

Labor and Delivery Planning Board

TEAM

Adrienne
(patient)

Lisa
(support
person)

Nurse
Kim

Dr.
Raza

Dr.
Newman

PREFERENCES

Stay
Mobile

No IV

Get in
the tub

Skin to
skin with
mom after
delivery

What about
preferences the site
cannot
accommodate? Ex.
no residents

PLAN

Mom:

Drink
clear
liquids

Baby:

Listen to
baby's heart
rate every
hour

Labor Progress:

Continue
labor

Have a
baby!

NEXT ASSESSMENT

When
mom feels
pressure
or 4 hours

EARLY LABOR

ACTIVE LABOR

PUSHING

Labor and Delivery Planning Board

TEAM

Nurse
Kim

Adrienne
(patient)

Lisa
(support
person)

Dr.
Raza

Dr.
Newman

Patient
Mom aka
the
Captain

PREFERENCES

requesting
epidural

cautious
about
Pitocin

PLAN

Mom:

position
changes
and
comfort

Baby:

continuous
monitoring

Labor Progress:

dilation to
3 - plan to
watch and
wait

NEXT ASSESSMENT

change in
mom's
status

check in
again in
3-4 hours

EARLY LABOR

ACTIVE LABOR

PUSHING

3cm
X

Labor and Delivery Planning Board

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person)

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PREFERENCES

delayed
cord
clamping

skin to
skin

delayed
clamping

patient to
cut the
cord

cord
banking

Support
person to call
out the sex of
the baby

PLAN

Mom:

laboring
down

Continue
pushing

push

Expectant
management

push

Baby:

skin to
skin

Labor Progress:

complete
and
pushing
effectively

complete
and
pushing

Complete
"baby
soon"

NEXT ASSESSMENT

after
baby is
born

allow me to
trust my body!
no
interventions
preferred

squatting
while
pushing

EARLY LABOR

ACTIVE LABOR

PUSHING

Labor and Delivery Planning Board

TEAM

Nurse
Kim

Dr.
Raza

Happy
Birthday
Lincoln!

Adrienne
(patient)

Lisa
(support
person)

Dr.
Newman

PREFERENCES

walk
around

epidural

Prefer to
avoid
Pitocin

PLAN

Mom:

shower,
movement

Baby:

wireless
monitoring for
baby

Labor Progress:

Watch and
Wait or
continue to
naturally labor

sorry just
kicked myself
off - no
problem

NEXT ASSESSMENT

3 hours or
1:45ish, or
when pain
increases

EARLY LABOR

ACTIVE LABOR

PUSHING

Labor and Delivery Planning Board

TEAM

Dr. Raza

Nurse Kim

Dr. Newman

Lisa (support person)

Adrienne (patient)

PREFERENCES

Labor in tub

delayed cord clamp

Skin to skin

Lisa (support person) to cut cord

PLAN

Mom:

Ambulate in hallway, position changes

Baby:

inter. monitoring

maintain temperature, breast feed

VS. Medications, assessment

Labor Progress:

NEXT ASSESSMENT

in 2-3 hours unless needed/requested sooner

EARLY LABOR

ACTIVE LABOR

PUSHING



Labor and Delivery Planning Board

TEAM

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Newman

Dr.
Raza

Nurse
Kim

Adrienne
(patient)

Lisa
(support
person)

PREFERENCES

wait until
feel urge
to push

PLAN

Mom:

Getting
ready to
push and
will labor

Baby:

Keep an eye
on the heart
rate and
position of
baby's head

Labor Progress:

Nearing
second
stage

NEXT ASSESSMENT

1 hour next
huddle if mom
felt urge or
requested if
anything else
changes

EARLY LABOR

ACTIVE LABOR

PUSHING



Questions:

1. Did members of the group have any differences of opinion about what to put on sticky notes and/or which section they should go in?
2. How/Why did your group decide where to put items that were not initially agreed upon?
3. What are some examples of how the video demonstrated the 4 core behaviors of TeamBirth? What are some additional ways that the core behaviors could be incorporated?
4. Consider the ways that using TeamBirth in this scenario differs from your current care process, do you anticipate those to be sources of staff reluctance to change or opportunities to gain support? How might you address those staff concerns or use these examples to gain support?

Does the patient understand their progress / labor status? Ensuring that the patient understand the technical language. Use clearer language.

Q: Suggestions of progress or just statement of what's happening right now?

Was the right information shared at the right time?

How detailed does the board need to be?

communicating with family & members of team and ensure that the event is huddle/behaviors are happening (mom comfortable, baby doing well, active labor). Not all the convos documented but where landed in

Questions about utility of the board. Can serve as a visual reminder. High level overview of patient care and progress.

Concerns about TB roll out. Will be new process for attendings. Have to get buy-in from providers.

A: More important that the patient-centered huddle happened and not that every detail is documented on the board.

Core Behaviors:

- 1) Promote the roles of the laboring patient, nurse, and delivering provider as members of the care team with equally valuable input for decision-making.
- 2) Elicit the patient's preferences, symptoms, and subjective experiences and integrate with clinical data to inform patient care plans.
- 3) Distinguish maternal, fetal and labor progress statuses and care plans.
- 4) Set shared expectations for next planned evaluation.

Labor and Delivery Planning Board

TEAM

Adrienne
(patient)

Lisa
(support
person)

Nurse
Kim

Dr.
Raza

Dr.
Newman

PLAN

Mom:

Pain relief,
wants
epidural

**IV
Fluid**

**move
around**

Baby:

monitor
all the
time

Labor Progress:

Watch

NEXT ASSESSMENT

Next huddle
3-4 hrs or if
patient feels
pressure

PREFERENCES

**Pain
relief**

**No
pitocin**

EARLY LABOR

ACTIVE LABOR

PUSHING

Shared Planning Boards

OBI TeamBirth Pilot Site Examples

Labor and Delivery Planning Board	
TEAM	PLAN
	Mom:
	Baby:
	Labor Progress:
PREFERENCES	NEXT ASSESSMENT
	<hr/>
	EARLY LABOR ACTIVE LABOR PUSHING

ARIADNE LABS OBI OBI is a project of the OBI Network for Women's Empowerment and Health, a 501(c)(3) nonprofit organization. OBI is a project of the OBI Network for Women's Empowerment and Health, a 501(c)(3) nonprofit organization. OBI is a project of the OBI Network for Women's Empowerment and Health, a 501(c)(3) nonprofit organization. OBI is a project of the OBI Network for Women's Empowerment and Health, a 501(c)(3) nonprofit organization.

Mercy Health Muskegon

My Care Plan

<p>My desires</p>	MY TEAM
	Me _____
Plan for me	Support People
	1. _____
Plan for baby	2. _____
	Nurse _____
Labor Progress	phone # _____
	Doctor _____
Next Huddle Time:	Resident _____
	Anesthesia _____
	Pediatrician _____
	NNP _____
	dilation ____ cm effacement ____ % station ____
	early labor → → active labor → → pushing

Von Voigtlander/Michigan Medicine



WHO'S PART OF OUR SHARED TEAM?

WHAT ARE EXPECTATIONS FOR RESPECTFUL CARE?

NEXT STEPS?

for Birthing person:

for Baby/Babies:

for Labor progression:

NEXT HUDDLE TIME?

What is the current stage of labor?

Early

Active

Pushing

Ascension Novi

A wooden-framed whiteboard with a hand-drawn grid for a birth plan. The grid is divided into sections for TEAM, PREFERENCES, PLAN FOR MOM, PLAN FOR BABY, CORD BLOOD DONATION, LABOR PROGRESS, and NEXT ASSESSMENT.

<u>TEAM</u>	
<u>PREFERENCES</u>	
<u>PLAN FOR MOM</u>	
<u>PLAN FOR BABY</u>	<u>CORD BLOOD DONATION</u>
<u>LABOR PROGRESS</u>	<u>NEXT ASSESSMENT</u>

Ascension Southfield

Quartet

Welcome to Labor & Delivery!

Date: _____ Room #: **334** Room phone #: **248-465-3334**

Care Team	Plan of Care
Nurse: _____	We are having a: Boy Girl
Doctor: _____ Resident: _____	? It's a surprise!
Support person: _____	Baby's name: _____
	Diet: _____
	Dietary's number: 9-1-248-465-3663

Labor Preferences

<input type="checkbox"/> TeamBirth Huddle	<input type="checkbox"/> Epidural
<input type="checkbox"/> Dim room	<input type="checkbox"/> Breathing and relaxation
<input type="checkbox"/> Music	<input type="checkbox"/> Standing
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Ambulation
<input type="checkbox"/> Position changes	<input type="checkbox"/> Shower
<input type="checkbox"/> Birthing ball	<input type="checkbox"/> Cord blood donation
<input type="checkbox"/> Peanut ball	<input type="checkbox"/> Other _____

Dilation Chart

Pain Management is Our Goal

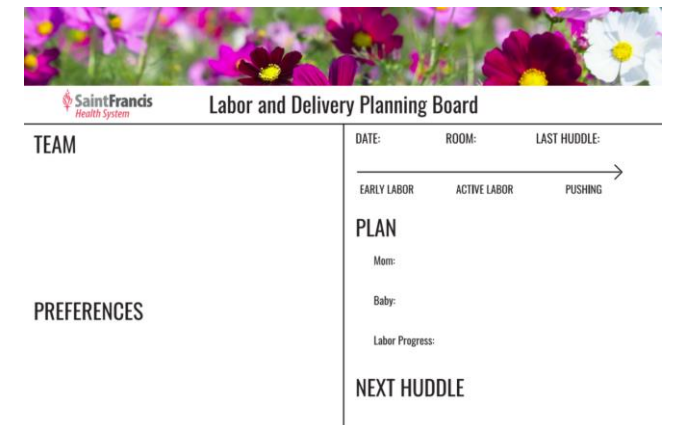
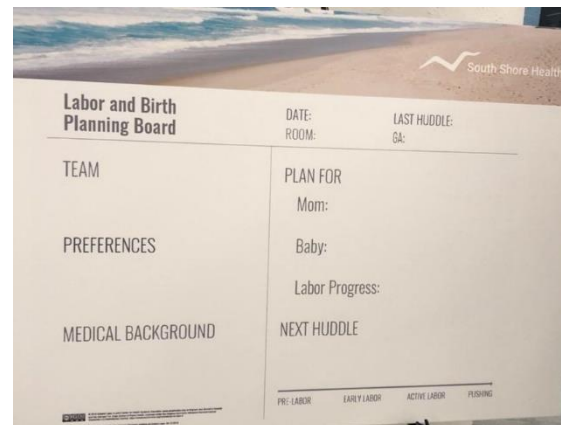
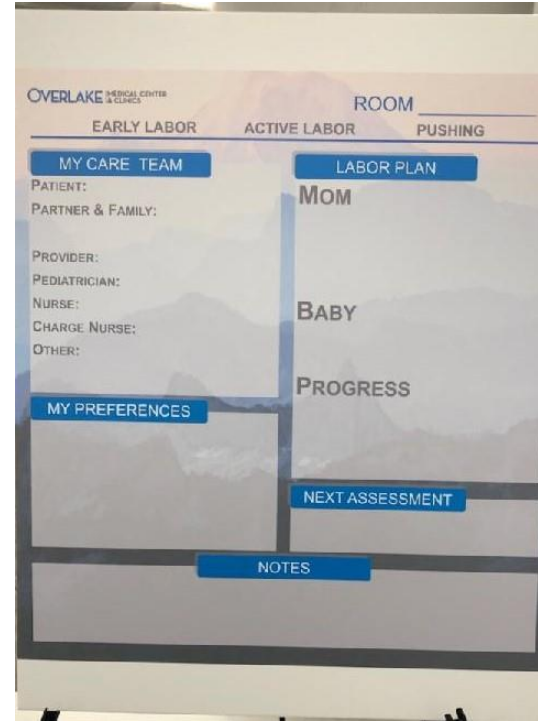
Pain medication: _____

Next dose available: _____ AM/PM

0 1 2 3 4 5 6 7 8 9 10

NO PAIN SLIGHT MODERATE SEVERE UNBEARABLE PAIN

TeamBirth Pilot Sites



Shared Planning Board Adaptation Guide

Why adapt the shared planning tool?

Adapting the shared planning tool is a key step in the Prepare Phase of implementation. This process aims to create a sense of ownership of the tool across your team and ensure that the board works well with your local setting and workflows. Successful adaptation processes stay true to the design principles and core features of TeamBirth while also making the board you own in ways that will promote engagement and use across your unit.

What is the recommended process for making local adaptations?

For facilities implementing the shared planning tool as a dry erase board within the patient rooms, we recommend the following steps for designing, ordering, and installing your boards:

Engage stakeholders and develop timelines

- ❑ Decide on the number of different board designs
 - *If your postpartum unit is separate, will you be using TeamBirth there too?*
 - *If you are a part of a system, will each site have their own board designs or will they be standardized across the system?*
- ❑ Engage your facilities team on the installation process
 - *Where will boards go in each room? Are the available spaces vertical or horizontal?*
 - *Who else needs to be engaged in approving or installing the new boards?*
 - *How long will it take to get the boards installed?*
- ❑ Engage your marketing and communications team on designing and printing the boards
 - *What are the brand standards for your site or system?*
 - *How can their team be involved in producing professional-looking board designs?*
 - *How long will the design and printing take?*
- ❑ Engage your community to have input into the board design process (e.g. PFAC)
 - *What would be meaningful for you to see about your care?*
 - *What should be discussed to make you feel heard throughout care?*

Design local adaptations for the board

- ❑ Evaluate your existing boards as a team
 - *How are they intended to be used? How are they actually used?*
 - *Are there any requirements from your hospital or system for what needs to be on your board (e.g. hourly rounding, rapid response guidance)?*
 - *What (if any) parts provide value for the birthing person?*
 - *What (if any) parts provide value for the clinical team?*
- ❑ Train your implementation team on using the board with an emphasis on the design principles (simplicity and teamwork) and the core and flexible features of the board

- ❑ Test template TeamBirth boards – ask implementation team members involved in frontline care and/or champions to independently fill in a board based on a birthing person they cared for during a recent shift
- ❑ Debrief template board tests as an implementation team
 - *How does your current care and communication fit within the template?*
 - *What (if anything) does not fit well within the template?*
- ❑ Draft local adaptations to the board- for any potentially added sections consider:
 - *Is this information important and understandable for all team members including the birthing person and their support?*
 - *Will this information be relevant for all birthing people regardless of their clinical and social situation?*
 - *Can this information be captured in any other existing sections instead for simplicity?*
- ❑ Finalize design and print and install boards in your patient rooms
- ❑ Solicit ongoing feedback about the board from the unit as you launch and implement