or circumstances, has access to safe, respectful, and high-quality maternity care throughout the childbirth process.** It emphasizes **addressing and eliminating disparities, inequities, and systemic barriers** that contribute to unequal birth outcomes and experiences among different populations.

EQUALITY

EQUITY

Equal Care
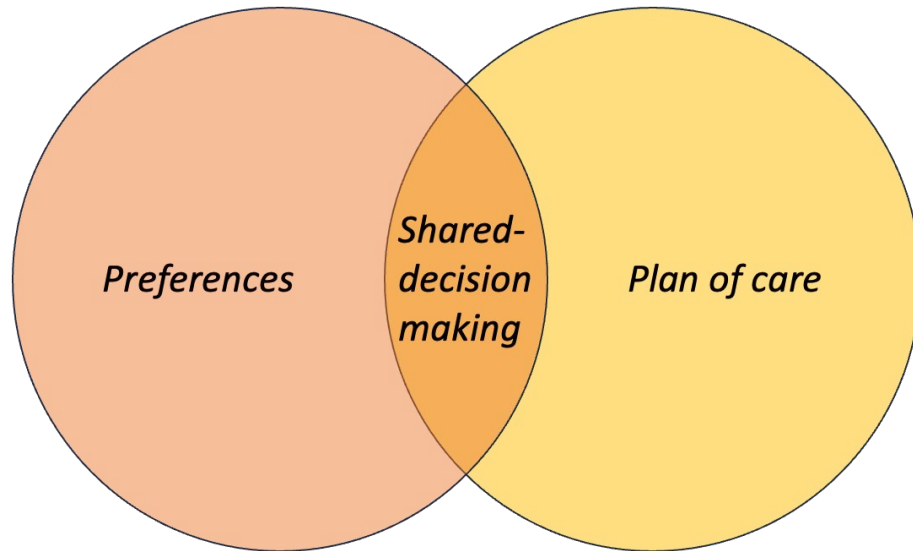

Equitable Care

Preferences

Shared-decision making

Plan of care

Eliciting preferences

Clearly distinguishing plan for birthing person, baby, and labor progress

Standardization is equality

Individualized care is critical for equity

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Mariana- doula
Misha - RN (here til 7pm)
Dr Chien - MD (here til 7am)

PREFERENCES

Wants to move around
ball & tub
Low lights
Quiet voices

PLAN

Me:

Baby:

Labor Progress:

NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

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Four Key Behaviors

3. Distinguishing Plans for:
   A. Me
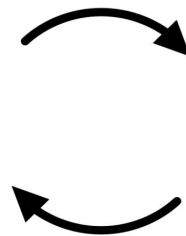   B. Baby
   C. Labor Progress

Labor and Delivery Planning Board

TEAM

PLAN

Me:

Baby:

Labor Progress:

NEXT ASSESSMENT

PREFERENCES

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What is Shared Decision Making?
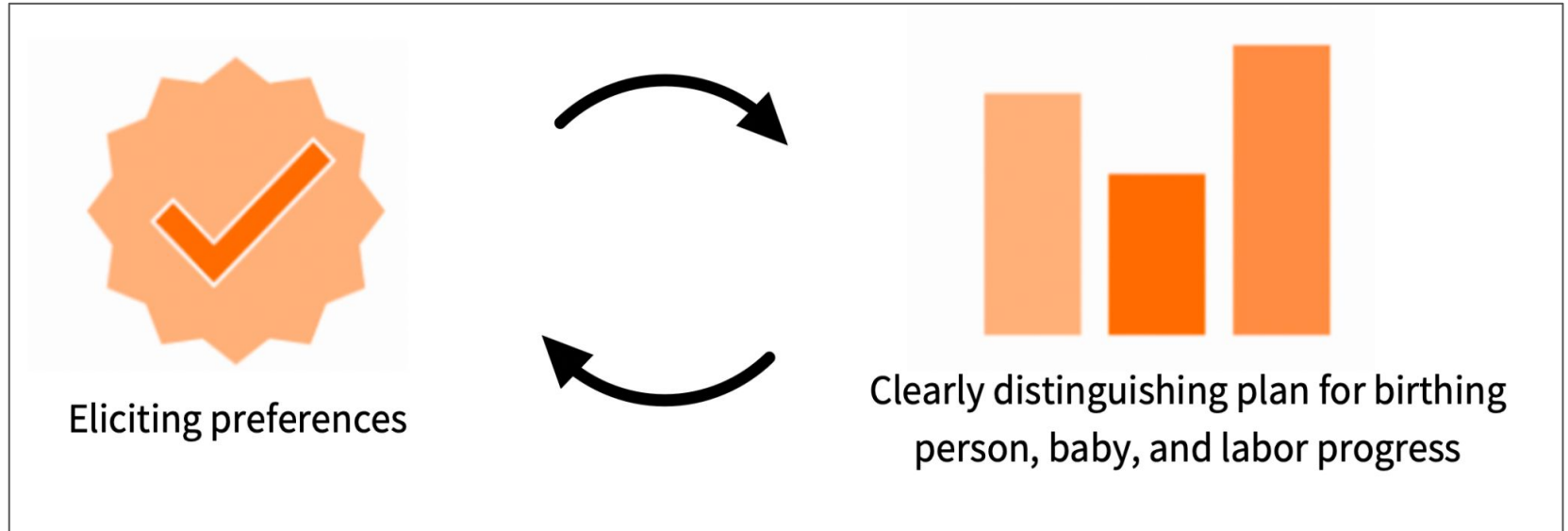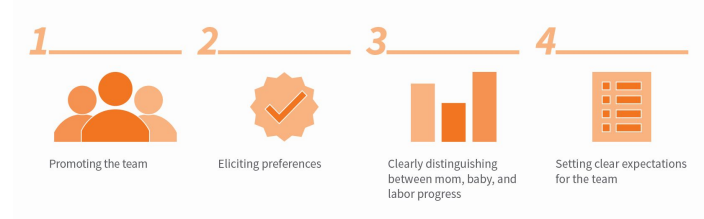
*"An approach where clinicians and patients share the **best available evidence** when faced with the task of making decisions, and where patients are supported to **consider options**, to achieve **informed preferences**"*

(Elwyn et al., 2012)

Connection: Preferences and Plans

Eliciting preferences

Clearly distinguishing plan for birthing person, baby, and labor progress

Plan

Labor & Delivery

1. Plan (not assessment)

2. Mom, baby and progress

3. Should be written in patient friendly language

4. Should be addressed and discussed even if no change in plan

Postpartum

1. Mom and baby

2. Progress to discharge

3. Should be written in patient friendly language

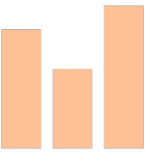4. Can be updated more frequently by the nurse

ME	What is our plan for **me**?
BABY	What is our plan for **baby**?
PROGRESS	What is our plan for **labor progress**?

Explicitly state each different care plan

ME

BABY

Example of Shared-Decision Making Opportunities

Admission:	Management of Labor:	Delivery:	Postpartum Bucket:

Admission:
- Are they in labor?
- Are they managing pain?
- Are they driving 60+ miles?

Management of Labor:
- Cervical Exam
- AROM
- Medications for IOL

Delivery:
- Mity Vac
- Forceps
- Episiotomy
- Cesarean Section

Postpartum Bucket:
- Skin to Skin
- Delayed cord clamping
- Cord blood collection kit
- Phototherapy - inpatient vs. outpatient
- Feeding

TeamBirth **Add On** Components: Decision & Support Aids

Decision aids are used to support huddles at key decision points, including admission and delivery. They are designed to be patient-facing and easily understandable.
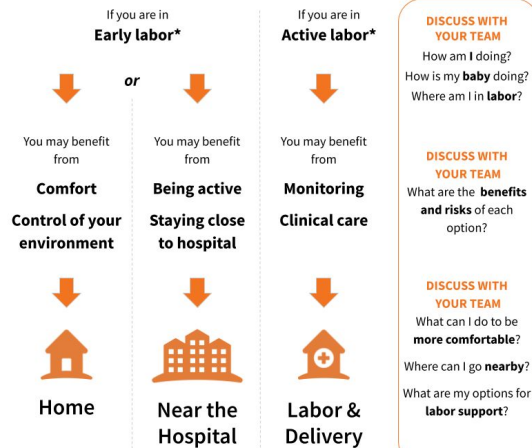
Admission Discussion Guide

Discuss the best next steps with your support person, 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***		If you are in **Active labor***	**DISCUSS WITH YOUR TEAM**
	or		How am **I** doing?
			How is my **baby** doing?
			Where am I in **labor**?
You may benefit from	You may benefit from	You may benefit from	**DISCUSS WITH YOUR TEAM**
Comfort	**Being active**	**Monitoring**	What are the **benefits and risks** of each option?
Control of your environment	**Staying close to hospital**	**Clinical care**	
			DISCUSS WITH YOUR TEAM
			What can I do to be **more comfortable**?
			Where can I go **nearby**?
Home	Near the Hospital	Labor & Delivery	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

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?	What options can you try with your team?
MOM	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 your pain ❑ **Deliver**: Assist vaginal delivery or perform C-section
	Treat medical condition	❑ Other: _____	❑ **Medications**: Start or change medications for your condition
BABY	Manage wellbeing	❑ **Reposition**: Lay on your side ❑ Other: _____	❑ **Monitoring**: Change monitoring method ❑ **Re-energize**: Use IV or oxygen for you ❑ **Medications**: Change or stop medications for your contractions ❑ **Deliver**: Assist vaginal delivery or perform C-section
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 your contractions ❑ **Deliver**: Assist vaginal delivery or perform C-section

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?
MOM	Request	❑ You believe that operative 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 slow downs in heart rate that do not improve with support
		  ❑ High heart rate that does not improve with support

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 2 hours if you have labored before

Labor and Delivery Planning Board

TEAM

Alea
Aizpea
Mariana- doula
Misha - RN (here till 7pm)
Dr Chien - MD (here till 7am)

PREFERENCES

Wants to move around
ball & tub
Low lights
Quiet voices

PLAN

Me:
Walk in room
Chair for BPs
No IV fluids yet

Baby: Listen to baby's heart rate between walks

Labor Progress: Keep Moving! Hold off on tub

NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

Four Key Behaviors
    4. Setting Clear Expectations for next Huddle

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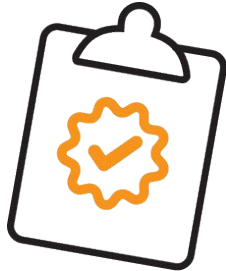
TEAM

PREFERENCES

PLAN

Me:

Baby:

Labor Progress:

NEXT ASSESSMENT

EARLY LABOR   ACTIVE LABOR   PUSHING

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Next Assessment/Next Huddle

1.   It could be a time

    a.   For example, 11:30

2.   It could be a time range

    a.   For example, 2-3 hours

3.   It could be a with a symptom

    a.   For example, when you feel the urge to push

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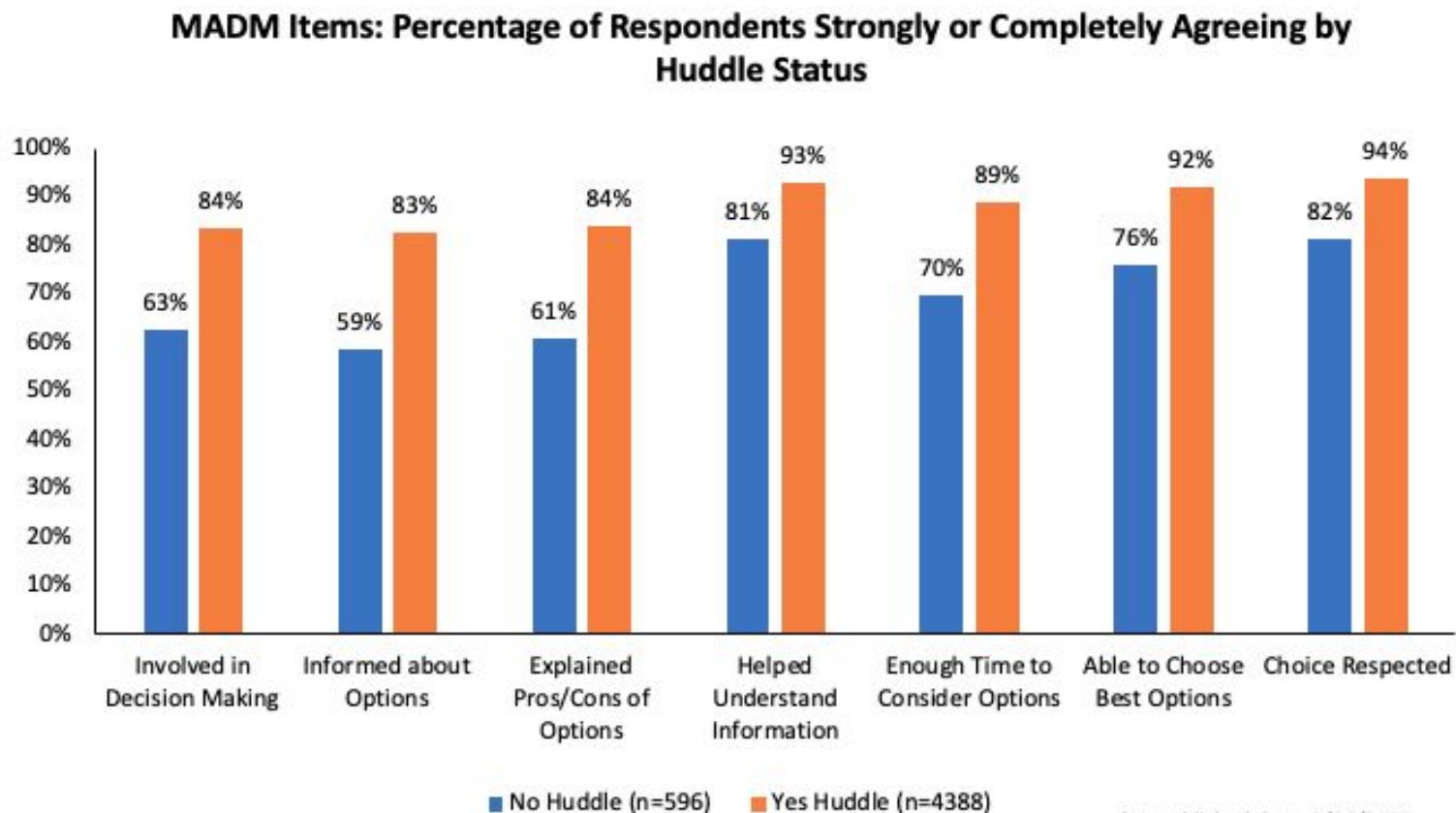Labor Progress: Keep Moving! Hold off on tub

## NEXT ASSESSMENT

In 1 hour or when you feel the urge to push

EARLY LABOR   ACTIVE LABOR   PUSHING

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TeamBirth Data

Mother's Autonomy in Decision Making Items by Huddle Status

MADM Items: Percentage of Respondents Strongly or Completely Agreeing by Huddle Status

Item	No Huddle (n=596)	Yes Huddle (n=4388)
Involved in Decision Making	63%	84%
Informed about Options	59%	83%
Explained Pros/Cons of Options	61%	84%
Helped Understand Information	81%	93%
Enough Time to Consider Options	70%	89%
Able to Choose Best Options	76%	92%
Choice Respected	82%	94%

■ No Huddle (n=596)   ■ Yes Huddle (n=4388)

*Unpublished data, 1/26/2024

OPQIC MADM Quartiles by Race/Ethnicity and Huddle Status

MADM Quartiles by Race/Ethnicity and Huddle Status

Yes = 4388
No = 596
Not Sure = 523
Total= 5,507
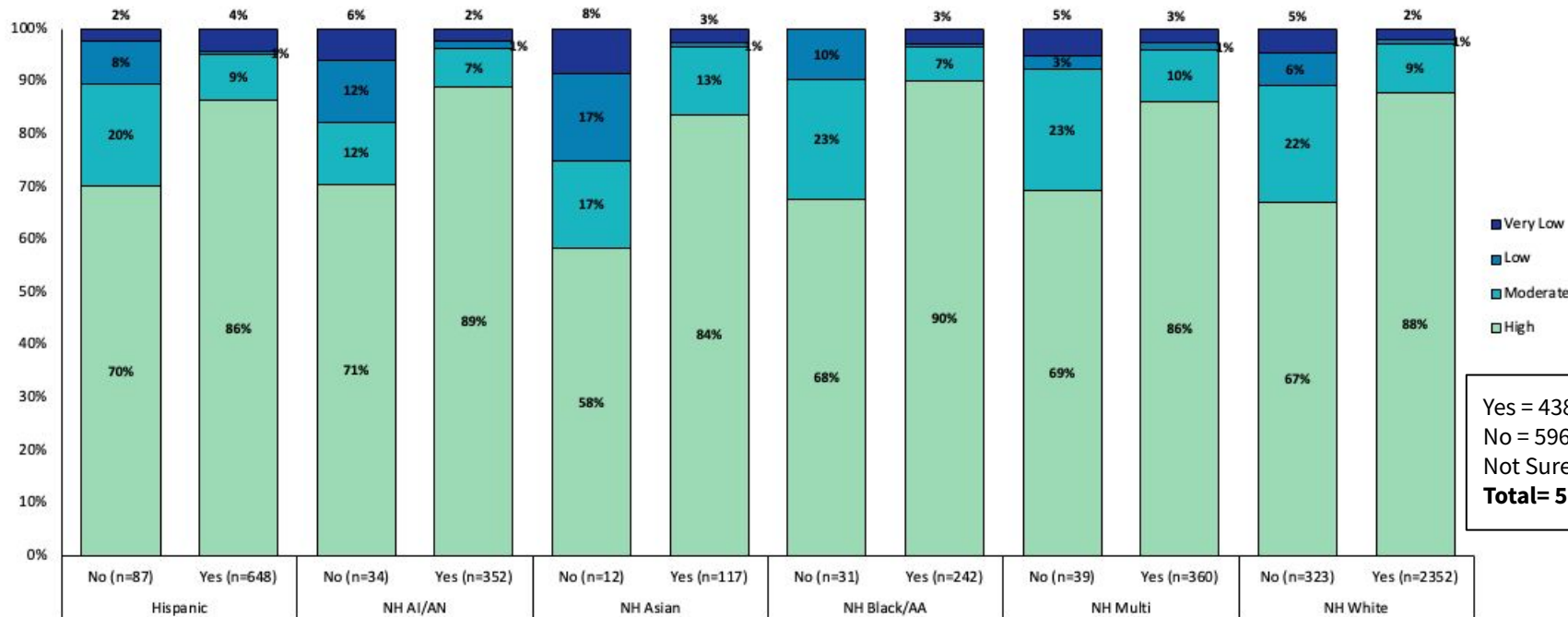
*Unpublished data, 1/26/2024

TEAM

""**Every person had a clear job**. There was no doubt that both mom and baby would be equally taken care of at delivery. **Communication between the immediate clinical team was impressive."**

PLAN/BOARD

"The nurses and Dr were amazing**. Everyone kept the board updated so I knew who was taking care of us. I was checked on often**. Really good experience."

PREFERENCES

"I loved my team, they were amazing. **I was treated so well and made to feel like a human being- and listened to- very well.**

SHARED DECISION MAKING

"Everyone was amazing and accommodating making us feel comfortable with the team. Any needs we had were met beyond exception. **I also loved the team recognized the dad was a bit lost and encouraged him to step in with instructions on how."**

Questions?