

## *Step 7*

PRACTICE ROOMING-IN BY ALLOWING MOTHERS AND  
INFANTS TO REMAIN TOGETHER 24 HOURS A DAY.



# *Objectives*



1. FACILITATE ROOMING-IN.
2. ENCOURAGE SKIN-TO-SKIN CONTACT BETWEEN MOTHER AND BABY.
3. TEACH MOTHERS ABOUT EARLY FEEDING CUES.

# Step 7

**GOAL: TO ENSURE THAT MOTHER-INFANT CONTACT IS MAXIMIZED TO FACILITATE FREQUENT SKIN-TO-SKIN CONTACT AND RESPONSIVENESS TO FEEDING CUES.**

## BACKGROUND

Parents are the most important caregivers for their baby and should be afforded every opportunity to participate in the planning of their baby's care. Rooming-in can facilitate family-centered care that increases parental confidence, skills and newborn safety regardless of socioeconomic characteristics or chosen infant-feeding methods.

All mothers should be encouraged to stay with their baby 24-hours a day while at your facility. Separation should only occur for acceptable clinical reasons or as a result of a fully informed choice by the mother.

Research shows that:

1. A baby in a mothers room will:

- Stay healthier and have a lower incidence of infant cross-infection<sup>1-5</sup>
- Maintain infant temperature and blood glucose levels<sup>6,7</sup>
- Cry less<sup>6,8,9</sup>
- Encourage frequent feedings, greater milk intake and establishment of a strong milk supply<sup>10-21</sup>



### CLINICAL NOTES

Rooming-in care is promoted by the American Academy of Pediatrics; the American College of Obstetricians and Gynecologists; the Association of Women's Health, Obstetric and Neonatal Nurses; the International Lactation Consultant Association; the Academy of Breastfeeding Medicine and other health organizations.

## Exclusive breastfeeding for six months and continued breastfeeding for the first one to two years and beyond yields lifetime benefits for both mom and baby.

### TIPS FOR MOM

#### Infant Hunger Cues

It's easier to get an infant to latch on when the baby is first starting to feel hungry, rather than waiting until the baby is distressed and screaming due to intense hunger. Teach mothers about their infants' early hunger cues, and you'll make things a lot easier for both of them.

#### Infant Early Hunger Cues

- Sucking on tongue, lips, hands or fingers when asleep or awake.
- Moving the arms and hands toward the mouth.
- Restless movements while asleep.
- Rapid eye movements under eyelids.
- Opening the mouth when the lips are touched.
- "Rooting" or searching for your nipple.
- Making small sounds.

#### Infant Late Hunger Cues/Distress Cues

- Crying.
- Fussing.
- "Shutting down" to conserve energy after a period of distressed crying.

2. A mother who has her baby with her will:
  - Learn more about her baby's normal responses, sleep-wake cycle and hunger cues <sup>7-22</sup>
  - Bond more easily with her baby <sup>23-29</sup>
  - Be more confident <sup>30-32</sup>
3. Rooming-in also positively impacts maternal attitudes about breastfeeding. For example:
  - A quasi-experimental study revealed a strong correlation between rooming-in and a mother's intent to breastfeed after being discharged from the hospital, even when controlling for prenatal care and feeding instructions in the hospital. <sup>33</sup>
  - Infants who room-in breastfeed more frequently, gain more weight per day and experience clinical jaundice less frequently than infants who do not room-in. <sup>20</sup>
  - The production of mature breast milk begins earlier under rooming-in conditions than when infants are placed in a nursery. <sup>19</sup>
  - Regardless of feeding method, rooming-in results in fewer cases of abuse and neglect, higher maternal attachment and lower rates of in-hospital infant abandonment. <sup>24, 26, 34</sup>
  - Babies who are bathed by their mothers, and held against their

skin, are able to regulate their temperatures just as effectively as babies who are bathed in the nursery and placed in warmers.<sup>35</sup>

- Infants undergoing phototherapy, while rooming-in, are significantly more likely to breastfeed longer than infants who are separated for phototherapy.<sup>36</sup>

“Appropriate initiation of breastfeeding is facilitated by continuous rooming-in throughout the day and night.”<sup>6</sup>

American Academy of Pediatrics

## IMPLEMENTATION STRATEGY

### Implementation: Best Practices for Success

The practices below have been shown to significantly increase rates of breastfeeding success.

#### Consistent Promotion of Rooming-In

- Rooming-in should be practiced throughout the facility.
- Mothers who request separation from their babies should receive information about the rationale for rooming-in.<sup>38</sup> Refer to the handout *Rooming-in with Your Baby*, available in the IMPLEMENTATION RESOURCES documents section at the end of this step.
- Mothers and infants should remain together throughout their hospital stay unless there is a justifiable reason for separation. Parents should be encouraged to hold their infant in skin-to-skin contact. If the infant is placed in a bassinet, the bassinet should be positioned within arms reach of the mother so that she can easily see, reach and respond to her baby.

#### FOR YOUR FACILITY

One cost analysis, completed in a large urban hospital in Manila, Philippines, found that instituting a rooming-in policy and eliminating the newborn nursery resulted in a cost savings equivalent to eight percent of the hospital's entire budget.

#### Creative Ways to Minimize Costs

- Incorporate education on rooming-in into prenatal care.
- Reassign staff from the normal newborn nursery to provide bedside mother/baby care in the postpartum unit.
- Organize volunteers to provide one-on-one breastfeeding counseling to mothers in the postpartum unit, or ask a local mother-support organization to provide this service.
- Teach mothers who are staying in the hospital to be close to their preterm or sick babies and how to help provide care for their infants.

### **Skin-to-Skin Contact**

- Encourage frequent skin-to-skin contact.

### **Rooming-In Initiated as Soon as Possible**

- Begin the practice of rooming-in as soon as the mother is able to care for her baby.
- Each baby should be allowed to stay in the same room as the mother in a bassinet beside her bed, 24-hours a day.
- There should be no routine delays between birth and the initiation of continuous skin-to-skin contact.

### **Post-Delivery Care Administered at the Bedside Whenever Possible**

- After delivery, transfer mother and baby to the postnatal ward together. If a mother has had a Cesarean section, make arrangements for someone to be present to assist her.
- Most post-delivery procedures can be conducted at the bedside or during skin-to-skin contact.<sup>39</sup> This provides teaching opportunities for the parents and better allows for maternal comforting when the baby becomes upset.
- Separation of mother and infant should only occur for an individual clinical need that must occur elsewhere.



“Rooming-in allows the mother to begin recognizing her infant’s hunger cues. Rooming-in and promoting skin-to-skin contact have numerous advantages for both the infant and mother. Infants cry less, sleep more and become adept at breastfeeding sooner. Mothers also sleep better and have increased milk production. Separation of a breastfeeding woman and newborn should be avoided whenever possible.”<sup>7</sup>

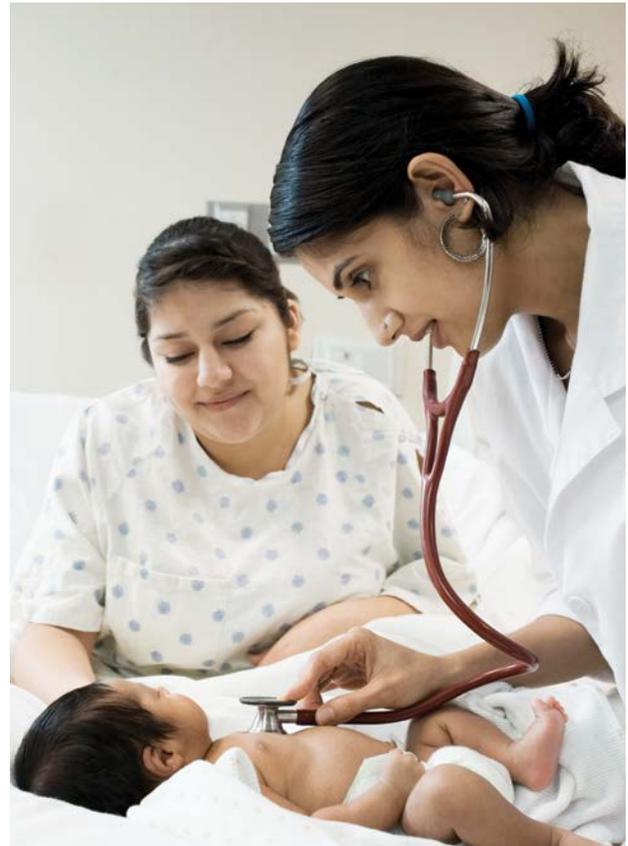
American College of Obstetricians and Gynecologists

To track these measures, use the checklist, *Postnatal Rooming-In Checklist*, in the IMPLEMENTATION RESOURCES documents at the end of this section.

## Preparation: Getting Ready for Rooming-In

### Suggested Action steps for implementing Step 7 include:

- Modifying the physical facility as needed.
- Making adjustments outlined in Step 7 to improve comfort, hygiene and safety of mother and baby.
- Requiring nursery and postpartum personnel to cross-train so that they all have the skills to care for both baby and mother. (See Step 2)
- Encourage parents to attend informational sessions on postpartum care. <sup>40</sup>



### CLINICAL NOTES

#### Rooming-in Pearls:

- Encourage all moms, including formula-feeding moms, to practice skin-to-skin contact and rooming-in.
- Cite rooming-in as a quality standard in maternity care.
- Rename the nursery “Neonatal Observation Unit.”
- Begin by closing the nursery from 10 a.m. to 2 p.m.
- Use a portable scale for daily weights.
- Avoid weighing babies at midnight; let moms know you will return to weigh their babies when they next wake up.

The most common concerns related to implementing Step 7 are detailed below, along with strategies for overcoming them.

- 1. Separation due to medical necessity.** If a mother and infant must be separated due to a need for medical attention, be sure to note the reason for separation in the patient's chart. Review and monitor the need for separation in order to ensure that rooming-in begins as soon as medically possible. Encourage the mother to see and hold her baby whenever possible during separation and take the baby to her or help her go to the baby for feedings. In addition, the mother should be encouraged and taught to express her breast milk with use of provided hospital-grade breast pump for any missed feedings.
- 2. Mother's request for rest.** A mother may sometimes ask nursery staff to take care of her baby during the

Numerous studies show that rooming-in can greatly improve breastfeeding outcomes, both in duration and exclusivity.<sup>11-21</sup>

### TIPS FOR MOM

#### Healthy Infant Sleep Patterns

Many mothers expect their infants to sleep through the night long before they are physiologically ready to do so. This can create conflict between a mother's beliefs and her infant's behavior. Prolactin levels are higher at night, and night feedings contribute to milk production. Periods of infant arousal, including during nighttime hours, are important to physiologic regulation and also guard against sudden infant death syndrome (SIDS).<sup>51</sup> Explain the importance of normal sleep/wake cycles and of nighttime feedings and stress that they are a normal and healthy pattern for the infant.



day or night; however, the staff should explain the benefits of rooming-in and of using the time to get to know her newborn. Be sure to discuss why the mother would like the separation and determine whether there is a better solution. If the mother continues to request separate care, document the reason in her chart.

Mothers and newborns are typically quite alert after delivery and should initiate bonding behaviors as quickly as possible by being in close contact with one another. After this period, they will be able to rest well together. Research demonstrates that rooming-in does not negatively affect the amount of quality of sleep for mothers or infants, regardless of infant feeding method.<sup>33,34,37</sup>

### 3. Requests for professional infant

**observation.** New parents sometimes request that their infant be monitored in the newborn nursery to ensure the infant's health during the first hours of life. However, most new parents are very good at observing their own infant, and they often notice changes before the nurses do. While rooming-in, parents will also learn how to provide continuous care for their infant, and they will be better prepared and more confident in their abilities when it is time to take the infant home.

Periodic checks and the availability of staff to respond to a mother's needs are all that are necessary for routine newborn care. Portable equipment for weighing and bathing the baby facilitate these procedures at the bedside. Institute role-playing activities to prepare staff for responding to a mother's requests for separate care.

## TIPS FOR MOM

### Messages for Mom

- Keep your baby near: Room-in!
- When you and your baby stay close together, you learn how to recognize when your baby is hungry and when your baby wants to cuddle.
- Feeding is easier when your baby is not crying while on the way from the nursery to you.
- Your baby is less likely to get infections from other people if your baby stays with you.
- You will be more confident about caring for your baby when you go home.
- You will have better sleep with your baby close by.

## FOR YOUR FACILITY

### What's the Norm in Your Facility?

- How does the staff present rooming-in to mothers and families?
- Do infants typically remain with their mothers unless there is a medical reason for separation?
- Are mothers expected to request that their infants remain with them throughout the entire hospital stay?
- Does the staff imply that it is normal for infants to be placed in the nursery or in a bassinet in the mother's room even when the mother is awake?

**4. Space constraints in the postpartum unit.** The desire to conserve space can often be addressed when administrators are educated on the importance of rooming-in and on the cost savings made possible by reducing or eliminating newborn nursery care. Rooming-in requires minimal space, minimal equipment and no additional personnel.

The practice of rooming-in is more effective and, in terms of resources, more efficient by providing staff more time to attend to other duties.

## EVALUATING SUCCESS

Use the information in this section and the additional tools provided in the IMPLEMENTATION RESOURCES section to serve as checkpoints to verify that you are successfully implementing Step 7. Assign one or two staff members who have the best perspective on day-to-day operations the task of completing these check points. This section is for your information only. UCATS does not require submission of these tools for certification.

**Process changes.** When evaluating your facility's success in implementing Step 7, consider the following:

- How are maternal requests for nursery time handled?
- How have procedures routinely performed in the nursery been modified?
- How are mothers encouraged to room-in and to learn early hunger cues?

### CLINICAL NOTES

NICU Graduates Benefit from Rooming-In. The Academy of Breastfeeding Medicine strongly recommends a few days of rooming-in for parents and NICU graduates prior to discharge. This time allows parents to learn the rhythms of their baby and helps them to feel confident in their ability for 24-hour care prior to transitioning home.

Facility management should use the included *Postnatal Rooming-in Checklist* and the *Action Plan* found in the IMPLEMENTATION RESOURCES documents section to assess progress on this step.

**Impact on patient experience.** Your facility should track data about the experience, knowledge and confidence levels of women as they conclude their hospital stays and prepare to care for their babies at home.

Use the included *Postnatal Rooming-in Patient Survey* to assess the degree in which rooming in is successfully implemented.

To help families take what they have learned about rooming-in home, a handout -*Rooming-in with Your Baby* - outlines benefits and tips for rooming-in.

**Assessing value to the facility.** Use the *Postnatal Rooming-in Facility Impact Chart* included in the IMPLEMENTATION RESOURCES section to track your facility's time and money spent on the measures recommended and to assess cost savings that may be attributed to the changes.

In addition, you may want to:

- Track staff time spent in non-clinical newborn care.
- Track time spent by the physician in examination of the infant and communication with parents when examinations occur in front of the mother/parents rather than in the newborn nursery.

**Please see IMPLEMENTATION RESOURCES for UCATS certification application.**

## RESOURCES

- Academy of Breastfeeding Medicine Protocol #6 – Guideline to Co-sleeping and Breastfeeding: <http://bit.ly/2jStHBP>
- Pediatrics Article – Volume and Frequency of Breastfeeding and Fat Content of Breastmilk Throughout the Day: <http://bit.ly/2jSs5b7>
- Article: Nighttime Breastfeeding and Maternal Mental Health: <http://bit.ly/2jSwATa>
- Sleep resources from UNICEF UK Baby Friendly Initiative:
  - Pamphlet: Caring for Your Baby at Night: <http://bit.ly/2jSbJQ8>
  - Health-Care Provider Guide to Caring for Your Baby at Night: <http://bit.ly/2jSlBvj>
  - Infant Sleep Information Source: Website for parents and healthcare professionals about normal infant sleep: <http://bit.ly/2jSp2IT>

## IMPLEMENTATION RESOURCES

- Action Plan
- Facility Impact
- Rooming-In with your Baby
- Postpartum Rooming-In Checklist
- Postpartum Infant Feeding Patient Survey
- UCATS Application Form

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# Step 7

## ACTION PLAN

**Step 7 Implementation Owner:** \_\_\_\_\_

**Start date:** \_\_\_\_\_ **Target completion date:** \_\_\_\_\_

### **Primary Goals of Step 7:**

- Facilitate rooming-in.
- Encourage skin-to-skin contact between mother and baby.
- Teach mothers about early feeding cues.

**BUDGET/RESOURCES FOR IMPLEMENTATION:**

<b>Resources area and description</b>	<b>Planned actions</b>	<b>Budgeted amount</b>
Room and nursery modifications	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	\$
Staffing and training	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	\$
Materials	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	\$
<b>Total</b>		\$



## Step 7 Implementation Tracking

Use results from the Postpartum Infant Feeding Patient Survey to document the information below. Set unit goals in terms of the month at which you plan to achieve each goal below, and assign each goal to be monitored a specific person on staff.

At month		Person Responsible	Initials	Date Completed
	All mothers report receiving the handout, Rooming-in with Your Baby.			
	All mothers who were medically able to do so reported skin-to-skin contact with her baby within 15 minutes of birth.			
	All mothers report being informed of the benefits of rooming-in over nursery care.			
	All mothers were informed of the benefits of nighttime feeding and understood safety precautions to take when rooming-in.			
	__% of mothers who plan to continue exclusive breastfeeding once they return home.			
	__% of mothers who plan to continue rooming-in once they return home.			

# Step 7

## FACILITY IMPACT

COSTS TO FACILITY		
	Description/Notes	Dollar Amount
Additional equipment and room modifications		\$
Training and reallocation of staff		\$
Other costs		\$
	Subtotal	\$
SAVINGS TO FACILITY		
	Description/Notes	Dollar Amount
Fewer hours devoted to treating infections caused by contamination from other infants and handling by hospital staff	_____	\$
Shorter hospital stays		\$
Savings associated with eliminating the traditional newborn nursery		\$
Fewer hours devoted to responding to issues caused by nursery care and/or absence of breastfeeding	_____	\$
Increased efficiency in postpartum care, requiring fewer follow-up services		\$
Other savings and benefits		\$
	Subtotal	\$
		Net Annual Loss or Gain to Facility
		\$
What can be done differently next year?		
_____		
_____		

# ROOMING-IN WITH YOUR BABY

## **Why is Rooming-in Recommended?**

Despite what many people think, rooming-in does not typically reduce the amount of rest a tired new mother is able to get during her hospital stay.

In addition, rooming-in has the following benefits for you and your new baby:

### **Increases parental comfort and confidence.**

Rooming-in allows parents to bond with and learn about their babies while in the supportive environment of the hospital. It helps parents feel that their baby is safe while at the hospital and allows them to care for the baby with greater self-confidence once they return home.

### **Helps protect both mother and baby against infection.**

A mother's milk provides antibodies and immunity against illnesses, and she also transfers healthy bacteria to the baby, helping strengthen the baby's digestion and breathing.

### **Leads to better breastfeeding and infant health.**

When rooming-in, it is easier to breastfeed more frequently and to establish an abundant milk supply. Babies also expend less energy from crying, gain more weight, rely less on formula supplements and have a reduced risk of jaundice.

### **Teaches parents to learn when their baby is hungry.**

It is much easier to feed a hungry baby before the baby becomes overly hungry. Rooming-in allows new parents to learn to recognize the baby's early hunger signs.

### **Better for the baby's well-being and mental health.**

Babies feel safest when they can feel, hear and smell their mothers; and being near mom makes it easier for them to adapt to life outside the womb.

## **What should I do while rooming-in?**

- Have the baby near you in your room whenever possible.
- While sleeping, keep your baby nearby. A bassinet or crib near your bed is a safe place for the baby to sleep. Be sure to put the baby to sleep facing up, as this has been proven to reduce the risk of sudden infant death syndrome (SUID/SIDS).
- Keep your baby skin-to-skin whenever you are awake and able to hold him or her.
- Talk, sing, rock or cuddle your baby.
- Offer your breast for the baby to nurse or simply to suck and be soothed.
- While in the hospital, seek assistance with caring for your baby from the nursing and lactation support staff. Once home, seek out lactation consultants or your pediatrician for help with any problems you face.

If you have any questions about rooming-in with your new baby, don't hesitate to ask your nurse or physician for help. We are here to help you and your baby have the healthiest and safest start together.

# POSTPARTUM ROOMING-IN CHECKLIST

**The following should be explained to all mothers before the conclusion of their hospital stay.**

Engaging in skin-to-skin contact as soon as possible after birth

Signature/Date

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Importance of rooming-in

- Advantages of rooming-in over nursery care
- Importance of initiating rooming-in as soon as possible

Signature/Date

---

Health benefits of exclusive breastfeeding

Signature/Date

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Recognizing early hunger cues and what they mean

Signature/Date

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Demand feeding with attention to the benefits to both the mother and infant

- The importance of night feeding for the mother and infant
- Safe sleep precautions to take with your baby.
- Reasons to express breasts if a feeding is missed

Signature/Date

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Signature/Date

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# POSTPARTUM INFANT FEEDING PATIENT SURVEY

To help us ensure that we are providing the highest standard of care to new mothers, please provide the following:

## **Your baby's birth:**

Date and time of delivery?

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## **Skin-to-skin contact:**

Time started after birth?

---

For how long?

---

Reason for ending?

---

## **Rooming-in:**

Did you receive the handout, Rooming-in with Your Baby?

---

How soon after birth was your baby in your recovery or postpartum room?

---

Were you informed of the benefits of rooming-in over nursery care?

---

Did you choose to room in and exclusively breastfeed during your hospital stay? If not, why?

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If so, do you plan to continue once you return home? If not, why?

---

If you were not able to room in with your baby, were you encouraged to see you baby whenever possible?

---

## **Demand feeding:**

Were you informed of the benefits of nighttime feeding for you and your baby?

---

Do you understand the safety precautions to take when rooming-in with your baby?

---

How confident do you feel about caring for your baby after your hospital stay?

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What contributed to this?

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Did you feel that the information concerning skin-to-skin contact, bonding, feeding schedules and cues, rooming-in and exclusive breastfeeding helped better inform and prepare you for home care?

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# Step 7

## UCATS STEPPING UP FOR UTAH BABIES

### APPLICATION

The inquiring health facility should have 100% of mothers and infants room-in immediately after birth, unless separation is medically indicated, for optimal infant feeding care practice. 75% of the mothers and infants, without a medically separated indication, should room together at least 23 hours per day. Mothers that request to have their infant cared for out of the room should be educated about the benefits of rooming-in 24 hours a day. If after the education, the mother wishes to proceed with the separation, education provided and reasons for separation should be documented. In the case of separation, infants are expected to be returned to their mothers for feedings at the earliest hunger cues, except in the rare care of clinical contraindication.

1. What percent of mothers and infants remain together (i.e. start rooming-in) immediately after birth, unless separation is medically indicated? \_\_\_\_\_%

Numerator: # of healthy mother-baby dyads who start rooming-in immediately (defined as within 15 minutes) after birth  
Denominator: # of infants, minus infants whose separation is medically indicated

2. What percent of healthy mothers and infants remain together (“rooming-in”) at least 23 hours a day, unless separation is medically indicated? \_\_\_\_\_%

Numerator: # of infants who room-in with mothers at least 23 hours a day  
Denominator: # of infants, minus infants whose separation is medically indicated