TEAMBIRTH

TeamBirth Huddle Facilitator Guide

Objectives:

- Practice introducing TeamBirth to patients and families
- Practice conducting a huddle using the TeamBirth model.
- Practice using the TeamBirth Shared Planning Board
- Practice using the TeamBirth Discussion Guides
- Focus on ensuring team communication, inclusion, patient preferences, shared decision-making, and future planning.

Resources Needed:

- TeamBirth Shared Planning Boards for practice (print-outs or actual boards)
- TeamBirth Discussion Guides

Group Setup:

- Each facilitator will have approximately 5-6 **participants**.
- Go over **four key components of a huddle** with group before practicing (The Facilitator should read aloud the prompts below.)
- Go over the TeamBirth **Discussion Guides** and how to use them.
- Debrief with the **huddle questions** then transition to the 2nd huddle. Debrief the 2nd huddle as well.

Role Assignments:

For each group, assign the following roles:

- **Patient**
- **Support Person (assign more support persons if there are additional participants)**
- **Provider**
- **Nurse**
- **Huddle Observer**

Prior to the first huddle, have team members practice introducing TeamBirth to the patient/family and reviewing the Shared Decision Making Guide and Birth Preferences Checklist.

"Welcome to Labor & Delivery! Here at this hospital, we practice TeamBirth which means we will be "huddling" with you and your healthcare team throughout your labor and postpartum at key moments. We will be discussing your preferences, addressing your concerns and collaborating with you on a plan of care for you and your baby. I also want to share a few resources with you. It is important that you always feel able to participate in decisions and this resource [pull out the Shared Decision Making

Guide] shows some ways you can participate in the "TeamBirth huddles". A key part of our "TeamBirth Huddles" is hearing about your preferences so we can make a plan of care together that reflects those preferences. [Pull out the Birth Preferences Checklist]. Here is another resource that outlines some preferences you can review and fill out to let us know of any preferences you have. We will also ask you about your preferences during our "huddles". Do you have any questions about TeamBirth or about what I've talked about with participating in your care while you are here?"

Read out loud after assignments have been made for first huddle:

Ciara is a 24 year old G2P1 at 38 weeks gestational age. She is being admitted to labor and delivery for spontaneous rupture of membranes four hours ago for clear fluid and is now starting to feel contractions. She is GBS+ with no allergies, and her pregnancy and past medical history are uncomplicated. She has a history of one prior vacuum-assisted vaginal delivery at term.

Her cervical exam is 3/70/-2. She has a category 1 fetal heart tracing and irregular contractions on Tocometry.

She is accompanied by her partner, Shawn, and her doula Caprice.

Preferences: Ciara is very concerned about pain control as she felt she did not have good pain control with her last delivery with her epidural. She would like to limit exams and listen to the playlist her doula brought for her. She is unsure and nervous about Pitocin and she would like to avoid operative vaginal delivery and cesarean section if at all possible.

The facilitator should say, "For the huddle, you do not need to focus on asking about medical history or clinical details. This is really practicing the communication and shared decision-making options and anchoring the information on the shared planning board in patient-friendly terms. For this admission huddle, it is also important to practice discussing the Labor Support and Labor Progress Discussion Guides."

For each of the four key behaviors, **the facilitator should read** out loud the ***"*Facilitator States"*** information below:

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FOUR KEY COMPONENTS OF A HUDDLE

1. TEAM

- Establish **psychological safety** by inviting every team member to actively participate in the huddle.
- **Identify** and **document** the team members (including patient, support persons, doula, provider, nurse).

Facilitator States for the Team Section:

- Verbally announce that a **huddle is happening** to the entire team.
- Ensure that everyone on the team is able to introduce themselves and state their role.

2. PREFERENCES

- Ask **open-ended questions** to learn what is important to the patient right now. Examples:
  - "What is important to you right now?"
  - "What do you need us to know?"
  - "What are you most concerned about?"
- Reference the **birth plan** when applicable, and update it as needed throughout care.

Facilitator States for the Preference Section:

- Ensure **open-ended questions** are used.
- The patient has had enough time to **share their preferences** and ask any **questions.**

3. PLAN

- Use **shared decision-making** to discuss options based on the patient's preferences and the medically appropriate choices. Use the **Discussion Guides** to anchor the conversation.
- Develop **THREE distinct plans**:
  - **Plan for the patient** (e.g., rest, position changes, pain management)
  - **Plan for the baby** (e.g., continuous vs. intermittent monitoring)
  - **Plan for labor** (e.g., Pitocin, cervical ripening balloon, breaking waters)

Facilitator States for the Plan Section:

- Ensure **shared-decision making options are identified and discussed.**
- **Once a plan is determined and agreed upon, ensure the patient receives informed consent** (not just doing things "to" the patient).
- Ensure that the board doesn't capture the assessment but rather the plan.

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4. NEXT HUDDLE	• Avoid giving exact times for the next huddle but offer general timeframes (e.g., "in 3-4 hours," "when something changes"). • Reassure the team that huddles can be called **at any time** if a team member has a question or the patient's status changes. ***Facilitator States for the Next Huddle Section*** • Ensure the team knows when the next huddle is anticipated to occur and it is written on the board.
KEY CONSIDERATIONS	• Encourage all team members to **write on the board** (names, preferences, plans). • Ensure use of the **TeamBirth Discussion Guides** to anchor and guide the conversation. • The **clinical team should address the patient and support persons**, not just each other. • Use **non-medical, patient-friendly language** when writing or speaking. • **Close the loop on the plan** by ensuring everyone has a clear understanding of the next steps. • **Any team member** can call a huddle, regardless of their role.

Read out loud after assignments have been made for second huddle:

It has been approximately 4 hours since Ciara was admitted. She was started on antibiotics for GBS on admission and is now adequately treated. She is agreeable to an exam at this time and is unchanged. She has a category I fetal heart tracing and irregular contractions.

Her friend Luis is now at her bedside also.

Preferences: She is still very concerned about pain management and any agents used to augment her labor causing more pain. She feels better about an epidural after consulting with Anesthesia after admission. She discloses her last delivery with the vacuum was very chaotic and stressful, and she would like to keep a calm environment as much as possible.

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Huddle Observation Form

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1. Please attest to personally observing or being a part of a TeamBirth huddle by selecting your role in the huddle:
   - ◯ I was a clinical team member in the huddle
   - ◯ I was a support person (like spouse, doula, family, etc) in the huddle
   - ◯ I was an observer of the huddle

2. Which of the following instances prompted the huddle? **Select all that apply:**
   - ☐ Admission
   - ☐ Labor Progress
   - ☐ Pain Control
   - ☐ Change in care management
   - ☐ Shift change/Hand-off/Discharge
   - ☐ Prior to non-emergent intervention for **mom/birthing person**
   - ☐ Prior to non-emergent intervention for **baby**
   - ☐ Post-birth/Post-emergency Debrief
   - ☐ Other, please specify: _____

3. Did the team clearly state that this conversation was a TeamBirth huddle?
   - ◯ **Yes** *A team member stated clearly that a TeamBirth huddle was occurring*
   - ◯ **No** *The huddle occurred but was not clearly named for those present*

TEAM

4. Was each person introduced by name and role at the beginning of the huddle?
   - ◯ **Yes, everyone** *Including the patient and any support people*
   - ◯ **No, only some** *Some people were not introduced by name & role, please specify:* _____
   - ◯ **No** *Introductions were not done*

5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?
   - ◯ **Yes, all** *All names & roles were written on the board*
   - ◯ **No, only some** *Some names & roles were left off the board, please specify:* _____
   - ◯ **No** *No names were written on the board*

PREFERENCES

6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?
   - ◯ **Yes** *Patient was able to share preferences or concerns*
   - ◯ **No** *The care team did not ask the birthing person to share preferences or concerns*

7. Were any patient preferences or concerns about the current plan written on the shared planning board, either during this huddle or previously?
   - ◯ **Yes** *Preferences or concerns about the current plan were written on the board*
   - ◯ **Yes, previously** *Preferences or concerns were previously written on the board*
   - ◯ **No** *Preferences or concerns were not written on the board*

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PLAN

8. Did the team discuss the care plan options and make decisions that incorporated or addressed the patient's shared preferences or concerns?

   ◯ Yes ◯ No

9. Were the following care plans written or updated on the shared planning board?

	Yes, board updated	No, board did not need updating	No, board left blank
Plan for Me / Mom	◯	◯	◯
Plan for Baby	◯	◯	◯
Plan for Labor Progress	◯	◯	◯

NEXT HUDDLE

10. Did the team discuss expectations for when the next huddle may occur?
    - ◯ **Yes** *Clear expectations for the next huddle were stated*
    - ◯ **No** *The team did not discuss the next huddle*

11. Were the expectations for when the next huddle may occur written on the shared planning board?
    - ◯ **Yes** *Next huddle options were written on the board*
    - ◯ **Yes, previously** *Next huddle options were previously written on the board*
    - ◯ **No** *Next huddle options were not written on the board*

REFLECTIONS

The below reflections provide opportunities for discussion and feedback with the team to support improvement!

12. Was everything written on the board in patient friendly language?

    ◯ Yes ◯ No

13. Who wrote on the shared planning board during this huddle? **Select all that apply:**

    - ☐ Mom/Birthing person
    - ☐ Support person (doula, family, friend, partner, spouse)
    - ☐ Nurse
    - ☐ Provider (midwife/physician)
    - ☐ Other (please specify)

14. Where the TeamBirth Discussion Guides used during the huddle? If no, why not? If yes, what went well and what was challenging?

15. What went well during the huddle?

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16. What challenges did you observe or experience?

17. How could the team improve next time?

18. Did you provide any feedback to any team members based on the above observations?

19. What else do you want to share about your experience with this TeamBirth Huddle?