

TeamBirth: Initiating a Patient Centered Approach to Improving Shared Decision Making and Clinical Outcomes

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INTRODUCTION

TeamBirth was initiated with the intent to empower patients to become more involved in the decision-making process regarding their healthcare. Last year, we were able to present short term results after TeamBirth was initiated at OSUMC. We are now able to report on all pre and post implementation data with promising results in overall patient experience and tackling racial disparities.

BACKGROUND

In 2021, OSUMC partnered with Ariadne Labs to launch the TeamBirth initiative. OSU was chosen as a Tulsa expansion hospital for the TeamBirth initiative after the pilot study at a sister hospital found overwhelmingly positive results. This initiative focused on optimizing shared decision making to improve patient experience and clinical outcomes. TeamBirth had a positive impact ($p < 0.001$) on patient experience when their medical team performed one or more huddles with them throughout their birthing process. Not only did patients have a positive experience, but medical team members felt that TeamBirth improved care, team communication, and decision making. Lastly, the pilot study was shown to decrease both NTSV Cesarean rates and postpartum depression rates at its highest performing hospital.

METHODS

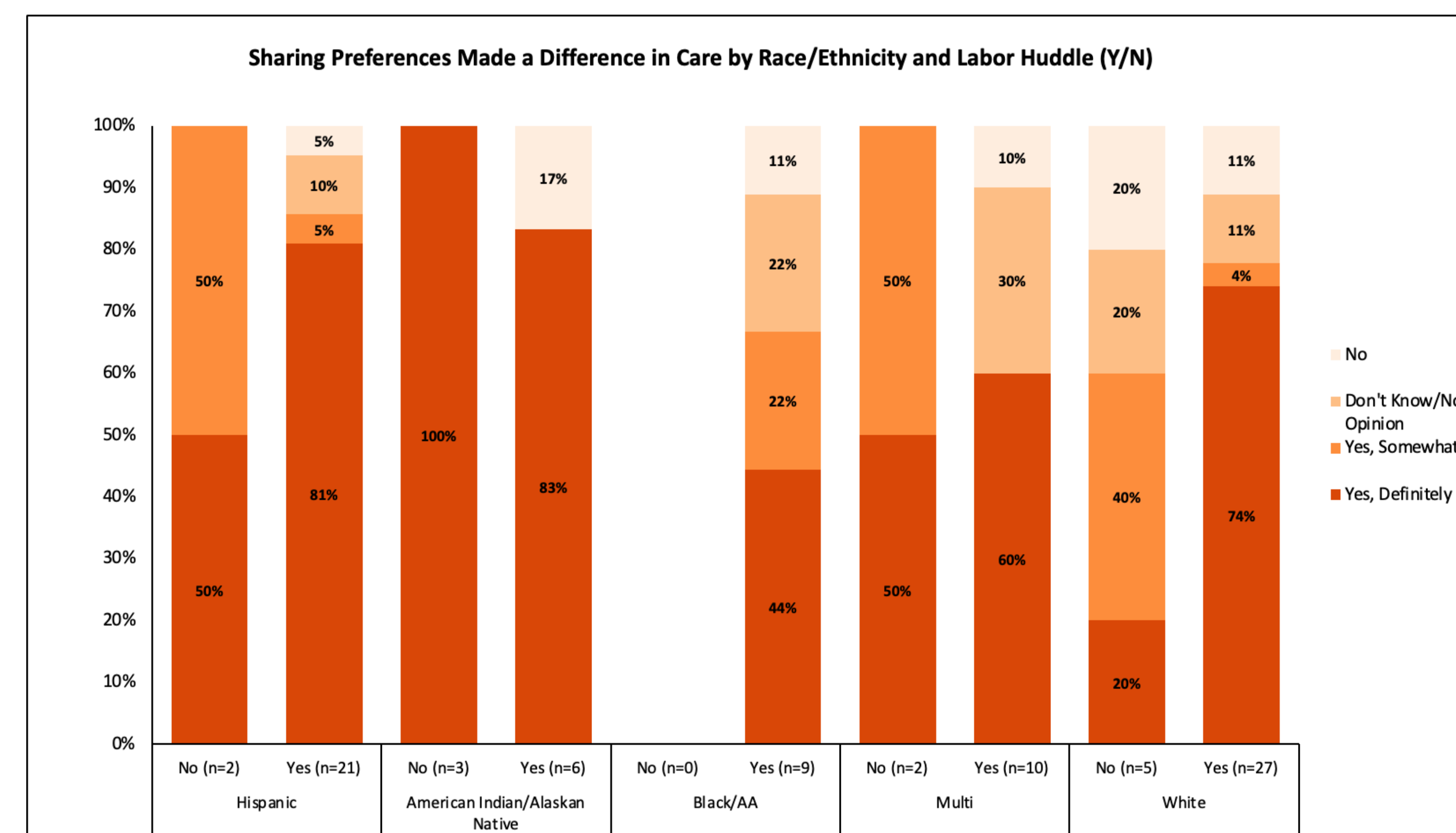
- Provide visual aids during different phases of the L&D experience to guide shared decision making.
- Place standardized white boards in every L&D room which displays patient goals, labor progress, and support people.
- Initiate designated Huddle times to discuss labor progress and any changes in the labor plan with the patient and her health care team.
- Provide both patient and healthcare team surveys before and after TeamBirth implementation.

RESULTS

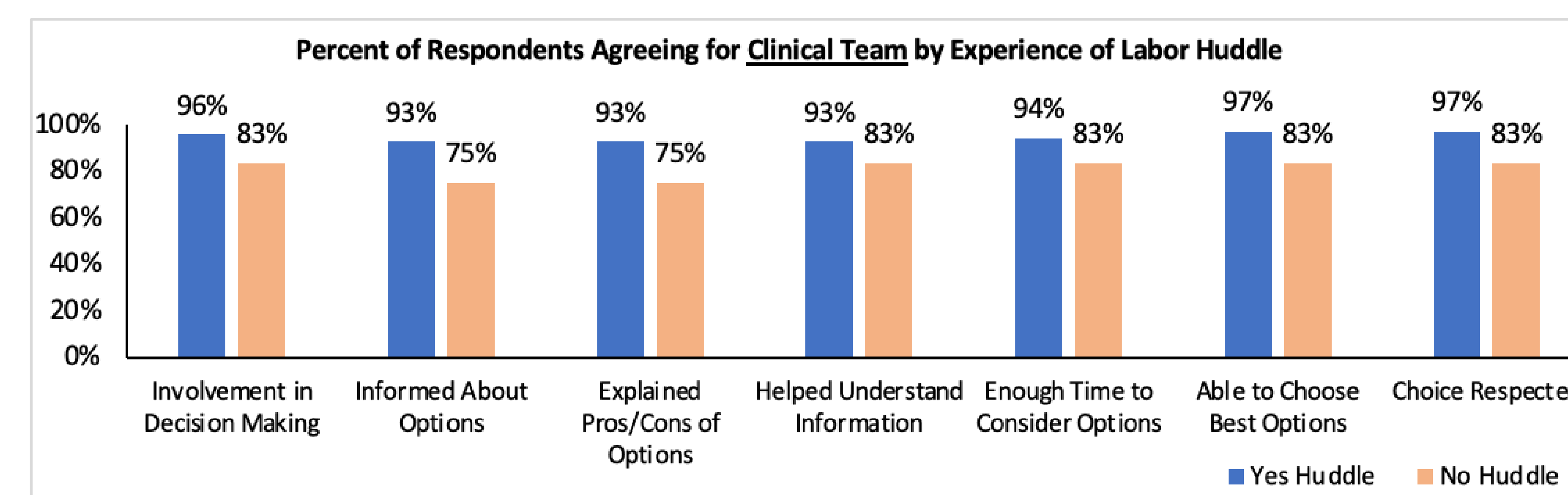
Patient Surveys

Response Rate		Cumulative
Fully Completed Surveys		97
Response Rate		30%
Patient Survey Demographics		Cumulative
Language		
English		84 (86.6%)
Spanish		12 (12.4%)
Race/Ethnicity		
Hispanic		25 (25.8%)
NH American Indian/Alaska Native		11 (11.3%)
NH Asian		--*
NH Black/African American		9 (9.3%)
NH Multiracial		13 (13.4%)
NH Native Hawaiian/Other Pacific Islander		--*
NH White		35 (36.1%)
NH Other		0 (0%)
Prefer Not to Answer		0 (0%)
Parity		
Primiparous		31 (32.3%)
Multiparous		65 (67.7%)
Delivery Method		
Multiple Types		--*
Vaginal		86 (88.6%)
C-Section		10 (10.3%)
Induced		56 (57.7%)
Experienced Complications		
MADM 1-Single Provider		--*
Obstetrician		66 (68%)
Family Physician		11 (11.3%)
Midwife		20 (20.6%)

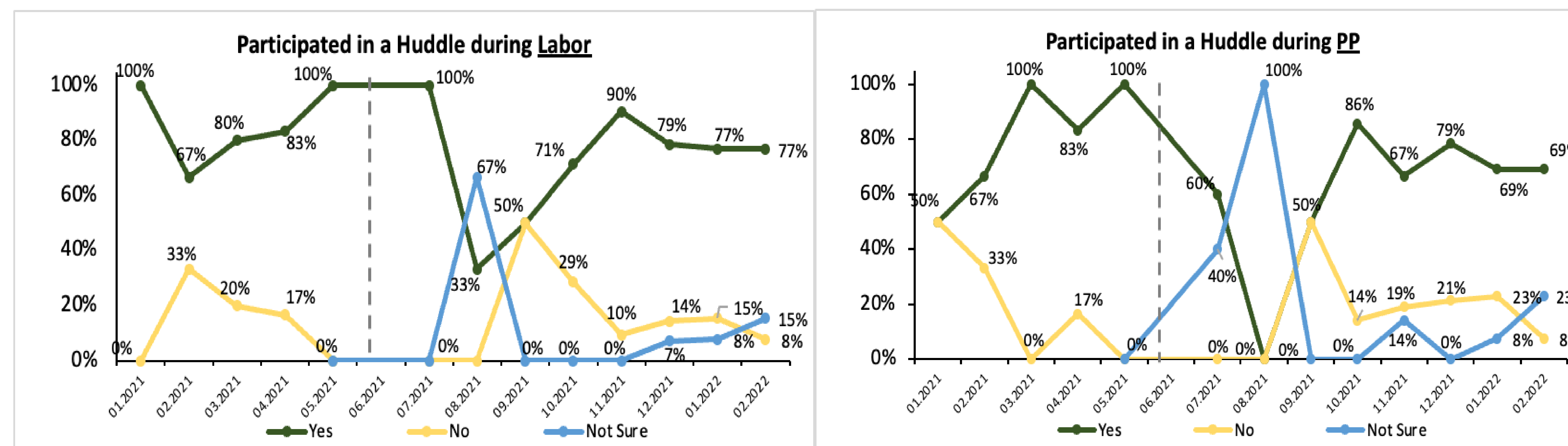
*These cells have been suppressed due to small counts.



Patient responses to survey question "Do you feel that sharing your preferences made a difference in your care?" Responses were categorized by Ethnicity and further broken down to distinguish if patient noted experiencing a labor huddle or not.



Patient satisfaction scores separated by those stating they did receive a Huddle and those stating they did not receive a Huddle.



Trends for patient reporting based on if they experienced a Huddle in labor and delivery and/or the postpartum period.

RESOURCES

- TeamBirth Pilot Study. 2017. Ariadne Labs. Delivery Decisions Initiative.
- TeamBirth Pilot Study. 2017. Saint Francis HCAPS data.
- TeamBirth OSU MC Study. 2021-2022.

CONCLUSION

Overall, patients were more likely to report experiencing a Huddle during labor rather than during the postpartum period. Satisfaction scores were higher in all categories among patients who reported participating in a Huddle compared to those who did not. Lastly, those patients who reported participating in a Huddle also had higher reports of feeling that sharing their preferences made a difference in their care. This findings remained consistently positive across all race and ethnic groups. This confirms the hypothesis that TeamBirth has improved patient birth experience at OSUMC.

DISCUSSION

Implementation of TeamBirth at OSUMC L&D has shown that using verbiage and visual tools that intentionally include patients in decisions regarding their care improves overall satisfaction ratings and delivery experience. Having a standardized approach to counseling patients improved ratings and experience regardless of race/ethnicity. We are hopeful that continued use of TeamBirth will help combat racial disparities that are prevalent in the healthcare field, specifically in Labor and Delivery. Future studies may focus on translating key aspects of TeamBirth to other healthcare fields to improve shared decision making and overall patient experience.

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Disclosure statement:

The authors declare that they have no conflicts of interest and nothing to disclose.