ROOMING-IN GUIDELINE

1. OPTIMAL OUTCOMES
   - Mother and baby room-in for their postnatal stay

2. PATIENT
   - Mother
   - Baby

3. STAFF
   - Registered Midwife
   - Student Midwife
   - Allied Health staff

4. EQUIPMENT
   - Nil

5. CLINICAL PRACTICE
   Well infants should stay with their mother day and night until discharge, except for short periods of time for hospital procedures and only with the mother’s consent
   - Do not separate babies from their mothers for any length of time unless clinically indicated
   - Ensure formal identification of both mother and baby are checked on return of separated baby to the mother
   - Communicate to parents the importance of ensuring that their baby has the correct identification tags at all times
   - Encourage rooming in
   - Communicate to parents that there is no constant supervision of babies left in the Arrivals Lounge
   - Document maternal request for the baby to ‘room-out’ in the integrated notes

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   - Wrong baby, wrong mother
   - Unsupervised babies are at a potential health or security risk

7. DOCUMENTATION
   - Integrated notes
   - Feed chart

8. EDUCATIONAL NOTES
   - Research has shown that rooming in:
     o promotes mother-infant bonding
     o Mothers sleep more soundly when the baby is in the same room
     o Facilitates unrestricted breastfeeding - baby-led feeding
     o This in turn reduce the risk of venous and milk engorgement
     o prevents cross infection
     o Increases the security of the baby.

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9. RELATED POLICIES/PROCEDURES/GUIDELINES

- Breastfeeding Policy
- Admission of Newborn to Ward
- Identification of baby

10. REFERENCES


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