TeamBirth: Improving safety, equity and dignity for all birthing families in Washington
1. The Delivery Decisions Initiative Introduction
2. Project Overview
3. What is TeamBirth?
4. TeamBirth Research
5. What will TeamBirth look like for you?
6. Next Steps & Questions
We are a joint center for health systems innovation at Brigham & Women’s Hospital and the Harvard T.H. Chan School of Public Health
Gaps between what we know should be done, and what actually occurs in our health care and public health systems.
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 TRUSTWORTHY

U.S. women have the **highest rate of maternal mortality** among high-income countries, and this rate is rising. These women are also more likely to experience severe maternal morbidity.

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

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

Almost **1/3 of women in U.S. who gave birth in a hospital** reported experiencing one or more types of mistreatment, such as loss of autonomy or receiving no response to requests for help.

Mistreatment is experienced more frequently by **women of color** and among those with **social, economic or health challenges**.

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

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Source: Center for Disease Control, Giving Voices to Mothers Study-US, The Joint Commission

80–90% of reported sentinel events are due to failures of communication and teamwork.
2. Project Overview
Project Overview

> **3 year collaboration**, funded by the Ballmer Group, between Washington State Hospital Association and Ariadne Labs’ Delivery Decisions Initiative to implement TeamBirth across Washington State birthing hospitals

> Targeting poor maternal and newborn outcomes resulting from **failures in teamwork and communication**

> **Goal**: transform childbirth care so every person can equitably start and grow their family with dignity
**Research Aims and Methodology**

> **4 cohorts** across the **56 birthing hospitals** using a stepped-wedge, quasi-experimental design

  > Cohort Selection: Birth volume, clinical metrics (NTSV, SMM), urbanicity, rurality, facility type

> **Focus: Quality Improvement**

> Collect patient surveys and report back to hospitals on outcome metrics, administrative data and EMR data

> For TeamBirth patients, aim to **demonstrate patient autonomy and shared-decision making** across all race/ethnicity groups and **increased trust with providers**.
3. What is TeamBirth?
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.
Standardization is equality. Individualized care is critical for equity.
Equality vs Equity

Permission granted by Deb Bingham: https://www.perinatalqi.org/page/EqualityEquity
TOOLS & HUDDLES

Use the SHARED PLANNING BOARD to share core information: names, preferences, care plans, & expectations for next huddle.

Elicit PATIENT PREFERENCES and clearly distinguish between birthing person, baby, & labor progress.

Remember to "HUDDLE" Standardized team meetings that occur throughout care for all laboring patients.
1. TeamBirth Huddles

**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, major decision points or changes in care plans throughout labor and postpartum

**WHY**
Give all team members the opportunity to participate in shared decision-making
A dry-erase board that is divided into quadrants - each corresponding to one of the 4 core behaviors - is used to structure the discussion during team huddles and provide a shared mental model of this information for all members of the care team.

<table>
<thead>
<tr>
<th>TEAM</th>
<th>PLAN</th>
<th>PREFERENCES</th>
<th>TEAM</th>
<th>PLAN</th>
<th>PREFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Me:</td>
<td></td>
<td></td>
<td>Me:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baby:</td>
<td></td>
<td></td>
<td>Baby:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labor Progress:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXT HUDDLE</td>
<td></td>
<td></td>
<td>NEXT HUDDLE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EARLY LABOR</th>
<th>ACTIVE LABOR</th>
<th>PUSHING</th>
<th>EARLY LABOR</th>
<th>ACTIVE LABOR</th>
<th>PUSHING</th>
</tr>
</thead>
</table>

2. Shared Planning Board
TEAM
Mom: Trisha
Dad: Ryan
Nurse: Shara
Dr. Loveless

PREFERENCES
Epidural!
Breastfeed
Skin to skin

Happy Birthday, Stephen!
TeamBirth Add On Components: Decision & Support Aids

Decision aids are used to support huddles at key decision points, including admission and delivery. They are designed to be patient-facing and easily understandable.

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.

Labor Support Guide
Use this guide to identify, discuss, and select options for labor support with your team.

Assisted Delivery Discussion Guide
Use this guide in team discussions about assisted vaginal delivery or C-section. Assisted 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).

TeamBirth
© 2023 TeamBirth. All rights reserved. Design and development: Andrea L. Montesinos, MD and W.E. Francisco, M.D.; TeamBirth, Inc.

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Features and Expected Outcomes

TeamBirth Solution

CORE
- Huddles & Shared Planning Board

ADD ON
- Decision Aides
  - Reduce Unnecessary C-Sections
  - Minimize Preventable Morbidities

Elevate Patient Dignity
Mitigate Implicit Bias
Improve Unit Culture
4. TeamBirth Research
Pilot Trial Survey Responses

**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 Publications

1. TeamBirth Design (July 2021)

Original Article: Open Access

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

Reena Aggarwal MRCOG, MBBCihr, MSc, BPharm, Avery Plough MPH, Natalie Heinrich PhD, MPH, Grace Galvin MPH, Amber Rucker BA, Chris Barnes BA, William Berry MD, MPA, MPH, Tani Golen MD, Neal T. Shah MD, MPH

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.

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.

2. TeamBirth Primary Outcomes (March 2022)

Original Article: Open Access

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

Amber Wiesch DNP, MSN, RN, Avery Plough MPH, Reena Aggarwal MRCOG, MBBCihr, MSc, BPharm, Grace Galvin MPH, Amber Rucker BA, Natalie Heinrich 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.

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.

3. TeamBirth Implementation (Jan 2022)

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

Lauren Spiegel MPH, Avery Plough MPH, Victoria Paterson MPH, Rebecca West MPH, Amanda Jurczak MPH, Natalie Heinrich PhD, MPH, Susan Guillo RN, MS, Brett Corrigan BA ... See all authors

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

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 feasibility and acceptability 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
TeamBirth Research: Birth Equity, Autonomy and Trust

Oklahoma Perinatal Quality Improvement Collaborative
- 3-year partnership
- Implementing in all 43 birthing hospitals
- 4 Cohorts
Autonomy increases across race/ethnicity with exposure to TeamBirth

Note: MADM 2 quartiles percentages may not add up to 100% due to missing data.

*Unpublished data; Analysis ran on 8/15/2022
HCRTS-R Items by Labor Huddle Status (1/2)

HCRTS-R Scores (Items 1-6): Percentage of Respondents Who Said "All the Time" By Labor Huddle Status, OPQIC Cohorts 1 and 2

My clinical team...

- Discuss options and choices before making health care decisions: 54% No Huddle, 74% Yes Huddle
- Committed to providing best care possible: 80% No Huddle, 92% Yes Huddle
- Sincerely interested in me as a person: 69% No Huddle, 86% Yes Huddle
- Excellent at listening: 73% No Huddle, 90% Yes Huddle
- Accepted me for who I am: 87% No Huddle, 95% Yes Huddle
- Told me the complete truth about my health-related problems: 81% No Huddle, 93% Yes Huddle

No Huddle n=207
Yes Huddle n=1219
HCRTS-R Items by Labor Huddle Status (2/2)

HCRTS-R Scores (Items 7-13): Percentage of Respondents Who Said "All the Time"
By Labor Huddle Status, OPQIC Cohorts 1 and 2

My clinical team...

<table>
<thead>
<tr>
<th>Item</th>
<th>No Huddle</th>
<th>Yes Huddle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated me as an individual</td>
<td>86%</td>
<td>93%</td>
</tr>
<tr>
<td>Made me feel that I am worthy of their time and effort</td>
<td>80%</td>
<td>92%</td>
</tr>
<tr>
<td>Took the time to listen to me during each huddle</td>
<td>72%</td>
<td>91%</td>
</tr>
<tr>
<td>Felt comfortable talking to my clinical team about my personal issues</td>
<td>75%</td>
<td>89%</td>
</tr>
<tr>
<td>Felt better after seeing my clinical team</td>
<td>73%</td>
<td>88%</td>
</tr>
<tr>
<td>Thought about asking to change at least one member of my clinical team</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>Considered my need for privacy</td>
<td>83%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Net Promoter Score by Race/Ethnicity

Percentage Rating TeamBirth a "10" by Race/Ethnicity, OPQIC Cohorts 1 and 2

- Hispanic: 84% (n=249)
- NH AI/AN: 78% (n=105)
- NH Asian: 79% (n=42)
- NH Black/AA: 87% (n=111)
- NH White: 82% (n=900)
- NH Multiracial: 77% (n=130)
WA Project Data

● Patient-reported Experience Measures (PREMs)
  ○ Validated questionnaires, that gather patients' and families' views of their experience receiving care
  ○ Distributed in Postpartum
  ○ Process measures

● Patient outcome data
  ○ Data collected through MDC and OB COAP
  ○ Baseline and through project period
  ○ Maternal and neonatal quality metrics
5. What will TeamBirth look like for you?
<table>
<thead>
<tr>
<th><strong>TEAMBIRTH TIMELINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prepare</strong> March - June 2023</td>
</tr>
<tr>
<td>• TeamBirth Project Kick-Off</td>
</tr>
<tr>
<td>• Create Implementation Team + Adapt TeamBirth board</td>
</tr>
<tr>
<td>• Collaborative Learning Sessions + Individual site coaching calls</td>
</tr>
<tr>
<td>• Begin to socialize TeamBirth</td>
</tr>
<tr>
<td>• Co-create the implementation strategy, including loading videos and training materials onto learning platform</td>
</tr>
<tr>
<td>• Recruit and train champions on TeamBirth</td>
</tr>
<tr>
<td><strong>Engage &amp; Coach</strong> July - September 2023</td>
</tr>
<tr>
<td>• Collaborative Learning Sessions + individual site coaching calls</td>
</tr>
<tr>
<td>• Begin inpatient surveying to collect baseline data</td>
</tr>
<tr>
<td>• Small-scale testing of TeamBirth components</td>
</tr>
<tr>
<td>• Begin launch planning</td>
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<tr>
<td>• Train all clinicians</td>
</tr>
<tr>
<td>• Install whiteboards</td>
</tr>
<tr>
<td><strong>Implement</strong> October - November 2023</td>
</tr>
<tr>
<td>• Launch Event</td>
</tr>
<tr>
<td>• Continue patient surveying</td>
</tr>
<tr>
<td>• Incorporate TeamBirth into new clinician onboarding</td>
</tr>
</tbody>
</table>
6. Next Steps + Questions
Next Steps

● Check your email! You will be receiving an email following this meeting that contains today’s slides and the **Hospital Commitment Letter**

● **Sign** the Hospital Commitment Letter and **return** to Jenica Sandall: jenicas@wsha.org by **March 10**
  ○ Required signatures:
    ▪ Executive Leader (e.g., CNO)
    ▪ Implementation Leaders

● Begin identifying and recruiting hospital staff for implementation team

● First Learning Session will be held **March 16, 2023 from 12pm-1:30pm**
By the end of 2022, TeamBirth will be implemented in 70 hospitals across the US, reaching over 250,000 births.
TeamBirth Participating Hospitals 2023

Massachusetts
- UMass Memorial
- UMass Health Alliance
- South Shore Hospital*
- Baystate Franklin Medical Center
- Boston Medical Center
- Brigham and Women’s Hospital
- Cape Cod Hospital
- Fairview Hospital
- Mercy Medical Center
- Study Memorial Hospital
- St. Vincent Hospital
- Tufts Medical Center

Michigan
- Ascension River District Hospital
- Ascension Providence Hospital
- Ascension Providence Hospital
- Hurley Medical Center
- Mercy Health Hackley
- Michigan Medicine
- ProMedica Charles and Virginia Hickman Hospital
- ProMedica Coldwater Regional Hospital
- Sparrow Hospital
- St. Mary Mercy Livonia Hospital
- St. Joseph Mercy Ann Arbor Hospital

New Jersey
- RWJ Copperman Barnabas
- RWJ Monmouth Medical Center
- RWJ University Hospital
- Virtua Voorhees Hospital
- Virtua Mount Holly Hospital
- Virtua Midwifery Birth & Wellness Center
- Saint Peter’s University Hospital
- Mary V. O’Shea Birth Center

Ohio
- Grant Medical Center
- Cleveland Clinic Akron General Hospital

Oregon
- Providence Portland
- Providence Willamette Falls
- Providence St. Vincent’s

California
- Santa Rosa Memorial Hospital

Tennessee
- University of Tennessee Medical Center

Oklahoma:
- Saint Francis Hospital*
- OSU Medical Center
- Hillcrest Medical Center
- Ascension St. John Medical Center
- Bailey Medical Center
- Hillcrest Hospital Claremore
- Hillcrest Hospital South
- Mercy Hospital Oklahoma City
- Saint Francis Hospital Muskogee
- Saint Francis Hospital South
- St. Mary’s Regional Medical Center
- Ascension St. John Owasso
- Ascension St John Jane Phillips
- Cherokee Nation WW Hastings Hospital
- Comanche County Memorial Hospital
- INTEGRIS Baptist Medical Center
- INTEGRIS Bass Baptist Health Center
- INTEGRIS Canadian Valley Hospital
- INTEGRIS Health Edmond
- INTEGRIS Miami Hospital
- McAlester Regional Medical Center
- SSM Health St Anthony Hospital OKC
- SSM Health St Anthony Hospital Shawnee
- Chickasaw Nation
- Lakeside Women’s Hospital
- Mercy Hospital Ardmore
- Norman Regional Medical
- SSM St. Anthony OKC
- SSM St. Anthony Shawnee
- Stillwater Medical Center

*TeamBirth Pilot Sites
Washington State hospitals on the TeamBirth implementation pathway

Washington:
- EvergreenHealth*
- Overlake Medical Center*
- Swedish First Hill
- Swedish Edmonds
- Swedish Issaquah
- Providence Holy Family Hospital
- Providence Sacred Heart Medical Center
- Providence Centralia Hospital
- Providence St. Peters Hospital

*TeamBirth Pilot Sites
Learn more: 3 TeamBirth Manuscripts + Additional Resources


Use this QR code to access our 5-minute “Why TeamBirth?” video!

Please reach out to Lindsey Renner with any questions: lrenner@ariadnelabs.org