

## PRACTICE 7



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

- A.** Education regarding the benefits of rooming in is provided to all mothers.
- B.** Babies stay in the room with mom at least 23/24 hours per day.
- C.** Routine infant care is done in the room with mother by all staff, including but not limited to nurses, doctors, and other health care providers.
- D.** Parents are educated that nighttime feeding is a normal healthy pattern.
- E.** If mother chooses not to do nighttime feedings, she is educated about the impact on milk production such as low supply or engorgement and provided with instruction on milk expression including hand expression.

## SAFETY CONCERNS DURING ROOMING IN

Despite the many advantages of rooming-in, there are specific conditions that can pose risks for the newborn. Many of the same concerns that occur during skin-to-skin care in the immediate postnatal period continue to be of concern while rooming-in, especially if the mother and infant are sleeping together in the mother’s bed on the postpartum unit. In addition, breastfeeding mothers may fall asleep unintentionally while breastfeeding in bed, which can result in suffocation. Infant falls may be more common in the postpartum setting because of less frequent monitoring and increased time that a potentially fatigued mother is alone with her newborn(s).

Mothers will be naturally exhausted and potentially sleep-deprived or may sleep in short bursts. They may also be unable to adjust their position or ambulate safely while carrying a newborn. The postpartum period provides unique challenges regarding falls/drops and is understudied compared with falls in the neurologically impaired or elderly patient. Checklists and scoring tools may be appropriate and have the potential to decrease these adverse events, particularly if geared to the unique needs of the postpartum period, such as short-term disability from numbness or pain, sleepiness or lethargy related to pregnancy and delivery, and effects from medication.

**Even though mothers and family members may be educated about the avoidance of bed-sharing, falling asleep while breastfeeding or while holding the newborn during skin-to-skin contact (SSC) is common.**

Staff can educate support persons and/or be immediately available to safely place newborns on a close but separate sleep surface when mothers fall asleep. Mothers may be reassured that they or their support persons can safely provide SSC and that staff will be available to assist with the transition to a safe sleep surface as needed. Mothers who have had cesarean deliveries are particularly at risk because of limited mobility and effects of anesthesia, warranting closer monitoring.

**Several studies examining safety while rooming-in have been conducted.**

64 mother-infant dyads were studied in the United Kingdom and randomly assigned to have newborns sleep in a stand-alone bassinet, a side-car bassinet, or the mother’s bed to determine perception of safety (by video monitoring) and breastfeeding outcomes. Breastfeeding was more frequent among those sharing a bed and using a side-car than a separate bassinet, but there were more hazards associated with bed-sharing than using a side-car or bassinet. Although there were no adverse events in this study, the authors concluded that the side-car provided the best opportunities for breastfeeding with the safest conditions.

In a similar study examining dyads after cesarean delivery, more hazards were associated with stand-alone bassinets than side-car bassinets. However, side-car technology for hospital beds is not yet well established in the United States, and safety data are not yet available. Given the level of disability in mothers who have had a cesarean delivery, side-car technology holds promise for improvement in the safety of the rooming-in environment.

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### Source:

- Feldman-Winter, Lori and Goldsmith, Jay P., "[Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns.](#)" Pediatrics, September 2016, 138 (3).

### Resources:

- [Texas Ten Step Toolkit](#) from the Texas Department of State Health Services, Nutrition Services Section
- From the Baby Friendly Hospital Initiative, "[Guidelines and Evaluation Criteria](#)" Interim version, for hospitals having assessments through 12/31/22. Appendix D.
- Academy of Breastfeeding Medicine [Breastfeeding Protocols](#)
- How to cope with "second night" syndrome: information via [Kellymom.com](#) and the [Arizona Department of Health](#)
- J Perinat Educ. "[Care Practice #6: No Separation of Mother and Baby, With Unlimited Opportunities for Breastfeeding](#)" 2007 Summer; 16(3): 39-43.
- Cleveland Clinic online, "[Rooming-In: Rest is Healing](#)" 2018.
- Missouri Department of Health, WIC and Nutrition Services, "[Rooming in at the Hospital](#)" poster
- Keefe MR. [The impact of infant rooming-in on maternal sleep at night.](#) J Obstet Gynecol Neonat Nursing 1988; 17:122-126.
- Academy of Breastfeeding Medicine online. "[Protocol #5, Peripartum BF Management](#)" 2013.

**High 5 for Mom & Baby has found that putting a ribbon up across the patient door will generally prevent visitors from entering the room and is more effective than a sign on the door.**

It is not a fire hazard, as it is easily "broken" through. Putting something like this together is inexpensive and can offer your patients some quality rest time, so that nighttime nursing is not as difficult. Clip magnets may be found online as low as \$0.31 each and ribbon can be found on sale frequently, making your whole project less than \$10!

