

# TEAMBIRTH

## Examples of Patient-Friendly Language for Use on Shared Planning Board

### TEAM

Write down the names of the birthing person and their support people, labor and delivery clinicians, and postpartum clinicians. In addition to names, consider noting roles, phone numbers, and/or shift times for clinicians.

Team Section Examples		
<b>Birthing person and their support people</b>	<input type="checkbox"/> Mom <input type="checkbox"/> Patient <input type="checkbox"/> Birthing person <input type="checkbox"/> Partner	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Doula <input type="checkbox"/> Interpreter
<b>Labor clinicians</b>	<input type="checkbox"/> Labor Nurse <input type="checkbox"/> Attending physician/OB <input type="checkbox"/> Midwife <input type="checkbox"/> Resident	<input type="checkbox"/> Med student <input type="checkbox"/> Student Nurse <input type="checkbox"/> Anesthesiologist/CRNA <input type="checkbox"/> Charge Nurse
<b>Postpartum clinicians</b>	<input type="checkbox"/> Postpartum Nurse, Mom-Baby RN <input type="checkbox"/> NICU nurse <input type="checkbox"/> Attending physician/OB <input type="checkbox"/> Pediatrician <input type="checkbox"/> Neonatologist	<input type="checkbox"/> Resident <input type="checkbox"/> Lactation consultant <input type="checkbox"/> Nurse Tech/CNA <input type="checkbox"/> Social worker <input type="checkbox"/> Nurse Leader

# TEAMBIRTH

## PREFERENCES: Labor

Consider starting with general questions like “What does a good birth look like to you?” and “What are your fears about labor?” to open a discussion about what matters most to them.

Preferences: Examples for Labor		
<b>Support</b> <i>Who would you like supporting you?</i>	<input type="checkbox"/> Work with doula <input type="checkbox"/> My partner to stay with me <input type="checkbox"/> FaceTime with grandma	<input type="checkbox"/> No students <input type="checkbox"/> Only female providers <input type="checkbox"/> Interpreter
<b>Environment</b> <i>How can we make the room most comfortable for you?</i>	<input type="checkbox"/> Dimmed lights <input type="checkbox"/> Quiet voices <input type="checkbox"/> Few interruptions <input type="checkbox"/> No visitors	<input type="checkbox"/> Visitors OK <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Music <input type="checkbox"/> Wear own clothing <input type="checkbox"/> Small meals
<b>Positions</b> <i>What positions or movement would you like to try? What's been working for you so far?</i>	<input type="checkbox"/> Stand and walk <input type="checkbox"/> Birthing ball <input type="checkbox"/> Peanut ball <input type="checkbox"/> Birthing stool <input type="checkbox"/> Labor in hot shower/tub	<input type="checkbox"/> Change positions <input type="checkbox"/> Stretching <input type="checkbox"/> Floor mat <input type="checkbox"/> Freedom of movement <input type="checkbox"/> Give me ideas and suggestions
<b>Pain Control</b> <i>What pain management options have you heard about? What medications would you like to discuss? What are your plans for pain management?</i>	<input type="checkbox"/> No epidural <input type="checkbox"/> Epidural (only offered when asked for) <input type="checkbox"/> IV pain relief / opioid free <input type="checkbox"/> Nitrous <input type="checkbox"/> Breathing exercises <input type="checkbox"/> Massage by support person	<input type="checkbox"/> Counter pressure on lower back <input type="checkbox"/> Go natural like last time <input type="checkbox"/> Worried it's different than last time <input type="checkbox"/> Wait as long as possible for epidural <input type="checkbox"/> Worried about missing epidural
<b>Interventions</b> <i>What interventions do you want/ want to avoid?</i>	<input type="checkbox"/> Minimal interventions <input type="checkbox"/> Wait for water to break <input type="checkbox"/> Break water if needed	<input type="checkbox"/> No IV fluids, IV access only <input type="checkbox"/> Wireless monitoring <input type="checkbox"/> Intermittent monitoring <input type="checkbox"/> Minimal cervical exams
<b>Concerns</b> <i>What concerns do you have?</i>	<input type="checkbox"/> Hoping no c-section <input type="checkbox"/> Get home to other kids ASAP <input type="checkbox"/> Haven't eaten/slept in hours	<input type="checkbox"/> Exams very uncomfortable <input type="checkbox"/> 1st baby went to NICU
<b>Other</b>	<input type="checkbox"/> Ice packs <input type="checkbox"/> Heating pads <input type="checkbox"/> Pillows <input type="checkbox"/> Dietary preferences <input type="checkbox"/> Warm blankets	<input type="checkbox"/> Cluster care <input type="checkbox"/> Help to the bathroom <input type="checkbox"/> Sleep after epidural <input type="checkbox"/> Nap between position changes

# TEAMBIRTH

## **PREFERENCES: Delivery/Birth**

<b>Preferences: Examples for Pushing, Birth, Cesarean Birth, Post-Birth, and Bereavement</b>		
<b>Pushing</b>	<input type="checkbox"/> Delay pushing until feels pressure <input type="checkbox"/> Coached pushing <input type="checkbox"/> No counting during pushing <input type="checkbox"/> No visitors when pushing <input type="checkbox"/> Visitors OK	<input type="checkbox"/> Change positions while pushing <input type="checkbox"/> Worried about tearing/no cut <input type="checkbox"/> Vacuum ok/No Vacuum <input type="checkbox"/> Mirror for pushing <input type="checkbox"/> Quiet voices <input type="checkbox"/> Low lights
<b>Birth</b>	<input type="checkbox"/> Skin to skin <input type="checkbox"/> Delayed cord clamping (standard) <input type="checkbox"/> Cord blood banking <input type="checkbox"/> Cord cut by family member	<input type="checkbox"/> Photos of cord cutting <input type="checkbox"/> Move mirror as soon as baby is out <input type="checkbox"/> Baby shots while being held <input type="checkbox"/> Quiet voices <input type="checkbox"/> Low lights
<b>Cesarean birth</b>	<input type="checkbox"/> Lower drape right after birth <input type="checkbox"/> Music during procedure <input type="checkbox"/> Partner to cut cord on warmer <input type="checkbox"/> Skin to skin as soon at possible	<input type="checkbox"/> Limit conversation that does not pertain to my procedure <input type="checkbox"/> No extra drugs to relax after delivery <input type="checkbox"/> See my placenta <input type="checkbox"/> Quiet voices
<b>After the baby is born</b>	<input type="checkbox"/> Partner to go with baby to nursery <input type="checkbox"/> Worried about how to breastfeed	<input type="checkbox"/> Go home as soon as possible <input type="checkbox"/> Take placenta home <input type="checkbox"/> Hair Wash only
<b>Bereavement</b>	<input type="checkbox"/> Dim lighting <input type="checkbox"/> Music <input type="checkbox"/> Skin to skin <input type="checkbox"/> Quiet voices <input type="checkbox"/> Take baby to nursery immediately after delivery <input type="checkbox"/> Baby to stay with parents after delivery (in cuddle cot) <input type="checkbox"/> No visitors/Visitors welcomed <input type="checkbox"/> Parents to cut cord	<input type="checkbox"/> Family to assist with bath/cleaning of baby <input type="checkbox"/> Obtain keepsake items (Footprints, molds, lock of hair, pictures) <input type="checkbox"/> Chaplain to come for baptism/blessing <input type="checkbox"/> Early discharge to home after delivery <input type="checkbox"/> Photos in room/Do photos in nursery

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## **PREFERENCES: Postpartum or LDRP**

Consider starting with general questions like “How would you like to care for your baby after they are born?,” “Is there anything you would like to avoid?,” and “How can we continue to support your comfort after giving birth?” to open a discussion about what matters most to them.

<b>Preferences: Examples for Postpartum or LDRP</b>		
<b>Mom</b>	<input type="checkbox"/> Breastmilk feeding/formula/both <input type="checkbox"/> Pumping breast <input type="checkbox"/> Ice packs <input type="checkbox"/> Abdominal binder <input type="checkbox"/> Sitz bath <input type="checkbox"/> No visitors <input type="checkbox"/> Visitors OK <input type="checkbox"/> Quiet, low lights <input type="checkbox"/> Shower <input type="checkbox"/> Help to bathroom	<input type="checkbox"/> Bring in food from home <input type="checkbox"/> Keep placenta <input type="checkbox"/> Daily bed linen change <input type="checkbox"/> Medications <input type="checkbox"/> Lactation support <input type="checkbox"/> Pain relief (Ibuprofen/Tylenol) <input type="checkbox"/> Unmedicated/medicated pain management <input type="checkbox"/> Stool softeners <input type="checkbox"/> Visit baby in NICU <input type="checkbox"/> Dietary preferences
<b>Baby</b>	<input type="checkbox"/> Delayed bath until 12 hours <input type="checkbox"/> No bath <input type="checkbox"/> Wash hair only <input type="checkbox"/> Circumcision/no circ/circ in room <input type="checkbox"/> Skin to skin	<input type="checkbox"/> Parents assist with bath <input type="checkbox"/> Use your own swaddle/clothes <input type="checkbox"/> Assistance from lactation <input type="checkbox"/> Vaccinations/No vaccinations <input type="checkbox"/> Car seat check tomorrow

# TEAMBIRTH

## **PLAN: Mom, Baby, and Labor Progress**

*What types of care plans are you developing?*

Examples for Plan Section		
<b>Plan for Mom</b>	<b>During labor:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ice chips</li> <li><input type="checkbox"/> Breathing methods</li> <li><input type="checkbox"/> Take a walk!</li> <li><input type="checkbox"/> Labor support methods</li> <li><input type="checkbox"/> Change positions</li> <li><input type="checkbox"/> Epidural/no epidural</li> <li><input type="checkbox"/> Nitrous gas</li> <li><input type="checkbox"/> IV pain medication</li> <li><input type="checkbox"/> Check BP often/Blood pressure checks every ____</li> </ul>	<b>During postpartum:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Naps between turning</li> <li><input type="checkbox"/> Alternate rest and movement</li> <li><input type="checkbox"/> Push on CUB/birthing stool</li> <li><input type="checkbox"/> Rub belly every 15 min</li> <li><input type="checkbox"/> Shower/tub</li> <li><input type="checkbox"/> Check blood sugar every hour</li> <li><input type="checkbox"/> Press button when you're ready</li> <li><input type="checkbox"/> Call when feeding baby/Cluster care</li> <li><input type="checkbox"/> Tubal tomorrow</li> <li><input type="checkbox"/> Pump after breastfeed</li> <li><input type="checkbox"/> Pump every ____ hours</li> <li><input type="checkbox"/> Out of bed at ____</li> <li><input type="checkbox"/> Shower/remove abdominal bandages</li> <li><input type="checkbox"/> Blood pressure checks every ____</li> <li><input type="checkbox"/> Keep pads (for weighing)</li> </ul>
<b>Plan for Baby</b>	<b>During labor:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Watch on and off</li> <li><input type="checkbox"/> Watch all the time</li> <li><input type="checkbox"/> Listen with doppler every __</li> <li><input type="checkbox"/> Positions to turn baby</li> <li><input type="checkbox"/> Positions to bring baby down</li> <li><input type="checkbox"/> Put more fluid in for baby</li> </ul>	<b>During postpartum:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Feed every ____ hrs</li> <li><input type="checkbox"/> Look for feeding cues</li> <li><input type="checkbox"/> Weight, footprints, measurements at __:__</li> <li><input type="checkbox"/> 24hr care at __:__</li> <li><input type="checkbox"/> NICU eval @ _____</li> <li><input type="checkbox"/> Call before feeding baby (check blood sugar)</li> <li><input type="checkbox"/> Use tube to add milk with next feed</li> <li><input type="checkbox"/> Make pediatric appointment</li> <li><input type="checkbox"/> Bring car seat to room</li> <li><input type="checkbox"/> Circumcision/no circumcision</li> <li><input type="checkbox"/> Hearing screen</li> </ul>
<b>Plan for Labor Progress (L&amp;D only)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Watch and wait</li> <li><input type="checkbox"/> Turn, turn, turn</li> <li><input type="checkbox"/> Vaginal exams to check dilation</li> <li><input type="checkbox"/> Movement</li> <li><input type="checkbox"/> Use birthing ball/peanut ball</li> <li><input type="checkbox"/> Break waters</li> <li><input type="checkbox"/> Medicine/catheter to dilate cervix</li> <li><input type="checkbox"/> Medicine for labor (Pitocin)</li> <li><input type="checkbox"/> Keep going!</li> <li><input type="checkbox"/> Keep on keepin' on</li> </ul>	

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## **NEXT HUDDLE**

*What types of expectations can you set for when the team may come back together?*

Examples for Next Huddle Section	
<p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As needed</li> <li><input type="checkbox"/> On request</li> <li><input type="checkbox"/> When a new plan is needed</li> <li><input type="checkbox"/> When you're ready</li> </ul>	<p><b>Time</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Around 5pm</li> <li><input type="checkbox"/> Tomorrow morning (by 11 AM)</li> <li><input type="checkbox"/> During daily rounding (give time range)</li> <li><input type="checkbox"/> Dr will check in after (office hours, OR)</li> </ul>
<p><b>Time interval</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In __ min/hours</li> <li><input type="checkbox"/> Between __ and __ o'clock</li> <li><input type="checkbox"/> Nurse update every __ hours</li> <li><input type="checkbox"/> At next shift change</li> </ul>	<p><b>Condition</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> When your pain gets worse</li> <li><input type="checkbox"/> When you're ready to push</li> <li><input type="checkbox"/> When interpreter available</li> <li><input type="checkbox"/> If you have any concerns</li> <li><input type="checkbox"/> If you feel cramps, bleeding, pressure</li> <li><input type="checkbox"/> If there is a change in your/your baby's condition</li> <li><input type="checkbox"/> If orders change</li> <li><input type="checkbox"/> Before discharge</li> </ul>