Rooming-In—No More Nursery Pit Stops!

Tamara Fusco, MD, IBCLC, FAAP, FABM
Mercy Nixa Pediatrics

I have no conflicts of interest, financial relationships, or commercial interests to disclose.

This activity is jointly provided by Hannibal Regional Healthcare System – Department of Organizational Learning, Missouri Department of Health and Senior Services, and the Missouri Breast Feeding Coalition.
Objectives

• Discuss the impact of rooming-in on breastfeeding success

• Discuss perceived obstacles to keeping mothers and babies together

• Review strategies to overcome obstacles

History of rooming-in
The Advent of Technology 1920’s-1950’s

1. Antisepsis
2. Analgesia
3. Isolated nursery protecting the baby from exposure to other patients, family, and visitors
4. 7-10 day postpartum stay allowing mothers to rest and have a respite from household responsibilities
5. Scientific nutrition (formula)

Replacing Mother’s Milk with Formula
The Pendulum Swings

Practice rooming-in - allow mothers and infants to remain together - 24 hours a day
Infant Benefits

From: “Breastfeeding and the Use of Human Milk” AAP Section on Breastfeeding Pediatrics 2012;129:e827

To room-in or not to room-in?
Why is Rooming-in such a big deal?

Starting out—initiation and transition
- Uninterrupted Breastfeeding
- Learning Baby’s Cues
- Bonding
- Continuing Skin-to-Skin

Setting up Breastfeeding Success
- Increased frequency of breastfeeding
- Increased duration of breastfeeding

Tertiary Benefits
- Opportunity for nursing staff to assess maternal newborn actions
- Improved patient scores
- Improved safety, may avoid abductions/switches, leads to decreased abandonment

Uninterrupted Breastfeeding
Less medical staff obstruction
Learning Baby’s Cues

Early skin-to-skin contact for mothers and their healthy newborn infants

E Moore, G Anderson, N Bergman, T Dowswell
Published online 16 May 2012
Practice Implications

- 34 randomized controlled trials involving 2177 dyads reviewed
- Decreased infant crying
- Late preterm infants with better cardiorespiratory stability
- Increased successful initiation and duration of breastfeeding
- Increased blood glucose levels

Bonding

Comparison of Skin-to-Skin (Kangaroo) and Traditional Care: Parenting Outcomes and Preterm Infant Development
Pediatrics 2002;110(1)

Results: After KC, interactions were more positive at 37 weeks’ GA: mothers showed more positive affect, touch, and adaptation to infant cues, and infants showed more alertness and less gaze aversion. Mothers reported less depression and perceived infants as less abnormal. At 3 months, mothers and fathers of KC infants were more sensitive and provided a better home environment. At 6 months, KC mothers were more sensitive and infants scored higher on the Bayley Mental Developmental Index (KC: mean 96.39; controls: mean 92.81) and the Psychomotor Developmental Index (KC: mean 85.47; controls: mean 80.53).
The Relationship between Rooming-in/not Rooming-in and Breast-Feeding Variables

Y. Yamauchi and I. Yamanouchi


**Conclusions:** We studied the relationship between rooming-in/not rooming-in and breast-feeding variables such as breast feeding frequency, breast milk intake, supplements of other human milk or 5% glucose solution, cumulative weight loss, weight recovery and hyperbilirubinemia. We found that the breast feeding frequency was significantly higher in infants rooming-in than in those not rooming-in. Intake of breast milk on days 3 and 5 was significantly lower and maximum weight loss was significantly higher in infants rooming-in than in those not rooming-in. Infants rooming-in also had less supplement of other human milk compared with non-rooming-in infants (p less than 0.01). However, the weight increase per day from minimum to weight on day seven was higher in infants rooming-in than in non-rooming-in infants (99.3 +/- 21.4 g/day vs. 31.4 +/- 35.3 g/day, p less than 0.01). The frequent suckling by rooming-in infants may explain, in part, the better weight gain, since frequent suckling may decrease energy consumption by reducing movement and crying during the early days of life, thus contributing to better weight gain. Our study suggests that some of the neonatal feeding problems related to breast feeding could be eliminated by education of mothers and nurses and by changes in hospital policies and practices in breast feeding.

Changing Hospital Practices to Increase the Duration of Breastfeeding

Anne Wright, Sydney Rice, Susan Wells

*Pediatrics.* 1996; 97 (5) 669-675

**Results.** By 1993, more newborns were put to the breast in the first hour of life (63.2% vs 24.8%); fewer breastfed infants were fed foods other than breast milk (27.9% vs 46.7%); and more mothers received breastfeeding guidance from hospital staff (81.9% vs 61.3%). The duration of breastfeeding in 1993 was longer for women who did not receive formula in the hospital, who were not given discharge packs containing formula and/or coupons, and who roomed-in more than 60% of the time. These associations persisted after controlling for confounding...
Opportunity for nursing staff to assess maternal newborn actions

Postpartum women’s perceptions of the hospital environment
L. Martell

**RESULTS:** The categories addressing the hospital environment were context, physical conditions, sociocultural conditions, contingencies, and consequences. Overall, these women had more negative perceptions than positive ones of the hospital environment. Women’s perceptions seemed to be most influenced by the context of care. Women with mother/baby care had a greater proportion of positive perceptions than women with other care modalities.

Family centered maternity care: one hospital’s quest for excellence
K. Mullen, L. Conrad, G. Hoadley, & D. Iannone
*Nurs Womens Health.* 2007; 11 (3);282-290.

“Press Ganey scores started to show a statistically significant increase in patient satisfaction shortly after the staff was educated about FCMC and were practicing within the care model, and before the move to the new tower ever took place. Currently, the Press Ganey scores have risen dramatically, placing Hoag Hospital Memorial Presbyterian close to the 95th percentile in the Standard Nursing Questions within the MCH area.”

Improved Patient Scores
Effect of the Baby-Friendly Initiative on Infant Abandonment in a Russian Hospital

Natalya M. Lvoff, Victor Lvoff, MD, PhD; Marshall H. Klaus, MD


**Results**

The rate of infant abandonment at Maternity Hospital 11 was studied from 1987 to 1998, 6 years before and 6 years after the implemented changes in mother-infant contact. The mean (±SD) infant abandonment rate decreased from 50.3 ± 5.8 per 10,000 births in the first 6 years to 27.8 ± 8.7 per 10,000 births in the next 6 years following implementation of the Baby-Friendly Hospital Initiative.

**Conclusion**

Encouraging early mother-infant contact with suckling and rooming-in may provide a simple, low-cost method for reducing infant abandonment.
Baby-Friendly Hospital Initiative:

Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Obstacles to Rooming In

Barriers, Facilitators, and Recommendations related to Implementing the Baby-Friendly Initiative (BFI): An Integrative Review

S Semenic, J Childerhose, J Lauziere, D. Groleau

*Journal of Human Lactation* 2012 28:317
http://jhl.sagepub.com/content/28/3/317
730 citations pulled, 45 articles selected for review

Review methods guided by Cooper’s 5 stages of integrative research review (problem formulation, data collection, data evaluation, data analysis, and interpretation)

Baby-Friendly Hospital Initiative:

Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
Overcoming Barriers to Baby-Friendly Status: One Hospital’s Experience

J McKeever, R St. Fleur

Journal of Human Lactation 2012 28:312
http://jhl.sagepub.com/content/28/3/312

Baby-Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits of breastfeeding.

4. Help mothers initiate breastfeeding within a half-hour of birth.

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.

8. Encourage breastfeeding on demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.

Obstacles:

- Physician resistance—increases time of rounds, “the lighting is not good”, concerns over infant & maternal safety
- Staff resistance “mothers won’t be able to rest”, “I don’t feel comfortable taking care of babies”
- Parental resistance “I need to rest now because I’ll be busy when I get home”; “I’ve just had a C-section. I need help.”

Solutions:

- Fix the lighting. Make exam tools readily available. Remind physicians of the benefits and joys of educating parents at the bedside.
- Institute safe skin-to-skin and rooming-in sleep protocols.
- Educate staff that research indicates that mothers sleep as well if not better with newborns in the room.
- Educate parents prenatally so they are prepared.
- Develop alternative care plans.
- Reassure parents that staff is there to support them. If there is a medical need, there are options such as a neonatal observation area.
Lighting & Equipment

Post Partum Rooms at Mercy Springfield

Lighting & Equipment

Post Partum Rooms at Mercy Springfield
Parent interaction and education

The best part of my morning!

AAP’s Guidelines for Safe Skin to Skin

1. Infant’s face can be seen.
2. Infant is in the “sniffing” position
3. Infant’s nose and mouth are not covered
4. Infant’s head is turned to one side
5. Infant’s neck is straight, not bent
6. Infant’s shoulders and chest face mother
7. Infant’s legs are flexed
8. Infant’s back is covered with blankets
9. Mother-infant dyad is monitored continuously by staff in the delivery room and regularly on the postpartum unit
10. When mother wants to sleep, infant is placed in bassinet or with another support person who is awake and alert

From: “Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns”
AAP COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME
Pediatrics. 2016 DOI: 10.1542/peds.2016-1889
1. Use patient safety contract with a particular focus on high risk situations
2. Monitor mothers according to their risk assessment. For example, observing every 30 minutes during nighttime and early morning hours for higher-risk dyads
3. Use fall risk assessment tools.
4. Implement maternal egress testing, especially if the mother is using medications that may affect stability in ambulating
5. Review mother-infant equipment to ensure proper function and demonstrate the appropriate use of equipment, such as bed rails and call bells, with mothers and families.
6. Publicize information about how to prevent newborn falls throughout the hospital system.
7. Use risk assessment tools to avoid hazards of SSC and rooming in practices.

From: "Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns"; AAP COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME
Pediatrics. 2016DOI: 10.1542/peds.2016-1889

Newborn Safety Contract
From: "Addressing In-Hospital 'Falls' of Newborn Infants"
Helsley, McDonald, Stewart
The Joint Commission Journal on Quality and Patient Safety. 2010;36 (7)327-333
Development of a tool to assess risk for falls in women in hospital obstetric units.

Heafner L, Suda D, Casalenuovo N, Leach LS, Erickson V, Gawinski A


---

**Fall Risk Category:**

1. **Prior History:** previous fall, bed rest, and/or visual impairment
2. **Cardiovascular:** history of anemia or pre-eclampsia, orthostatic, and/or dizziness
3. **Hemorrhage:** >1500ml postpartum and/or history of abruption or previa
4. **Neurofunction/anesthesia:** thigh numbness, epidural off less than 3 hours
5. **Motor Activity:** able to SLR (straight leg raise), but unable to bridge or unable to SLR
6. **Medication:** IV/IM narcotics within 30 minutes and/or antihypertensives

**Fall Risk Score:**

- **Low Risk:** Assist out of bed as needed. Provide a safe environment
- **Medium Risk:** Assist patient out of bed every time. Educate family and patient to call for assistance
- **High Fall Risk:** Defer walking patient. Have staff assist if walking attempted.

**Assess status every shift and as needed with status changes**
Keeping patients safe

Medium and high risk patients get a wrist band and signage in their rooms as “falling stars” patients

Risk factors for infant falls:
1. High level of fatigue in mother
2. Recent pain med to mother
3. Night shift hours
4. Prior near miss with this patient
5. Woman > 2 days postpartum
6. Woman with a history of narcotic substance use and/or in methadone treatment

Tracking “Near Misses” to Keep Newborns Safe From Falls

Slogar A, Gargiulo D, Bodrock J

Conclusion: “...working toward developing a risk assessment tool to objectively assign patients a score based on how many risks for infant falls are present...”
“Show Me” the evidence

The Impact of Infant Rooming-In on Maternal Sleep at Night

Keefe, Maureen R.

Conclusion: The major finding revealed no increase in the amount or quality of sleep for mothers sleeping without their infants at night.

“Show Me” the evidence

Rooming-in at Night in the Postpartum Ward

Waldenstrom, U and Swenson, A
Midwifery. 1991. 7(2):82-89

Conclusion: No difference was found...regarding the number of hours mothers slept or concerning feelings of fatigue on the second and third postpartum days.”
Skin-to-skin

Hand outs and posters in prenatal clinics and L & D
Posters

with thanks to Dr. Paula Schrek

Scripting

How to encourage rooming-in and breastfeeding during the night.

- What a smart baby! Practice makes perfect, and it pays the order in for more milk.
- This is what we expect to see. It won’t always be like this.
- Why do you think that?
- Babies are designed to take very small amounts in the beginning.
- Your confidence is very rich in unencumbered situations and is just right for your baby.
- I’m happy. Can you feed my baby in the nursery tonight?
- Research shows that a mom sleeps better when her baby is close by.
- We like to help you learn how to care for your baby around the clock as you will feel confident when you go home.
- I can help you cut out and put together with your baby’s planning in mind.
We make the difference for a healthy Missouri!

Remember...

“A journey of a thousand miles begins with a single step”

— Confucius
Questions? Comments?