



The Implementation of an Evidence-based Project on Rooming-in Practice in a Private Hospital

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Tracy is a Registered Nurse/Midwife and a Lactation Consultant (IBCLC) working in the maternity ward of a private hospital in Hong Kong. She shares with us her experience of promoting the practice of Rooming-in in her hospital.

Rooming-in practice, an arrangement in a hospital whereby a newborn infant is kept in a crib at the mother's bedside for 24 hours instead of in a nursery¹, is not a common practice in private hospitals in Hong Kong. However, there is ample research evidence showing that rooming-in practice brings enormous benefits to mothers, newborns, and the community.

Benefits of Rooming-in

Implementation of rooming-in is one of the "Ten Steps to Successful Breastfeeding" specified in the Baby-Friendly Hospital Initiative endorsed by the World Health Organization. It is considered cost-effective as there is no need of additional manpower and instruments for providing care since the newborns stay with their mothers in the same room after delivery. Each mother looking after her own baby helps lower the risks of cross infection, in contrast to the practice of baby care in the nursery.² Rooming-in practice also reduces the separation of mothers and babies, as well as enhances bonding and attachment between them, while mothers have more access to their babies for direct breastfeeding.³ A study by Kim and Park found that rooming-in practice facilitated new mothers to develop more positive attitude and increased both their self-confidence in newborn care and the rate of breastfeeding.⁴

Implications for Hospital Policy and Practice

In my hospital, we receive an increasing number of enquiries from pregnant women on the rooming-in practice and many express their intention to include the practice in their birth plans on admission for delivery. A study revealed that when hospitals adopted separate care for newborns, some mothers had concerns that the practice might create limitations for them to learn about their babies' behaviour and

identify their feeding cues, which might lead to the lack of confidence in caring for their babies.⁴ Limited time for mothers to bond with their babies under the separate care mode reduces the opportunity for mothers to understand their babies' behaviours and decreased their sensitivity to providing responsive care.^{5,6}

How to Increase the Practice of Rooming-in in the Private Hospital?

A Committee to Promote and Support Breastfeeding was set up in the hospital in 2018. Taking note that the implementation of rooming-in practice was one of the "Ten Steps to Successful Breastfeeding", the Committee targeted rooming-in as the first step to achieve better breastfeeding rate in the hospital, through increasing the rooming-in rate and promoting rooming-in as a routine practice in the post-natal ward.

As a start, members of the nursing staff were sponsored to pay a visit to an overseas hospital with maternity service and the valuable experiences gained were shared in the Committee. To follow on, an evidence-based practice project was designed and conducted to explore the feasibility of applying the devised strategies and action plans in promoting the adoption of rooming-in practice.

A study conducted in Korea (2010) suggested that providing only rooming-in service and closing all nursery rooms could significantly increase the rooming-in practicing rate after educating the expectant mothers before delivery as well as the hospital staff.⁷ It concluded that educating, communicating, and supporting the expectant mothers and staff while the hospital practised rooming-in service might help increase the rooming-in rate. In particular, training of nursing staff to support mothers in rooming-in is a key to success.

Implementation of an Evidence-based Practice Project

An evidence-based practice project was proposed aiming to increase the rooming-in rate in mothers who stay in single-rooms of the post-natal wards. One PICO (Population, Intervention, Comparison and Outcome) question was developed under the PICO framework.⁸

The PICO question:

"How does the educational campaign affect the rooming-in rate of postpartum mothers?"

Population: Postpartum mothers staying in single rooms of the post-natal wards

Intervention: Educational campaign

Comparison: Current rooming-in rate

Outcome: Post-campaign rooming-in rate

Methodology and Data Collection

The project was divided into three stages: In Stage I, the 24-hours rooming-in rate of mothers staying in single rooms for one month was recorded as the baseline before the educational campaign was launched. In stage II, an educational campaign was carried out for one month. The campaign consisted of three elements, viz. the conduct of antenatal talks for expectant mothers, provision of education to staff on the concept of rooming-in practice, and distribution of educational leaflets to mothers on admission for promoting rooming-in practice. For stage III, the final month of the project, the post-intervention rooming-in practicing rate was collected to find out whether education of the expectant mothers and staff could increase the rooming-in rate.

The Educational Campaign

1. Introducing the benefits of rooming-in to families in antenatal talks

The Antenatal Talk

母嬰同室

好處

- ✓ 增進父母與嬰兒的親子關係
- ✓ 了解嬰兒基本及獨特需要
- ✓ 照顧寶寶技巧增強
- ✓ 父母照顧寶寶信心增強
- ✓ 全母乳餵哺成功機會增加

7 ROOMING-IN

Hospitals support mothers to breastfeed by...

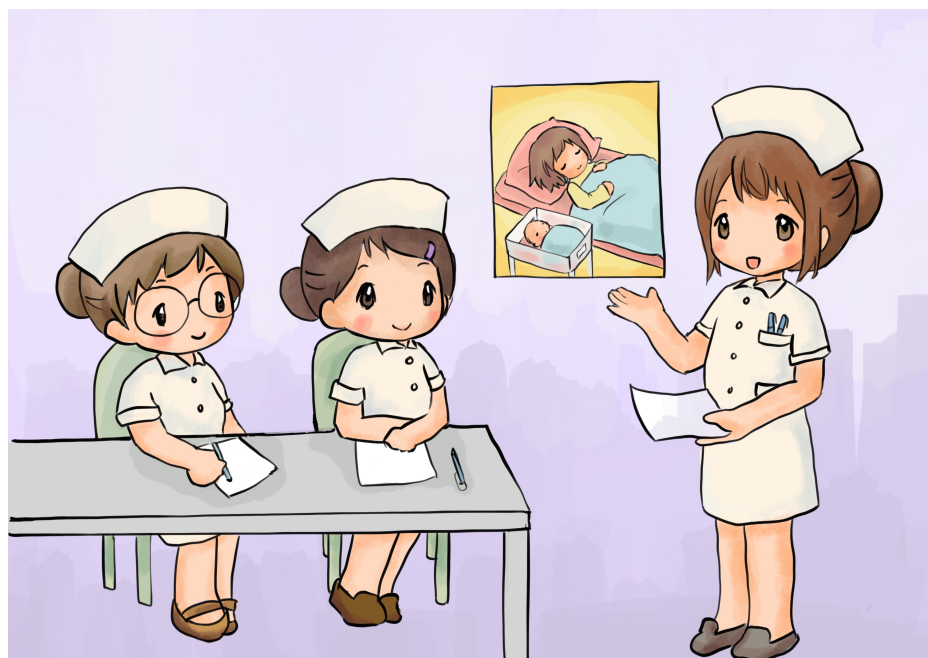
- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby



World Health Organization unicef

2. Educating the nursing staff on the practice of rooming-in and how to support mothers and babies during rooming-in

Staff Education



3. Providing leaflets to mothers in single rooms to encourage their adoption of rooming-in practice during their postpartum hospital stay

Leaflet content

- Benefits of rooming-in
- How to carry out rooming-in care for babies
- Safety measures for rooming-in babies
 - a) Sleep safety
 - b) Fall prevention
 - c) Observation of signs of newborn suffocation



Changes Observed Before and After the Campaign

Before the campaign, the rooming-in rate in mothers staying in single rooms was low. Their babies stayed in the nursery most of the time unless they were being breastfed directly. After the campaign, there was an increase of about 20 % in the rooming-in rate.

The mothers have learned how to observe their baby's input and output balance, behavioural characteristics, and feeding cues through the actual practice of caring for their babies and being supported by the nursing staff. They have gained confidence in assessing the general condition of their babies and providing responsive care to their babies.

After the campaign, the nursing staff has acquired more knowledge of the practice of rooming-in and gained increased confidence in supporting mothers. Through teaching mothers the benefits of rooming-in, as well as assisting them in baby care and breastfeeding, observing baby's feeding cues and ensuring baby safety etc., positive and trusting relationships between the staff and mothers were established.

The Way Forward

The positive results from the project prompted the Committee to consider implementation of rooming-in as a routine practice in the post-natal wards. Then came the COVID-19 pandemic which changed the attitudes of most mothers who preferred keeping their babies in the nursery, rather than rooming-in with them, for fear of infecting their babies by the visitors. In addition, various infection control policies, admission of patients from government hospitals, change of ward usage and staff turnover all impeded the implementation of the rooming-in practice.

Despite these difficulties, the Committee will continue to seek ways to reach the set goal. The successful implementation of rooming-in practice in the hospital depends on full collaboration between different healthcare professionals. Introducing the rooming-in practice to the new staff during the orientation programme, seeking support from doctors for rooming-in practice as a routine, and continuous monitoring of the practice rate of rooming-in and its effects are being planned. Hopefully, the rooming-in practice will become a routine practice in the post-natal wards of the hospital in the long run and we could move a step closer to being baby-friendly.

Key Messages:

1. Health education for staff and pregnant women effectively increases the rooming-in rate.
給予員工及產前婦女相關的健康教育，可有效提升母嬰同室的比率。
2. Successful implementation of 24-hour rooming-in of mothers and their babies rely on the collaboration between different healthcare professionals in the hospital.
全賴院內各專業醫護人員的通力合作，才能成功推行24小時母嬰同室。

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