

Step 7: Rooming-in

Angela Chapman, BSN, RN, IBCLC

BFHI project leader, Women's and Children's Center
Wentworth Douglass Hospital

Teri D'Onofrio RN, IBCLC

Lactation Consultant, St. Joseph's Hospital

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Step 7

Practice rooming-in: Allow mothers and infants to remain together 24 hours a day.

BFHI guidelines: The facility should provide rooming-in 24 hr/day as the standard for mother-baby care for healthy, full-term infants, regardless of feeding choice. When a mother requests that her baby be cared for in the nursery, the health care staff should explore the reasons for the request and should encourage and educate the mother about the advantages of having her infant stay with her in the same room 24 hr/day. If the mother still requests that the baby be cared for in the nursery, the process and informed decision should be documented. In addition, the medical and nursing staff should conduct newborn procedures at the mother's bedside whenever possible, and should avoid frequent separations and/or absences of the newborn from the mother for more than an hour. If the baby is kept in the nursery for medical reasons, the mother should be provided access to feed her baby at any time.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Step 7: Objectives

At the end of this 25 minute session, the participant will be able to:

- Summarize recent evidence that supports 24-hour rooming-in for mothers and healthy term infants regardless of feeding method
- Strategize methods of adapting hospital routines (e.g., performing medical procedures in the room) to meet the needs of mother-infant dyads



Step 7: Formal Recommendations

- **Have a formal policy that recognizes 24 hr/day rooming-in as standard of care for healthy, full-term infants regardless of mother's feeding choice**
- **Ensure that policy and staff encourage and allow mothers and babies to stay together in their room immediately after birth & throughout entire hospital stay**
 - with possible exception of one hour per day for medical procedures or if separation is medically indicated
- **Encourage and allow mothers who have had Caesarean sections and/or other procedures (including those with general anesthesia) to stay together with their babies and/or start rooming-in as soon as they are able to respond to their babies' needs**



Step 7: Formal Recommendations

- **In setting of a mother who requests her infant be cared for in the nursery, ensure that staff:**
 - explore reasons for request with the mother, regardless of her feeding choice
 - address maternal concerns raised
 - provide education on advantages of having infant in mother's room 24 hr/day
 - e.g., earlier identification of & response to infant feeding and stress cues, infant calmer, earlier lactogenesis
 - help mother decide what is suitable in her situation
 - document informed decision in infant's medical record

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Step 7: Formal Recommendations

- Perform routine procedures in room with family, *at mother's bedside*, whenever possible in order to avoid mother/baby separation and allow mother to calm her infant
- Encourage and allow mothers to hold their infants in skin-to-skin contact and to breastfeed, whenever possible, during medical procedures to help alleviate pain
- If separation of infant from mother is required for medical reasons, allow mother to have access to calm and feed her baby at any time, as long as infant is medically stable



Step 7: Original Evidence Presented

- **Benefits for babies**
 - ↑ opportunity for suckling
 - Feeding cues identified earlier, ↑ breastfeeding frequency
 - ↓ infant crying
 - ↓ need for supplementation
 - Improved weight gain by day 7
- **Benefits for mothers**
 - ↑ milk volumes
 - ↑ maternal-infant bonding
 - ↑ maternal confidence

Keefe. *Nurs Res.* 1987. Keefe. *JOGNN.* 1988.
Yamauchi & Yamanouchi. *Acta Paediatr Scand.* 1990.
Bystrova *et al.* *Int BF Journal.* 2007.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Step 7: Original Evidence Presented

- **Improved infant sleep**
 - Lower levels of light and sound
 - Significantly more quiet sleep
- **No significant difference in maternal sleep**
 - Sleep Quantity - Rooming-In: 5.55 hr, Nursery: 5.35 hr
 - Sleep Quality Score - Rooming-In: 5.23, Nursery: 4.78

Keefe MR. *Nurs Res.* 1987.

Keefe MR. *JOGNN.* 1988.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Breastfeeding vs. oral sucrose in reducing neonatal pain response

PIPP scale, median (range)

Breastfeeding Group (<i>n</i> = 51)	Sucrose-Solution Group (<i>n</i> = 50)	Median Group Difference (Breastfeeding – Sucrose Scores)
3.0 (0.0 to 14.0)	8.5 (0.0–16.0)	–5.0

Codipietro *et al. Pediatrics.* 2008.

95% CI = 7.0 to 3.0
P <.0001

- 101 healthy, term neonates
- Randomized to breastfeeding vs oral sucrose
- Heel lance blood sampling

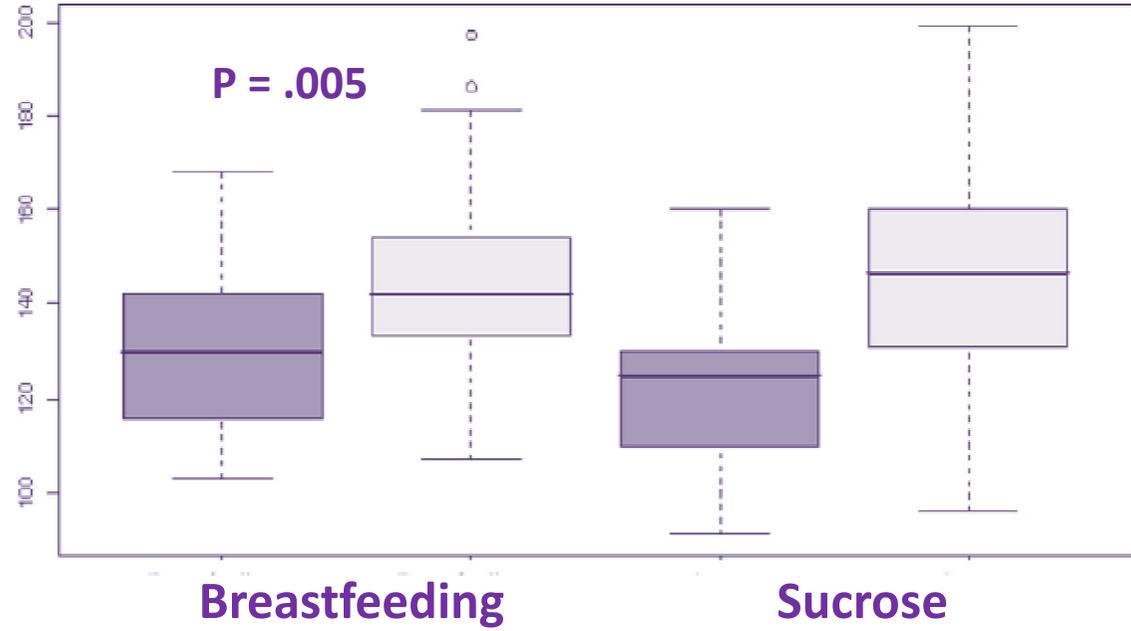
NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



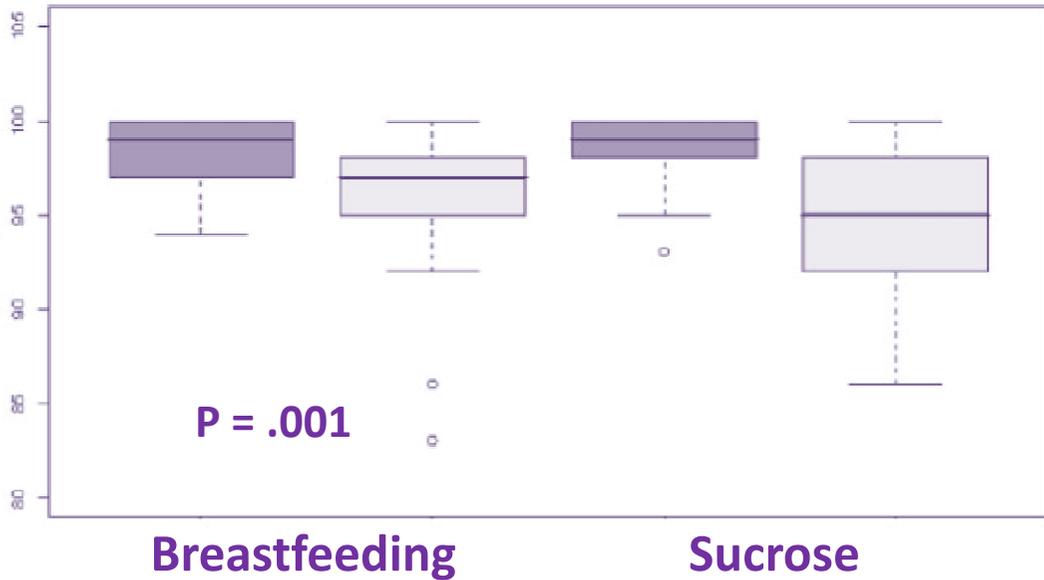
Adapted from materials developed by Baby-Friendly USA with their permission

Heart Rate

Codipietro et al. Pediatrics. 2008.



Oxygen Saturation



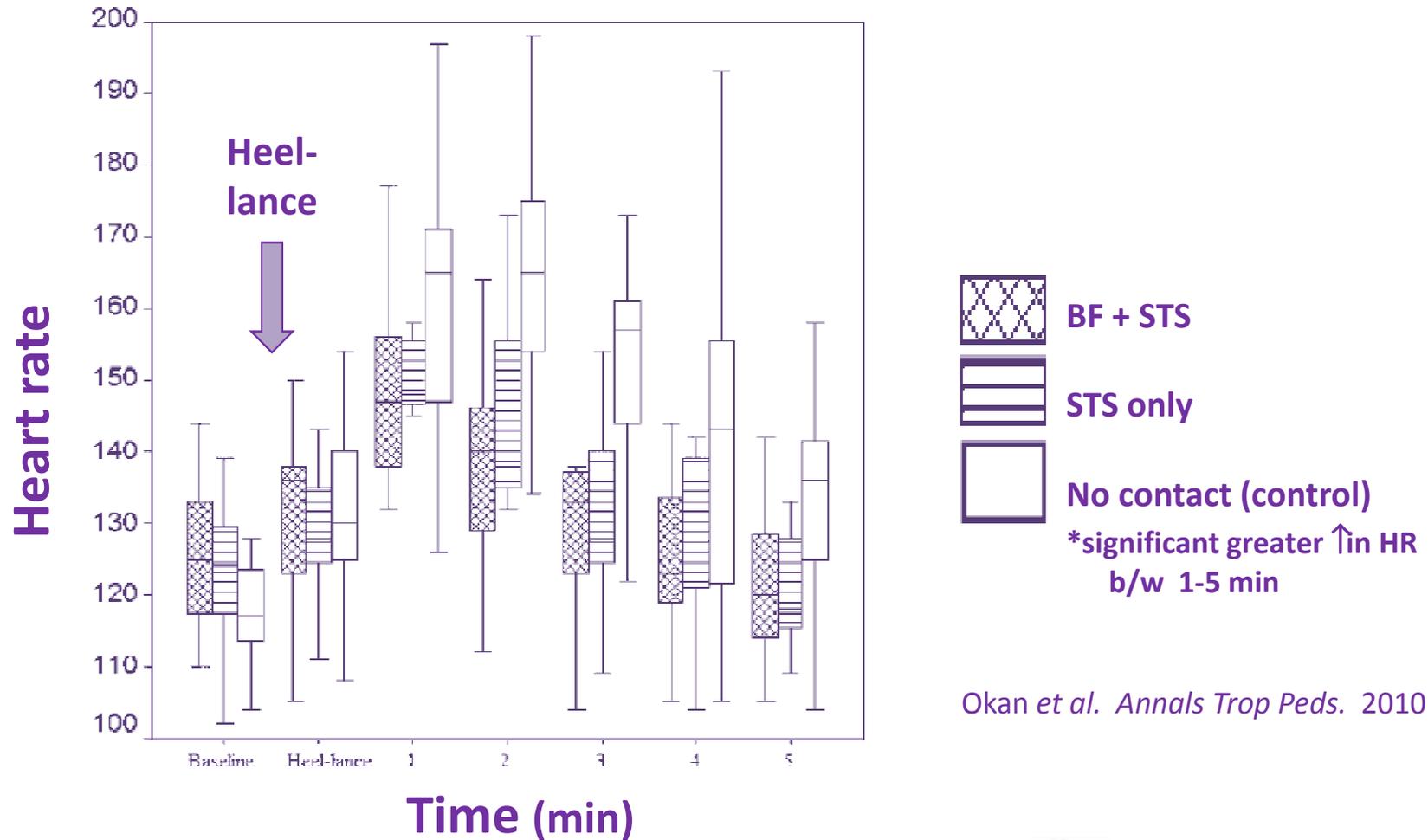
Comparison of
baseline & maximum
HR and Oxygen Sats
between groups

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Analgesic effects of STS & BF on HR



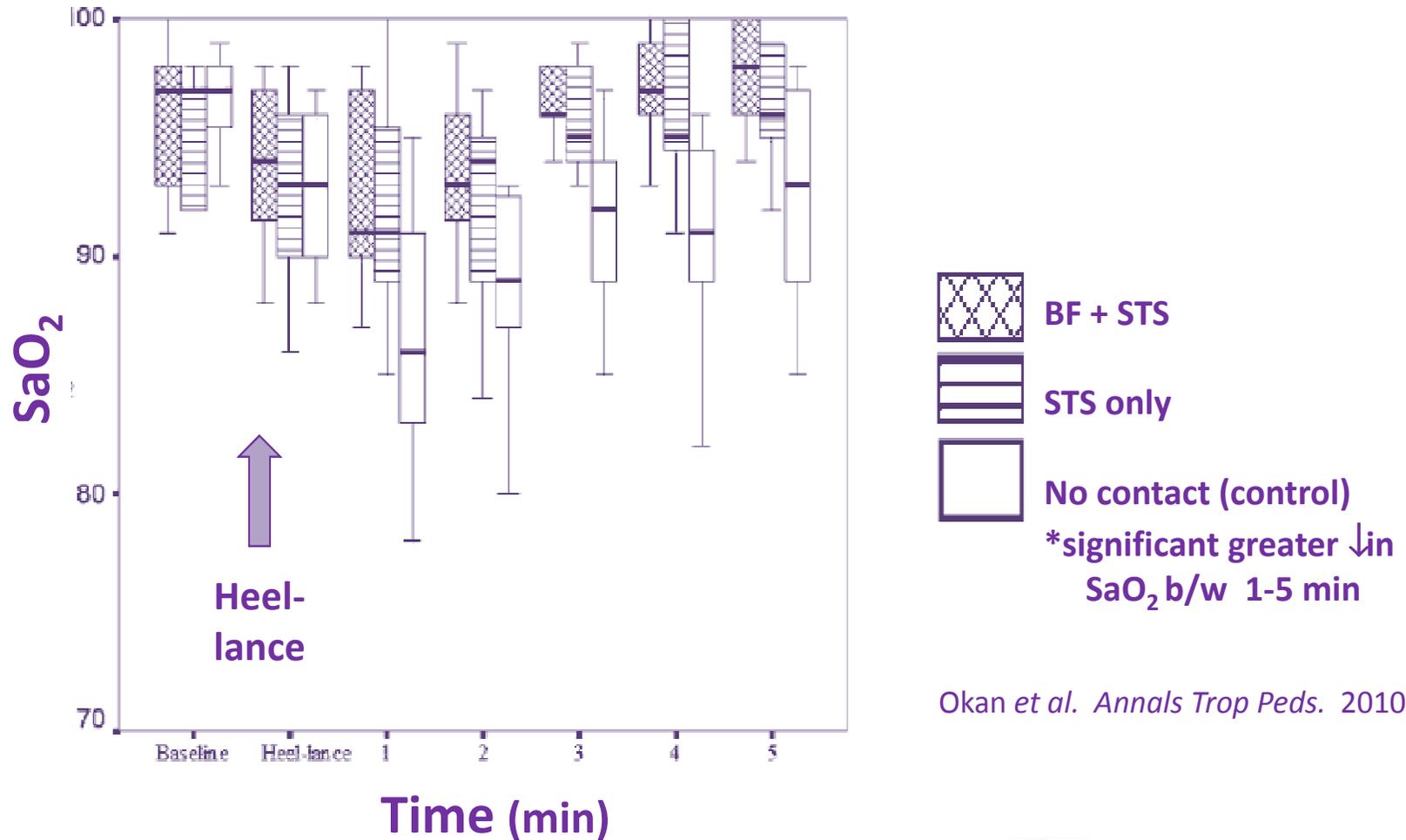
Okan et al. *Annals Trop Peds.* 2010.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Analgesic effects of STS & BF on SaO₂



Okan et al. *Annals Trop Peds.* 2010.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Step 7: Evidence Update

Bystrova, et al. Int Breastfeed J. 2007.

176 healthy term dyads randomized to 4 groups:

- I. Infants placed STS w/ mothers after birth & roomed-in
- II. Infants dressed, placed in mother's arms after birth & roomed-in
- III. Infants kept in nursery after birth & while mothers in maternity ward
- IV. Infants in nursery after birth but then roomed-in with mothers in maternity ward

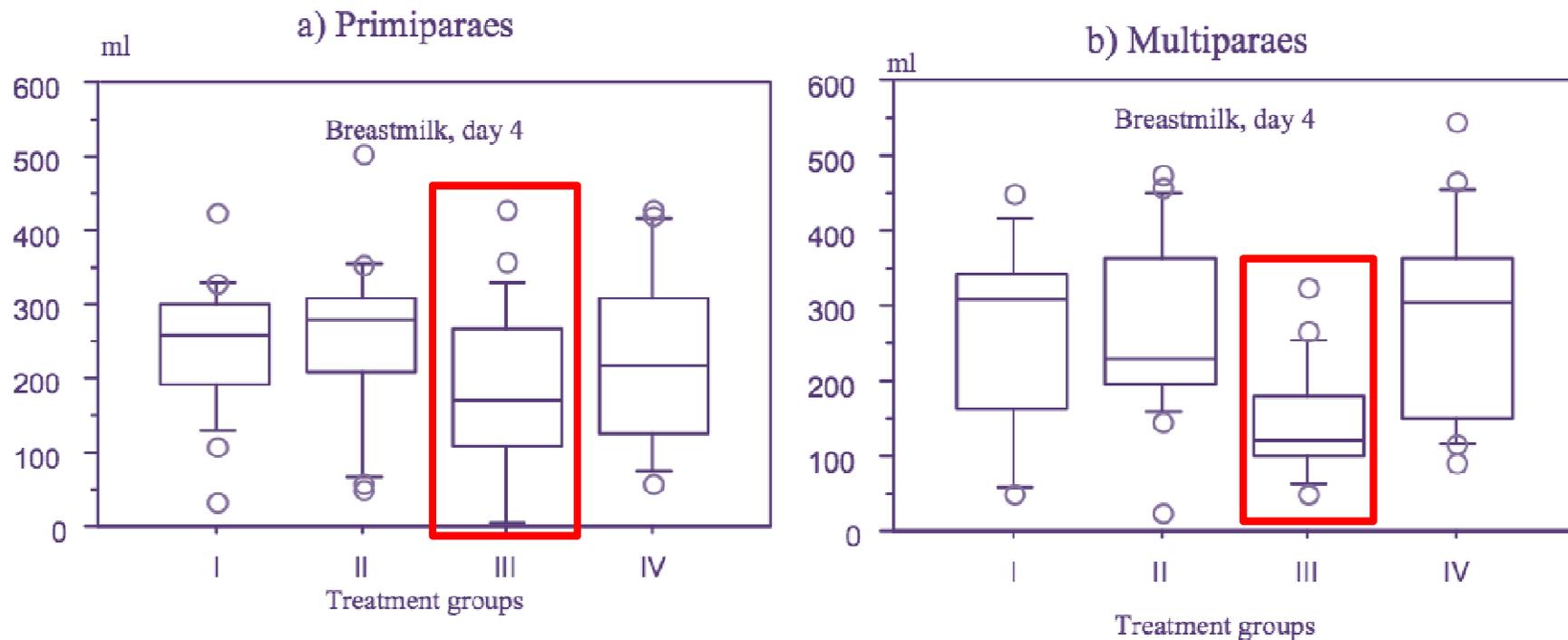
NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Effect of Rooming-In:

Milk volume lower in mothers who did not room-in with their infants (group III)
(difference significant only in multiparous mothers)



Bystrova, et al. *Int Breastfeed J.* 2007.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Side-car vs stand-alone bassinette

Tully KP, Ball HL. *J Hum Lact.* 2012.

- 86 term singleton infants, delivered by scheduled c-sxn and rooming-in with their mothers, were randomly allocated to side-car vs stand-alone bassinette, analysis performed on 35 dyads able to have sufficient videotaped observations performed (25 side-car, 10 stand-alone)
 - Trend for more frequent breastfeeding, total breastfeeding effort, more mother-infant sleep overlap, and less midwifery presence in side-car group, but data not statistically different compared to stand-alone group
 - Study not sufficiently powered to detect group difference in BF frequency
 - Participants described the side-car bassinet as permitting visual and physical access to their infants, enabling emotional closeness, facilitating breastfeeding, and minimizing need to request midwifery assistance
 - When infants were in their mother's bed, significantly more time was spent positioned on a pillow by infants in the stand-alone group compared to those in the side-car group
 - Infants bed sharing on a pillow specifically when their mother was asleep occurred only in the stand-alone group (6/15; P=.003)

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

References

- Bystrova K, *et al.* Early lactation performance in primiparous and multiparous women in relation to different maternity home practices. A randomized trial in St. Petersburg. *Int Breastfeed J.* 2007;2:9.
- Codipietro L, *et al.* Breastfeeding or oral sucrose solution in term neonates receiving heel lance: a randomized, controlled trial. *Pediatrics.* 2008;122:e716-721.
- Keefe MR. Comparison of neonatal nighttime sleep-wake patterns in nursery versus rooming-in environments. *Nurs Res.* 1987;36:140-144.
- Keefe MR. The impact of infant rooming-in on maternal sleep at night. *JOGNN.* 1988;17:122-126.
- Okan F, *et al.* Analgesic effects of skin-to-skin contact and breastfeeding in procedural pain in healthy term neonates. *Ann Trop Paediatr.* 2010;30:119-128.
- Tully KP, Ball HL. Postnatal Unit Bassinet Types When Rooming-In After Cesarean Section Birth: Implications for Breastfeeding and Infant Safety. *J Hum Lact.* 2012. [Epub ahead of print]
- Yamauchi Y and Yamanouchi I. The relationship between rooming-in/not rooming-in and breast-feeding variables. *Acta Paediatr Scand.* 1990;79:1017-1022.

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission

Implementing Step 7

Barriers	Strategies

NH's Ten Steps to Successful Breastfeeding: Step by (baby) Step



Adapted from materials developed by Baby-Friendly USA with their permission