

TeamBirth Boards:

LDRP and LDRP prototypes

My Team

Welcome:

Support People:

Nurse:

Midwife:

Obstetrician:

Pediatrician:

Anesthesiologist:

Lactation Consultant:

Social Worker:

Housekeeper:

Plan of Care

For Mom:

For Baby:

Labor Progress:

Early labor

Active labor

Pushing

Recovery

Next Huddle:

Education

Baby Bath Demo ☐

Depression Screen ☐

AWHONN Save Your Life Handout ☐

In Joy app access ☐

About My Baby

Quiet Time is observed 1:00 p.m. – 3:00 p.m. daily

Welcome Baby:

Date:

Time:

Birth Weight:

Length:

Void ☐

Stool ☐

Circumcision:

Frequent skin to skin

Feeding plan: *Feed on demand, 8 or more feedings in 24 hours*

Preferences

Comfort

Last Medication Given:

Next medication due:

Discharge Needs

Birth Certificate ☐

Code Alert ☐

PKU ☐

Clamp removed ☐

CCHD ☐

D/C Orders ☐

Hearing Test ☐

Car Seat ☐

VNA Referral ☐

Prescriptions ☐

Follow up appointments ☐

Mother's survey ☐



**TEAMBIRTH
PLANNING BOARD**

TODAY'S DATE:
ROOM #:

DELIVERY DATE:
TIME:

BIRTH WEIGHT:
LENGTH:

ROOM PHONE #:

YOUR BIRTH TEAM:

Patient _____

Support _____

Nurse _____

Tech _____

Provider _____

Lactation _____

Pediatrician _____

PREFERENCES

PLAN:

Mom:

Baby:

Progress:

Next Huddle:

BABY:

We are having a _____

The baby's name is _____

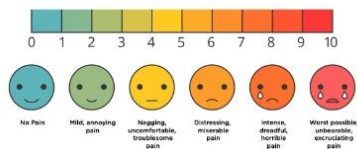
Breast or Bottle _____

Medications: ☐ Yes or ☐ No

Communication Notes:

EARLY LABOR ACTIVE LABOR PUSHING

PAIN MEASUREMENT SCALE









Our goal is to provide EXCELLENT care.

Questions are always encouraged.

DATE:

Breastfeeding assistance CALL x1799

MY TEAM	PLAN FOR CARE	GOALS
Name: _____ Support: _____ Nurse: _____ OB Provider: _____ Baby Provider: _____	Me: Baby:	Postpartum:    Baby:
MY THOUGHTS		  
	Labor Progress:	<input type="checkbox"/> Breast <input type="checkbox"/> Formula
MY COMFORT	Next Huddle:	EDUCATION
Call your nurse for medication @ x_____		<input type="checkbox"/> Safe sleep/CPR <input type="checkbox"/> Bath Demo
Next available time		<input type="checkbox"/> Video <input type="checkbox"/> Discharge Teaching

Room	Phone:	FMC Front Desk: 482-2229
Date	Nurse Phone:	
<div> <div>EARLY LABOR</div> <div>ACTIVE LABOR</div> <div>PUSHING</div> </div>		

<h3>My Care Team</h3> <p>Name:</p> <p>Support Person(s):</p> <p>Nurse:</p> <p>Nurse Leader:</p> <p>Provider:</p> <p>Newborn Provider:</p> <p>Other:</p>	<p>It's a _____ !</p> <p>Name:</p> <p>Birthday: Time:</p> <p>Weight: Length</p> <p>Feeding Plan: <input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Combo</p> <p><input type="checkbox"/> Hep B Vaccine <input type="checkbox"/> Vit K <input type="checkbox"/> Erythromycin</p>
<h3>My Care Plan</h3> <p>Mom:</p> <p>Baby:</p> <p>Labor Progress:</p> <p>Last Exam: __/__/__@</p> <p>Next Huddle:</p>	<h3>My Preferences</h3> <p>Medications</p> <p>_____ Next @ _____</p> <p>_____ Next @ _____</p> <p>_____ Next @ _____</p> <p>Prepare for Discharge:</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>GBS _____ Blood Type _____ <input type="checkbox"/> Rhogam</p>

Providence Sacred Heart Medical Center
Know Me - Care for me - Ease my way

Room: 2040 Phone: 474-6440 L&D RN Station Phone: 474-6460

Name: **Amber**

Support Person(s): **Andrew**

Nurse: **Amina**

Provider: **Dr. Archino**

Resident: **Dr. Robins**

Newborn Provider: **Dr. Bilger**

Other:

Date: **5/18/22**

Mon - Tues ☒ Weds - Thurs - Fri - Sat - Sun

Plan: **Walking Shower**

Baby: **monitor on 39**

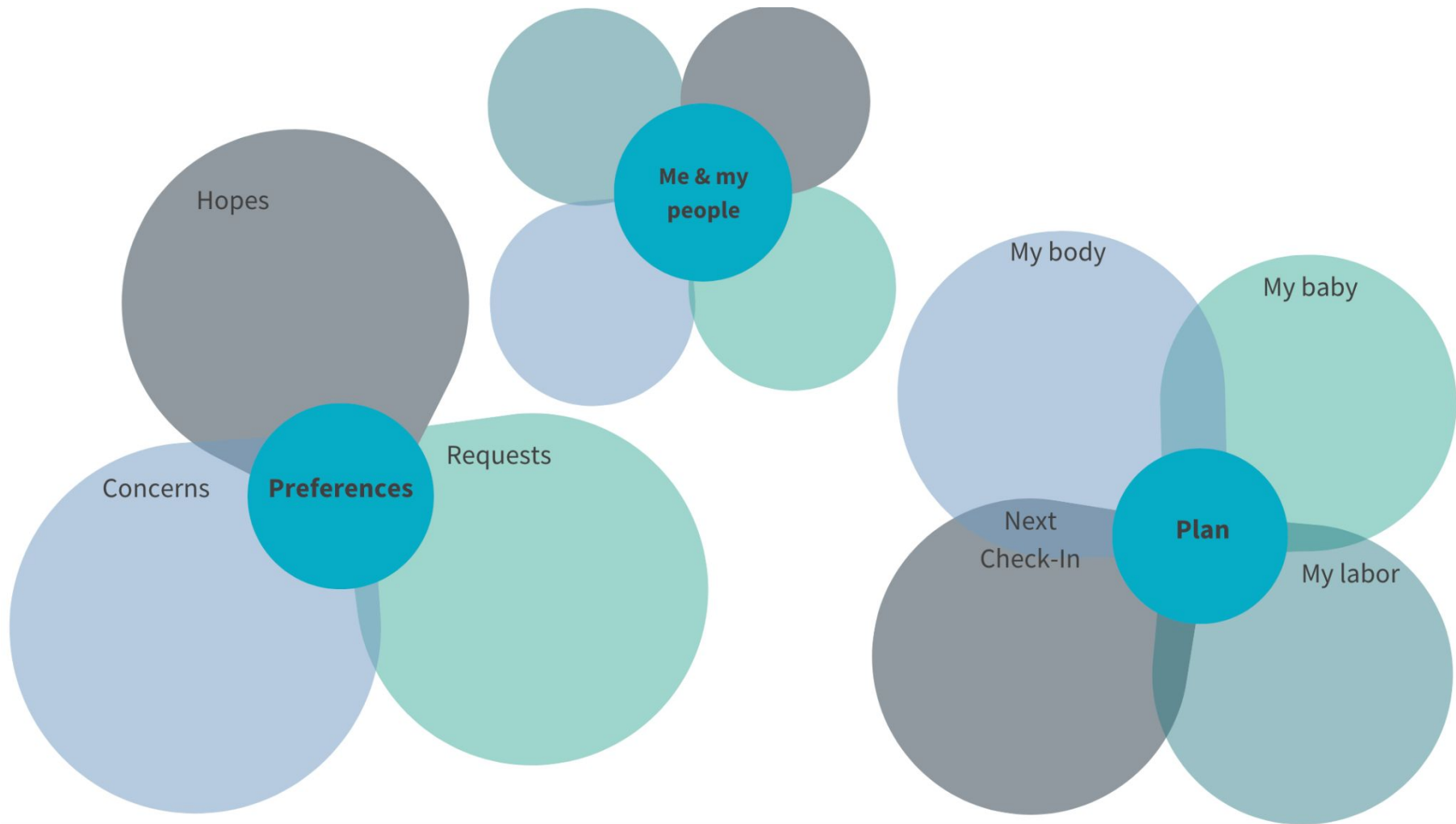
Labor Progress: **watch + wait**

Labor Preferences: **but of bed no epidural Dad help catch**

Next Assessment: **When feels pressure in 3 hours**


Comments:

Our Core Values
 Compassion - Dignity - Justice - Excellence - Integrity



LDRP Example


Room #:	Date:	Weeks:
Team: BIRTHING PERSON: SUPPORT PERSON(S): NURSE: ATTENDING DR: ROUNDING DR:	_____: Plan: Progress: (Labor or Discharge) Next Huddle:	Baby: Plan: Progress: (Newborn Discharge) Next Huddle:
Preferences:		
Notes:		



Delivery
Discharge

LDRP Example

Room #:	Date:	Weeks:
Team: BIRTHING PERSON: SUPPORT PERSON(S): NURSE: ATTENDING DR: ROUNDING DR:	 _____:	Plan/Huddles:
Preferences:	Progress: (Labor or Discharge)	Baby:
	Next Huddle:	Progress: (Newborn Discharge)
Notes:		Next Huddle:

Delivery
Discharge

TeamBirth Boards:

L&D/Postpartum paired board
(can be in LDRP, flipped side to side, or for continuity across units)



**LABOR AND DELIVERY
PLANNING BOARD**

DATE: _____
ROOM: _____

LAST CHECK IN: _____
GA: _____

TEAM	<div>→</div> <div>EARLY LABOR ACTIVE LABOR PUSHING</div>
PREFERENCES	PLAN Mom: _____ Baby: _____ Progress: _____
CONSIDERATIONS	NEXT CHECK IN _____



**BIRTH CARE
PLANNING BOARD**

DATE: _____
ROOM: _____

GA: _____

MODE OF DELIVERY: _____
DAYS OF POSTPARTUM: _____

TEAM	PLAN Mom: _____ Baby: _____
PREFERENCES	NEXT CHECK IN Mom: _____ Baby: _____
CONSIDERATIONS	

U-MEDICAL CENTER
CENTER FOR WOMEN & INFANTS

Labor & Delivery Planning Board

Panel de Planejamento do Trabalho de Parto e Nascimento

3 East | Room 323 Room Phone: 865-305-3325

Team
Equipe médica

Date
Data

Next Check In
Próxima consulta

Dilation Chart (Dilatação)

1cm 2cm 3cm 4cm 5cm 6cm 7cm 8cm 9cm 10cm

Early Labor
Ativação do Trabalho de Parto

Active Labor
Trabalho de Parto Ativo

Pushing
Empurrando

Preferences
Preferências

Coping tools
Estratégias de Enfrentamento

Plan
Plano

Baby
Bebê

Labor Progress
Progresso do Trabalho de Parto

U-MEDICAL CENTER
CENTER FOR WOMEN & INFANTS

Women & Infants Planning Board

Panel de Planejamento da Mulher e do Bebê

3 Heart | Room 363 Room Phone: 865-305-3325

Team
Equipe médica

Date
Data

Next Check In
Próxima consulta

Baby
Bebê

Pain Intensity Scale
Escala de Dor de 0 a 10

1	No Pain Sem Dor
2	Activity Normal Atividade Normal
3	Can Be Ignored Pode Ser Ignorado
4	Activity Normal Atividade Normal
5	Amusing Engraçado
6	Affects Physical Ability Afeta a Capacidade Física
7	Very Distracting Muito Distraente
8	Limits Normal Activity Limita a Atividade Normal
9	Very Intense Muito Intenso
10	Can Only Think About Pain Só Pode Pensar na Dor

Preferences
Preferências

Plan
Plano

Baby
Bebê

Birthdate
Data de Nascimento

Length
Comprimento

Time
Hora

Birth Weight
Peso ao Nascer

Feeding Choice
Tipo de Alimentação

Current Weight
Peso Atual



Welcome to The Birthplace
CHEROKEE NATION®

SSV
Gadugi

Date: Room #:
Room phone #:

Care Team

Name: Support people:
Nurse:
Midwife: Physician:

Preferences, Questions, Concerns



Plan

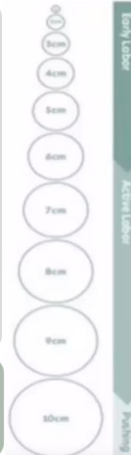
Me:

My baby:

Labor Progress:

Next Huddle:

Name: *About My Baby* Physician
Birth Day Weight
Birth Time: Breast Bottle Length



Welcome to The
Birthplace
CHEROKEE NATION®

SSV
Gadugi

Date: Room #:
Room phone #:

Care Team

My name: Baby's name:
Nurse: Support people:
Nurse Tech Pediatrician :
OB Provider:

Preferences, Questions, Concerns

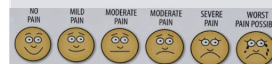


My Plan

Baby's Plan

Breast Bottle

Next Huddle:



Next Huddle:



SAFE TO SLEEP

*Birthing the
Nation's Future*

Birth Day Weight
Birth Time: Length

TODAY IS:

Room #:

Phone #:

Food Services:

TEAM

Me: My Support:

Nurse: Doula:

Charge Nurse: OB/Midwife:

PLAN OF CARE

Me: Baby: For my labor progress: Next Huddle:

PREFERENCES QUESTIONS CONCERNS

BIRTH

Baby's name:

Baby's provider:

Feeding plan: ☐ Breastfeeding ☐ Bottle feeding

Cord Blood: ☐ Yes ☐ No

Protocols: ☐ Glucose ☐ Chorio

Instruments:

Sharps:

Laps:

TODAY IS:

BIRTH DAY:

Room #:

Phone #:

Food Services:

OUR TEAM

Me: My Support: My Baby:

Nurse:

Charge Nurse: OB/Midwife: Baby's Provider:

PLAN OF CARE

Me: My Baby:

Next Huddle: Next Huddle:

PREFERENCES QUESTIONS CONCERNS

DISCHARGE CHECKLIST



Footprints
☐



CCHD
☐



Hearing
☐



Birth Certificate
☐



Lab Draws
☐



Bilirubin
☐



Carseat
☐



Weight
☐

Birth Day:

Birth Time:

Planned
Discharge
Date:

TeamBirth Boards:

L&D and Antepartum/High-risk OB

LABOR & BIRTH PLANNING BOARD

DATE:

ROOM #:

ROOM PHONE:

MY BIRTHING TEAM:



PLAN OF CARE FOR:

ME:



MY BABY:

MY PREFERENCES:



MY LABOR PROGRESS:

NEXT HUDDLE



Date:

Room #:

Room Phone:

My Team:

MY NAME: _____

MY SUPPORT PEOPLE: _____

MY NURSE: _____

MY MIDWIFE: _____

MY DOCTOR: _____

My Preferences:

My Care Plan:

For Me:

For My Baby:

For My Labor Progress:

For My Next Huddle:

About My Baby

We are having a: _____

Our baby's name is: _____

Feeding Plan: ☐ Breastfeeding

☐ Formula

My Last Exam:

Managing My Pain:



0

No Hurt



2

Hurts Little Bit



4

Hurts Little More



6

Hurts Even More



8

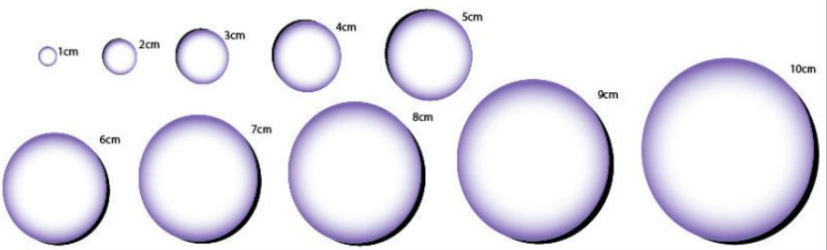
Hurts Whole Lot



10

Hurts Worst

Acceptable Pain Level	Pain Med Given	Next Dose Available
<input type="text"/>	<input type="text"/>	<input type="text"/>



Thank you for choosing St. Vincent Hospital!

MY TEAM

My name: _____

My supports: _____

OB/CNM: _____

Nurse: _____

Anesthesiologist: _____

ABOUT ME

My preferences / Good to know: _____

About baby: _____

ME

Me: _____

Baby: _____

Labor progress: _____

Huddle time: _____

Anticipated next huddle: _____



MI EQUIPO

MI nombre: _____

Apoyo: _____

Obstetra/Enfermera Partera Certificada: _____

Enfermera: _____

Anestesiólogo: _____

ACERCA DE MI

Mis preferencias / Necesario saber: _____

Acercas del bebé: _____

MI PLAN

Yo: _____

El/La Bebé: _____

Progreso de trabajo de parto: _____

Hora de reunión: _____

Próxima reunión anticipada: _____

Antes del trabajo de parto / Trabajo de parto temprano

Trabajo de parto activo

Transición

Pujando

Family Life Center

Labor and Birth Communication Board

Room #:	Phone #:	Date:	Dietary: 748-9183
TEAM:		PLAN	
PREFERENCES:		____:	
CONCERNS:		Baby:	
		Progress:	
		NEXT HUDDLE:	
		▼	
		GA	Fluid
		GBS	Doses
		Concerns	

_____ 's Labor and Delivery Plan of Care

My Team:

Plan

_____:

Baby:

My Preferences:

Progress:

My Next Check In:

1 CM
(Cheerio)



2 CM
(Penny)



4 CM
(Oreo)



6 CM
(Pop Can)



8 CM
(Donut)



10 CM
(Toilet Paper)

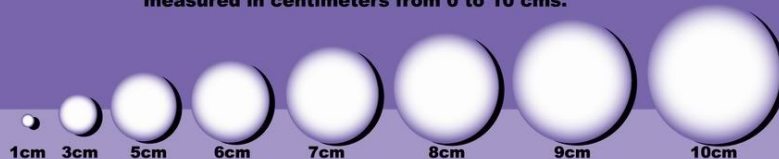


Cervical Effacement & Dilation

Effacement - the gradual thinning, shortening and drawing up of the cervix measured in percentages from 0 to 100%.



Dilation - the gradual opening of the cervix measured in centimeters from 0 to 10 cms.



The BirthPlace
at St. Mary's Regional Medical Center


**Labor & Delivery
Planning Board**

Date:
Room:

Last Check In:
GA:

TEAM:

Preferences/Considerations:



A series of nine dark blue circles of increasing size, representing the stages of cervical dilation from 1cm to 10cm. Below the circles are labels: 1cm, 2cm, 3cm, 4cm, 5cm, 6cm, 8cm, 9cm, and 10cm. The word "Dilation" is centered below the 6cm and 8cm labels.

Dilation

Early Labor Active Labor Pushing



Plan:

Patient:

Baby:

Progress:

**Next
Check In:**



Labor and Birth Planning Board

Room #:

Date:

Weeks:

TEAM

PREFERENCES

NOTES

PLAN

_____:

Baby:

Progress:

NEXT HUDDLE

_____→

EARLY LABOR

ACTIVE LABOR

PUSHING

TeamBirth at Swedish Huddle Board



Room _____

My Care Team

Support

Doctor/Midwife

Resident

Doula

Nurse

My Preferences

Labor Plan

Baby

Labor

Early Labor Active Labor Pushing →

Next Assessment

Baby Information

Name _____ Sex _____

Provider _____

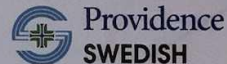
Birth Date _____

Birth Time _____ Weight _____

☐ AM ☐ PM

Counts & Notes

TeamBirth at Swedish Huddle Board



Room _____

My Care Team

Support

Doctor/Midwife

Resident

Doula

Nurse

My Preferences

Labor Plan for

Baby

Labor

Early Labor Active Labor Pushing →

Next Assessment

Baby Information

Name _____ Sex _____

Provider _____

Birth Date _____

Birth Time _____ Weight _____

☐ AM ☐ PM

Counts & Notes



South Shore Health

Labor and Birth Planning Board

DATE:
ROOM:

LAST HUDDLE:
GA:

TEAM

PLAN FOR

Mom:

PREFERENCES

Baby:

Labor Progress:

MEDICAL BACKGROUND

NEXT HUDDLE



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Labor and Birth Planning Board developed by the Delivery Decision Initiative at Atlantic Labor. 06-12-2016

PRE-LABOR

EARLY LABOR

ACTIVE LABOR

PUSHING

DAY OF THE WEEK: _____
DATE: _____

ROOM #
ROOM PHONE #
Press "8" to dial out

TEAM

PREFERENCES

PLAN

BABY

PROGRESS

NEXT HUDDLE

Early Labor Active Labor Pushing

LABOR AND DELIVERY PLANNING BOARD Ascension St. John

DATE: _____ GA: _____ RM #: _____ PHONE #: _____

TEAM:

PREFERENCES:

MEDICAL INFORMATION:

PLAN:
Mom:
Baby:
Progress:

Next Check In: _____

Labor and Birth Planning Board



Gestational Age:

G

P

MY TEAM

Patient/Partner:

Supporting Persons:

RN:

Provider:

On Call Provider:

Anesthesia Provider:

OB Hospitalist:

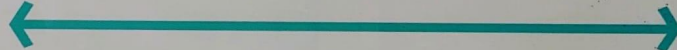
Preferences/Hopes/Concerns:

PLAN FOR

Patient:

Baby:

Labor:



PRE-LABOR

EARLY LABOR

ACTIVE LABOR

PUSHING

Exam:

/ / #

Questions for later:

Next Huddle:

Bleeding Risk:

LOW

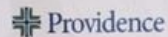
MEDIUM

HIGH



EvergreenHealth

MAGNETIC Whiteboard
ERASER



Providence Portland
Medical Center

Labor and Delivery TeamBirth

My Team:

Plan:

My Preferences:

Baby:

Labor Progress:

My Concerns:

Next Team Check-in:

Providence

6.21.22

Providence St. Vincen
Medical Center

Labor and Delivery TeamBirth

Trabajo de parto y parto TeamBirth

Welcome baby

My Team:

equipo:

RN: BLANCHE
MD: DR KYLE
CHARGE RN: NICOLE

My Plan:

Mi plan:

- REST WITH EPIDURAL
- CHECK BP
- STAY HYDRATED H₂O & JUICE
- LOACH WITH PUSHING

My Baby:

Bebé:

CONTINUOUSLY MONITOR BABY
CHANGE SYNTIA'S POSITION
TO HELP WITH BABY POSITION
& DESCENT during pushing

My Preferences:

Mis preferencias:

SLEEP & REST
VISITORS OK
RYAN WITH ME AT ALL TIME
BONDING TIME WITH BABY

My Labor Progress:

Avance del trabajo de parto:

Vaginal exam to check
descent of baby's head

My Concerns:

Mis preocupaciones:

MY BP

Next Team Huddle:

Próxima consulta de control con el equipo
WHEN HEAD VISIBLE ON PERINEUM

Notes:

Notas:

AL BABY MEDS
BOTTLE FEED
HAIR WASH
SKIN TO SKIN

EARLY LABOR

ACTIVE LABOR

PUSHING

MY CARE TEAM

PATIENT:

PARTNER & FAMILY:

PROVIDER:

PEDIATRICIAN:

NURSE:

CHARGE NURSE:

OTHER:

LABOR PLAN

MOM

BABY

PROGRESS

MY PREFERENCES

NEXT ASSESSMENT

NOTES



WHO'S PART OF OUR SHARED TEAM?

WHAT ARE EXPECTATIONS FOR RESPECTFUL CARE?

NEXT STEPS?

for Birthing person:

for Baby/Babies:

for Labor progression:

NEXT HUDDLE TIME?

What is the current stage of labor?

Early

Active

Pushing



NORMAN
REGIONAL
Health System

Labor Delivery Planning Board

Welcome: _____ Date: _____ Room #: _____

Team

Preferences

Plan

Mom:

Baby:

Labor Progress:

Next Huddle:

Early Labor Active Labor Pushing

Notes

Important Numbers

Emergency: Dial 88 | Free WiFi: Guest@NRHS

Photography Policy

Thank you in advance for not video or audio taping with still cameras, video cameras, or cell phones during labor and delivery. You may video and take pictures as soon as the baby is born at the discretion of your physician and labor/nursery nurses.

Room #:

Date:

Weeks:

Team:

Plan:

Birth Person:

Baby:

Progress:

Preferences:

Next Huddle:

Notes:

LABOR & BIRTH PLANNING BOARD

ROOM#:

PHONE#

DATE:

WEEKS:

TEAM

PLAN

_____:

BABY:

PROGRESS:

PREFERENCES

NOTES

NEXT HUDDLE

EARLY LABOR

ACTIVE LABOR

PUSHING

LABOR & BIRTH PLANNING BOARD

ROOM#: 484 PHONE#: 508-304-5093 DATE: 8/12 WEEKS: 40¹

TEAM Vanessa Kim
Chris RU

PLAN Epidural @ 3:30pm UMass Memorial Health

BABY: Soleil ^{Harvey Birthday} ♥

PROGRESS: Check when uncomfortable
let labor progress naturally to now

PREFERENCES Intermittent monitoring
delayed cord clamping
Skin to skin
Breast feeding

NOTES Cord blood donor → public bank

NEXT HUDDLE 10/100/+1

EARLY LABOR ACTIVE LABOR PUSHING



Labor and Delivery Planning Board

TEAM

DATE:

ROOM:

LAST HUDDLE:

EARLY LABOR

ACTIVE LABOR

PUSHING

PLAN

Mom:

Baby:

Labor Progress:

NEXT HUDDLE

PREFERENCES

Labor and Delivery Planning Board *Baby Girl*

TEAM
Misty + Shannon
RN: Tera + Polly 20075
Dr. Nilson

PLAN
Maternal: Pain Control + Positioning
Fetal: Continuous Monitoring
Progress: Pitocin *21x212* *as possible*
NEXT ASSESSMENT *2 hrs*
internal monitor?

PREFERENCES
Breastfeed
Epidural
Strawberries!

NEXT HUDDLE

DATE: _____
ROOM: _____
LAST HUDDLE: _____

EARLY LABOR ACTIVE LABOR PUSHING



Date



Room #



Food #

Meet your Care Team

Name:

Support
people:



Nurse:

Physician:

We are having a:



Girl



Surprise



Boy

Breastfeeding

Both

Bottlefeeding

Care Plan

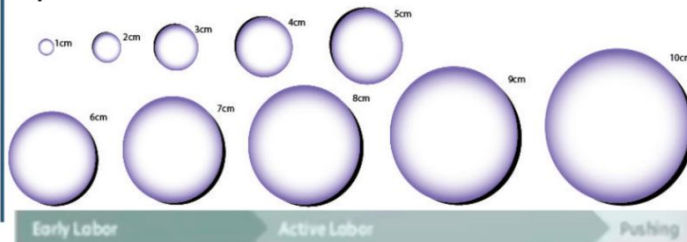
Me:

Baby:

Labor
Progress:

Next
TeamBirth
pause:

Preferences, Questions, Concerns



TeamBirth Boards:

Postpartum/Well-Newborn, Mother-Baby

DATE

ROOM #

ROOM PHONE

MOM & BABY PLANNING BOARD

TEAM



PLAN FOR ME



PLAN FOR MY BABY

PROGRESS



PROGRESS

MY THOUGHTS AND CONCERNS



NEXT HUDDLE



NEXT HUDDLE

Room #:		Baby:		GA:
Patient Name:		Plan of Care:		
Care Team:				Plan of Care:
Support Team:				
Nurse:	Phone #:	Preferences:	Preferences:	
			Feeding:	
			Breast / Formula / Both	
			Newborn Medications:	
			Y / N	
Provider(s):		Progress:	Cord Blood Collection:	
			Y / N	
Next Huddle:	Hemorrhage Risk Score:			
	<div> <div></div> <div></div> <div></div> </div>			
		 Virtua Health TeamBirth Project		

POSTPARTUM PLANNING BOARD

ROOM #:

BIRTH DATE:

BIRTH WEIGHT:

GESTATIONAL AGE:

MODE OF DELIVERY:

TEAM

MY NAME: _____

MY BABY'S NAME: _____

OUR SUPPORT(S): _____

NURSE: _____

OB PROVIDER: _____

PEDIATRICIAN: _____

LACTATION: _____

MY PREFERENCES

ME:

REQUESTS

- ☐ PAIN CONTROL
- ☐ FALL RISK
- ☐ NEW MEDICATION

- ☐ SIDE EFFECTS EXPLAINED
- ☐ EDUCATION
- ☐ BREAST PUMP

- ☐ DISCHARGE INSTRUCTIONS AND/OR
ANTICIPATED DISCHARGE DATE: _____

NEXT HUDDLE:

PLAN FOR CARE

BABY:

BABY LAST FED AT:

- ☐ BREASTFEEDING
- ☐ BOTTLE FEED

EDUCATION:

- ☐ SAFE SLEEP
- ☐ VACCINES
- ☐ CIRCUMCISION
- ☐ BIRTH CERTIFICATE

SCREENINGS:

- ☐ HEARING
- ☐ NEWBORN
- ☐ CCHD
- ☐ TCB/Bili

- ☐ DISCHARGE INSTRUCTIONS AND/OR
ANTICIPATED DISCHARGE DATE: _____

NEXT HUDDLE:

Ask me about

TEAMBIRTH

Let's huddle.