

# TeamBirth Training Package

## For Doulas



This training package is designed to ensure that doulas are knowledgeable about the TeamBirth model and confident in their role within it. Specifically, this training:

- Provides an overview of the TeamBirth model;
- Outlines the doula's role in TeamBirth and provides tools for collaborating with clinical teams and advocating for client preferences; and
- Shares tools for navigating common challenges

**WHAT IS TEAMBIRTH****Core Components**

TeamBirth Huddles

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& Support GuidesTeamBirth Training  
& Implementation**ROLE OF DOULAS  
IN TEAMBIRTH**Participating in  
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Navigating Provider  
ResistanceCentering the Client  
When Communications  
Break DownResponding to Inconsistent  
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**SECTION GOAL:** To equip doulas with knowledge about the TeamBirth model, including its core components.

## What is TeamBirth?

TeamBirth is a patient-centered care model designed to enhance communication, teamwork, and shared decision-making during labor and birth.

Unlike traditional maternity care models, TeamBirth aims to **shift power dynamics** and **create a collaborative environment** where patients, support people, doulas, and clinicians work together to guide care.



## Core Components

TeamBirth creates space for all members of the care team—including doulas—to come together around the patient's preferences, goals, and clinical needs. Doulas are recognized as key team members, helping ensure their clients feel heard, respected, and involved throughout the birthing process. TeamBirth's core components include:

- 1. TeamBirth Huddles**
- 2. TeamBirth Shared Planning Tool**

For more information on how doulas can participate in each of these components, see the *Role of Doulas in TeamBirth* section below.

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#### TeamBirth Huddles

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Responding to Inconsistent Implementation of TeamBirth

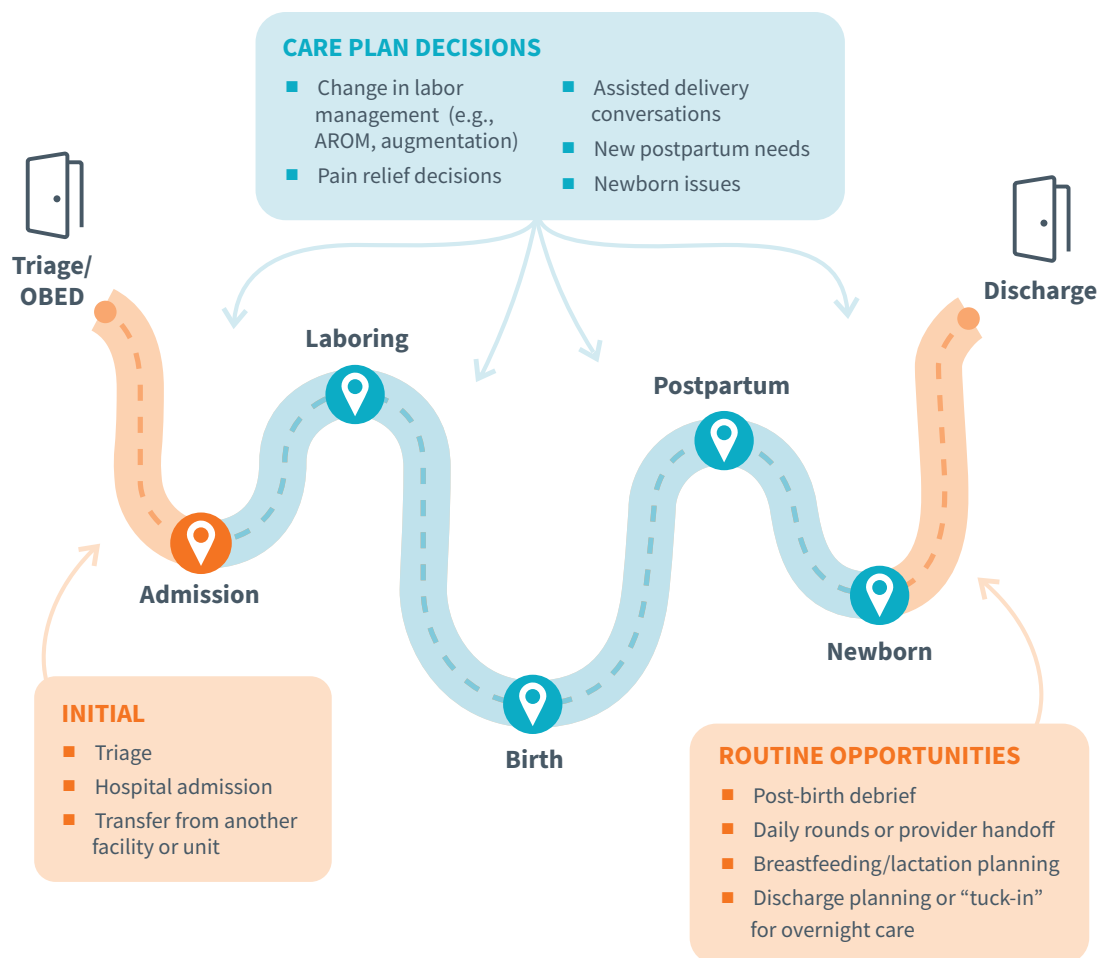
## TEAMBIRTH SHARED PLANNING BOARDS

## TeamBirth Huddles

A TeamBirth huddle is when the full care team, including the patient, support person(s), doula, and clinicians, come together at the bedside to **introduce themselves, discuss preferences and care plans, and set clear expectations** for what will come next.



Huddles can occur throughout the hospital journey, including upon admission, during labor, birth, postpartum, and before discharge. Here are some **moments that may spark a huddle** to occur during the hospital stay:



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**TeamBirth Shared Planning Tool**

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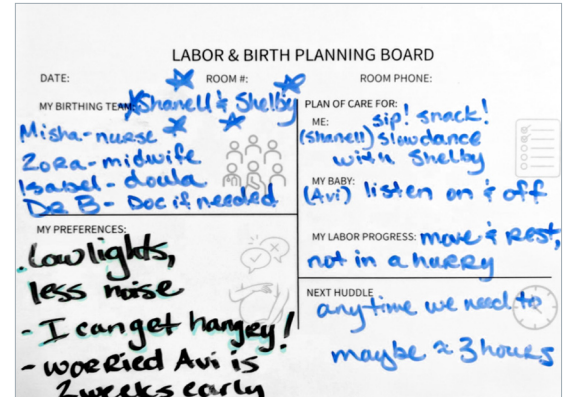
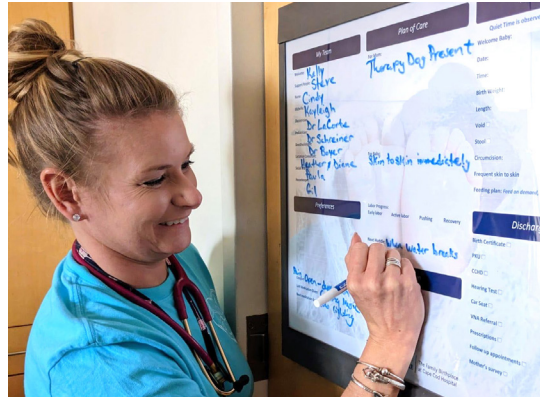
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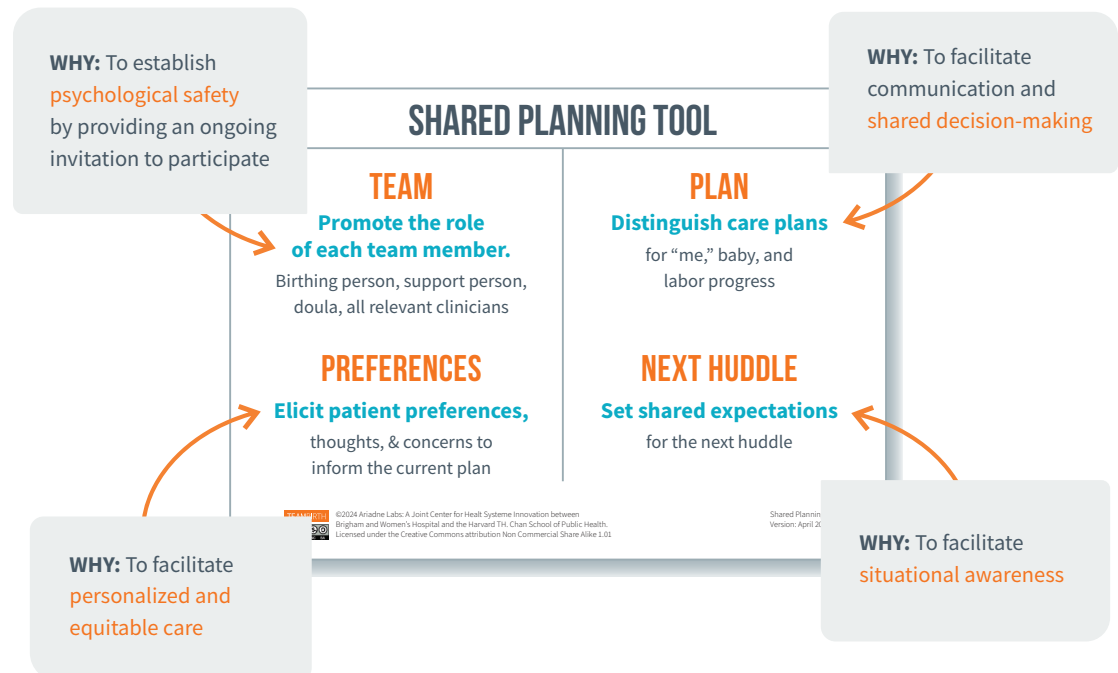
## TEAMBIRTH SHARED PLANNING BOARDS

## TeamBirth Shared Planning Tool

All huddle conversations are documented on the Shared Planning Tool, which is typically a whiteboard displayed on the wall of the labor room. The board consists of four key sections: Team, Preferences, Plan, and Next Huddle.



Each section of the Shared Planning Tool prompts TeamBirth's four **KEY BEHAVIORS**



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## TeamBirth Discussion &amp; Support Guides

TeamBirth tools are designed to bring structure and clarity to the complex and often gray areas of labor, delivery, and postpartum care. To further support shared decision-making, especially during critical decision points, TeamBirth has three **patient-facing discussion guides** to use during admission to the hospital, for labor support, and during discussions about assisted delivery.

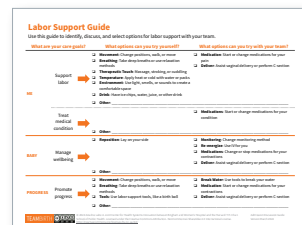
These optional resources help guide conversations by offering structured prompts that enhance communication and clarify options. All guides are available in multiple languages (see all downloadable guides [here](#)).



## Admission Discussion Guide

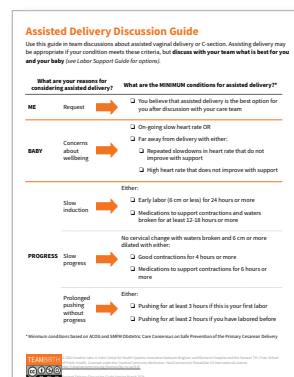
- Facilitates communication between patients and their care teams during the admission process
- Helps clarify the reason for admission and supports alignment on next steps

*\*Intended for individuals in spontaneous labor without a medical indication for admission related to maternal or fetal health.*



## Labor Support Guide

- Identifies comfort and support options available during labor
- Encourages collaborative planning between the patient, their support person(s), doula, and clinical team



## Assisted Delivery Guide

- Supports conversations when an assisted (e.g., vacuum or forceps) or operative delivery may be considered
- Outlines ACOG's minimum conditions and methods for assisted delivery to promote shared understanding

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## TEAMBIRTH SHARED PLANNING BOARDS

## TeamBirth Training & Implementation: How it Works

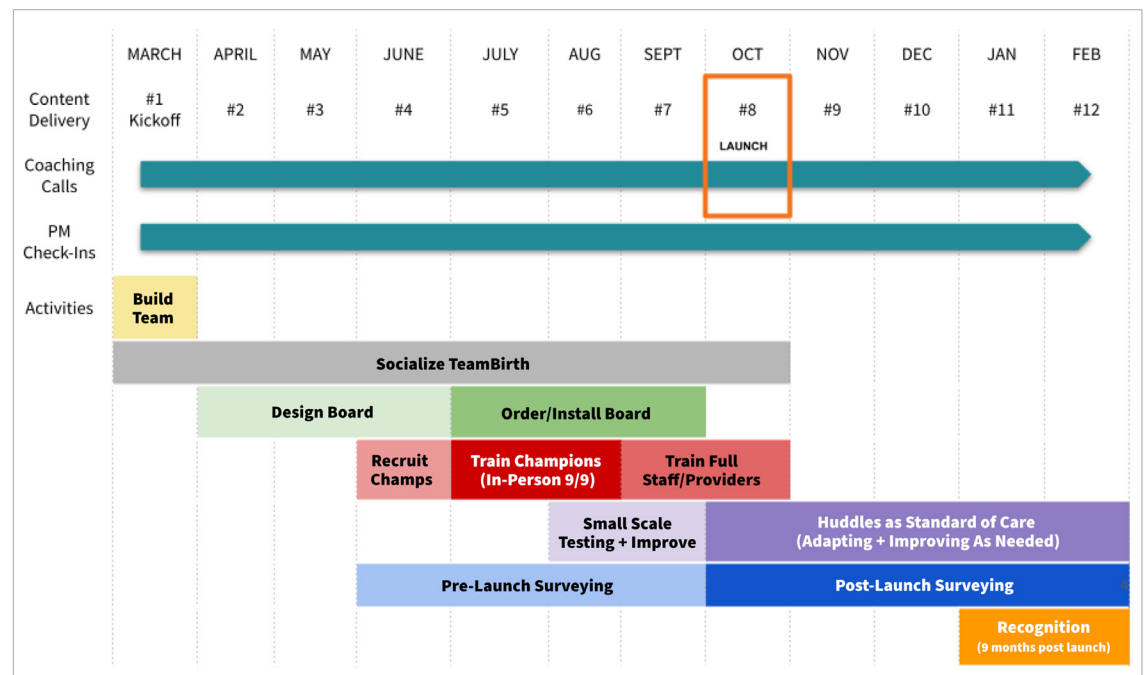
TeamBirth usually takes about 12 months to put in place at a hospital. The timeline is customized for each hospital so it fits their needs and the initiative can sustain over time.

We provide hands-on support with monthly coaching calls that cover each step — learning about TeamBirth, training staff and providers, designing their TeamBirth board, going live, and ongoing coaching and data sharing.

This approach lets us work closely with hospital leaders and care teams, solve problems quickly, and keep learning together. These steps help improve teamwork and communication in maternity units.

All training materials are online and free to the public, so any hospital or individual can start using TeamBirth — even without our direct help.

## TeamBirth Implementation Timeline Example



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TeamBirth**TEAMBIRTH SHARED  
PLANNING BOARDS****SECTION GOAL:** To ensure doulas understand how they can participate in the TeamBirth

## Role of Doulas in TeamBirth

As key members of the care team, doulas help ensure that their client's preferences and concerns are clearly communicated in **TeamBirth Huddles** and documented on the **Shared Planning Tool**.

### Participating in TeamBirth Huddles

#### What to Expect

Doulas are considered key members of the team, invited into the labor and birthing process by the client. Doulas are encouraged to participate in huddles and contribute their unique perspective and expertise.

*The doula can also request a huddle and should advocate to participate, if necessary.*

#### How to Participate

- OFFER TO:**
- Use the whiteboard marker and write on the board
  - Encourage discussion about what's most important to the client during the huddle to ensure care plans are aligned with preferences
- ASK:**
- Would now be a good time for a TeamBirth huddle?
- SUGGEST:**
- It sounds like labor progress is being evaluated and a change in the plan being considered. Could we have a TeamBirth huddle so we can discuss options together?

#### Other Considerations

**Remote participation:** Doulas can participate in huddles via speakerphone when not physically present (e.g., during labor triage or postpartum). In-person huddles are ideal; virtual is the next best option!

#### Additional Tools Available

- When to Huddle: A Doula's Guide to Sparking the Conversation (see [page 8](#))



**TIP:** Bring your own dry erase marker in your doula bag!



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## When to Huddle: A Doula's Guide to Sparking the Conversation

Doulas can help **spark a huddle** when something important needs to be clarified, changed, or addressed.

**ASK YOURSELF:**

- Is your client unsure about the plan?
- Is something changing quickly?
- Is there confusion or distress about a decision?
- Has something been misunderstood or overlooked?

Sometimes it may be unclear whether a huddle is needed. Use these guidelines to help identify when a huddle may be helpful.



### Low urgency for a huddle

**Examples:** Birth plan updates, non-urgent questions, anxiety without clinical concern

**What you can do:** Continue to work with the nurse to support your client without calling a huddle.



### Team awareness helpful

**Examples:** Pain relief decisions, confusion about plan, support person changes

**What you can do:** Flag to the nurse and consider calling a huddle.



### Huddle is strongly indicated

**Examples:** Major plan changes (e.g., request for C-section), complications, emotional distress

**What you can do:** Strongly recommend calling a huddle.

*\*Note that these examples are NOT exhaustive. Please collaborate with the bedside nurse if you are unsure about when to call for a huddle. If the bedside nurse is uncooperative or unsupportive, you can ask to speak with the charge nurse.*



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# Engaging with the Shared Planning Tool

## What to Expect

As key members of the care team, doulas are encouraged to actively engage with the Shared Planning Tool. Engagement may look different depending on team dynamics and comfort level with the model.

## How to Participate



## Other Considerations

**Birth plan/vision:** The admission huddle is a great time to review your client's birth plan/vision with the clinical team. Key items from the birth plan can be included on the board.

## Additional Tools Available

- TeamBirth Doula Elevator Pitch & Quick Reference Sheet ([see page 10](#))
- Supporting Client Preferences ([see pages 11, 12, 13](#))
- Birth Preferences Guide ([see pages 14-15](#))



**TIP:** Birth plans frequently include more information than needs to be listed on the board, but that does not mean that it's not important! Ask the clinical team where a good place to keep a copy of the birth plan would be so that they can reference it as needed.

\* Benefits, Risks, Alternatives, Intuition, Nothing (BRAIN). Learn more at [lamaze.org](http://lamaze.org)

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## TEAMBIRTH SHARED PLANNING BOARDS

# TeamBirth Doula Elevator Pitch & Quick Reference Sheet

For use when introducing yourself to hospital staff, clients, or others unfamiliar with TeamBirth.

## Sample TeamBirth Doula Elevator Pitch

*“Hi, I’m [Name], and I’ve been working with [Client’s Name] for the past few months. I’ve been trained on the TeamBirth model, and I’m here as part of the patient’s care team to support their emotional well-being, physical comfort, and shared decision-making throughout labor. I know everyone’s working hard to provide safe, respectful care, and I’m here to support that however I can.”*

## WRITE YOUR OWN!

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## What is TeamBirth?

TeamBirth is a care process designed to improve communication, teamwork, and shared decision-making during labor and birth. It centers the person giving birth as the most important voice in the room and helps ensure that everyone — nurses, providers, support people, and the patient — is aligned on the plan of care.

## What’s my role in TeamBirth?

As a doula, I’m part of my client’s chosen care team. I support their emotional well-being, physical comfort, and shared decision-making throughout labor. TeamBirth encourages doulas to participate in huddles, contribute to communication on the board, and help make sure the client’s voice is heard and their preferences are incorporated at every step.

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## Supporting Client Preferences

As a doula, you help advocate for your client's preferences and encourage clear communication across the care team.

During TeamBirth huddles, patient preferences are elicited in relation to the specific care plan being discussed and documented on the Shared Planning Tool. Preferences may evolve throughout labor, and not all preferences will appear on the board at once — only those relevant to the current care conversation are typically noted.

- Use the **Common Preferences Wordbank** to talk with your client about what's most important to them. Reference this resource as needed during huddles for helpful probes and examples of common preferences at various stages of labor, birth, and postpartum.
- Use the **Birth Preferences Guide** to summarize to the clinical team what your client wants in their birth experience, what they'll consider, and what they want to avoid.

### Common Preferences Wordbank

Start with general questions like “**What does a good birth look like to you?**” and “**What are your fears about labor?**” to open a discussion about what matters most to them.

#### PREFERENCES: EXAMPLES FOR LABOR

**SUPPORT**

*Ask: Who would you like supporting you?*

- |   |  |
|---|--|
| <input type="checkbox"/> Work with doula            | <input type="checkbox"/> FaceTime with grandma |
| <input type="checkbox"/> My partner to stay with me | <input type="checkbox"/> Only female providers |
| <input type="checkbox"/> Other:                     |  |

**ENVIRONMENT**

*Ask: How can we make the room most comfortable for you?*

- |  |  |
|--|--|
| <input type="checkbox"/> Dimmed lights     | <input type="checkbox"/> Visitors OK       |
| <input type="checkbox"/> Quiet voices      | <input type="checkbox"/> Aromatherapy      |
| <input type="checkbox"/> Few interruptions | <input type="checkbox"/> Music             |
| <input type="checkbox"/> No visitors       | <input type="checkbox"/> Wear own clothing |
| <input type="checkbox"/> Small meals       |  |

**POSITIONS**

*Ask: What positions or movement would you like to try? What's been working for you so far?*

- |  |  |
|--|--|
| <input type="checkbox"/> Stand and walk          | <input type="checkbox"/> Change positions              |
| <input type="checkbox"/> Birthing ball           | <input type="checkbox"/> Stretching                    |
| <input type="checkbox"/> Peanut ball             | <input type="checkbox"/> Floor mat                     |
| <input type="checkbox"/> Birthing stool          | <input type="checkbox"/> Freedom of movement           |
| <input type="checkbox"/> Labor in hot shower/tub | <input type="checkbox"/> Give me ideas and suggestions |

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## PREFERENCES: EXAMPLES FOR LABOR

### PAIN CONTROL

*Ask: What pain management options have you heard about? What medications would you like to discuss? What are your plans for pain management?*

- ☐ No epidural
- ☐ Epidural
- ☐ IV pain relief / opioid free
- ☐ Nitrous
- ☐ Breathing exercises
- ☐ Massage by support person
- ☐ Counter pressure on lower back
- ☐ Go natural like last time
- ☐ Wait as long as possible for epidural
- ☐ Worried about missing epidural

### INTERVENTIONS

*Ask: What interventions do you want/want to avoid?*

- ☐ Minimal interventions
- ☐ Wait for water to break
- ☐ Break water if needed
- ☐ Minimal cervical exams
- ☐ No IV fluids, IV access only
- ☐ Wireless monitoring
- ☐ Intermittent monitoring

## PREFERENCES: EXAMPLES PUSHING, BIRTH, & CESAREAN BIRTH

### PUSHING

*Ask: How can we support you during pushing?*

- ☐ Delay pushing until feels pressure
- ☐ Coached pushing
- ☐ No counting during pushing
- ☐ No visitors when pushing
- ☐ Visitors OK
- ☐ Change positions while pushing
- ☐ Worried about tearing/ no cut
- ☐ Vacuum ok/No Vacuum
- ☐ Mirror for pushing
- ☐ Quiet voices
- ☐ Low lights

### BIRTH

*Ask: What are your priorities during birth?*

- ☐ Skin to skin
- ☐ Delayed cord clamping (standard)
- ☐ Cord blood banking
- ☐ Cord cut by family member
- ☐ Photos of cord cutting
- ☐ Move mirror as soon as baby is out
- ☐ Baby shots while being held
- ☐ Quiet voices
- ☐ Low lights

### CESAREAN BIRTH

*Ask: What are your priorities if giving birth by c-section?*

- ☐ Lower drape right after birth
- ☐ Music during procedure
- ☐ Partner to cut cord on warmer
- ☐ Skin to skin as soon as possible
- ☐ Limit conversation that does not pertain to my procedure
- ☐ No extra drugs to relax after delivery
- ☐ See my placenta
- ☐ Quiet voices

### AFTER THE BABY IS BORN

*Ask: How can we continue to support you after the baby is born?*

- ☐ Partner to go with baby to nursery
- ☐ Worried about how to breastfeed
- ☐ Go home as soon as possible
- ☐ Take placenta home
- ☐ Wash baby's hair wash only

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TeamBirth**TEAMBIRTH SHARED  
PLANNING BOARDS****PREFERENCES: EXAMPLES FOR POSTPARTUM****CLIENT***Ask: How can we continue  
to support your comfort  
after giving birth?*

- |  |   |
|--|---|
| <input type="checkbox"/> Breastmilk feeding      | <input type="checkbox"/> Keep placenta                            |
| <input type="checkbox"/> Formula feeding         | <input type="checkbox"/> Daily bed linen change                   |
| <input type="checkbox"/> Help with breast pump   | <input type="checkbox"/> Visit baby in NICU                       |
| <input type="checkbox"/> Ice packs               | <input type="checkbox"/> Help to bathroom                         |
| <input type="checkbox"/> Abdominal binder        | <input type="checkbox"/> Medications                              |
| <input type="checkbox"/> Sitz bath               | <input type="checkbox"/> Lactation support                        |
| <input type="checkbox"/> Shower                  | <input type="checkbox"/> Pain relief (Ibuprofen/<br>Tylenol)      |
| <input type="checkbox"/> No visitors             | <input type="checkbox"/> Unmedicated/medicated<br>pain management |
| <input type="checkbox"/> Visitors OK             | <input type="checkbox"/> Stool softeners                          |
| <input type="checkbox"/> Quiet, low lights       | <input type="checkbox"/> Dietary preferences                      |
| <input type="checkbox"/> Bring in food from home |   |

**BABY***Ask: How would you like  
to care for your baby after  
they are born?*

- |  |   |
|--|---|
| <input type="checkbox"/> Delayed bath until 12 hours | <input type="checkbox"/> Parents assist with bath         |
| <input type="checkbox"/> No bath                     | <input type="checkbox"/> Use your own swaddle/<br>clothes |
| <input type="checkbox"/> Wash hair only              | <input type="checkbox"/> Assistance from lactation        |
| <input type="checkbox"/> Circumcision/circ in room   | <input type="checkbox"/> Vaccinations/No<br>vaccinations  |
| <input type="checkbox"/> No circumcision             | <input type="checkbox"/> Car seat check tomorrow          |
| <input type="checkbox"/> Skin to skin                |   |

**CESAREAN BIRTH***Ask: What are your  
priorities if giving birth  
by c-section?*

- |  |  |
|--|--|
| <input type="checkbox"/> Lower drape right after birth                               | <input type="checkbox"/> No extra drugs to<br>relax after delivery |
| <input type="checkbox"/> Music during procedure                                      | <input type="checkbox"/> See my placenta                           |
| <input type="checkbox"/> Partner to cut cord on warmer                               | <input type="checkbox"/> Quiet voices                              |
| <input type="checkbox"/> Skin to skin as soon as possible                            |  |
| <input type="checkbox"/> Limit conversation that does<br>not pertain to my procedure |  |

**AFTER THE BABY  
IS BORN***Ask: How can we continue  
to support you after the  
baby is born?*

- |  |   |
|--|---|
| <input type="checkbox"/> Partner to go with baby to<br>nursery | <input type="checkbox"/> Go home as soon as<br>possible |
| <input type="checkbox"/> Worried about how to<br>breastfeed    | <input type="checkbox"/> Take placenta home             |
|  | <input type="checkbox"/> Wash baby's hair wash only     |

**RESOURCE:** Check out this additional TeamBirth wordbank with common phrases for all sections of the TeamBirth board. Download the resource: [English](#) | [Spanish](#)

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# Birth Preferences Guide



## GREEN—What the client definitely wants to include in their birth experience

(Comfort measures, environment, support)

*Examples: Dim lights, quiet environment, partner cutting the cord, use of birth ball, etc.*

### WRITE YOUR CLIENT'S GREEN PREFERENCES!

LABOR: .....

PUSHING, BIRTH, & CESAREAN BIRTH: .....

POSTPARTUM: .....



## YELLOW—Preferences the client is open to with discussion

*Examples: Dim lights, quiet environment, partner cutting the cord, use of birth ball, etc.*

### WRITE YOUR CLIENT'S YELLOW PREFERENCES!

LABOR: .....

PUSHING, BIRTH, & CESAREAN BIRTH: .....

POSTPARTUM: .....

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**Red—What the client wants to avoid or strongly decline, unless medically necessary**

(Non-negotiables, past trauma triggers, any strong values)

*Examples: No students or extra people in the room, wait for water to break, etc.*

## WRITE YOUR CLIENT'S RED PREFERENCES!

**LABOR:** .....

.....

**PUSHING, BIRTH, & CESAREAN BIRTH:** .....

.....

**POSTPARTUM:** .....

.....



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## TeamBirth Support & Discussion Guides

### What to Expect

The guides may not always be present at each site, but you are encouraged to use them as needed.

### How to Participate

#### Admission Discussion

**WHEN  
TO USE:**

- Prenatally, or at home in the beginning stages of labor to help clients prepare a plan for hospital arrival.
- In OB triage during labor to help your client understand what's happening and support next steps.

**SUGGEST:**

- Can we use this **Admission Discussion Guide** to talk through next steps?

**ASK:**

- Client: How are you feeling?
- Care team: How is the baby doing? Where is [your client] in the labor process?

#### Labor Support

**WHEN  
TO USE:**

- Prenatally to talk with clients about their expected preferences for labor support.
- During labor to explore options, support communication, and navigate decisions together.

**SUGGEST:**

- Can we look at this **Labor Support Guide** together to see if there are other support measures we might consider trying?

#### Assisted Delivery

**WHEN  
TO USE:**

- This guide can be reviewed at any time, particularly when a client or their family wonders about why and when a vacuum or c-section delivery might be recommended.
- This guide can be reviewed in real-time with the care team as part of a TeamBirth huddle, especially during discussion about fetal heart rate concerns or labor/pushing progress.

**SUGGEST:**

- It sounds like you've identified a concern. Can we use the Assisted Delivery Discussion Guide to help navigate this conversation?

### Other Considerations

Have your own copy of the guides printed and ready for use during prenatal check-ins and in the hospital!

### Additional Tools Available

- Case Examples: Using the TeamBirth Discussion Guides (see pages [17-19](#))

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## Case Examples: Using the TeamBirth Discussion Guides

### Admission Discussion Guide

#### Scenario

Maria has just arrived at the hospital in spontaneous early labor. She's feeling a bit anxious and unsure what to expect. The room is busy, and she hasn't yet had a chance to share her preferences with the clinical team.



#### Why Use the Tool

Admission is a key moment to build trust, set expectations, and align on next steps. The Admission Discussion Guide helps open the conversation about labor progress, preferences, and how the care team will work together moving forward.



#### Doula Action Steps

- If at a TeamBirth hospital, ask if they have printed guides available. If not, use your own and share with clinical team
- Suggest use of the guide during OB triage.
- Use the guide to prompt a conversation about how labor is progressing and what's most important to the client.



#### Sample Language

***"It might be useful to pull out the Admission Discussion Guide now to talk through the next steps and make sure we're on the same page."***



#### What's in the tool?

- Guidance on which environment may be best for early vs. active labor
- Conversation prompts for how the client is doing, how the baby is doing, and how labor is progressing
- Support person's role and plan for next steps

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PLANNING BOARDS****Case Examples: Using the TeamBirth Discussion Guides****Labor Support Guide****Scenario**

Maria is in active labor and is starting to feel overwhelmed by her contractions. She originally preferred to avoid an epidural but is now reconsidering. She appears tense and uncertain.

**Why Use the Tool**

This is a key moment for shared decision-making. The Labor Support Guide helps everyone align on how labor is progressing and what pain management or comfort strategies might be most supportive — medical and non-medical.

**Doula Action Steps**

- If at a TeamBirth hospital, ask if they have printed guides available.
- Bring the Labor Support Guide to the bedside or huddle.

**Sample Language**

*“Maria is thinking about other pain relief options, and I thought the Labor Support Guide might help us all align on what’s possible and what’s feeling right for her now. Would you be open to walking through it together?”*

**What’s in the tool?**

- Labor support options for mom, baby, and labor progress
- Options that can be done with a doula or other support person and with the clinical team

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## Case Examples: Using the TeamBirth Discussion Guides

### Assisted Delivery Discussion Guide

#### Scenario

Maria has been pushing for over an hour when the provider raises concerns about fetal heart tones and mentions a vacuum-assisted delivery. Maria looks confused and anxious.



#### Why Use the Tool

This is a time-sensitive decision, but currently both mom and baby are stable and a decision needs to be made. The Assisted Delivery Guide ensures that the patient understands the situation and is included in the conversation.



#### Doula Action Steps

- If at a TeamBirth hospital, ask if they have printed guides available.
- Suggest huddling to walk through the guide together.
- Encourage use of the BRAIN tool to assess benefits, risks, and alternatives.



#### Sample Language

*“Maria’s feeling a bit unsure, and I thought it might be helpful to use the Assisted Delivery Guide so we can talk through the reasoning behind the vacuum option, any alternatives, and what to expect. Would that work for the team right now?”*



#### What’s in the tool?

- Examples of the *minimum* criteria needed to consider assisted delivery (i.e. vacuum, forceps, or c-section), broken down into maternal, fetal, and labor progress indicators.
- Space to consider the client’s preferences, values, and concerns



## Client Journey Map

The journey map below illustrates an example of a client experience with TeamBirth — from prenatal care through postpartum — and highlights how you, as a doula, can provide support at each stage, along with the tools available to guide your involvement.

### MARIA'S BIRTH JOURNEY WITH TEAMBIRTH

*Maria, 28, is a first-time mom expecting a baby girl. She is low-risk and has an overall healthy pregnancy. Her partner, Diego, and doula, Rayna, will be supporting her through her pregnancy and birth journey. Maria will be delivering at a nearby TeamBirth hospital.*

#### PRENATAL

Maria meets with Rayna to discuss her birth vision, fears, and hopes.

Rayna provides Maria with the **TeamBirth Prenatal Booklet** and helps her understand the TeamBirth approach and her role.

Rayna educates Maria on her options for birth and how she can use shared decision-making with her care team to discuss her options, empowering her to make informed choices.

#### WHAT TO DO

- Use the **TeamBirth Prenatal Booklet** to introduce clients to TeamBirth and help them understand their role
- Review **TeamBirth discussion guides** with clients to prepare expectations

#### EARLY LABOR

Maria, Diego, and Rayna head to the hospital. Maria is 1cm dilated. Rayna suggests using the **Admission Discussion Guide** to discuss next steps. The team recommends returning home until contractions are more regular.

Upon return to the hospital, the team initiates an admission huddle. Rayna writes her name and contact information on the whiteboard. Maria shares her preferences, referring to the **Preferences Worksheet**, and Rayna writes on the board.

- Suggest use of the Admission Discussion Guide to determine next steps
- Use the **Labor Support Guide** to offer pain and energy management strategies
- Refer to the **Preferences Worksheet** for Early Labor

#### ACTIVE LABOR & PUSHING

Maria has been pushing for 2 hours, so her nurse requests a huddle to discuss next steps. Rayna suggests using the **Assisted Delivery Discussion Guide**.

The OB, with Maria's consent, performs a cervical exam and confirms that Maria is making progress. The team agrees that Maria, with her team's support, will change positions and continue pushing.

Maria gives birth to a baby girl!

- Suggest use of the **Assisted Delivery Discussion Guide** if a cesarean or assisted delivery is being
- Refer to the **Preferences Worksheet** for Active Labor & Pushing

#### POSTPARTUM

Maria is transferred to postpartum. The nurse informs Maria and Diego that future huddles will occur as needed or upon request.

Maria requests a huddle to discuss options for treating the baby's low blood sugar. The nurse asks the provider to join a huddle via speakerphone. The care team aligns and creates a plan together.

Maria is later discharged and Rayna continues to offer support postpartum.

- Refer to the **Preferences Worksheet** for Postpartum

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## USING TEAMBIRTH TO NAVIGATE CHALLENGES

### Scenario-Based Role-Plays

Navigating Provider Resistance

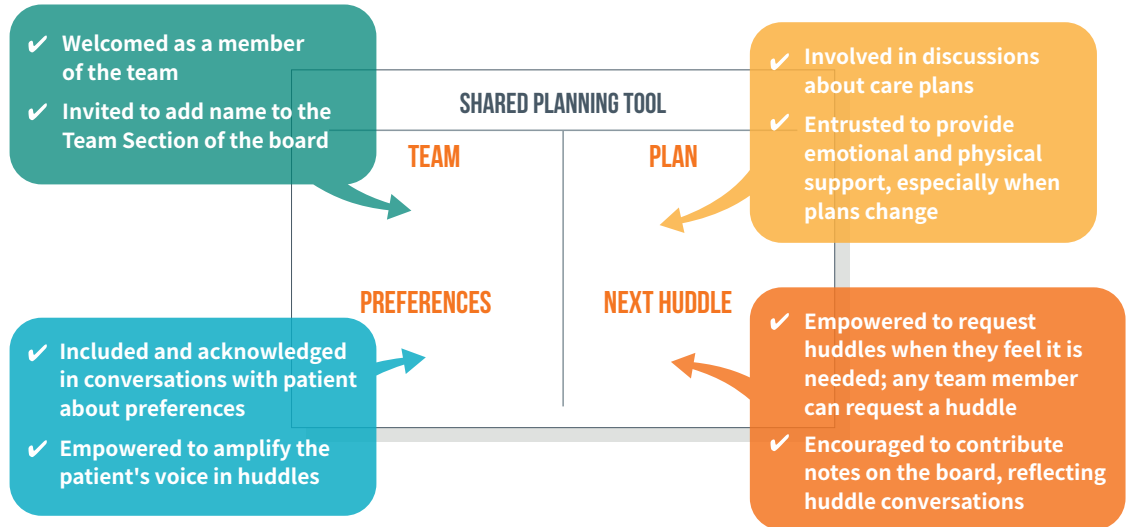
Centering the Client When Communications Break Down

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## TEAMBIRTH SHARED PLANNING BOARDS

## Doula Integration: Signs of Success

At this point, you have learned about TeamBirth’s core components, how doulas can participate in the model, and seen some tools available to support doula engagement. Overall, as a doula providing support at a TeamBirth birthing facility, you should be:



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**SECTION GOAL:** To prepare doulas to confidently navigate common challenges they may face in TeamBirth environments and to advocate for themselves and their clients.

## Using TeamBirth to Navigate Challenges

As a doula, you may encounter challenges such as not being acknowledged as part of the care team, not being invited to participate in huddles, or supporting clients in facilities where the TeamBirth whiteboard is underutilized—or not used at all.

The following scenarios and sample scripting on pages 23-25 can help you can help you practice communicating in a way that centers your client while fostering respectful collaboration with clinical staff. The tool also provides space to pause and reflect on how you would respond in each scenario.





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## TEAMBIRTH SHARED PLANNING BOARDS

## Scenario-Based Role-Plays

Practice navigating real-world situations doulas may face when working in a TeamBirth hospital. Each scenario includes optional sample language to help center the client, promote collaboration, and de-escalate tension.

### Navigating Provider Resistance

**Scenario 1:** Should you ever encounter a situation where a clinical team member is hesitant or less responsive when you request to initiate a TeamBirth huddle or use a TeamBirth discussion guide, consider how you could respond in a collaborative manner.

#### SAMPLE SCRIPTING:

*“I completely understand that you’re juggling a lot right now—I just wanted to check if there’s a good time to pause for a quick huddle. I think it could help make sure [Client Name] feels grounded and everyone’s aligned moving forward.”*

**Scenario 2:** You are present in the room during a TeamBirth huddle, but you’re not acknowledged or invited to participate.

#### SAMPLE SCRIPTING:

*“I’m here supporting [Client Name] and don’t want to overstep, but if it’s okay, I’d love to stay part of the huddle conversation. I’ve been supporting [Client Name] and might be able to help make sure we’re all on the same page and help her feel more at ease.”*

*“I know TeamBirth huddles are meant to include the full team supporting the patient. If it’s okay, I’d like to stay in the room and just help make sure [Client Name]’s preferences are reflected.”*

**Scenario 3:** A clinician questions your presence or refers to you as “just the support person.”

#### SAMPLE SCRIPTING:

*“I’m [Name], and I’m the doula supporting [Client Name]. I’m here to provide continuous support, help clarify communication, and reinforce her birth preferences throughout care. I appreciate being part of the team.”*

**Pause & Reflect:** How might you respond to these scenarios without escalating tension?

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## TEAMBIRTH SHARED PLANNING BOARDS

## Centering the Client When Communication Breaks Down

**Scenario 1:** A huddle just ended, but your client looks confused or disappointed. You noticed the conversation moved quickly and didn't include their input.

**SAMPLE SCRIPTING:**  
(TO CLIENT)

*“That huddle moved really fast—how are you feeling about everything they discussed? Want to take a moment to talk through it together?”*

**SAMPLE SCRIPTING:**  
(TO TEAM IN NEXT HUDDLE)

*“Would it be okay to revisit one or two things from earlier? [Client Name] had a few thoughts after the last huddle that I think would be helpful to bring in.”*

**Scenario 2:** Your client declines a suggested intervention (e.g., membrane sweep or induction), and the provider seems frustrated or dismissive.

**SAMPLE SCRIPTING:**

*“It sounds like we’re not quite on the same page right now. Would it be possible to pause for a quick huddle? I think it could help clarify the options and make sure [Client Name] understands the risks, benefits, and what else might be possible.”*

*“I can see this is a complex decision. Would it be helpful to step back and give [Client Name] a minute to talk through her options?”*

*“Would it be okay to include [Support Person’s Name] in this huddle as well? They’ve been really involved and may have helpful questions or observations to share.”*

**Pause & Reflect:** How would you support your client in processing unclear moments? What would help you feel confident speaking up again after a challenging interaction?

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TEAMBIRTH SHARED PLANNING BOARDS

Responding to Inconsistent Implementation of TeamBirth

**Scenario 1:** You’re supporting a client at a TeamBirth hospital but you notice that the Shared Planning Tool hasn’t been filled out or updated.

**SAMPLE SCRIPTING:** *“I noticed the TeamBirth board hasn’t been updated—if it’s helpful, I’m happy to jot down a few things that [Client Name] shared with me about her preferences for labor, pushing, and postpartum. We can bring those into the next huddle to help keep everyone aligned.”*

**Scenario 2:** You’re supporting a client at a hospital where TeamBirth is supposedly implemented, but you don’t see a whiteboard or huddles happening.

**SAMPLE SCRIPTING:** *“I noticed that the TeamBirth boards don’t seem to be in use right now. I know this hospital is a TeamBirth site, so I just wanted to check in and see if there’s been a change in how the team is implementing the process today.”*

**Pause & Reflect:** How would you support your client in processing unclear moments? What would help you feel confident speaking up again after a challenging interaction?

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## TeamBirth Shared Planning Boards

Below are downloadable versions of the TeamBirth Shared Planning Board for labor and postpartum. These can be printed and brought with you to the hospital to use directly with your clients. Even if the facility isn't using the Shared Planning Tool, you can still create space for aligned communication and shared planning by guiding your client through the board's sections and using it as a tool to prepare for discussions with their care team.

### TeamBirth Shared Planning Board—Labor


Shared Planning Tool	
TEAM	PLAN
	Me
	Baby
PREFERENCES	Progress
	NEXT HUDDLE
	_____→


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Shared Planning Tool  
Version April 2024

### TeamBirth Shared Planning Board—Postpartum

Postpartum Shared Planning Tool	
TEAM	PLAN
	Me
	Baby
PREFERENCES	
	NEXT HUDDLE


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Shared Planning Tool  
Version April 2024



For downloadable copies of the Shared Planning Boards, [click here](#). Examples of filled out TeamBirth boards can be found on [page 27](#).

## Sample TeamBirth Boards

### General Planning Board

Shared Planning Tool	
<b>TEAM</b> Lisette Kris - partner Jenica - doula Misha - RN (here til 7pm) Dr Chien - MD (here til 7am)	<b>PLAN</b> Me: Guided breathing with Jenica Baby: Watch Hayden on monitor Progress: Let nature take its course
<b>PREFERENCES</b> Keep moving as long as possible Look at placenta after Hayden is born	<b>NEXT HUDDLE</b> After next assessment As needed by request

### Postpartum:

Postpartum Shared Planning Tool	
 <b>TEAM</b> Alea & baby Avi Aizea Trisha (nurse) Dr. Sugar (Baby's Dr.) Dr. Chien (Alea's Dr.)	<b>PLAN</b> Me: Cluster Care (call us when you're awake!) Sleep between feeds Shower in AM Next dose of ibuprofen at 0300, please wake to give Baby: Breastfeed on demand, no more than 3 hrs Lactation will visit in AM to help with latch
 <b>PREFERENCES</b> Go home ASAP Sleep! Breastfeeding, needing help	<b>NEXT HUDDLE</b> As needed On request

### Low Risk L&D Admission Huddle Board:

ADMISSION HUDDLE	
Labor & Delivery Shared Planning Tool	
<b>TEAM</b> Kelsey & Baby Niko Isabel - Doula Yara - Auntie Trisha - Nurse Whitney - Midwife	<b>PLAN</b> Me: Eat a snack! Move around Baby: Listen on & off Labor Progress: try lots of moves now start Pitocin later if needed
<b>PREFERENCES</b> go natural as long as possible pain coping with Isabel Niko to Kelsey's chest right away breastfeed ASAP Kelsey or Yara with Niko all the time	<b>NEXT HUDDLE</b> as needed in 2-3 hours after the next exam, if we need to

EARLY LABOR      ACTIVE LABOR      PUSHING

### High Risk Antepartum Example Board:

Antepartum Huddle	
<b>Team</b> Punnya & Kyle RN - Maria patient care tech - Cindie OB resident - Dr. George MFM attending - Dr. V NEO attending - Dr. Kumar	<b>Plan of Care</b> <b>For Punnya</b> Cluster Care -temp & meds during baby monitor times -contraction monitor all the time -quiet hours 1-4pm, 11pm-6am <b>For Baby Simone</b> Listen 4x a day (for ~20 minutes) 7am noon 5pm 10pm NICU & lactation refresher @32 weeks
<b>Preferences</b> -privacy when possible -No rounds from 630-7am (face time with big kids before school) -ice pack with shots	<b>Next Huddle</b> Call Kyle for huddler (617) 773-1781 Weekly, after Tuesday ultrasounds & as needed

*Tuesday ultrasounds  
Next: 8/13 (31 weeks!)*