

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Rooming In for Healthy Babies
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	SESLHDPD/158
DATE OF PUBLICATION	May 2023
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 - Clinical Governance Standard 2 - Partnering with Consumers Standard 5 - Comprehensive Care Standard 6 - Communicating for Safety
REVIEW DATE	May 2026
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Clinical Stream Director, Women's & Children's Health
AUTHOR	SESLHD Lactation Group
POSITION RESPONSIBLE FOR THE DOCUMENT	Alison Brown CMC Women's and Children's Clinical Stream Alison.Brown3@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Women and Babies Health
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.
Policy content cannot be duplicated.

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. POLICY STATEMENT

Whenever possible mothers and babies should remain together, that is with each other, for the duration of their postnatal stay, and this includes operating theatres, recovery ward and acute care ward, whenever possible.

Separation of mothers and babies is not encouraged in the hospital, without a documented medical or compelling reason. Babies on the postnatal wards should stay with their mother day and night until discharge.

Aboriginal women may require additional supports sometimes as an inpatient. This can include family, Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.

Non-English speaking culturally and linguistically diverse (CALD) women can be supported by offering appropriate interpreters using the interpreter service: [NSW Ministry of Health Policy Directive PD2017 044 - Interpreters - Standard Procedures for Working with Health Care Interpreters](#).

2. AIMS

We promote rooming in:

- to enhance 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
- Enrolled Nurses
- Assistants in Nursing/Midwifery
- Medical Staff
- Allied Health Staff

4. RESPONSIBILITIES

- Mothers must be informed of the benefits and security measures necessitating the rooming-in policy. This is discussed during pregnancy and after the birth, to highlight the importance of, and ensure the baby has, correct identification tags on 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 or her 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 Guideline GL2021_013 - Recommended Safe Sleep Practices for Babies](#).

- 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 electronic medical records 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 responsive breastfeeding
- enabling mothers to practice responsive feeding and settling (responding to baby's cues)
- promoting bonding
- reducing cross-infection
- enhancing family engagement and support, to build family capacity
- helping the mother learn about her baby's patterns of behaviour
- increasing security for the baby.

6. DOCUMENTATION

- Electronic Medical Record
- Neonatal Care Plan
- Postnatal Clinical Pathway
- Separation sticker

7. REFERENCES

- [Baby Friendly Health Initiative \(BFHI\) Australia, Maternity Facility Handbook 2020](#)
- [NSW Ministry of Health Guideline GL2021_013 - Recommended Safe Sleep Practices for Babies](#)
- [NSW Ministry of Health Policy Directive PD2018_034 - Breastfeeding in NSW: Promotion, Protection and Support](#)
- [NSW Ministry of Health Policy Directive PD2017_044 - Interpreters - Standard Procedures for Working with Health Care Interpreters](#)
- [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
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.
May 2023	5	SESLHD Lactation Group Review. Minor changes to include terminology and references updates and inclusion of cultural support paragraphs. Approved by Executive Sponsor.