



You may complete this observation directly online or submit results after completing this paper form.

TEAMBIRTH HUDDLE OBSERVATION FORM

Observer Information

Observer name: _____ Date: _____

Observer role:

- Doula Nurse leader Other hospital staff Patient Provider Staff nurse Support person

How did you participate?

- Clinical team member Observer Patient Support person

Huddle Identification & Team

What prompted this huddle? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Admission (e.g., labor evaluation, induction, scheduled c-section, high risk antenatal, postpartum readmission, transfer from community birth setting or other facility) | <input type="checkbox"/> Labor progress (e.g., slow labor, pushing a long time) |
| <input type="checkbox"/> Category II FHR (concerns about baby's heartbeat) | <input type="checkbox"/> Maternal intervention (e.g., AROM, augmentation, internal monitors, operative vaginal birth, C-section) |
| <input type="checkbox"/> Change in medical care management (e.g., hypertension, hemorrhage, infection, substance use disorder) | <input type="checkbox"/> Pain control |
| <input type="checkbox"/> Discharge planning | <input type="checkbox"/> Patient request |
| <input type="checkbox"/> Infant intervention (e.g., supplemental feeding plan, phototherapy, opioid exposure plan, NICU/NSY observation/admission) | <input type="checkbox"/> Post-birth / post-emergency debrief |
| | <input type="checkbox"/> Other: _____ |

Who wrote on the board? (Select all that apply)

- Mom/birthing person Nurse Provider Support person Other _____

	No	Yes
Was it <i>clearly stated</i> this was a TeamBirth huddle*?	<input type="checkbox"/>	<input type="checkbox"/>
Was <i>each person</i> introduced by name and role at the beginning?	<input type="checkbox"/>	<input type="checkbox"/>
Were the names and roles <i>written</i> on the shared planning board?	<input type="checkbox"/>	<input type="checkbox"/>

Preferences

	No	Yes
Was the patient invited to share preferences/concerns about the <i>current plan</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Were the patient's preferences/concerns about the plan <i>written</i> on the board?	<input type="checkbox"/>	<input type="checkbox"/>

*Or whatever your facility has chosen to call a TeamBirth huddle (e.g., TeamBirth conversation, etc.)



Plan

Was the patient offered *options & choices* about the *current plan* and did decisions *incorporate or address* their preferences or concerns? No Yes

Were the following care plans *written and up to date* on the shared planning board?

	NA	No	Yes
Plan for me/birthing person		<input type="checkbox"/>	<input type="checkbox"/>
Plan for baby		<input type="checkbox"/>	<input type="checkbox"/>
Plan for labor progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were *discussion guides* used at any time to support this huddle?

	NA	No	Yes
Admission discussion guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery discussion guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next Huddle

	No	Yes
Did the team discuss expectations for when the <i>next huddle</i> may occur?	<input type="checkbox"/>	<input type="checkbox"/>
Were those expectations <i>written</i> on the shared planning board?	<input type="checkbox"/>	<input type="checkbox"/>

Reflections

How confident did you feel leading or participating in this huddle?

Beginner Developing Experienced Fluent Zero participation (observer only)

What types of support or learning would be most helpful to increase confidence with TeamBirth huddles?

Coaching during real huddles Job aids/quick reference tools Role-play or simulation
 Example videos More chances to lead huddles Short refresher in-person or virtual
 Other: _____

What specific actions or huddle behaviors worked well during this huddle?

What made this huddle harder than ideal, or what limited its effectiveness?

What is one small change that would make the biggest difference next time?