Rooming in -
Are you really??

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Step 7

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

Yes that really does say, 24 hours

Any exceptions?
Rooming in

- Some stuff out there about “23/24 hours”
- This is not very helpful
- A baby could be out 2 hours for a serious medical issue/procedure - this is OK
- A baby could be out 15 mins for a hearing screen; this is not OK
Rooming in
When is it ok not to?

- If a baby has to have a procedure
  - Circumcision
  - Spinal etc.
- Mom requests it, is educated
- A safety issue (mom real sick, noone else there, etc)
Rooming in - when should they stay in?

- Hearing screen
- Pediatric exams
- Routine blood draws/heel sticks
- Bath
- Night-time
Strange goings on.....

- Shouldn’t *no nursery* mean automatic rooming in?
- Shouldn’t LDRPs mean rooming in?
- Low volume/rooming not really related either......
Is mom the problem?

“She wants rest at night”
“She doesn’t want to see tests/heelsticks”
“She wants to send baby to nursery”
Moms and rooming in

Who is really asking about the nursery?
- Sometimes mom
- Sometimes, the staff....

If it’s mom
- Educate
- Document education in the medical record
Moms and rooming in

- If 1 mom does this... fine
- If ALL moms do it, hmmm
- Sometimes can be cultural
Clinicians and rooming in

May really believe mom will sleep better
- Evidence does not support this

Comfort level doing tests in room?

Comfort level talking to patients?

Practical issues
Practical help

- Portable scale on cart
- Moveable lights
- Otoscopes
- Baths on wheels
Why are some clinicians not on board?

- A real life example......
- Pediatricians REFUSING to examine newborns in moms’ rooms
- Main rationale: “It’s too dark”
- ...adding “if we had portable lights, and we left them in a room, a child might play with them, knock them over, and get hurt”
And......

- Hospital had 2-3 births/week
- At our visit, 1 baby postpartum
- Time saving not an issue
  - Took longer to get baby to nursery and back, than to do exam in mom’s room
- Other providers hurtling ahead - whole unit gung ho about skin to skin post cesarean
I asked pediatrician #3

- “How do lights on postpartum compare with lights in this room?” [pediatric outpatient unit]
- “Let’s walk over and take a look”
- “Maybe you can use brighter bulbs while you wait for portable lights”
Fact finding mission

💡 Lighting on postpartum same as outpatient pedi
💡 Hospital HAD beautiful lights
💡 Lighting NOT the problem
💡 YOU knew that, right?
💡 So what was?
The real problem

Dr X

- “It takes time to change” (true, but OB colleagues doing c-sec skin to skin on everyone)
- “IT'S ONLY A 10 MINUTE EXAM. HOW CAN THAT MATTER?”
- Ahaaaa...now we’re talking.
- Explain why in the context, it matters
Why 10 minutes matters

We are talking a culture change

If a dr does exams in the nursery

- A nurse might then do bath in nursery
- A tech might do hearing screen in nursery
- Someone will do newborn heelstick/screen in nursery.....etc
Documentation

- Rooming in: the “norm”
- Each time baby leaves room: Document!
- When baby comes back: Document!
- If baby goes for a non medical reason, Document - maternal education AND times in and out
Man, that's a lot of documentation....

......maybe it would just be easier if we left them in the room, then we would have no need to document........
Documentation

For example

- 10am - baby left room for hearing screen
- 10:15 - baby came back

Note - this is NOT acceptable REASON, but at least the documentation is right!
For example

- Mother requested baby go to nursery for the night
- Mother was educated on benefits of rooming in and exclusive breastfeeding
- Mother insisted she needed 4 hours of sleep with no baby in the room

This is ok as long as it’s documented and backed up by maternal report
System changes to help

- Rename nursery the Neonatal Observation Unit
- Turn off lights
- Invite mothers in
- Create a “NOW”: nursery on wheels

The best nursery is an empty nursery
Stages of change

★ Equilibrium - we're here, and we're happy
★ Denial - those breastfeeding people aren't really there
★ Anger - darn it they are there and they're not going away
★ Bargaining - how about we only keep babies in the nursery for 3 hours instead of 4?
Stages of change

- Chaos – what the heck is going on?
- Depression – we’re done for
- Resignation – what are we supposed to do?
- Openness – I wasn’t really listening, can you say it again?
- Readiness – I guess I can try
- Re emergence – Hmm. Kind of cool. I might even be a better.....