

TEAMBIRTH Recognition Huddle Observation Form

Name: _____ Role/Title: _____
Facility Name: _____ State _____

1. Please attest to personally witnessing or being a part of TeamBirth huddles this month.
2. Which of the following instances prompted the huddle? **Select all that apply:**
 - Admission
Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility
 - Labor Progress
 - Prior to non-emergent intervention for mom/birthing person
AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section
 - Prior to non-emergent intervention for baby
Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission
 - Contraception
 - Change in care management
Hypertension, Hemorrhage, Infection, Opioid Use Disorder
 - Post-birth/Post-emergency Debrief
 - Shift change/Hand-off
Need for huddle noted during provider or nursing (bedside) hand-off
 - Pain Control
Prodromal labor, Post-op pain
 - Outpatient setting
 - Other
3. Were the team members' names/roles written on the shared planning board, either during this huddle or previously?
 - Yes - all names/roles were discussed and written on the board
 - Yes - most names/roles were discussed and most were written on the board (Please specify which roles were not discussed/updated)

 - No - names/roles were minimally discussed and minimally written on the board
 - No - names/roles were not discussed or written on the board
4. Did the team elicit preferences and concerns related to the current plan being discussed and were they written on the planning board?
 - Yes - preferences and concerns about the current plan were elicited and written/updated on the board
 - Yes - preferences and concerns about the current plan were elicited and some were noted on the board
 - No - preferences and concerns discussed were not connected to the current plan
 - No - preferences and concerns were not discussed or written on the board

5. Who discussed the current preferences/concerns of the mom/birthing person? **Select all that apply:**
 - Mom/Birthing person
 - Support person (doula, family, friend, partner, spouse)
 - Nurse
 - Provider (midwife/physician)
 - Patient preferences were not discussed

6. Did the team write/update the care plans on the planning board?
 - Yes - care plans were discussed and written on the board every time in all sections
 - Yes - some care plans were discussed and written on the board in some sections (Please specify what plan section was missed: plan for mom, baby, and/or labor progress):

 - No - some care plans were discussed but not updated on the board
 - No - care plans were not discussed or written on the board

7. Did the team write/update the plan for the next huddle?
 - Yes - a plan for the next huddle was clearly stated and written on the board
 - Yes - a plan for the next huddle was sometimes clearly stated and written on the board
 - No - a plan for the next huddle was stated but not written on the board
 - No - no plan for the next huddle was stated or written on the board

8. Did the team clearly state that this conversation was a TeamBirth huddle?
 - Yes - a team member stated this clearly. Please specify how the huddle was identified. Quote, if possible!

 - No - the huddle occurred, but was not explicitly verbalized to the patient
 - No - it was not clear to the full team present that a huddle was occurring

9. Please share your observations. What challenges did the team have? What went well? How did the team elicit preferences and concerns of the patient and their support people? Anything surprising? Encouraging? Tense?

10. Did you provide any coaching or feedback for any team members based on the above observations? Please explain.

11. What else are you able to share with the Delivery Decisions Initiative about your experience with TeamBirth?