

DELIVERY DECISION HUDDLE

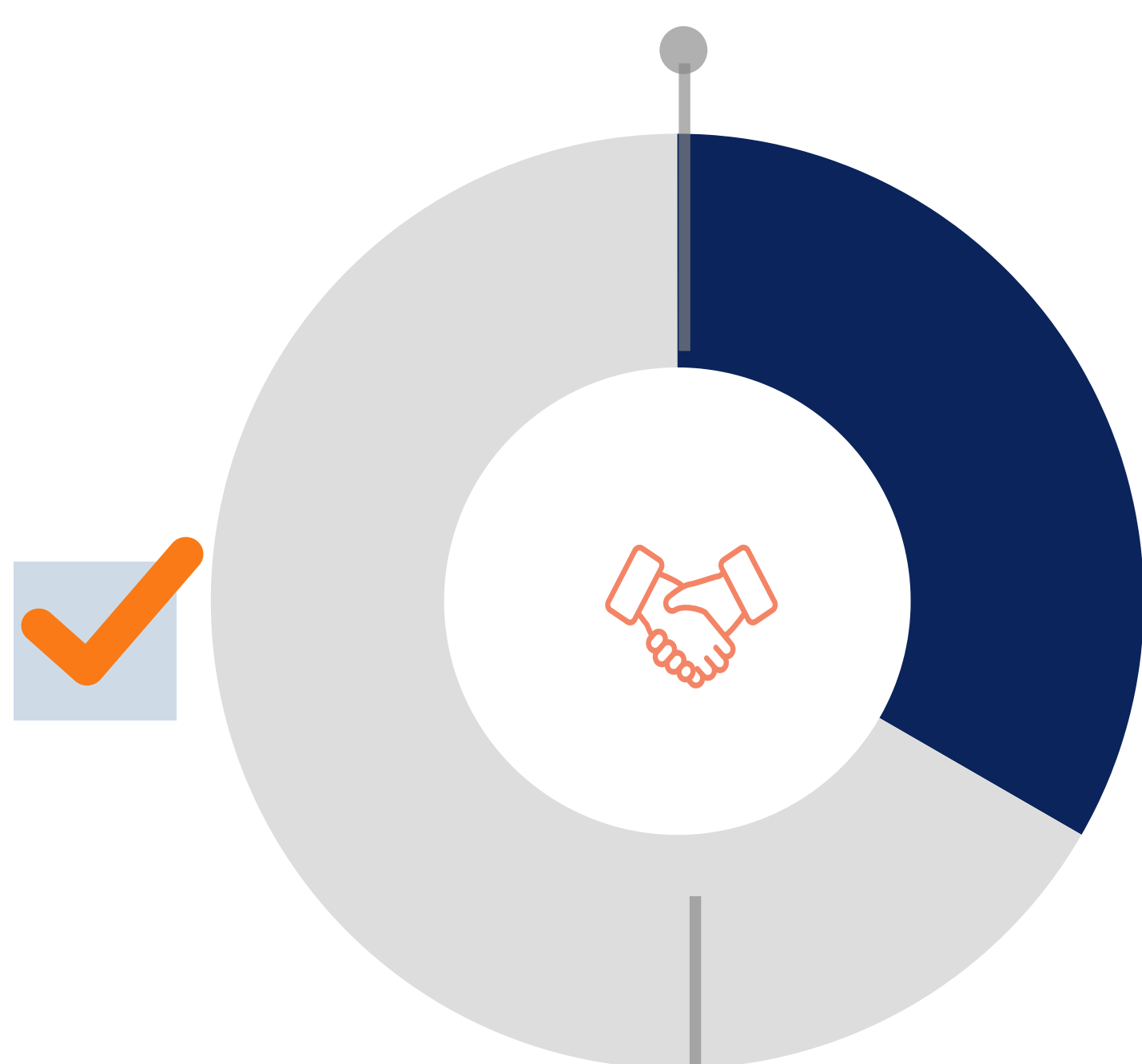
Promoting Vaginal Birth

Use this form with appropriate care team members to standardize the use of ACOG/SMFM protocols/checklist to support vaginal birth and reduce cesareans.

DATE: _____ PATIENT/MRN: _____

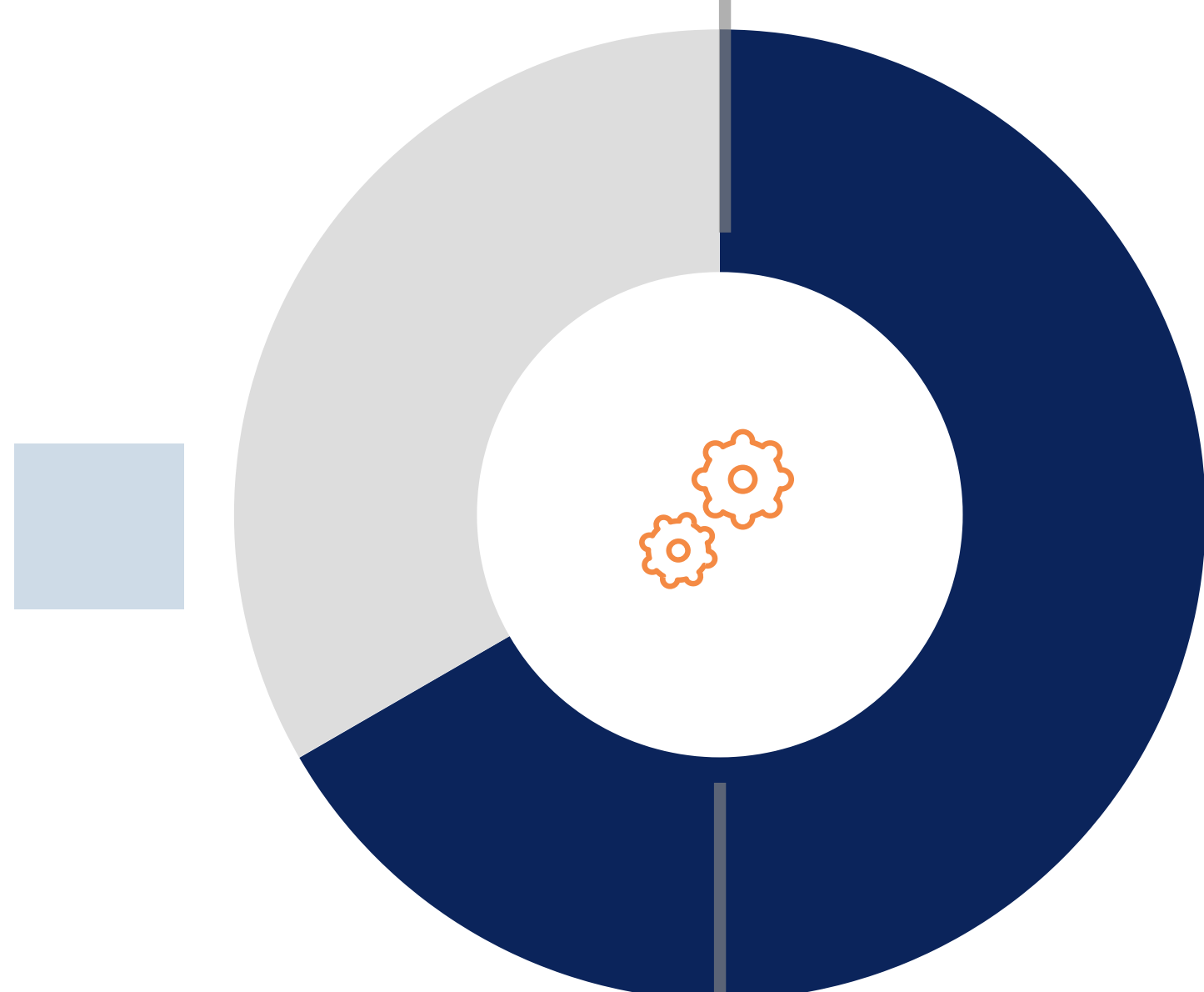
TEAM MEMBERS: _____

To Discuss:



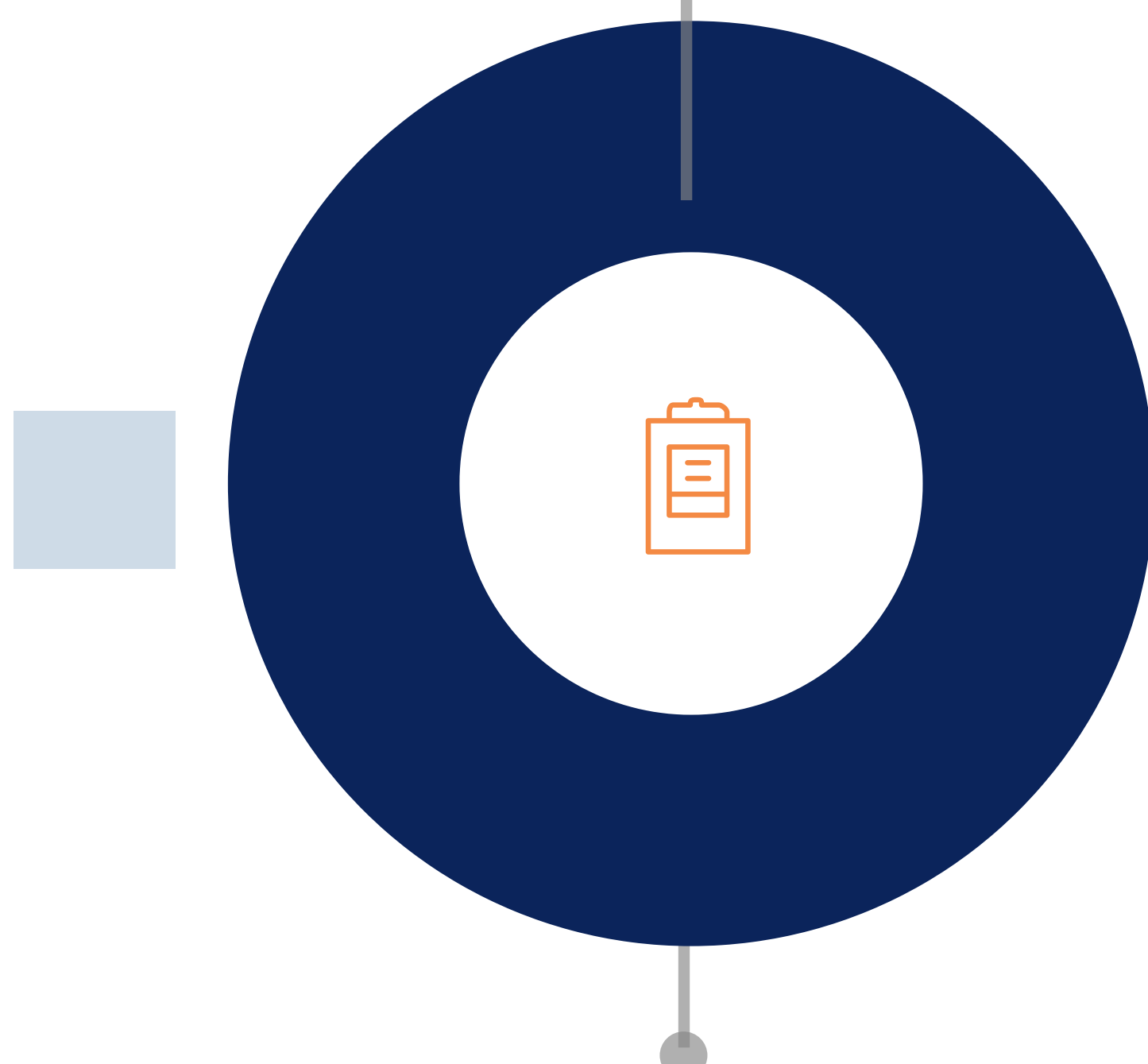
LABOR RESPONSE STRATEGIES

- Identify labor challenges and/or FHR abnormalities and if any additional responses can be taken by the care team.
- List actions taken:



ACOG/SMFM CHECKLIST

- Was the ACOG/SMFM checklist completed and criteria met?
- List the indication for cesarean identified by the checklist:



SHARED APPROACH

- Has a SHARED decision making approach been taken?
- Any concerns that need to be addressed?
