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Becoming Baby Friendly:

Rooming-in for Patient Centered Care in the Maternal Setting

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Abstract

This thesis paper discusses the concept of rooming in on the maternity unit while pertaining to the QSEN nursing competency of patient centered care. Through an extensive review of the literature, the following question will be addressed: **On the postpartum unit, does having the newborn rooming in with his or her mother improve patient-centered care compared to rooming in the nursery?** After an introduction of the problem and its significance to patient-centered care, research that was conducted will be reviewed that discusses the importance of rooming in. A case example of a maternal-newborn couplet is provided, demonstrating the relevance of the clinical issue. To conclude, implications for future nursing practice will be incorporated, along with patient education.

Keywords: baby friendly, couplet care, maternity, newborn, nursing, patient-centered care, postpartum, rooming in

Introduction

The baby friendly initiative is a recent implementation amongst maternity units in hospitals across the world. Developed by organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), the baby friendly initiative includes ten steps to achieving a facility that most benefits the newborn during the transition stages to life. The steps have been developed in order to successfully breastfeed, and include a written breastfeeding policy and adequate staff training in initiating breastfeeding. The initiative also requires that the healthcare facility will not give pacifiers to infants, and will not give any food or drink other than breast milk to the infants, unless medically indicated (WHO/UNICEF, 2012).

Included in these steps is couplet care of mother and newborn, or rooming in. This means that the mother and baby will be cared for in the same room from admission to discharge home. Newborns will no longer go to the nursery to sleep at night, and instead, will sleep in a bassinet at the bedside of the mother. To discuss this topic, a question was proposed: On the post-partum unit, does having the newborn rooming in with his or her mother improve patient-centered care compared to rooming in the nursery?

This issue is important to discuss and explore because there are differing beliefs about baby friendly hospitals, and if they prove to be patient-centered. However, through extensive research and studies, rooming in and couplet care benefit both the newborn and the mother during their transition, and provide positive outcomes involving the QSEN competency of patient centered care.

Review of Literature

Patient Problem

A study conducted by Svensson, Matthiesen, and Widström (2005) determined whether or not rooming in would affect closeness, or bonding, of the mother and newborn. According to the study, mothers who did not practice night rooming-in thought it was “less important for both the baby and for themselves to be close to each other than did those mothers who chose night rooming-in” (Svensson, Matthiesen, & Widström, 2005). This is a problem because a major outcome of the postpartum period is attachment and bonding of the mother and newborn. The results from this study also indicate a problem that staff might influence a mother’s decision to leave their babies in the nursery (Svensson, Matthiesen, & Widström, 2005). If the staff’s attitude toward rooming-in is negative, the implementation of rooming in will be unsuccessful, and therefore the care is no longer patient centered. In order to ensure patient centered care during the postpartum period, both staff and patients must be actively engaged in the rooming in implementation of the care plan.

A patient issue that commonly arises which interferes with initial mother-newborn bonding is if the mother undergoes a cesarean section. Researchers D’Artibale and Bercini (2013), in their descriptive, exploratory study, state that “the time required, for the initiation of contact, was related to the priority given to routine care and caesarean delivery. This interfered negatively with the early contact and breastfeeding since they postponed this first meeting”. Many patients find it difficult to initially attach and bond with their newborn after a cesarean section because it is a longer recovery period as opposed to a vaginal delivery; this may slow the ability to quickly tend to newborn needs,

especially the first day post-surgery. Newborn needs must be a priority in order to ensure patient centered care of both the mother and infant during the postpartum period, regardless of the type of delivery.

Nursing Interventions

An older, yet relevant study conducted by Keefe (1987) describes the relevance of rooming in and its impact on better mother and infant outcomes. A two-group design was used to compare the behavior of newborns who roomed-in with their mothers at night versus those who slept in the nursery. Twenty-one newborns made up the sample of the study. “Data was collected using a sleep monitor bassinet for two consecutive nights after delivery” (Keefe, 1987). Results show that rooming-in infants received more contact with the caregiver and care that was more often related to their behavior. This contact with caregivers correlates with the increase in patient centered care, benefiting both the mother and newborn. According to this study, infants in the mother's room also had significantly more quiet sleep and less crying than infants who remained in the nursery (Keefe, 1987). Because the newborns have roomed in with mother since birth, the behaviors of less crying and quiet sleep are learned more quickly than if they had roomed in the nursery. Implementing the concept of rooming in into the patient's plan of care facilitates the transition into motherhood, and therefore, improves patient centered care.

Researchers Lillehoj & Dobson (2012) discovered a positive association was found between hospitals that reported higher breastfeeding rates at discharge and implementation of several steps of the baby friendly initiative. According to the study, having a formal hospital policy (Step 1) and staff training (Step 2) were each positively

associated with breastfeeding at discharge (Lillehoj & Dobson, 2012). Demonstrating how to breastfeed (Step 5), not providing alternative substitutes, such as formula supplementation, without consent (Step 6), and rooming-in practices (Step 7) also were associated positively with breastfeeding at discharge. Finally, not providing pacifiers (Step 9) and giving community resources to mothers, such as breastfeeding classes and follow ups with lactation consultants (Step 10) were positively correlated with breastfeeding at discharge (Lillehoj & Dobson, 2012). The impact of the baby friendly initiative positively affects patient centered care because the patients can now breastfeed at ease and with confidence. Hospital staff provide extensive teaching about breastfeeding and around the clock support and encouragement to boost the patient's confidence, providing true patient centered care.

Looking back at the earlier study conducted by Svensson, Matthiesen, and Widström (2005), research suggests the importance on breastfeeding and rooming in for mothers, as well as for newborns. "Breastfeeding elicits relaxation and sleep in both mother and infant. The reason for this is probably the release of oxytocin and indirectly mediated effects that accompany breastfeeding" (Svensson, Matthiesen, & Widström, 2005). If a mother-infant couplet rooms in together, the mother who breastfeeds her baby at night will sleep naturally in between feedings. This way, she can also hear the baby's signals and react to her baby's needs for feedings and care (Svensson, Matthiesen, & Widström, 2005). By implementing a rooming in plan of care, there are benefits to the mother, reinforcing patient centered care for the couplet, not just the newborn.

A study by Brennehan and Price (2014) shows the positive outcomes of transition of care with rooming in. In their facility, a fact sheet and brochure were given out to

educate parents and visitors on the benefits of couplet care. “All healthy newborns remain with their mothers throughout their stays to empower parents to guide their newborns’ care. The outcomes revealed that couplet care was very successful with only positive outcomes” (Brenneman & Price, 2014). At the two’s facility, a notable increase in patient satisfaction was seen by way of follow-up phone calls; parents stated they felt more confident in caring for their newborns after rooming in on the postpartum unit (Brenneman & Price, 2014). This directly correlates to patient centered care because the mother is in control of how she would like her newborn to be cared for when rooming in. Also, parents are learning important cues of motherhood when the infant is sharing a room as opposed to being in a nursery. By use of follow up calls, the patient experience can be continuous even after discharge to ensure positive outcomes for families.

Research conducted by Giordano (2014) demonstrates the implementation of a baby friendly hospital, and how the outcomes of interest were measured. The study looked for “measures of quality and perception of transition care during delivery, frequency counts of continuous skin-to-skin contact, frequency of rooming-in, quality and perception of nonseparation of mother and infant from delivery to discharge, and frequency of breastfeeding exclusivity” (Giordano, 2014). The facility’s model of practice was changed from traditional postpartum/nursery care to a couplet care model. The study’s implementation of changes from standard care showed staff resistance, which warranted education, support, and reward (Giordano, 2014). To accommodate this resistance to change, staff was provided with ongoing education, along with updated policies (Giordano, 2014). This transition to a couplet care model demonstrates positive outcomes for the patients, creating ongoing patient-centered care in the hospital.

Case Example

A case example of the implementation of baby friendly initiatives and positive patient centered care outcomes was demonstrated through a clinical preceptorship on South Shore Hospital's maternity unit. The unit consists of 31 private rooms for postpartum families to stay in with their newborn. The hospital on average has 3,500 births each year, making it one of the top community facilities for maternal care in Southeastern Massachusetts. It is also the only hospital in the area licensed to provide Level III maternal/newborn care, with a special care nursery and neonatal intensive care unit.

South Shore Hospital is a facility that is in the process of becoming baby friendly, and has begun implementing many of the steps. Of the steps implemented, rooming-in and couplet care has become increasingly popular amongst other maternity facilities, and has sparked conversation in the community. The hospital emphasizes family-centered care, and work hard to ensure patients are cared for in a trusting environment and can actively participate in their individualized care.

In this case example, a 32 year old multipara mother had delivered twin boys through a cesarean section, and had chosen to breastfeed both newborns. She had delivered her four year old daughter at South Shore Hospital previously, when the hospital had not begun to adapt to the baby friendly initiatives of practice. The mother struggled to breastfeed her daughter in the hospital, and ended up providing her with formula for feedings instead.

The mother is transitioning from the intrapartum period (labor and delivery) to post-partum, which can prove to be difficult especially with twins. There were many facilitators to assist the mother's transition. These include, but are not limited to, staff teaching, family and staff support, and availability of experts in lactation and maternal nursing practice.

Inhibitors to the transition to postpartum include the mother's post-operative status after undergoing a cesarean section. This delivery, as opposed to a vaginal delivery, can slow recovery, making it difficult to immediately transition to motherhood. Also, because the mother had delivered multiples, she was responsible for two newborns, which is double the workload for the fatigued surgical patient.

Upon receiving this patient as an assignment, I could anticipate some difficulty in her adjustment on the postpartum unit. She had complained of much pain and lack of sleep, which are common side effects after undergoing surgery. With her cesarean section, it was difficult for the mother to get out of bed by herself to tend to her twins' needs, especially in an emergency when a newborn was spitting up and needed to immediately be bulb suctioned.

Also, her daughter had gone to the nursery at night for sleep, and the mother was able to get adequate rest in order to recover and transition to motherhood. Couplet care and rooming in are implemented in the postpartum plan of care at South Shore Hospital, and the mother would now be adjusting to recovery while sharing a room with her newborn twins.

My preceptor and I discussed with our patient that there are many benefits to couplet care and rooming in for the recovering mother. There are increased opportunities

for bonding with the newborn, as well as plenty of time and opportunity to initiate a routine for mother and baby. By having the newborn at her bedside, the mother is able to learn baby's cues for feeding, diapering, rest, etc. This provides a boost of confidence and preparation for parents being discharged to home.

My preceptor and I were able to establish rapport in the beginning of the day and ensure the mother that her infants were safe with her in the room, and that nurses and other staff members are always readily available to assist with any mother or newborn needs. Although she was a multipara, the mother of three required much reteaching and demonstration with diaper changes and breastfeeding.

Pamphlets and brochures are provided to each mother on the unit, but it was important for my preceptor and I to reiterate the benefits of couplet care and rooming in with our patient. We discussed that for the newborn, rooming in provides a familiar, calm environment with mother close by. By being in the room as opposed to the nursery, babies are able to achieve longer, deeper sleep without the disruption of other newborns, resulting in a decrease in stress hormones. Also, by the infant remaining with the mother 24/7, (with the exception of going to the treatment room for procedures such as a circumcision) the infants would be at a decreased risk for infection due to less exposure to other newborns and staff.

My preceptor and I provided continuous support and encouragement to aide the mother with breastfeeding her newborns. We demonstrated multiple techniques in which she could feed her infants, including a cross-cradle hold and a football hold. This gave her the opportunity to choose whichever technique felt more comfortable for the mother, while still being able to breastfeed. It is easy for new mothers to become discouraged

when breastfeeding does not come naturally during the first few days after birth.

However, my nurse and I reinforced to our patient that although it can take 3-5 days for a mother's breast milk to come in, the infants are still getting the required nutrients from the colostrum, and by latching the infants it will stimulate the breast milk to come in faster.

The hospital also provided our patient with a breast pump to use throughout her stay, and gave her resources that would deliver one to her home to rent upon discharge. This way, the mother could still give her twins expressed breast milk through the pump if she desired.

Through extensive patient teaching and care, this mother felt more confident in transitioning to motherhood with twins. Lactation consultants were readily available to her multiple times a day to observe breastfeeding and educate the mother on proper techniques and cues. Also, staff is trained to teach proper breastfeeding, so even when lactation was not nearby, my preceptor and I could provide help with feedings to ensure the newborns were receiving proper nutrition.

Upon discharge from the postpartum unit, our patient was breastfeeding and pumping, and providing her newborn twins with adequate nutrition. She found it extremely beneficial to have the infants in the room with her during her stay because she could breastfeed on demand and learn feeding cues before going home. She felt more confident bringing her newborns home knowing that she could successfully breastfeed or pump if necessary, and had already established attachment and bonding with both her infants through couplet care.

The mother was very pleased with her experience with couplet care and rooming in upon discharge. She had contacted the nurse manager of the maternity unit to compliment the amazing care she had received by her nurses and the student, and all of the help and education provided. She continues to breastfeed at ease, thanking the staff for providing teaching techniques and newborn feeding cues. Because of this follow up call, it was evident that the mother and newborns had a positive outcome on rooming in, and truly experienced patient-centered care.

Conclusion

Regarding the issue of patient centered care, the best nursing practice is to become baby friendly, beginning with couplet care and rooming in. Through research, it is proven that mothers have greater success with breastfeeding if the newborn is rooming in, and there is decreased anxiety about having the baby out of sight. In implementing the baby friendly initiative, the change requires extensive education, time, and patience (Giordano et al., 2014). In his study regarding the development of a baby friendly hospital, Giordano (2014) identified the need to slow the change process by taking baby steps and implementing the initiative in phases. South Shore Hospital has proven to do so, implementing rooming in as the first major change in to a baby friendly culture. Giordano also suggests collecting data and providing surveys in order to promote staff accountability and ensure that patients' needs are being met (2014).

Because becoming baby friendly is the latest recommendation for patient and newborn centered care, there are a multitude of organizations becoming involved in the development, including the WHO and UNICEF. Ashmore (2014) describes the standards that these organizations have developed as having "a holistic focus on care for all parents and their new baby by supporting optimum infant feeding practices as well as babies' social and emotional wellbeing". This directly relates back to patient centered care because in order to create positive, individualized outcomes for these mothers and newborns, the plan of care must be developed to most benefit the patients, and not the nurses or hospital.

Opportunities to develop further on the idea of a baby friendly hospital would be the incorporation of a plan for cesarean section mothers, who have shown difficulty in providing care for their newborns in the immediate post-operative period. Currently, all staff are educated and trained in providing optimal couplet care for both mother and baby, regardless of the type of labor and delivery they have gone through. However, if a protocol were to be established for facilitating cesarean section mothers and rooming in, there would be an increase in positive outcomes on patient centered care.

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