

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Rooming in for Healthy Babies
TYPE OF DOCUMENT	Policy
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RISK RATING	Medium
LEVEL OF EVIDENCE	NSHQS 1.Clinical Governance 2.Partnering with Consumers 5. Comprehensive Care 6.Communicating for Safety
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FORMER REFERENCE(S)	PD 285
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	A/Prof Daniel Challis Director, Women's & Children's Clinical Stream
AUTHOR	Alison Brown A/CMC Women's and Children's Clinical Stream
KEY TERMS	Rooming in, bonding, identification tags, separation sticker, breast feeding
SUMMARY	This policy is to ensure mothers, and both breast and formula fed babies, remain together at all times in postnatal areas to reduce the risk of incorrect treatment or feeds.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Policy is intellectual property of South Eastern Sydney Local Health District.
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1. POLICY STATEMENT

Mothers and babies should remain together (to room in) for the duration of their postnatal stay, (this includes operating theatres, recovery ward and acute care ward, whenever possible).

Separation of mothers and babies is not encouraged in hospital, without a documented medical or compelling reason.

Babies on the postnatal wards should stay with their mother day and night until discharge.

2. AIMS

- To promote breastfeeding
- To promote and avoid disruption of the bonding process
- To ensure that if separated the baby is returned to the correct mother

3. TARGET AUDIENCE

Registered Midwives/Nurses
Student Midwives/ Nurses
Assistants in Nursing/Midwifery
Medical Staff
Allied Health Staff
Enrolled Nurses

4. RESPONSIBILITIES

- Mothers must be informed antenatally of the benefits and security issues necessitating the rooming-in policy. This is discussed further in the birthing suite, post birth highlighting the importance of and ensuring the baby has correct identification tags at all times
- Neonatal procedures including routine newborn assessment, are to be performed at the bedside and if this is not possible, the mother or her designated responsible adult should accompany the baby.
- Bedside assistance by staff maybe required if the baby does not settle with skin to skin contact from mother or partner. Overnight, if this process is disturbing other women in the room and there is another area available, the mother/partner may be encouraged to accompany their baby with the staff member for settling in the alternative location. Staff are expected to adhere to Safe Sleeping messages and practices - [NSW Ministry of Health PD2019_038 - Babies Safe Sleeping Practices](#).
- If the baby is settled to sleep by staff in a separate room without the mother present (if mother is immobile, for example, or specifically requests that the baby is removed from her immediate bed space):
 - A separation sticker must be completed and signed prior to separation, and again on reuniting, of mother and baby.
 - The sticker is to be placed on the neonatal care plan.
 - The separation sticker is not required if the baby is in the care of the mother's nominated responsible adult.
 - The baby should be returned to the mother immediately after it is settled.

- On removal and return of the baby, both mother and the staff member must verify the baby's identification tags and sign the separation sticker.
- If mother is asleep, two staff members must accompany the baby to the mother's bedside and both staff members must verify the baby's identification tags and sign on the separation sticker that they are placing the correct baby at the correct mother's bedside.
- Staff are encouraged to document mother's request for separation in the mother's notes including identification checks.

5. DEFINITIONS

Rooming in refers to the mother and her baby/s occupying the same room at all times whilst in hospital, and has the benefits of:

- Facilitating unrestricted breastfeeding
- Enabling mothers to practice responsive feeding (responding to feeding cues)
- Promoting bonding
- Reducing cross-infection
- Allowing both mother and baby contact with the father and other family members
- Helping the mother learn about her baby's patterns of behaviour
- Increasing security of the baby

6. DOCUMENTATION

- Neonatal care plan
- Postnatal Clinical Pathway
- Separation sticker
- Electronic Medical Record

7. REFERENCES

- [Baby Friendly Health Initiative \(BFHI\) Australia Maternity Handbook 2020 NSW Ministry of Health Policy Directive PD2019_038 - Babies - Safe Sleeping Practices](#)
- [NSW Ministry of Health Policy Directive PD2018_034 - Breastfeeding in NSW: Promotion, Protection and Support](#)
- [NSW Ministry of Health Policy Directive PD2010_019 - Maternity Breast Milk: Safe Management](#)
- <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Oct 2010	Draft	Dee Sinclair Area CMC Maternity Clinical Risk Management
April 2012	1	Reviewed by Dee Sinclair CMC Maternity Clinical Risk Management
July 2014	1	SES LHD Lactation Group
July 2014	2	W & B Clinical Stream Governance Meeting
July 2016	3	Dee Sinclair Area CMC Maternity Clinical Risk Management

SESLHD POLICY

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July 2016	3	Updates endorsed by Executive Sponsor
September 2016	3	Final Draft submitted to Executive Services with associated paperwork.
May 2020	4	SESLHD Lactation Group commenced review. Updated references and included further information on monitoring separation of baby from mother. Approved by Executive Sponsor.