

TeamBirth Training Package For Doulas



Overview

What is TeamBirth

TeamBirth Huddles: What to Expect

Shared Planning Tool: What to Expect

TeamBirth Discussion Guides

Role of Doulas in TeamBirth

Participating in Huddles

Engaging with the Shared Planning Tool

Using the Discussion Guides

Signs of Success

Frequently Asked Questions

Tools for Your Doula Bag

Overview

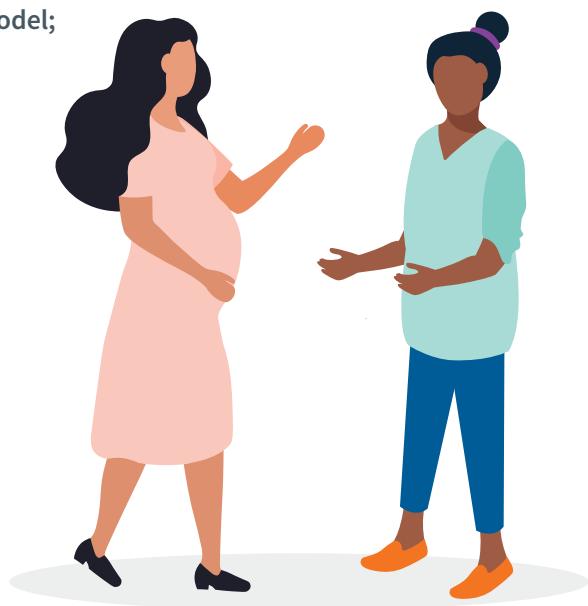
People giving birth in the U.S. face higher rates of mistreatment, serious complications, and maternal death than those in any other high-income country—with risks that are disproportionately higher for Black and Indigenous birthing people. Yet most of these adverse outcomes are preventable with stronger systems of care.

A major driver of preventable harm is poor communication and teamwork: 80–90% of cases involving patient harm cite failures in these areas. TeamBirth seeks to address this gap by structuring communication and decision-making so that every patient is heard, respected, and actively included in decisions about their care. Evidence finds that experiencing TeamBirth leads to significantly higher levels of patient autonomy during childbirth.

Within TeamBirth, doulas are recognized as key team members. Thus, this training aims to equip doulas to work effectively within the model by:

- Providing a brief overview of the TeamBirth model;
- Defining their role and how to participate in TeamBirth; and
- Offering tools to support clients, facilitate collaboration with clinical teams, and navigate common challenges

Who should take this training? Any doula who currently or plans to serve clients in a TeamBirth hospital or doulas interested in applying TeamBirth principles and practices in other settings. If you are interested in bringing TeamBirth to your community, please feel free to contact us [HERE](#).



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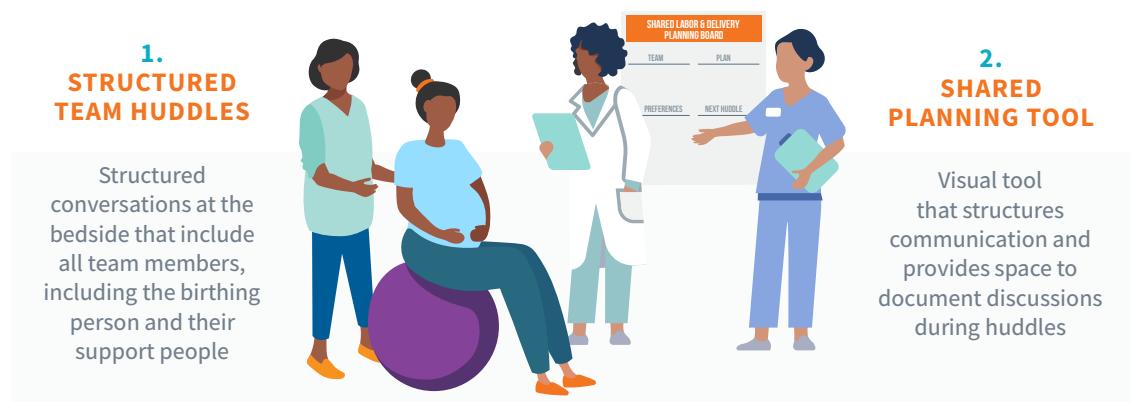
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SECTION GOAL: Provide a brief overview of the TeamBirth model.

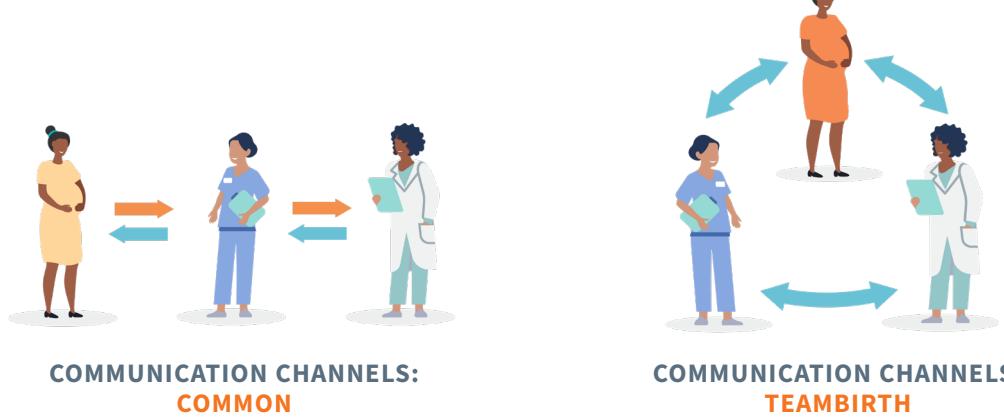
What is TeamBirth?

TeamBirth is a patient-centered care model designed to enhance communication, teamwork, and shared decision-making during labor and birth. It includes two core components that are integral to the model's success across the maternal health continuum.



The TeamBirth model facilitates structured communication and input from all team members and helps the team arrive at shared plans together, with the goal of benefiting everyone involved.

- **For patients and their support people,** TeamBirth invites them into the conversations and provides a structure that is easy to understand and participate in.
- TeamBirth can help **doulas** amplify the patient's voice in decision-making and facilitate communication between their clients and the clinical team.
- **For clinicians,** TeamBirth encourages trust and clarity of care plan to promote alignment and effective team communication across the full team.



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TeamBirth Huddles: What to Expect

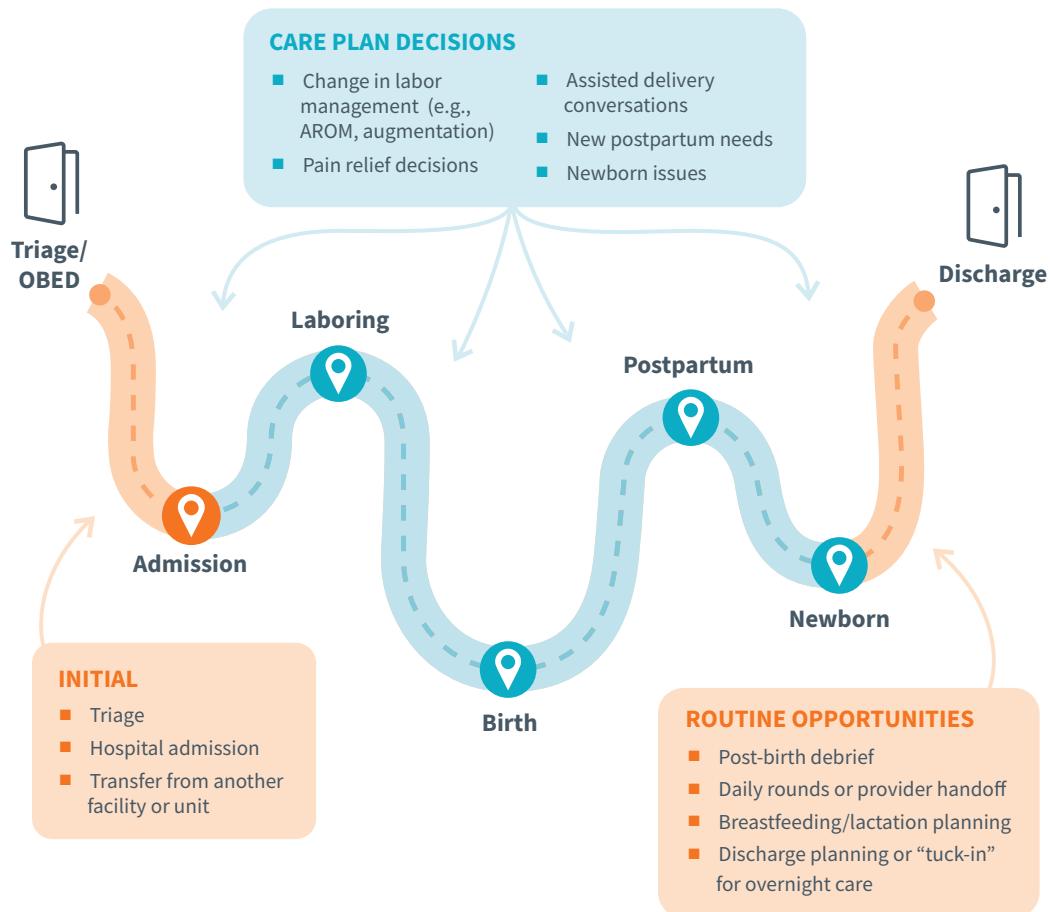
Who participates in huddles? Huddles should include the patient, their support person(s), doula and all clinical team members relevant to the current plan of care being discussed.

Where do huddles occur? Huddles occur at the bedside in the patient's room. If the provider or doula are not able to be there in person, participation via speakerphone is a great alternative.



Who can call a huddle? Any team member can call a huddle, including you as a doula (see When to Huddle).

When should huddles occur? Huddles can occur at various points during the hospital stay, including upon admission, during labor, birth, postpartum, for newborn concerns, and before discharge. Below are key moments that can spark a TeamBirth huddle.



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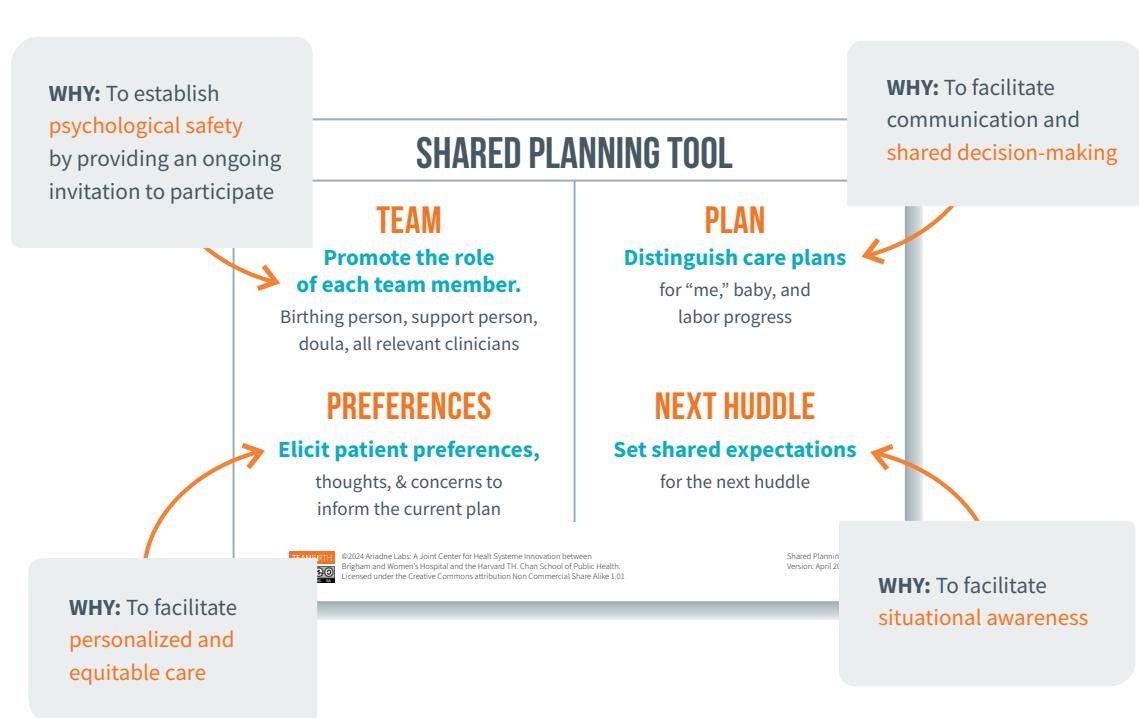
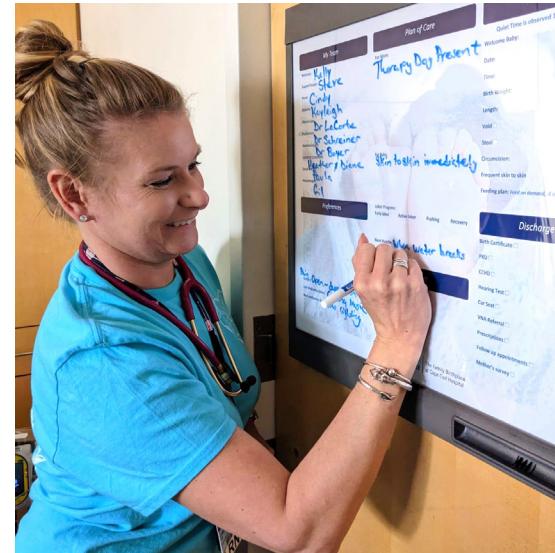
Shared Planning Tool: What to Expect

What gets written on the shared planning tool? During huddles, the basic board sections (Team, Preferences, Plan, and Next Huddle) are updated in patient friendly language.

Who writes on the board? This is flexible! The nurse, doula, or support person can support with writing on the board.

Are all the sections always filled out? Ideally, all sections of the board are filled out and updated as applicable during each huddle.

What is the purpose of each section of the board? Each section of the board has a key behavior and purpose (see below).



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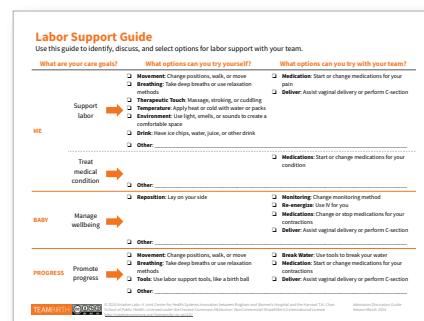
TeamBirth also includes three optional, add-on discussion guides to support shared decision-making during admission to the hospital, for labor support, and in discussions about assisted delivery. All guides are available in multiple languages (see all downloadable guides here). Note that not all TeamBirth hospitals use or have the guides printed.



Admission Discussion Guide

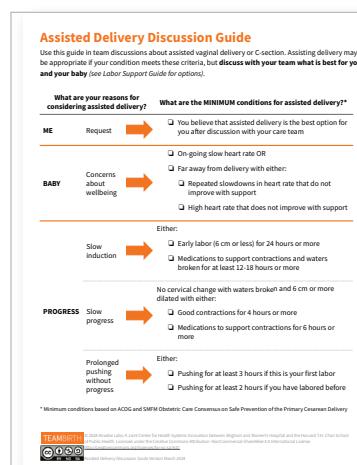
- Facilitates communication between patients and their care teams during the admission process
- Helps clarify the reason for admission and supports alignment on next steps

**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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Discussion Guides](#)[Signs of Success](#)[Frequently Asked Questions](#)[Tools for Your Doula Bag](#)**SECTION GOAL:** Define the doula's role and how to participate in TeamBirth.

Role of Doulas in TeamBirth

As a doula, you can help ensure that your client's preferences and concerns are clearly communicated during huddles and documented on the Shared Planning Tool. Below is additional information for how you can participate in TeamBirth's core components.

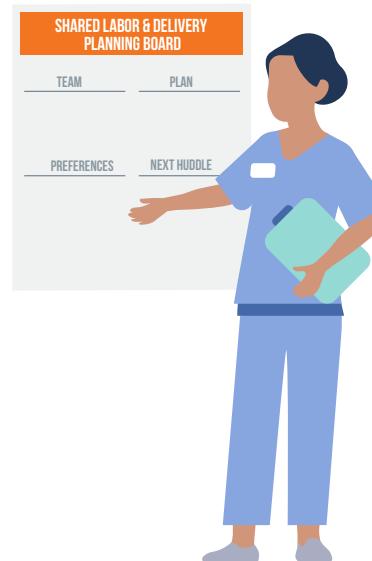
Participating in Huddles

How to Participate

Offer to:	<ul style="list-style-type: none">■ 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:	<ul style="list-style-type: none">■ Would now be a good time for a TeamBirth huddle?
Suggest:	<ul style="list-style-type: none">■ 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?

Tools for Your Doula Bag

- When to Huddle: [A Doula's Guide to Sparking the Conversation](#)
- Bring a dry erase marker with you in your doula bag!



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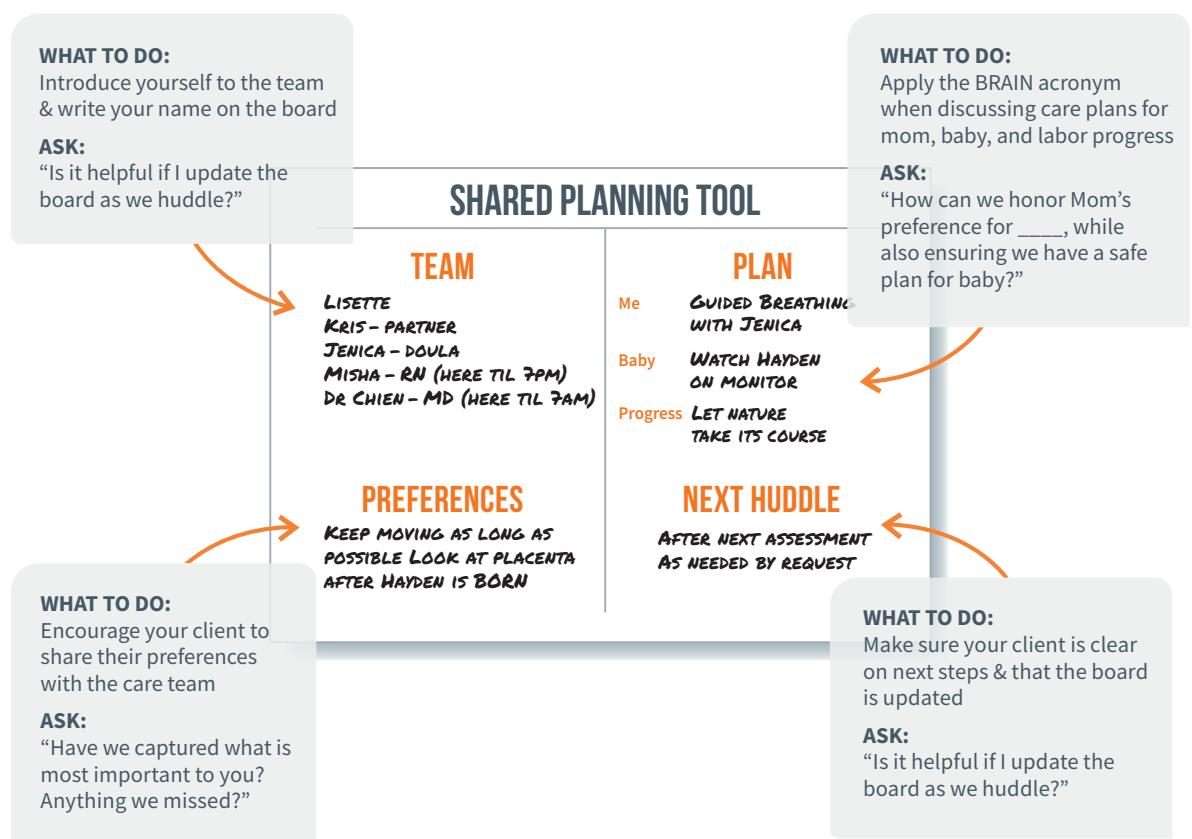
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Engaging with the Shared Planning Tool

How to Participate



Other Considerations/Tips

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.

Tools for Your Doula Bag

- TeamBirth Doula [Elevator Pitch & Quick Reference Sheet](#)
- [Common Preferences Wordbank & Birth Preferences Guide](#)



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.

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Using the Discussion Guides

All three discussion guides help facilitate shared decision making, minimize implicit bias, and support transparency and respectful care. In case hospitals don't have them printed, remember to pack your own copies in your doula bag.

Admission Discussion Guide [\[download the PDF\]](#)

Scenario: Your client 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: The Admission Discussion Guide helps assess how the client, their baby, and labor progress is doing to determine indicators for admission.

Doula Action Steps

- If at a TeamBirth hospital, ask if they have printed guides available. If not, use your own and share with the 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.

What to Say: Can we use this Admission Discussion Guide to talk through next steps?

Labor Support Guide [\[download the PDF\]](#)

Scenario: Your client is now 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: The Labor Support Guide helps everyone align on how labor is progressing and provides medical and non-medical options for pain management and comfort strategies.

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.

What to Say: Can we use this Admission Discussion Guide to talk through next steps?

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Using the Discussion Guides

Assisted Delivery Guide [\[download the PDF\]](#)

Scenario: Your client has been pushing for over an hour when the provider raises concerns about fetal heart tones and mentions the possibility of a vacuum-assisted delivery. She looks confused and anxious.

Why Use the Tool: The Assisted Delivery Guide can help inform your client of the minimum criteria needed for an assisted delivery (i.e. vacuum, forceps, or c-section) and ensure the client is actively involved in the conversation.

Doula Action Steps

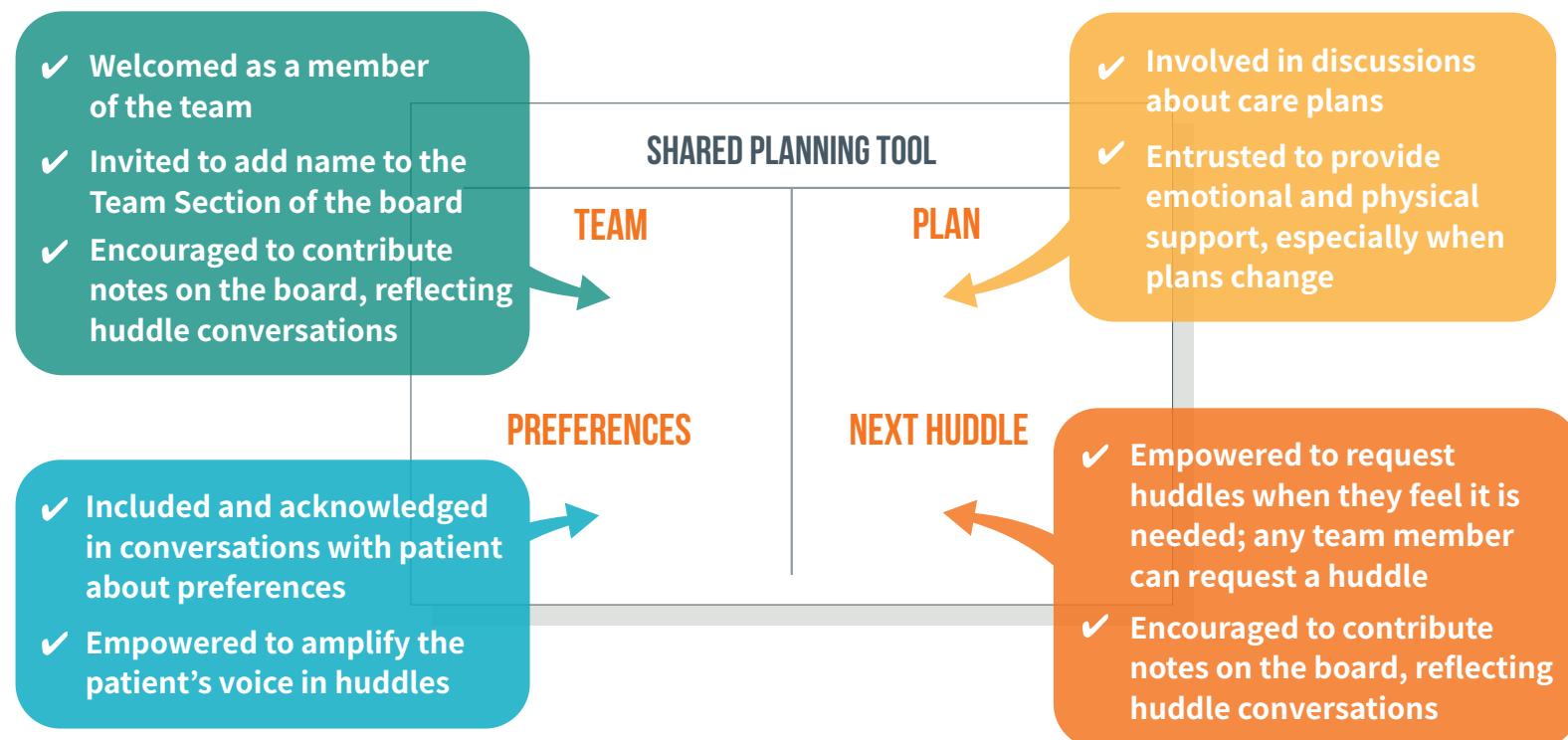
- If at a TeamBirth hospital, ask if they have printed guides available.
- Suggest huddling to walk through the guide together.
- Encourage use of the BRAIN tool to assess benefits, risks, and alternatives.

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

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Signs of Success

At this point, you have learned about what TeamBirth is and how you as a doula can participate. Overall, as a doula providing support at a TeamBirth birthing facility, you should be:



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Discussion Guides](#)[Signs of Success](#)[Frequently Asked Questions](#)[Tools for Your Doula Bag](#)**SECTION GOAL:** Answer frequently asked questions.

Frequently Asked Questions

Q: How do hospitals find out about TeamBirth?

A: Hospitals learn about TeamBirth in different ways—some reach out directly, others participate through statewide initiatives or multi-hospital cohorts, and some choose to implement independently using the free online resources.

Q: What training do clinical teams receive around TeamBirth and doula integration?

A: Clinical teams typically participate in an in-person TeamBirth training and virtual learning sessions and coaching calls over the course of 12 months to troubleshoot challenges, review patient experience data, and plan for long-term sustainability. We also offer a clinician guide to integrating doulas, which helps teams understand the role and benefits of doula support.

Q: Can you be trained in TeamBirth but work at a hospital that hasn't implemented it?

A: Absolutely. You can still apply TeamBirth principles to support clear communication and shared decision-making. Downloadable Shared Planning Tools and other tools below allow you to implement TeamBirth principles with your clients, even if the full team-based model isn't in place.

Q: What happens if I'm at a TeamBirth hospital but don't see huddles happening or boards being filled out?

A: Implementation and culture change can take time. You can check in with the bedside nurse or charge nurse, use your understanding of TeamBirth to support and prompt huddles when appropriate, and raise concerns with care team leadership if needed.

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Q: What do you do if you aren't being acknowledged by the clinical team or invited into huddles?

A: Start by introducing your role and intention to collaborate with the care team. If challenges persist, ask to speak with the charge nurse or unit leadership. TeamBirth is intentionally designed to include doulas as part of the care team.

Q: What do you do if you aren't being acknowledged by the clinical team or invited into huddles?

A: Start by introducing your role and intention to collaborate with the care team. If challenges persist, ask to speak with the charge nurse or unit leadership. TeamBirth is intentionally designed to include doulas as part of the care team.

Q: Are there other tools to support doulas engaging clients prenatally?

A: Yes! The TeamBirth Prenatal Booklet is a helpful resource to introduce clients to the model, explore their preferences, and prepare for shared decision-making during labor and birth.

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SECTION GOAL: Offer tools to support clients, facilitate collaboration with clinical teams, and navigate common challenges.

Tools for Your Doula Bag

The following tools were designed to support doulas in serving clients and working with clinical teams at TeamBirth hospitals.

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

This tool can help you as a doula understand when huddles may be needed, outlining scenarios that range from low-urgency (usually no huddle needed) to high-urgency (huddle strongly indicated). [\[PDF Download\]](#)

TeamBirth Doula Elevator Pitch & Quick Reference Sheet

This tool offers a ready-to-use elevator pitch to introduce yourself to the clinical team and quick reference information about TeamBirth and your role in supporting communication and shared decision-making within the model. [\[PDF Download\]](#)

Common Preferences Wordbank

This tool offers examples of patient preferences for labor, birth, and postpartum. Use the wordbank prenatally to discuss what matters most to your client and as a reference in the hospital when eliciting and documenting preferences on the Shared Planning Tool. [\[PDF download\]](#)

Birth Preferences Snapshot

This tool can help summarize what your client wants in their labor, birth, and postpartum experience (green), what they're open to with discussion (yellow), and what they want to avoid (red). [\[PDF Download\]](#)

Scenario-Based Role-Plays

Practice navigating real-world situations you 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. Be sure to pause and reflect for each! [\[PDF download\]](#)

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Tools for Your Doula Bag

Patient Journey Map

The patient journey map 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. [\[PDF Download\]](#)

TeamBirth Prenatal Booklet

The TeamBirth Prenatal Booklet introduces patients to the TeamBirth model as they prepare for labor and delivery. It can help your clients understand what to expect, clarify their preferences and concerns, and reflect on their birth stories. [\[PDF Download\]](#)



Download these tools

Scan this QR Code to access the full library
of doula support materials. Or visit this link.

Worksheets Layouts

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.*

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!

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.

Common Preferences Wordbank

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 under 'Preferences.'

Use this Wordbank to talk with your client about what's most important to them before they arrive to the hospital. You can also reference this resource during huddles for examples of common preferences during labor, birth, and postpartum.

PREFERENCES: EXAMPLES FOR LABOR

SUPPORT

Ask: Who would you like supporting you?

- Work with doula
- My partner to stay with me
- Other:

- FaceTime with grandma
- Only female providers

ENVIRONMENT

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

- Dimmed lights
- Quiet voices
- Few interruptions
- No visitors
- Small meals

- Visitors OK
- Aromatherapy
- Music
- Wear own clothing

POSITIONS

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

- Stand and walk
- Birthing ball
- Peanut ball
- Birthing stool
- Labor in hot shower/tub

- Change positions
- Stretching
- Floor mat
- Freedom of movement
- Give me ideas and suggestions

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

PREFERENCES: EXAMPLES FOR POSTPARTUM

CLIENT

Ask: How can we continue to support your comfort after giving birth?

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

BABY

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

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

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

Birth Preferences Snapshot

Use this worksheet to summarize what your client wants in their birth experience, what they'll consider, and what they want to avoid.



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:

.....

Birth Preferences Snapshot



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:

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?

Scenario-Based Role-Plays

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?

Scenario-Based Role-Plays

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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Patient 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	EARLY LABOR	ACTIVE LABOR & PUSHING	POSTPARTUM
<p>Maria meets with Rayna to discuss her birth vision, fears, and hopes.</p> <p>Rayna provides Maria with the TeamBirth Prenatal Booklet and helps her understand the TeamBirth approach and her role.</p> <p>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.</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>Maria gives birth to a baby girl!</p>	<p>Maria is transferred to postpartum. The nurse informs Maria and Diego that future huddles will occur as needed or upon request.</p> <p>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.</p> <p>Maria is later discharged and Rayna continues to offer support postpartum.</p>
<p>WHAT TO DO</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Refer to the Preferences Worksheet for Postpartum