Rooming-In— No More Nursery Pit Stops!

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Mercy Nixa Pediatrics

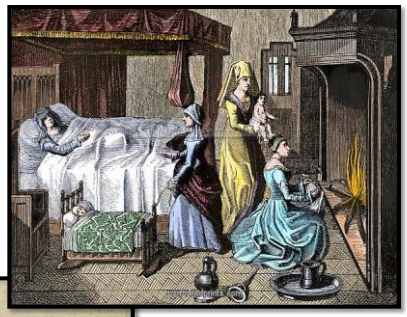
I have no conflicts of interest, financial relationships, or commercial interests to disclose.

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

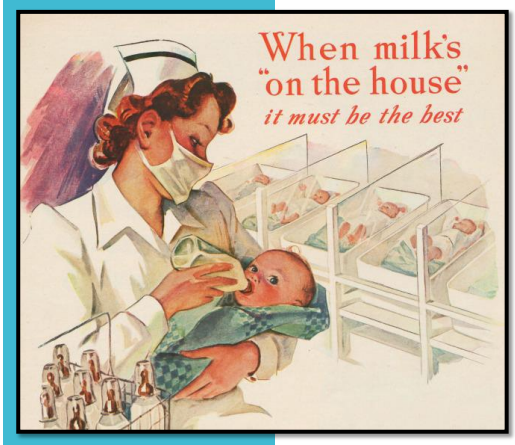




The Advent of Technology 1920's-1950's

Nurses working in the newborn nursery at Mission Memorial Hospital in Buncombe County circa 1950s.

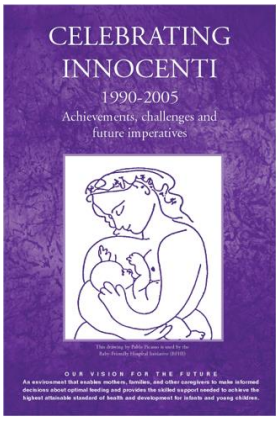
1. Antisepsis
2. Analgesia
3. Isolated nursery protecting the baby from exposure to other patients, family, and visitors
4. 7-10 day postpartum stay allowing mothers to rest and have a respite from household responsibilities
5. Scientific nutrition (formula)

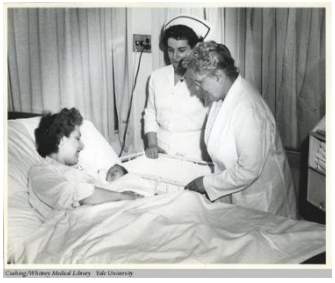
Replacing Mother's Milk with Formula



The Pendulum Swings

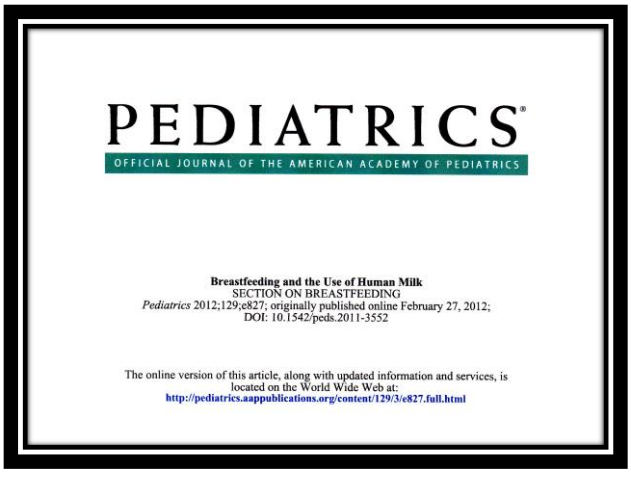
LA LECHE LEAGUE INTERNATIONAL





Accredited as Baby Friendly by unicef

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

TABLE 2 Dose-Response Benefits of Breastfeeding[a]

Condition	% Lower Risk[b]	Breastfeeding	Comments	OR[c]	95% CI
Otitis media[13]	23	Any	—	0.77	0.64–0.91
Otitis media[13]	50	≥3 or 6 mo	Exclusive BF	0.50	0.36–0.70
Recurrent otitis media[15]	77	Exclusive BF ≥6 mo[d]	Compared with BF 4 to <6 mo[d]	1.95	1.06–3.59
Upper respiratory tract infection[17]	63	>6 mo	Exclusive BF	0.30	0.18–0.74
Lower respiratory tract infection[13]	72	≥4 mo	Exclusive BF	0.28	0.14–0.54
Lower respiratory tract infection[15]	77	Exclusive BF ≥6 mo[d]	Compared with BF 4 to <6 mo[d]	4.27	1.27–14.35
Asthma[13]	40	≥3 mo	Atopic family history	0.60	0.43–0.82
Asthma[13]	26	≥3 mo	No atopic family history	0.74	0.6–0.92
RSV bronchiolitis[16]	74	>4 mo	—	0.26	0.074–0.9
NEC[19]	77	NICU stay	Preterm infants Exclusive HM	0.23	0.51–0.94
Atopic dermatitis[27]	27	>3 mo	Exclusive BFnegative family history	0.84	0.59–1.19
Atopic dermatitis[27]	42	>3 mo	Exclusive BFpositive family history	0.58	0.41–0.92
Gastroenteritis[13,14]	64	Any	—	0.36	0.32–0.40
Inflammatory bowel disease[32]	31	Any	—	0.69	0.51–0.94
Obesity[13]	24	Any	—	0.76	0.67–0.86
Celiac disease[31]	52	>2 mo	Gluten exposure when BF	0.48	0.40–0.89
Type 1 diabetes[13,42]	30	>3 mo	Exclusive BF	0.71	0.54–0.93
Type 2 diabetes[13,43]	40	Any	—	0.61	0.44–0.85
Leukemia (ALL)[13,44]	20	>6 mo	—	0.80	0.71–0.91
Leukemia (AML)[13,45]	15	>6 mo	—	0.85	0.73–0.98
SIDS[13]	36	Any >1 mo	—	0.64	0.57–0.81

ALL, acute lymphocytic leukemia; AML, acute myelogenous leukemia; BF, breastfeeding; HM, human milk; RSV, respiratory syncytial virus.
[a] Pooled data.
[b] % lower risk refers to lower risk while BF compared with feeding commercial infant formula or referent group specified.
[c] OR expressed as increase risk for commercial formula feeding.
[d] Referent group is exclusive BF ≥6 months.

To room-in or not to room-in?

or

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

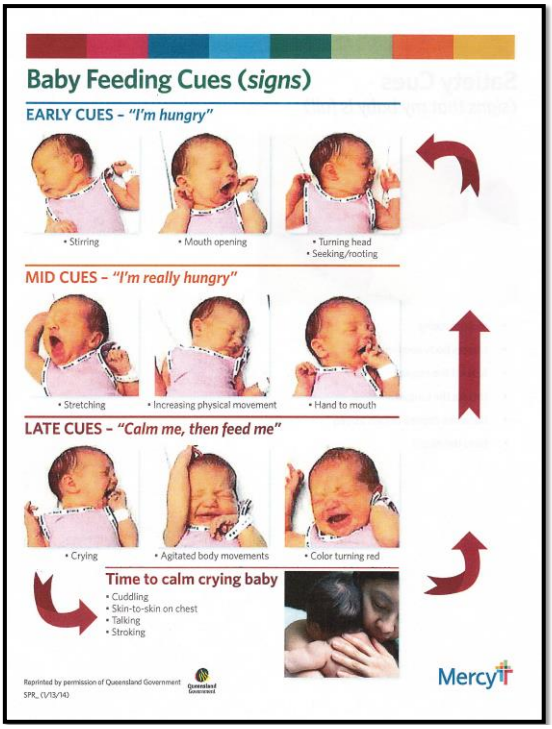
Tertiary Benefits

- 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



Continuing Skin-to-Skin

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

the cochrane library

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

the cochrane library

Bonding

Comparison of Skin-to-Skin (Kangaroo) and Traditional Care: Parenting Outcomes and Preterm Infant Development

Ruth Feldman, Arthur I. Eidelman, Lea Sirota, Aron Weller

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: 91.81) and the Psychomotor Developmental Index (KC: mean: 85.47; controls: mean: 80.53).

Increased Frequency of Breastfeeding

The Relationship between Rooming-in/not Rooming-in and Breast-Feeding Variables

Y. Yamauchi and I. Yamanouchi

Acta Paediatr Scand.1990; 79 1017-1022

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 (39.3 +/- 21.4 g/day vs. 31.4 +/- 15.3 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

Increased duration of breastfeeding

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

Improved Patient Scores

Postpartum women's perceptions of the hospital environment

L. Martell

J Obstet Gynecol Neonatal Nurs. 2003;32(4):478-85.

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 safety

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

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

Arch Pediatr Adolesc Med. 2000;154(5):474-477.

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.

Instituting Rooming-In

"If it were easy, everyone would do it….

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

Study Details

- 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)

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Obstacles to Rooming In

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

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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

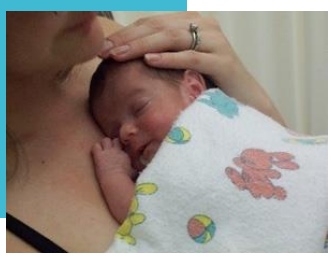
Lighting & Equipment

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. 2016DOI: 10.1542/peds.2016-1889

AAP's Guidelines for Safe Rooming-in

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

PROVIDENCE Health & Services

Providence Perinatal

NEWBORN SAFETY INFORMATION FOR PARENTS

PATIENT IMPRINT

For your Baby's Safety:

We want this to be a safe environment for you and your baby. Parents, staff, and visitors all play an important part in helping us reach this goal. To help ensure you and your baby have a safe and enjoyable stay with us, here is a list of some of the security measures we use on our unit:

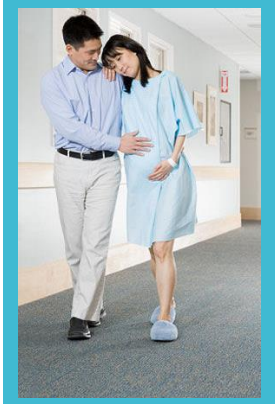
- Specialized training for staff in maintaining a secure and safe environment
- Security doors and video cameras throughout the Family Maternity Center
- Cards with a sample of your baby's cord blood which contains your baby's DNA
  - We do not keep a copy of this card; you have the only one
  - Store this card in a cool, dark safe place and in the provided glassine envelope
  - DNA samples are more reliable than foot or finger printing for identification purposes and in case of your child's disappearance, this safety precaution will help with identification
- Bracelets with matching numbers for you, your baby, and your primary support person
  - You and your baby's band numbers will be checked whenever your baby is separated from you and again when your baby is returned
- Do not sleep with your baby in your bed or while relaxing on the couch or chair
  - When you feel sleepy or plan on sleeping, place the baby in the bassinet
  - If you should fall asleep with your baby in your bed or arms, your nurse will move the baby to the bassinet
  - Accidental infant falls happen because of unfamiliar surroundings, the effects of medication and design of the hospital bed, couch, or chair
  - Obtain information regarding co-bedding at home from your newborn's care provider.
- Babies are moved to and from the nursery or any other procedure area in their bassinet and may not be carried in the hallways
  - Only staff, you or your primary support person may have your baby outside your room
- Babies must remain in the Family Maternity Center at all times
- We will teach you steps you can take to keep your baby safe
  - Do not give your baby to anyone who is not wearing a Providence photo name badge and additional Family Maternity bright pink identification. Be sure the photo matches the person wearing the badge
  - Do not leave your baby alone in the room while you shower or go for a walk. A family member may watch the baby or you may discuss options with your nurse
  - If in doubt about anyone in your room, immediately call for your nurse
  - We encourage you to accompany your baby to and from any procedure

I have read and understand the above information.

Parent

Family Maternity RN

Date Time



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, Gawlinski A

Nurs Womens Health. 2013 Apr-May;17(2):98-107. doi: 10.1111/1751-486X.12018.

BiomedUSA's Obstetric Falls Risk Assessment Tool (OFRAS)

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

Nurs Womens Health. 2013;17(3);219-223

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.
Journal of Obstetric, Gynecologic, and Neonatal Nursing. 1988. 17 (2):122-125

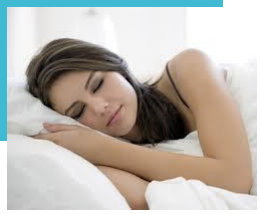
Conclusion: The major finding revealed no increase in the amount or quality of sleep for mothers sleeping without their infants at night.

"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

It's my birthday. Give me a hug!

The benefits of skin-to-skin time

For the last several months, you have been your baby's "home"– a place of warmth, food and comfort. After delivery, the best way to bring baby back to a warm, comfortable place is by placing baby skin-to- skin with you.

From the beginning ...

Skin-to-skin starts right at delivery. The baby is placed on your stomach, dried and then moved onto your chest with warm blankets and a hat. This is baby's home for about the next hour. Any routine newborn assessments or procedures can either be delayed for this important time together, or performed while baby is on your chest. If more evaluations are needed or you develop complications, or you deliver by Cesarean section, you can experience skin-to-skin shortly after birth when both you and baby are stable.

Skin-to-skin is good for you both

Happier baby – Placing baby skin-to-skin with mom right after birth is comforting. Baby is calmer and cries less, making it easier to transition to the outside world. Being skin-to-skin during an injection or heel-stick will provide natural pain relief.

Healthier baby – You are the best "recovery room" for your new baby. Babies who are placed skin-to-skin warm up better and learn to stabilize their temperature faster. Baby's breathing, heart rate and blood sugar also stabilize better, and oxygen levels are at their peak.

Happier mother – Being skin-to-skin helps lower your stress hormones and makes you feel closer to your baby. The bonding that takes place during this time lasts long after birth.

Healthier mother – The movement of your baby's body on your body stimulates hormones that cause your uterus to contract, so you bleed less.

Better breastfeeding – Babies need to be close to the breast to learn to nurse. This first skin-to-skin time is the best opportunity to begin breastfeeding. When placed on mom's chest, between the breasts, babies will often crawl and latch unassisted. They're able to smell the colostrum in Mom's breast; since amniotic fluid smells much like colostrum, they're naturally drawn to the breast. What's more, baby's hand movements and sucking at the breast cause mom's body to release milk-making hormones. Infants who have been placed skin-to-skin are more successful at breastfeeding and gaining weight.

The benefits go on

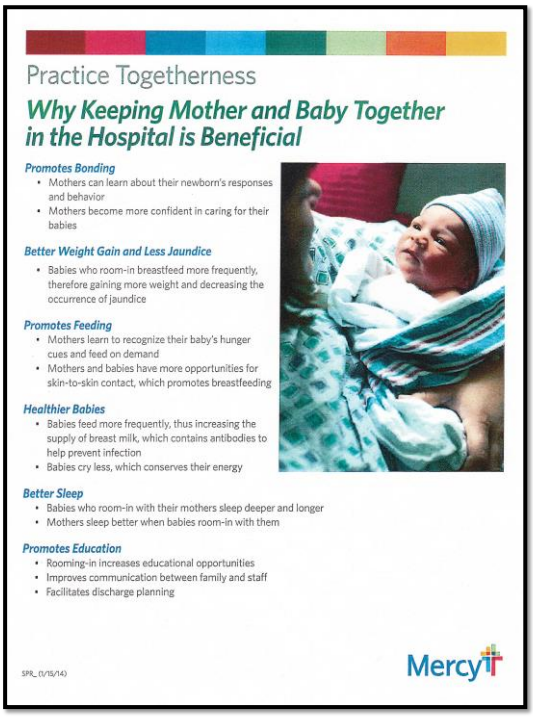
Even well after delivery, it's good to keep placing baby skin-to- skin. It will help calm a fussy baby and arouse a sleepy baby to breastfeed. Skin-to-skin time continues to warm and comfort your baby. And it will help make breastfeeding a successful, enjoyable experience.

Don't forget Dad

Men feel calm and emotionally attached to their babies when they hold them skin to skin. Babies feel safe and comforted. It's a win-win for everybody.

Mercy

Prenatal handouts



Practice Togetherness

Why Keeping Mother and Baby Together in the Hospital is Beneficial

Promotes Bonding
- Mothers can learn about their newborn's responses and behavior
- Mothers become more confident in caring for their babies

Better Weight Gain and Less Jaundice
- Babies who room-in breastfeed more frequently, therefore gaining more weight and decreasing the occurrence of jaundice

Promotes Feeding
- Mothers learn to recognize their baby's hunger cues and feed on demand
- Mothers and babies have more opportunities for skin-to-skin contact, which promotes breastfeeding

Healthier Babies
- Babies feed more frequently, thus increasing the supply of breast milk, which contains antibodies to help prevent infection
- Babies cry less, which conserves their energy

Better Sleep
- Babies who room-in with their mothers sleep deeper and longer
- Mothers sleep better when babies room-in with them

Promotes Education
- Rooming-in increases educational opportunities
- Improves communication between family and staff
- Facilitates discharge planning

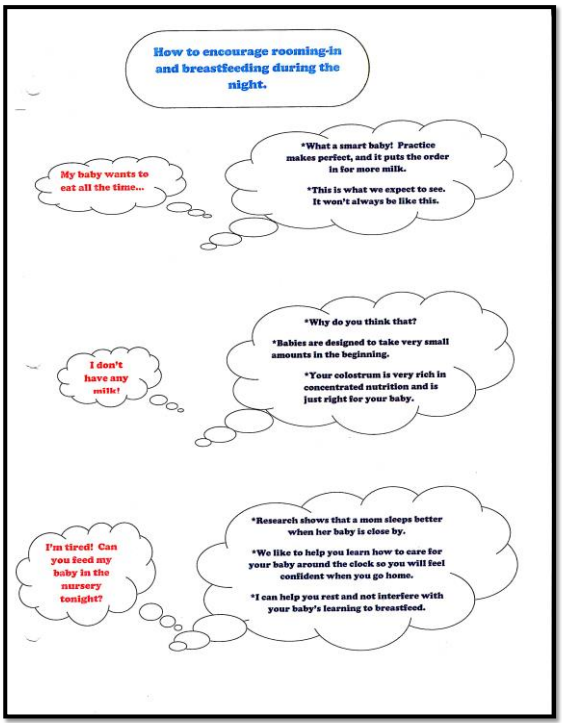
SPR_ (1/15/14)

Mercy

Posters

with thanks to
Dr. Paula Schrek

Scripting



We make the difference for a healthy Missouri!

Remember…

Questions? Comments?