



TEAMBIRTH



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

# Delivery Decisions Initiative



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

# Over the past generation, giving birth in America has become less safe

American women are **50% more likely to die during childbirth** than their own mothers.

These women are also **300%** more likely to experience **severe maternal morbidity** today than a generation ago.

There are **500% more C-sections** today.

U.S. women have the **highest rate of maternal mortality** among high-income countries ... and this rate is rising.

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

**Two-thirds** of pregnancy-related deaths may be preventable.

**80-90% of complications are due to failures of communication and teamwork.**

# TeamBirth Purpose

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TeamBirth is a care process innovation involving a series of team huddles between the patient and those caring for her, **designed to empower each team member to contribute information, reliably structure communication, and help the team arrive at shared plans together.**

- For patients, TeamBirth invites them into the conversations and provides a structure that is easy to understand and participate in.
- For clinicians, TeamBirth encourages all conversations to be had with the patient to promote effective team communication and alignment across the full team.

# TeamBirth 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



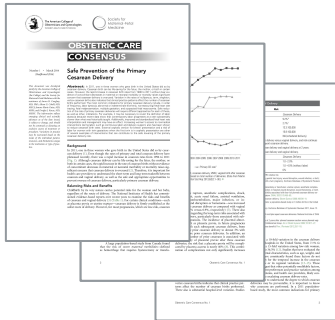
# TeamBirth Human-Centered Design Process

## Discover Strategies

Background research, including peer-reviewed literature and professional guidelines



Q1 2016



# TeamBirth Human-Centered Design Process

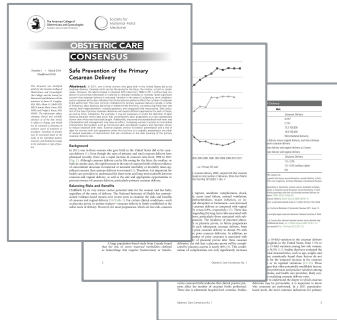
## Discover Strategies

Background research, including peer-reviewed literature and professional guidelines



Q2 2016

Q1 2016



## Define Priorities

Expert consultation to prioritize strategies that can produce high-impact through a simple, scalable solution

# TeamBirth Human-Centered Design Process

## Discover Strategies

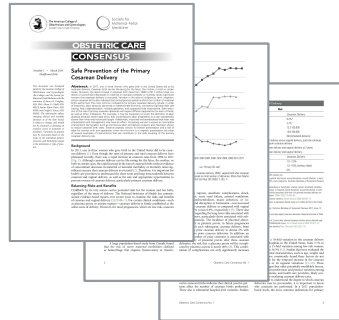
Background research, including peer-reviewed literature and professional guidelines



## Develop Prototypes

User-centered process for developing ideas and options for translating strategies into tools

Q1 2016



Q2 2016

## Define Priorities

Expert consultation to prioritize strategies that can produce high-impact through a simple, scalable solution

Q3 2016

Vision of the solution - V1

Team

- Mother: Katherine
- Baby: Sophie
- Support: Peter (partner) and Jay (sister)
- Nurse: Sarah
- Provider: Georgina

Time of next assessment

Time of admission

Time at active

Time started pushing

Vision of the solution - V2

|   | TIME | ADMIT | 6CM | PUSH |
|---|------|-------|-----|------|
| M |      |       |     |      |
| F |      |       |     |      |
| P |      |       |     |      |



# TeamBirth Human-Centered Design Process

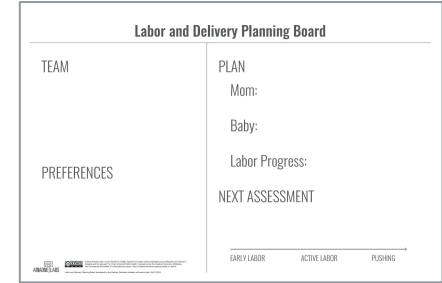
## Discover Strategies

Background research, including peer-reviewed literature and professional guidelines



## Develop Prototypes

User-centered process for developing ideas and options for translating strategies into tools



Q1 2016



Q2 2016

## Define Priorities

Expert consultation to prioritize strategies that can produce high-impact through a simple, scalable solution

Q3 2016

Vision of the solution - V1

- Team:
  - Mother: Katherine
  - Baby: Sophie
  - Support: Peter (partner) and Jay (doulas)
  - Nurse: Sarah
  - Provider: Georgina

Vision of the solution - V2

- Team:
  - Mother: Katherine
  - Baby: Sophie
  - Support: Peter (partner) and Jay (doulas)
  - Nurse: Sarah
  - Provider: Georgina

Time of next assessment: 1800 2 Oct

Latent factors: M, F, P

| TIME | ADMIT | GCM    | PUSH   |
|------|-------|--------|--------|
| M    | Green | Green  | Green  |
| F    | Green | Green  | Yellow |
| P    | Green | Yellow | Red    |

Time of admission: [Red circle]

Time of next assessment: [Red circle]

Time at active: [Red circle]

Time started pushing: [Red circle]

Q4 2016

## Deliver Testable Solution

Iteration and feedback to finalize a simple, testable solution

# TeamBirth Design Paper



ORIGINAL ARTICLE | Open Access | CC BY-NC-ND

## The design of “TeamBirth”: A care process to improve communication and teamwork during labor

Reena Aggarwal MRCOG, MBBChir, MSc, BPharm, Avery Plough MPH, Natalie Henrich PhD, MPH, Grace Galvin MPH, Amber Rucker BA, Chris Barnes BA, William Berry MD, MPA, MPH, Toni Golen MD, Neel T. Shah MD, MPP

First published: 09 July 2021 | <https://doi.org/10.1111/birt.12566> | Citations: 1

The study was conducted by the Ariadne Labs at Brigham and Women's Hospital and the Harvard TH Chan School of Public Health, Boston, Massachusetts.

### Funding information:

The study was funded by the Peterson Center on Healthcare. The Peterson Center on Healthcare was not involved in the study design, the collection, analysis and interpretation of data, the writing of the report, or the decision to submit the article for publication.

SECTIONS

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## Abstract

### Background

Despite evidence that communication and teamwork are critical to patient safety, few care processes have been intentionally designed for this purpose in labor and delivery. The purpose of this project was to design an intrapartum care process that aims to improve communication and teamwork between clinicians and patients.

TeamBirth is creating the new **industry-standard process** for a safe and dignified child birth, and provides the **essential tools to implement it**.



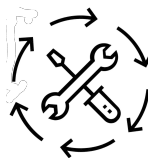
### Structured Team Huddles

TeamBirth uses **standardized team meetings** that occur throughout the care for all laboring patients.



### Seamless Communication

TeamBirth uses simple tools (e.g., dry erase board) to **reliably share core information**. This includes names, the birthing person's preferences, care plans, and expectations for the next huddle.



### Implementation Tools

TeamBirth provides the tools necessary to successfully implement its care process. These include **coaching & feedback, data collection & analytics, innovative measurements of patient experience**.



### Better Child Birth Outcomes

TeamBirth leads to improved **patient and clinician experience**, better healthcare **quality**, and **lower costs** of care.

# TeamBirth Huddles

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## WHO

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

## WHAT

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

## WHEN

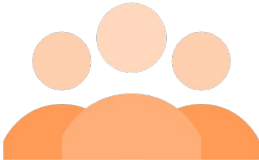
At admission, decision points or changes in the plan of care, or request of any team member

## WHY

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

# Labor and Delivery Planning Board

TEAM

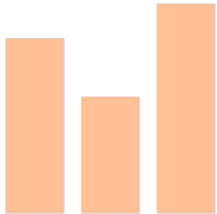


PREFERENCES



PLAN

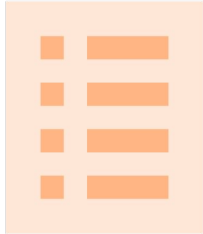
Mom:



Baby:

Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

# Structured Team Huddles: Core Components



## Structured Team Huddles

Huddles are team meetings that must at a minimum:

1. include the direct care team (for the US context that means the patient, nurse, and provider),
2. give all team members the opportunity to speak,
3. discuss preferences, care plans (distinguishing plans for mom, baby, and labor progress), and expectations for the next huddle, and
4. occur at minimum throughout labor at admission, at decision points or changes in the plan of care, or at the request of any team member.

# Structured Team Huddles: Flexible Components

## Huddles

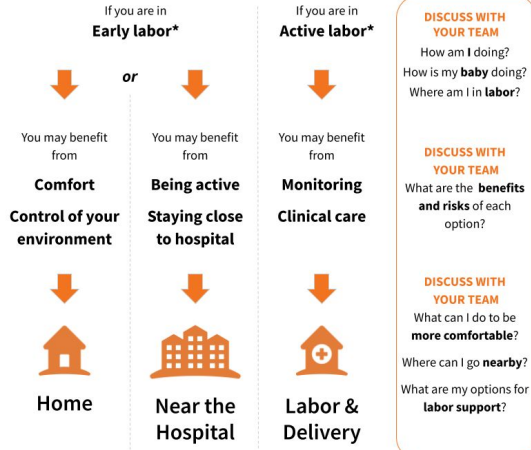
Huddles are structured team meetings that occur throughout care for all laboring patients anticipating live births.

| Flexible Components  | Examples  |
|--|---|
| <p><b><i>Huddle label</i></b></p> <p>The team meetings can be labeled with any name that works for your unit; aim to pick a label that can apply to routine meetings of the team and not only emergencies.</p> | <ul style="list-style-type: none"><li>» Huddles</li><li>» TeamBirth huddle</li><li>» Board huddle</li><li>» Assessments</li><li>» Check-ins</li></ul> |
| <p><b><i>Huddle format</i></b></p> <p>The team meetings should be in person when possible, but can also be conducted over phone or video conference when needed</p>  | <ul style="list-style-type: none"><li>» In-person</li><li>» Speakerphone / video conference</li></ul>   |
| <p><b><i>Eligible patients</i></b></p> <p>At a minimum huddles should be performed for all laboring patients anticipating live births, but they can also be adapted for others</p>                             | <ul style="list-style-type: none"><li>» Patients with fetal demises</li><li>» Patients with scheduled c-sections</li></ul>                            |

# Discussion & Support Guides

## 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.



\* 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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## 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?  |
|-----------------|---------------------------|---|---|
| <b>MOM</b>      | Support labor →           | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Movement:</b> Change positions, walk, or move</li> <li><input type="checkbox"/> <b>Breathing:</b> Take deep breaths or use relaxation methods</li> <li><input type="checkbox"/> <b>Therapeutic Touch:</b> Massage, stroking, or cuddling</li> <li><input type="checkbox"/> <b>Temperature:</b> Apply heat or cold with water or packs</li> <li><input type="checkbox"/> <b>Environment:</b> Use light, smells, or sounds to create a comfortable space</li> <li><input type="checkbox"/> <b>Drink:</b> Have ice chips, water, juice, or other drink</li> <li><input type="checkbox"/> <b>Other:</b> _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Medication:</b> Start or change medications for your pain</li> <li><input type="checkbox"/> <b>Deliver:</b> Assist vaginal delivery or perform C-section</li> </ul>  |
|                 | Treat medical condition → | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Other:</b> _____</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Medications:</b> Start or change medications for your condition</li> </ul>   |
| <b>BABY</b>     | Manage wellbeing →        | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Reposition:</b> Lay on your side</li> <li><input type="checkbox"/> <b>Other:</b> _____</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Monitoring:</b> Change monitoring method</li> <li><input type="checkbox"/> <b>Re-energize:</b> Use IV or oxygen for you</li> <li><input type="checkbox"/> <b>Medications:</b> Change or stop medications for your contractions</li> <li><input type="checkbox"/> <b>Deliver:</b> Assist vaginal delivery or perform C-section</li> </ul> |
| <b>PROGRESS</b> | Promote progress →        | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Movement:</b> Change positions, walk, or move</li> <li><input type="checkbox"/> <b>Breathing:</b> Take deep breaths or use relaxation methods</li> <li><input type="checkbox"/> <b>Tools:</b> Use labor support tools, like a birth ball</li> <li><input type="checkbox"/> <b>Other:</b> _____</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Break Water:</b> Use tools to break your water</li> <li><input type="checkbox"/> <b>Medication:</b> Start or change medications for your contractions</li> <li><input type="checkbox"/> <b>Deliver:</b> Assist vaginal delivery or perform C-section</li> </ul>  |

## 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).

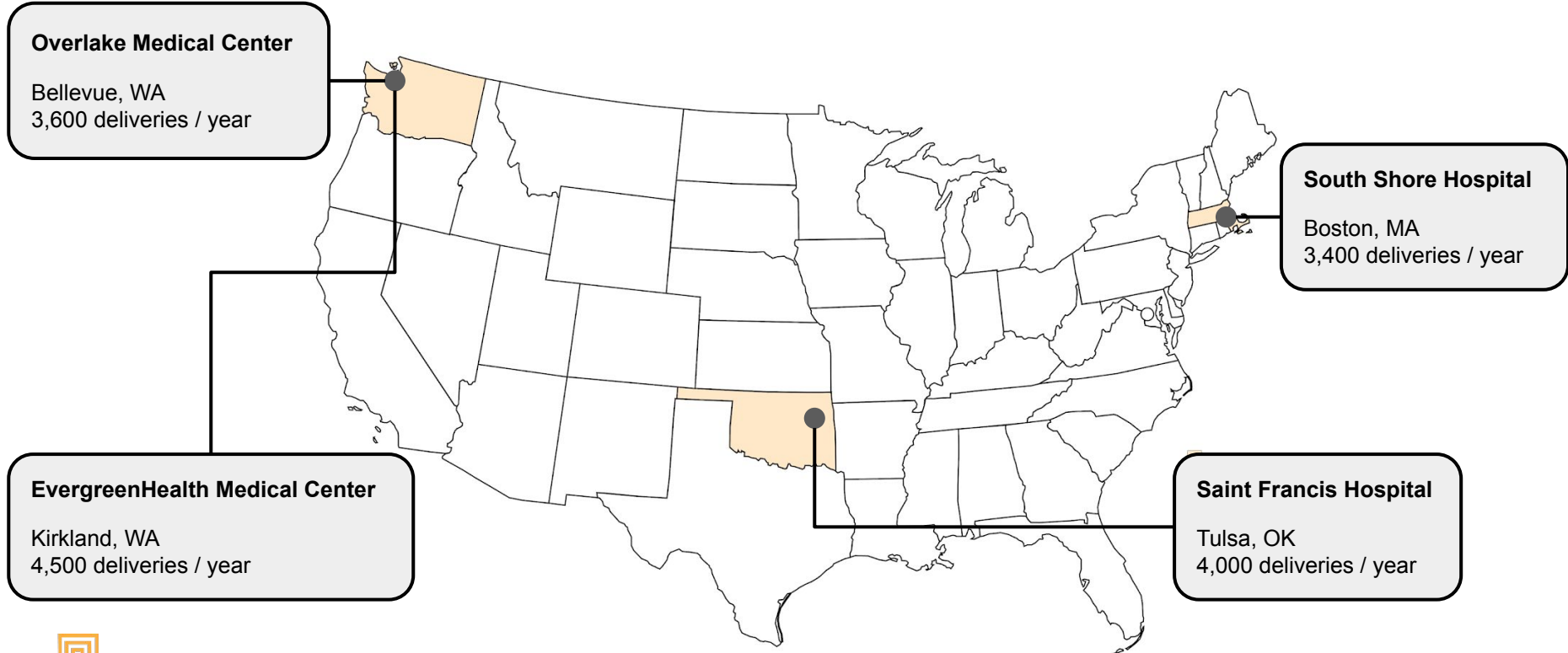
|                 | What are your reasons for considering assisted delivery? | What are the MINIMUM conditions for assisted delivery?   |
|-----------------|--|--|
| <b>MOM</b>      | Request →  | <ul style="list-style-type: none"> <li><input type="checkbox"/> You believe that operative delivery is the best option for you after discussion with your care team</li> <li><input type="checkbox"/> On-going slow heart rate OR</li> <li><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> </li> </ul> |
| <b>BABY</b>     | Concerns about wellbeing →                               | <p>Either:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Early labor (4 cm or less) for 24 hours or more</li> <li><input type="checkbox"/> Medications to support contractions and waters broken for 15 hours or more</li> </ul>   |
|                 | Slow induction →   | <p>No cervical change with waters broken and 6 cm or more dilated with either:</p> <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>  |
| <b>PROGRESS</b> | Slow progress →  | <p>Either:</p> <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>   |
|                 | Prolonged pushing without progress →                     |  |



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# TeamBirth Pilot Trial Hospitals



# TeamBirth empowers clinicians to provide **dignified birth experiences** for their patients

## Patients

97%

Had their **desired role** in the birthing experience

98%

Reported **clear communication** with providers and ability to share care preferences

90%

Felt their **preferences made a difference** in their care

## Clinicians

93%

Felt TeamBirth **improved care for their patients** through better communication, teamwork, and shared decision-making

90%

**Would recommend** TeamBirth to another L&D Unit

84%

Clarified **C-section decision-making** in non-urgent clinical situation

# TeamBirth Primary Outcomes Paper



ORIGINAL ARTICLE | Open Access | CC BY-NC-ND

## Improving communication and teamwork during labor: A feasibility, acceptability, and safety study

Amber Weiseth DNP, MSN, RN, Avery Plough MPH, Reena Aggarwal MRCOG, MBBChir, MSc, BPharm, Grace Galvin MPH, Amber Rucker BA, Natalie Henrich PhD, MPH ... [See all authors](#) ▾

First published: 01 March 2022 | <https://doi.org/10.1111/birt.12630>

Clinical Trial Registration: ClinicalTrials.gov, Identifier: NCT03529214.

### Funding information:

This research was supported by a grant from the Peterson Center on Healthcare. The funding agency had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review or approval of the manuscript, and decision to submit the manuscript for publications.

SECTIONS

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## Abstract

### Background

TeamBirth was designed to promote best practices in shared decision making (SDM) among care teams for people giving birth. Although leading health organizations recommend SDM to address gaps in quality of care, these recommendations are not consistently implemented in labor and delivery.

# By the end of 2022, TeamBirth will be implemented in 43 hospitals across the US, reaching over 160,000 births



GEORGE KAISER FAMILY FOUNDATION

Harvard Pilgrim Health Care Institute

Obstetrics Initiative

Secured contracts to implement and research TeamBirth across three health systems

Ariadne's Delivery Decisions Initiative launches TeamBirth across four pilot health systems serving **15,000 births per year**

EvergreenHealth

South Shore Health

OVERLAKE

Saint Francis Health System

ARIADNE LABS  
DELIVERY DECISIONS INITIATIVE

Atul Gawande founds Ariadne Labs to develop scalable solutions to improve health delivery

PETERSON CENTER ON HEALTHCARE

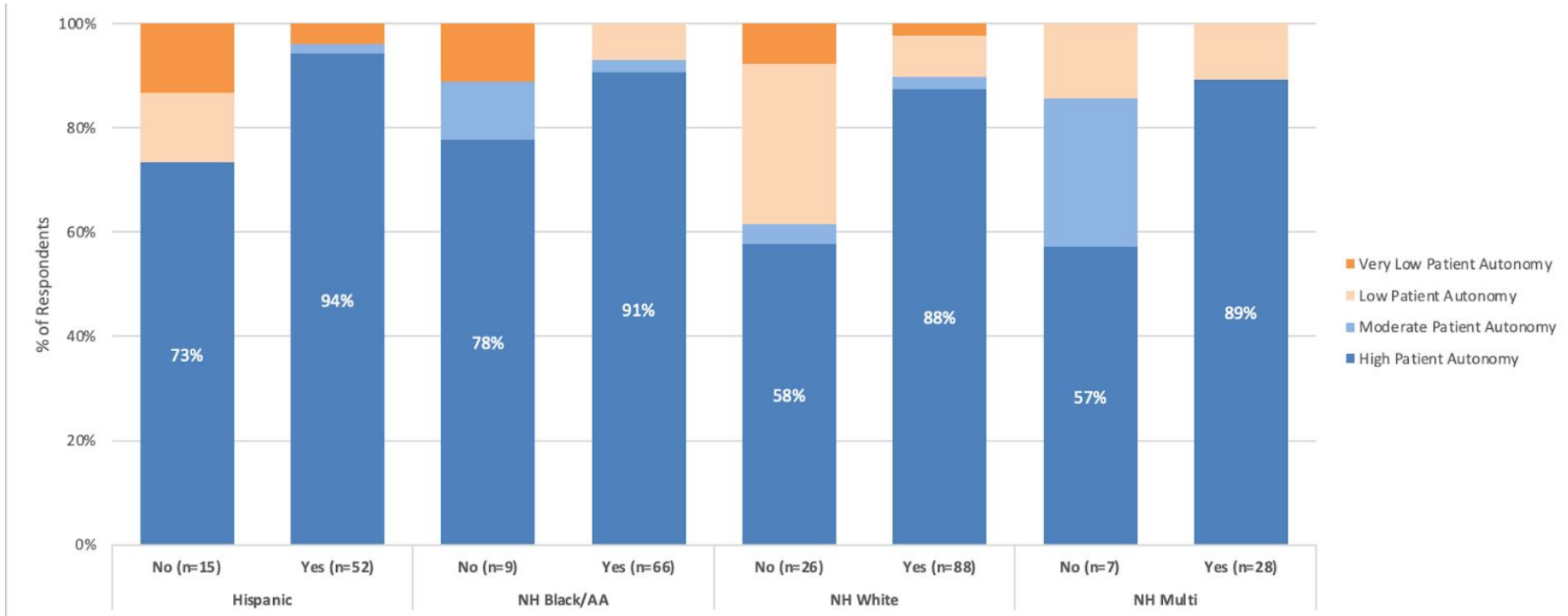
TeamBirth wins **\$2M grant** from Petersen Center to design and scale TeamBirth

Atul Gawande develops surgical safety checklist, resulting in **50% mortality reduction**



Births at TeamBirth Partner Hospitals

# MADM 2 Quartiles by Labor Huddle (Y/N) and Race/Ethnicity (n=271)



# TeamBirth Participating Hospitals 2022

## Massachusetts:

- UMass Memorial
- UMass Health Alliance
- South Shore Hospital

## Washington:

- Evergreen Health
- Overlake Medical Center
- Swedish First Hill
- Swedish Edmonds
- Swedish Issaquah
- Spokane- Sacred Heart
- St Peters Olympia
- Holy Family

## Oregon:

- Providence Portland
- Providence Willamette Falls
- Providence St. Vincent's

## California:

- Santa Rosa

## Ohio:

- Grant Medical Center
- Miami Valley Hospital
- Miami Valley South Hospital
- Akron Hospital

## Michigan:

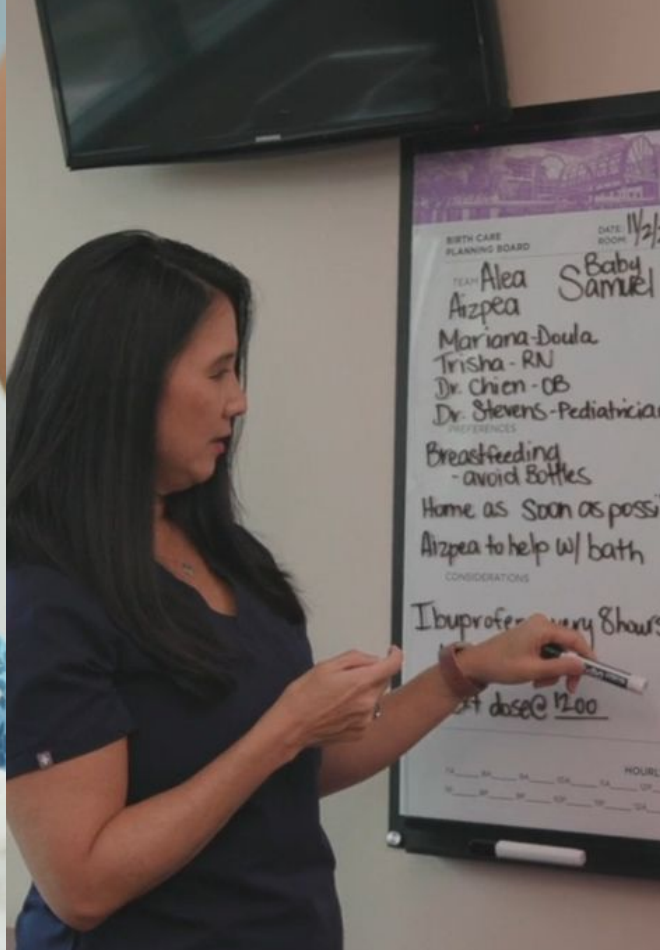
- Ascension River District Hospital East China
- Ascension Providence Hospital Novi
- Ascension Providence Hospital Southfield
- Ascension St. John Hospital Detroit
- Henry Ford Macomb Hospital Clinton Township
- Hillsdale Hospital
- Hurley Medical Center
- McLaren Bay Region Family Birth Place Bay City
- Mercy Health Hackley
- Michigan Medicine
- Munson Healthcare Grayling Hospital Grayling
- ProMedica Charles and Virginia Hickman Hospital
- ProMedica Coldwater Regional Hospital
- Promedica Monroe Regional Hospital Monroe
- Sparrow Hospital
- Trinity Health Mercy Health Mercy Campus Muskegon
- Trinity Health Mercy Health Saint Mary's Grand Rapids
- Trinity Health St. Joseph Mercy Ann Arbor Hospital
- Trinity Health St. Joseph Mercy Oakland Hospital Pontiac
- St. Mary Mercy Livonia Hospital (St. Joe's Health)

## New Jersey:

- RWJ Monmouth
- RWJ Cooperman Barnabas
- Virtua Voorhees
- Virtua Birthing Center

## Oklahoma:

- Saint Francis Health System
- Oklahoma Medical Center
- Ascension St. John
- Bailey Medical Center
- Hillcrest Medical Center
- Hillcrest Claremore
- Hillcrest Hospital South
- Saint Francis Hospital South
- Saint Francis Hospital Muskogee
- St. Mary's Regional Medical Center
- INTEGRIS Baptist Medical Center
- INTEGRIS Bass Baptist Health Center
- INTEGRIS Canadian Valley Hospital
- INTEGRIS Grove Hospital
- INTEGRIS Health Edmond
- INTEGRIS Miami Hospital
- INTEGRIS Southwest Medical Center
- Lakeside Women's Hospital
- Oklahoma Children's Hospital at OU Health



“...every member took the time to listen to our questions and preferences and supported us when we decided to make changes to our original plan.”

# TeamBirth Implementation Paper



ORIGINAL ARTICLE | Open Access |

## Implementation strategies within a complex environment: A qualitative study of a shared decision-making intervention during childbirth

Lauren Spigel MPH, Avery Plough MPH, Victoria Paterson MPH, Rebecca West MPH, Amanda Jurczak MPH, Natalie Henrich PhD, MPH, Susan Gullo RN, MS, Brett Corrigan BA ... [See all authors](#) ▾

First published: 07 January 2022 | <https://doi.org/10.1111/birt.12611>

SECTIONS

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### Abstract

#### Background


Shared decision-making (SDM) may improve communication, teamwork, patient experience, respectful maternity care, and safety during childbirth. Despite these benefits, SDM is not widely implemented, and strategies for implementing SDM interventions are not well described. We assessed the acceptability and feasibility of TeamBirth, an SDM solution that centers the birthing person in decision-making through simple tools that structure communication among the care team. We identified and




# Aria




Delivery Decisions Initiative




Community ▾



Tips & FAQs




Welcome, amber-weiseth  
(edit profile)



Contact us

- 1. Welcome to TeamBirth
  - The TeamBirth Solution
  - Implementation Pathway
  - TeamBirth Tools and Huddles
- 2. Prepare for TeamBirth
  - Step 1: Build Your Implementation Team
  - Step 2: Build an Implementation Strategy
  - Step 3: Socialize and Build Support
  - Step 4: Build a Measurement Strategy
- 3. Engage & Coach
  - Step 1: Identify & Train Champions
  - Step 2: Small-Scale Testing & Customizing TeamBirth
  - Step 3: Train Staff & Providers




TeamBirth

## Welcome to the TeamBirth Community of Practice

We are thrilled you've joined our virtual community of individuals and organizations who are implementing the TeamBirth solution to ensure that every birthing person receives high-quality peripartum care during every delivery encounter, every time.

We hope this site helps you reach your goal of improving care for women and newborns. Aria includes:

Feedback



# Q&A

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- Core vs. flexible components
- Implementation tips
- Training tips

## DDI history