

TEAMBIRTH

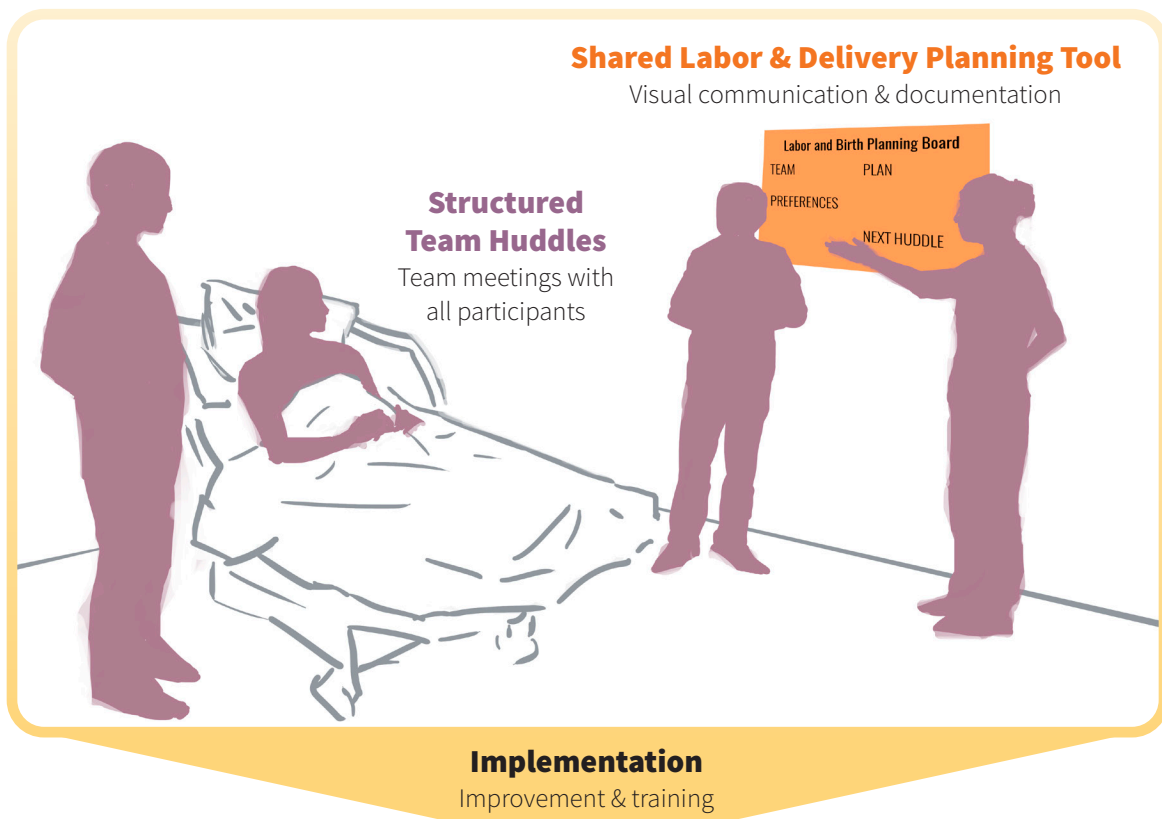
TeamBirth Purpose

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 Core Components

*Components which are critical to successful delivery of the intervention**



* www.health.org.uk/blogs/collaborate-to-replicate-spread-and-scale-in-health-care



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.



Shared Labor & Delivery Planning Tool



All labor rooms have a shared visual tool to structure huddle communication; we recommend a large, wall-hung dry erase board, but you may use a different format if necessary in your context (e.g. dry erase board/clipboard, paper, app).

At a minimum, the shared visual tool includes

- » space to note the team,
- » preferences,
- » care plans (distinguishing plans for mom, baby, and labor progress), and
- » next huddle.

If additional spaces are added, these added spaces must include information that is accessible and relevant for the whole team.



Implementation

You follow a structured quality improvement process to successfully implement TeamBirth, including testing & adapting for your context and ongoing coaching, monitoring and evaluation, and feedback to frontline clinicians.

Since teams come together randomly in labor, you must train all clinicians that are a part of the direct care team, including creating onboarding processes for new clinicians joining your unit.

Additional details on flexible adaptations of these core components can be accessed through higher tiers of service on Aria.