

### Facilitator Guidance for Scenario Scenarios

<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>1. Practice using the shared planning tool to guide huddles</li> <li>2. Provide timely and actionable feedback to teams when they practice in order to support behavior change and improvement</li> </ol>
<b>Coaching Principles to Guide Scenario Practice</b>	<ol style="list-style-type: none"> <li>1. Create a safe and supportive environment</li> <li>2. Be curious and ask powerful questions</li> <li>3. Meet people where they are</li> <li>4. Acknowledge the positive</li> <li>5. Cultivate a growth mindset</li> <li>6. Empower people to reach their own solutions</li> <li>7. Build capacity and inspire intrinsic-motivation</li> <li>8. Use data to drive improvement and decision making</li> </ol>
<b>Tips for Giving Effective Feedback</b>	<ul style="list-style-type: none"> <li>• Plan for the time and space in advance</li> <li>• Start with curiosity:</li> <li>• What went well? What could have been better?</li> <li>• Make it prompt, right after the event</li> <li>• Determine if the feedback is more appropriate one-on-one</li> <li>• Be specific, referencing observed behaviors</li> <li>• Encourage self-reflection</li> <li>• Be aware of nonverbal clues</li> <li>• Self-reflect after the feedback session is completed</li> </ul>
<b>Consider Using the Huddle Observation Form</b>	<p>Use this paper or <a href="#">digital form</a> to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guide coaching feedback during practice scenarios</li> <li><input type="checkbox"/> Self assess or reflect after a Huddle</li> <li><input type="checkbox"/> Routinely assess Huddle competency for implementation monitoring and continuous improvement</li> <li><input type="checkbox"/> Complete the TeamBirth Recognition Huddle Observation component</li> </ul>



**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-lasting contractions are strong to palpation.
- Jade's cervix was last checked on admission (3 hours ago).
- Jade's midwife will update the backup OB provider soon and suggests a huddle.

**Huddle 3**

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-lasting contractions are strong to palpation.
- Jade's cervix was 4-5/90%/-1 about an hour ago.
- Jade asks the midwife how long the back pain is going to last, when should the next cervical exam be, and are there any other options. The RN suggests a huddle.

### Scenario Prompt B - Raia

#### Huddle 1

Raia is being admitted to L&D for induction having been sent directly from the OB office with a new diagnosis of gestational hypertension (not severe).

- Raia is a G2P1, 39.5 wks, no other complications. BP stable.
- FHR reassuring.
- Raia's cervix was favorable (2-3/80%/-2)
- Raia had a natural birth with her first & is hoping for that again.
- Raia had spontaneous ROM last time & is hoping for that again.
- The nurse is getting some of the board filled out with Raia on admission.
- The laborist will be in soon for a huddle (will be covering until Raia's primary OB is done with clinic hours).

#### Huddle 2

Raia is being induced for a new diagnosis of gestational hypertension.

- Raia's BP is stable.
- FHR reassuring.
- Raia's cervix was favorable 2-3/80%/-2 on admission (has not been rechecked).
- Pitocin was started a little over 2 hours ago.
- Raia has been moving around in the room, trying to help labor kick in. She's had several painful contractions, but they are not yet regular. She just now got back in bed to rest.
- Raia's primary OB just finished office hours and came to check in.






#### Huddle 3

Raia is being induced for a new diagnosis of gestational hypertension.

- Raia's BP is labile, but none in severe range.
- Raia is working well with contractions & has not asked for any pain meds.
- FHR reassuring.
- Pitocin has been going for 5 hours, contractions are regular & mod-strong.
- Raia's cervix is 4-5/90/-1, still intact.
- Raia's primary OB just called RN for update, offers to come AROM.

### Guidance for Scenario Prompt B - Raia

#### Example Shared Planning Tool

<p><b>Team</b> </p> <p><i>Raia</i> <i>Asher</i> <i>Donna</i> <i>Dr. B</i></p>	<p><b>Plan of Care</b> </p> <p><i>For Raia</i></p> <ul style="list-style-type: none"> <li>-Move around, give lots of ideas</li> <li>-check BPs</li> </ul> <p><i>For Baby</i></p> <ul style="list-style-type: none"> <li>-wireless all the time</li> </ul>
<p><b>Preferences</b> </p> <ul style="list-style-type: none"> <li>-natural, like last time</li> <li>-but worried about induction</li> </ul> <p></p>	<p><i>For Labor</i></p> <ul style="list-style-type: none"> <li>-IV pitocin ↗ → ↗ →</li> </ul> <hr/> <p><b>Next Huddle</b> </p> <ul style="list-style-type: none"> <li>-as needed</li> <li>-on request</li> </ul>

#### Learning Objectives

1. Identify patient friendly language
2. Practice updating board when additional huddles occur

**Scenario Prompt C - Shanell**

<b>Huddle 1</b>	<p>Shanell is being admitted to L&amp;D for labor.</p> <ul style="list-style-type: none"><li>• Shanell is a G3P0 at 39.2 weeks, uncomplicated pregnancy.</li><li>• FHR reassuring.</li><li>• Contractions are regular &amp; palpate mod-strong.</li><li>• Copious clear fluid noted.</li><li>• Cervix 4/100/0 on exam.</li><li>• Shanell was asking for an epidural the minute she arrived to triage.</li><li>• On-call OB stops in for a quick admission huddle, says to call after the epidural is in.</li></ul>
<b>Huddle 2</b>	<p>Shanell was recently admitted for labor; now getting comfortable with the epidural.</p> <ul style="list-style-type: none"><li>• FHR reassuring.</li><li>• Contractions are regular &amp; palpate mod-strong.</li><li>• Copious clear fluid noted.</li><li>• Cervix was 4/100/0 on admission exam (has not been rechecked).</li><li>• On-call OB is expecting a speakerphone huddle now that Shanell is comfortable with the epidural.</li></ul>
<b>Huddle 3</b>	<p>Shanell has been resting comfortably with the epidural since the last huddle.</p> <ul style="list-style-type: none"><li>• FHR has just recovered to baseline with minimal variability after a prolonged deceleration into the 60's for almost 3 minutes.</li><li>• Cervix was checked during the deceleration, now 9/100/+1.</li><li>• Meconium-stained fluid noted.</li><li>• On-call OB was paged during the intrauterine resuscitation and has just arrived. A huddle is appropriate at this time.</li></ul>
<b>Huddle 4</b>	<p>Shanell has been comfortable with the epidural, but has been feeling increasing rectal pressure since the last huddle.</p> <ul style="list-style-type: none"><li>• FHR is Category 2, moderate variability, episodic variables with quick return to baseline, and occasional early decelerations.</li><li>• Shanell reported constant pressure; cervix was just checked, 10/100/+1.</li><li>• Meconium-stained fluid is still noted.</li><li>• On-call OB had asked to know when Shanell was ready to push; a speakerphone huddle is appropriate at this time.</li></ul>

## Considerations for Each Key Behavior (Shared Planning Tool Section)

### TEAM - We are all on the same team!

Establish psychological safety by inviting every member to participate

Team approach, not top-down approach

Encourage writing your own name on the board

Verbalize to the whole team that a huddle is taking place:

- “I’m Dr. Ryan, I came by to check on you, let’s have a TeamBirth huddle!”
- “Since your doula is here now, I know you wanted to talk through options, let me call Dr. Ryan and we can huddle over the phone.”

### PLAN - Shared decision-making!

Practice creating a separate plan for the birthing person, baby, and labor progress or progress towards discharge

- *Me: get prepped for epidural*
- *Baby: watch on monitor*
- *Progress: keep going! Chair or ball for now*

Clinical team should speak to the patient & support person not just each other

Assessments, clinical guidelines, provider expertise, and recommendations *plus* patient preferences inform the plan

Practice writing brief, non-medical words, ideally using similar words as the patient

Encourages “consent” - not doing things TO a patient, but with understanding and agreement

### PREFERENCES - What matters right now?

As the patient and support person to share and to write on the shared planning board

Reiterate that the patient’s voice matters - we want to hear you!

Use open-ended questions to elicit thoughts, experiences, values, concerns, and questions about what is currently happening

If relevant reference a birth plan and update this section as often as needed throughout care

### NEXT HUDDLE - Anyone can request a huddle!

Another opportunity to validate the patient being heard, and the teamwork approach

Avoid specific times, but reassure with general timeframes, reasons to revisit the plan, or as needed to provide clarification for any team member

Nurses know providers are available as needed/if things change. Show the patient and family this!

Close the loop on the plan; everyone should have a clear understanding of the plan

### Speed Prompts

Scenario Starter	Facilitator Guidance	Learning Goals
<p>Paula arrived to triage for painful contractions</p> <ul style="list-style-type: none"> <li>● G1P0, GBS +</li> <li>● Cat 1 tracing</li> <li>● SVE 2 cm</li> <li>● Pain 5/10</li> <li>● Uncomplicated pregnancy</li> </ul>	<p>Prompt team to use the Admission Discussion Guide</p> <p>Decision should be to send them home or near the hospital</p>	<ol style="list-style-type: none"> <li>1. Discuss and use the labor support guide</li> <li>2. Discuss options for discharge home and near hospital - consider patients desires in decision.</li> </ol>
<p>Paula is admitted to L&amp;D at 6cm after laboring all night at home. It is 9am and the team is doing an admission huddle.</p> <ul style="list-style-type: none"> <li>● G1P0, GBS +</li> <li>● Cat 1 tracing</li> <li>● SVE 6cm</li> <li>● Pain 8/10</li> <li>● Uncomplicated pregnancy</li> <li>● Pt wants female-only providers</li> </ul>	<p>Ask the individual playing the patient role to express their preferences. If they have difficulty, first ask clinicians to provide more specific questions (What are your pain management plans, etc).</p> <p>Walk through the plan if needed (What should the plan for progress be?)</p>	<ol style="list-style-type: none"> <li>1. Demonstrate 1-2 preference prompts</li> <li>2. Navigate preferences that cannot be met by resetting expectations for hospital care in a way that values the patient and their role on the team</li> <li>3. Discussion ALL 3 plans (pt, baby, progress)</li> <li>4. Agree on next huddle</li> <li>5. All information written in patient friendly terms on the planning board</li> </ol>

### Speed Prompts

Scenario Starter	Facilitator Guidance	Learning Goals
<p>Jordan has been 7cm since 4am. The MD arrives at 8am for a huddle, completed a SVE and the patient is still 7cm.</p>	<p>Prompt team to use the Delivery Discussion Guide</p> <p>Care team complete assessments and discuss with patient and support person:</p> <ul style="list-style-type: none"> <li>● Good contractions for &gt;4 hours</li> <li>● Contractions have been irregular for 2-6 minutes</li> </ul> <p>The team should make plans to augment labor (potentially IUPC) and establish a time to reassess</p>	<p>The clinician team should verbally demonstrate how to negotiate for more time since the minimum criteria have not been met</p> <p>Patient should be involved in conversation around options</p> <p>All information written in patient friendly terms on the planning board</p>
<p>Avery is admitted to postpartum</p> <ul style="list-style-type: none"> <li>● Minimal interruptions, limit visitors</li> <li>● Skin to skin</li> <li>● Breastfeeding</li> </ul>	<p>Perform the first postpartum huddle and prioritize expectation-setting for the postpartum stay</p> <p>Suggested Discussion:</p> <ul style="list-style-type: none"> <li>● How often to breastfeed</li> <li>● When to call nurse</li> <li>● Pain relief</li> <li>● Updating feeding and diaper log</li> <li>● Document next huddle (if everything is okay, huddle is next day!)</li> </ul>	<ol style="list-style-type: none"> <li>1. Practice using TeamBirth behaviors and postpartum shared planning board within an easy patient scenario</li> <li>2. All necessary information that the patient will need before their next huddle should be on the board</li> </ol>



### Speed Prompts

Scenario Starter	Facilitator Guidance	Learning Goals
<p>Amanda is on second day of postpartum</p> <ul style="list-style-type: none"> <li>- Prefers rest, no visitors</li> <li>- Skin to skin, warm fluids, breast feeding</li> <li>- She was started on PO misoprostol for an increase in bleeding through the night</li> <li>- She is dizzy with ambulation</li> </ul>	<p>Patient should express preferences for only female care providers</p>	<ol style="list-style-type: none"> <li>1. Navigate preferences that cannot be met by resetting expectations for hospital care in a way that values the patient and their role on the team</li> <li>2. Practice documenting plan (not assessment)</li> <li>3. All information written in patient friendly terms on the planning board</li> </ol>
<p>Amy admitted to postpartum, baby in NICU</p>		<ol style="list-style-type: none"> <li>1. Practice discussing huddle and preferences for baby when baby is not in the room</li> </ol>
<p>Sam and her baby are doing well, getting ready to leave</p>		<ol style="list-style-type: none"> <li>1. Practice last huddle before discharge, setting expectations for last steps of discharge as well as follow-up visits</li> </ol>

**Scenario Prompt D - Clara****Learning Objectives**

1. Practice updating a shared-planning board when huddles have occurred for key decisions or changes in plans in care
2. Example of a low-risk TeamBirth board for a Postpartum Scenario

Clara is transferred to her postpartum room after her delivery and Jill, the labor nurse, hands off care to the postpartum nurse, Susie, in a bedside handoff. Shortly after, Bethany, the midwife, enters the room to complete daily rounding, accompanied by Susie the nurse.

Bethany says, “Hi Clara and Jay, my name is Bethany and I am the midwife on call today. I know you have met Susie, your nurse already. Congratulations on your baby boy Oliver! How are you feeling?” (Note: The midwife could see the patient’s name, baby’s name and partner’s name which were already written on board during the nursing handoff).

Clara says, “Nice to meet you, thank you! I am feeling pretty good, not bleeding too much now but having some contraction pain, especially when I breastfeed..”

Bethany responds, “Yes, it can be normal to have some contractions as your belly shrinks again after giving birth, especially when breastfeeding. We can discuss some pain management options as well. I would like to discuss your postpartum preferences with you, Jay, and Susie, and write them on this Shared Postpartum Planning Board so that we are all on the same page.” Bethany points to a large whiteboard hanging on the wall opposite Clara and Jay, with bold, large text visible to everyone in the room.

As Bethany speaks, Susie further fills out the board. Clara, Jay, and Oliver's names are at the top of the team section of the board. Bethany comments, “As you can see, you are the most important members of the team.” Susie then adds her own name, as well as Bethany. She says, “Let’s go through the Shared Postpartum Planning Board and write out your preferences, what we will be doing for you, your baby and your postpartum progress, and any medical concerns you may have.”

Clara says, “I am hoping to get back home to my own bed as soon as possible. Also while here, I want to be able to rest and recover, without people always going in and out. I plan to exclusively breastfeed Oliver and would like help with that. Also, we don’t want him circumcised.”

Bethany says “Your vital signs and recovery are looking very healthy, so we will be able to get you discharged home within 48 hours as long as everything continues in this trajectory. We will write your preferences on the board here. For you, we have pain meds that you can request as needed, and after your nurse Susie helps you out of bed for the first time, you are able to walk around without us interrupting. Tomorrow after recovering a bit more, you can also take a shower. We have

a lactation consultant that will be able to stop by this afternoon and help with any breastfeeding questions or concerns you may have. Does this sound okay to you?

Clara responds that it sounds like a good plan, and Bethany asks Jay and Clara if one of them would like to update the Shared Postpartum Board.

Postpartum Shared Planning Board		Individual Hospital Site Name Here	
<p><b>Team:</b> <i>Welcome, baby Oliver!</i></p> <p><i>Clara</i>  <i>Jay (partner)</i>  <i>Bethany (midwife)</i>  <i>Susie (nurse)</i>  <i>Dr. Hill (Pediatrician)</i></p> <p><b>Preferences:</b></p> <ul style="list-style-type: none"> <li>-Go home ASAP</li> <li>-Minimal interruptions</li> <li>-Exclusive breastfeeding</li> </ul>	<p><b>Room:</b></p> <p><b>Plan of Care:</b></p> <p><u>Clara</u> :</p> <p><b>Baby:</b> <i>Oliver</i></p> <p><b>Next Huddle:</b></p> <p><u>Clara</u> : <i>morning rounds tomorrow</i></p> <p><b>Baby:</b> : <i>pediatrician rounds this afternoon</i>  <i>(Lactation to visit this afternoon)</i></p>	<p><b>Gestational Age:</b></p> <p>-Pain meds as needed</p> <p>-Out of bed with help</p> <p>-Shower tomorrow</p> <p>-Heart and hearing test</p> <p>-Breastfeeding on demand</p> <p>-No circ</p>	

“We will huddle again anytime you feel you need a change in plan. Let’s get you out of bed for the first time with your nurse Susie’s help. I will plan to check in on you again tomorrow morning, or sooner if you have any concerns.”

Clara gets out of bed with Susie’s help and uses the bathroom. Her pain is well-controlled with PRN pain medication. When Susie takes Clara’s next blood pressure, the reading is now 153/89. She repeats the blood pressure again with a reading of 156/88. Susie calls Bethany on speaker phone from the bedside to huddle regarding Clara’s elevated blood pressure readings.

Susie says “Hi Bethany, I am in Clara’s room and I am calling you because she has had two elevated blood pressure readings of 153/89 and 156/88. Are there any next steps we should take?”

Bethany says, “Hi Susie, thanks for calling me. Hi Clara, your blood pressure readings are now higher than we would like to see. Are you having any symptoms such as headache, blurry vision, or pain in your upper right belly?” Clara responds “No, I feel great otherwise.” Bethany states “Well that is good - please monitor those symptoms and let us know if you have any changes. I will have Susie check your blood pressure more frequently for now. I know that you want minimal interruptions so we will cluster our care together to come in. Also, I know you want to go home as soon as possible,

but it is important that we figure out your blood pressure before discharging you, for the safety of you and your baby.” Bethany explains the clinical reasons high blood pressure can occur, what to watch out for, and the labs she is planning to order. Bethany says before getting off the phone “We can call again to make a plan once we have some lab results back and a few more blood pressure readings. Of course we can meet before then if you feel the need to, or if you just aren’t feeling well.” Clara responds, “Okay, I understand the plan, thank you!”

Susie goes back to the **Shared Postpartum Planning Board**. “So, we will add blood pressure checks to our plan for what we are doing for you. We will plan to huddle with the full care team again when the labs are back, or sooner, to decide our next steps.”

Postpartum Shared Planning Board		Individual Hospital Site Name Here	
<p><b>Team:</b> <i>Welcome, baby Oliver!</i></p> <p><i>Clara</i>  <i>Jay (partner)</i>  <i>Bethany (midwife)</i>  <i>Susie (nurse)</i>  <i>Dr. Hill (Pediatrician)</i></p> <p><b>Preferences:</b></p> <p><i>-Go home ASAP</i>  <i>-Minimal interruptions (Cluster care)</i>  <i>-Exclusive breastfeeding</i></p>	<p><b>Room:</b></p> <p><b>Plan of Care:</b></p> <p><u><i>Clara</i></u> :</p> <p><b>Baby:</b> <i>Oliver</i></p> <p><b>Next Huddle:</b></p> <p><u><i>Clara</i></u> : <i>when labs are back</i></p> <p><b>Baby:</b> : <i>pediatrician rounds this afternoon</i>  <i>(Lactation to visit this afternoon)</i></p>	<p><b>Gestational Age:</b></p> <p><i>-Blood pressure checks</i>  <i>-Monitor symptoms, draw labs</i>  <i>-Out of bed with help</i>  <i>-Shower tomorrow</i>  <i>-Heart and hearing test</i>  <i>-Breastfeeding on demand</i>  <i>-No circ</i></p>	

### Scenario Prompt E - Lucinda

#### Learning Objectives

1. Using the Admission Discussion Guide

Lucinda, a 39-year-old woman having her second baby, arrives in triage at 10:00 AM with her support person, Jennifer, and her doula, Amy. Diane, a triage nurse, helps Lucinda to a triage bed and starts assessing her.

Lucinda reports that her pregnancy has been uncomplicated and she is currently 40 weeks. Her baby is well grown, and her GBS status is negative. She has been contracting for several hours and has been trying to cope at home with distraction techniques, taking baths, and walking. Lucinda isn't sure if she is in active labor and came to triage to have her cervix examined.

Diane puts the fetal monitor on Lucinda and checks her cervix - she is 2 cm dilated. Diane says, "Our unit uses an Admission Discussion Guide to help admit women at the appropriate time to give them the best chance possible at a vaginal delivery. You are in early labor since you are 2 cm. We prefer not to admit women in early labor to reduce their risk for unnecessary interventions but let's review the Admission Discussion Guide together so we can make a decision as a team." Diane starts reviewing the discussion guide aloud to share her thinking and to review options with Lucinda, Jennifer, and Amy.

### Admission Discussion Guide

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

<p>If you are in <b>Early labor*</b></p> <p style="font-size: 2em; color: #e67e22;">↓</p> <p>You may benefit from</p> <p><b>Comfort</b></p> <p><b>Control of your environment</b></p> <p style="font-size: 2em; color: #e67e22;">↓</p> <p><b>Home</b></p>	<p style="font-size: 2em; color: #e67e22;">or</p> <p style="font-size: 2em; color: #e67e22;">↓</p> <p>You may benefit from</p> <p><b>Being active</b></p> <p><b>Staying close to hospital</b></p> <p style="font-size: 2em; color: #e67e22;">↓</p> <p><b>Near the Hospital</b></p>	<p>If you are in <b>Active labor*</b></p> <p style="font-size: 2em; color: #e67e22;">↓</p> <p>You may benefit from</p> <p><b>Monitoring</b></p> <p><b>Clinical care</b></p> <p style="font-size: 2em; color: #e67e22;">↓</p> <p><b>Labor &amp; Delivery</b></p>
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DISCUSS WITH YOUR TEAM

How am I doing?  
How is my **baby** doing?  
Where am I in **labor**?

DISCUSS WITH YOUR TEAM

What are the **benefits** and **risks** of each option?

DISCUSS WITH YOUR TEAM

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.  
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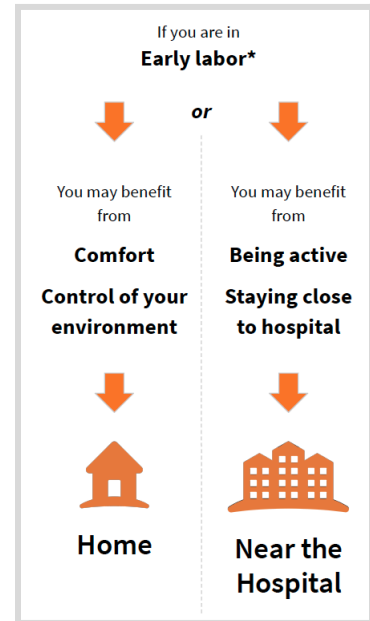
"You and baby have stable vital signs and you stated your contractions are painful but manageable with breathing and movement," explains Diane. "This means you can benefit from either being at home or near the hospital. Some patients prefer to be at home where they can be more comfortable and in control of their environment. Others prefer to stay near the hospital and want to remain active. Do you have a preference, Lucinda?"

Lucinda says, "I was feeling anxious earlier and I'm not sure if I feel comfortable going back home. What if my labor progresses rapidly?" She then asks Jennifer and Amy their opinions. Both reaffirm

how well Lucinda and her baby are doing and ask for more information about staying near the hospital.

Diane explains this feeling is very normal and many patients prefer to stay near the hospital. Diane suggests they use a walking path in the hospital and provides them a map. She also points out where they can get nourishment. Diane says, “You can return to triage anytime you want to. However, for most patients, we like to recheck their cervix in 1-2 hours. Should we plan to meet back here in 2 hours?” Lucinda and her care team agree to this plan, and they leave to go walking.

Lucinda returns to triage 2 hours later when her contractions get stronger. Diane checks Lucinda’s cervix and she is now 5 cm. Diane says, “You are now in active labor and, according to the Admission Discussion Guide, we can now recommend admission to the labor unit.” Lucinda, Jennifer and Amy agree with the plan for admission. Diane walks them to the labor unit and introduces them to their labor nurse, Francis, and the Shared Labor and Delivery Planning Board (“Shared Planning Board”), where they can update the care team’s plan and preferences.



### Scenario Prompt F - Jordan

#### Learning Objectives

- Using the Assisted Delivery Discussion Guide

Jordan is a laboring primigravida patient who was admitted to the labor unit after showing progressive cervical change in triage. The patient has been pushing for over 2 hours and is feeling exhausted. Jordan’s labor team enters the room for a bedside huddle.

Jordan’s labor team is composed of their partner, Sam, their L&D nurse, Amanda, and their midwife, Jocelyn. “Jordan, it is 11:00 PM and I can tell you’re very tired after so much pushing,” says Jocelyn. “Would it be ok with you and the rest of the team if I lead the next huddle?” Jordan and Sam agree. Jocelyn introduces the Assisted Delivery Discussion Guide to the care team. “We are going to use this aid to determine if there are any mom, baby, or progress indications for assisted delivery, and we will use that information to discuss next steps with the team,” Jocelyn explains.

Jocelyn begins with a fetal monitoring review of the baby so they can determine if the baby’s health is an indication for assisted delivery. Jordan asks right away if the baby is showing any signs of being tired as well. The team agrees that the baby’s heart rate is strong, normal, and at this time there is no concern.

#### 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?*
<b>BIRTHING PERSON</b>	Request →	<input type="checkbox"/> You believe that assisted delivery is the best option for you after discussion with your care team
<b>BABY</b>	Concerns about wellbeing →	<input type="checkbox"/> On-going slow heart rate OR <input type="checkbox"/> Far away from delivery with either: <ul style="list-style-type: none"> <li><input type="checkbox"/> Repeated slow downs in heart rate that do not improve with support</li> <li><input type="checkbox"/> High heart rate that does not improve with support</li> </ul>
	Slow induction →	Either: <ul style="list-style-type: none"> <li><input type="checkbox"/> Early labor (6 cm or less) for 24 hours or more</li> <li><input type="checkbox"/> Medications to support contractions and waters broken for at least 12-18 hours or more</li> </ul>
<b>PROGRESS</b>	Slow progress →	No cervical change with waters broken and 6 cm or more dilated with either: <ul style="list-style-type: none"> <li><input type="checkbox"/> Good contractions for 4 hours or more</li> <li><input type="checkbox"/> Medications to support contractions for 6 hours or more</li> </ul>
	Prolonged pushing without progress →	Either: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pushing for at least 3 hours if this is your first labor</li> <li><input type="checkbox"/> Pushing for at least 2 hours if you have labored before</li> </ul>

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

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The team then moves to Jordan’s labor progress. Jordan has been pushing for 2.5 hours and has made slow progress (Jordan hasn’t been pushing for 3 hours, which could indicate the necessity for an assisted delivery). Jordan wants to keep pushing but try different positions, so there is no maternal indication for an operative delivery.

They all agree that Jordan will try to push in different positions, guided by the labor nurse, and that the team will huddle again in 30

minutes. The midwife updates the Shared Delivery and Planning Board (“Shared Planning Board”) to reflect this plan.

Prolonged pushing without progress →	Either:
	<input type="checkbox"/> Pushing for at least 3 hours if this is your first labor <input type="checkbox"/> Pushing for at least 2 hours if you have labored before

After 30 minutes of pushing, the baby is still at +2 station and Jordan is exhausted after pushing for 3 hours. Jocelyn leads a huddle, referring back to the Assisted Delivery Discussion Guide. “I recommend we ask the obstetrician, Dr. Woodbury, to come evaluate Jordan,” Jocelyn explains. “Because you have been pushing for 3 hours without progress, there may be a progress indication for assisted delivery, but we want your full team’s input before making a decision.”

While waiting for the obstetrician, Jordan and Sam ask questions and share their preferences for delivery as Jocelyn once again updates the Shared Planning Board. The obstetrician enters the room and huddles with the team. “I initially wanted a natural vaginal birth,” explains Jordan. “But I do feel very tired and my primary concern is my baby’s health.” Echoing Jocelyn’s assessment, Dr. Woodbury says, “Because you have now been pushing for more than 3 hours with no progress and you are feeling very tired, I recommend we proceed with a vacuum assisted delivery. How would you feel about that?” The whole team agrees with that recommendation and they proceed with a vacuum delivery. Two contractions later, Jordan delivers vaginally and the baby is placed on her chest.

Labor and Delivery Planning Board	
<p><b>TEAM</b></p> <p>Jordan (patient)    Amanda (L&amp;D nurse)            Sam (partner)     Dr. Woodbury (OB)            Jocie (midwife)</p> <p><b>PREFERENCES</b></p> <ul style="list-style-type: none"> <li>- Keep pushing</li> <li>- Movement: try different positions</li> </ul>	<p><b>PLAN</b></p> <p>Mom: try different positions            Baby: continued review            Labor Progress: support mom’s efforts</p> <p><b>NEXT ASSESSMENT</b></p> <p>Huddle after 30 minutes of pushing</p> <p>—————→</p> <p>EARLY LABOR                  ACTIVE LABOR                  PUSHING</p>