Rooming-In: Creating a Better Experience

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ABSTRACT

There are both pros and cons to the practice of rooming-in in the hospital after birth. One concern with rooming-in is the impact this experience has on postpartum mothers. Although rooming-in has many benefits, a challenge that mothers face in the early postpartum period is balancing the needs of their newborns while getting adequate rest. To explore this further, semistructured interviews were conducted with 25 postpartum mothers during their hospital stay. The results revealed how postpartum mothers perceived their sleep quality, rooming-in experience, and overall satisfaction. The majority (60%) of the postpartum mothers in this study had a positive rooming-in experience. Nevertheless, many factors were identified as contributors to poor sleep quality as well as positive and negative rooming-in experiences.

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Obstetric and postpartum practices have changed over time. By the mid-20th century, the custom of giving birth at home began to disappear, and more births occurred in the hospital setting (Jaafar, Lee, & Ho, 2012). When hospitals became the main place to give birth, mothers and their newborn infants were routinely separated. During these separations, infants were placed and cared for in newborn nurseries to allow maternal sleep and rest. However, more recently, hospitals have begun to adopt what is known as Family-Centered Care and the Baby-Friendly Hospital Initiative (BFHI) recommendations, which encourage hospitals to implement the practice of rooming-in.

The practice of rooming-in as defined by the World Health Organization and United Nations Children's Fund is a "hospital practice where postnatal mothers and normal infants stay together in the same room for 24 hours a day from the time they arrive in their room after delivery" (Baby-Friendly USA, 2012). Commonly, rooming-in is operationalized as a process in which mothers and their newborns stay together for at least 23 hours a day in the hospital (Centers for Disease Control and Prevention, 2013). Rooming-in began as a way to promote early breastfeeding and encourage maternal–infant bonding. Hospitals who have implemented the BFHI and the rooming-in policy have helped to increase the breastfeeding rates in the United States (Chiou, Chen, Yeh, Wu, & Chien, 2014; Labbok, 2012; Perrine, Scanlon, Li, Odom, & Grummer-Strawn, 2012).

Keeping mother and baby together by rooming-in is recommended as a healthy birth practice (Crenshaw, 2007).

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For the JPE *article on Lamaze Healthy Birth Practice #6: "Keep Mother and Baby Together—It's Best for Mother, Baby, and Breastfeeding," see* JPE, *23(4), 211–217, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235060/*

Infants kept in a separate newborn nursery have been noted to receive significantly more breastmilk substitutes and significantly less breastmilk than babies who room-in with their mothers (Bystrova et al., 2007). Keeping mother and baby together can also increase confidence and be protective against stress related to change in parenting role for some mothers (Jones, Jones, & Feary, 2016).

Although there are many benefits to rooming-in, it can be argued that there are also some disadvantages. Rooming-in may disrupt postpartum mothers' sleep and therefore have a negative impact on their hospital stay and experience. There may be legitimate concerns about infant safety: that rooming-in could lead to bed sharing and other unsafe sleep practices (Ball, Ward-Platt, Heslop, Leech, & Brown, 2006; Thach, 2014). Logistical barriers such as a lack of appropriate infrastructure and resources may inhibit the adoption of rooming-in. Nurses and other clinicians may have a variety of concerns and may not necessarily support the practice of rooming-in (Merewood, 2014).

There are many studies to support the fact that rooming-in increases breastfeeding rates. Yet, there are only a few articles that examine the sleep quality, rooming-in experiences, and overall patient satisfaction of postpartum mothers while still hospitalized (Jaafar et al., 2012; Keefe, 1988). Thus, the purpose of this project is to examine the impact that the practice of rooming-in has on postpartum mothers' perspectives, with a focus on quality of sleep and overall patient satisfaction, with the goal of assisting hospitals that engage in the practice of rooming-in to understand how postpartum mothers respond to the rooming-in experience, and to help develop strategies to improve the rooming-in experience of postpartum mothers.

DESIGN, SAMPLE, AND DATA ANALYSIS

The setting for this project was a postpartum unit at an academic medical institution located in the Southeast United States. This is a 900-bed teaching hospital that performs approximately 1,600 births per year with a 30%–40% cesarean birth rate. The facility has 10 beds in labor/delivery, 30 couplet care beds, and 45 level III newborn intensive care beds. In 2013, this unit closed their newborn nursery. The nurse-to-couplet ratio for postpartum care is 1:3–1:4.

A survey was conducted with a convenience sample of 25 women on the postpartum unit who had birthed at least 24 hours earlier and who were willing to participate. This was a semistructured interview that included questions about sleep, satisfaction with their childbirth experience, rooming-in, and hospital stay (adapted from Six Simple Questions survey, developed by Harvey, Rach, Stainton, Jarrell, & Brant, 2002). In addition, participants were asked to rate their rooming-in experience on a Likert scale and then were asked a few open-ended questions about their experience with rooming-in. The team then compared these findings with what has been reported in the research literature and developed some recommendations for implementing rooming-in best practices.

FINDINGS

Twenty-five postpartum mothers participated in this survey. The mean age of the sample was 27.7 years ($SD = 5.4$), with a range of 18–36 years old. The majority of the women (76%) identified as White, whereas 24% identified as African American. Of the 25 postpartum mothers, 56% were first-time mothers. A large number had a cesarean birth (52%). At the time of the survey, the mothers were at an average of 32.6 hours postpartum ($SD = 12.2$), with a range of 24–77 hours after giving birth (Table 1).

TABLE 1
Characteristics of the Respondents in Rooming-In Survey ($N = 25$)

Characteristics	At Time of Survey
Age: $M (\pm SD)$	27.7 (5.4)
Time since birth (hours): $M (\pm SD)$	32.6 (12.2)
Hours slept the previous night: $M (\pm SD)$	4.4 (1.5)
Race: n (%)	
White	19 (76)
African American	6 (24)
Parity: n (%)	
Primiparas	14 (56)
Multiparas	11 (44)
Type of birth: n (%)	
Cesarean	13 (52)
Vaginal	12 (48)

The reported average number of hours slept each night on the postpartum unit among the women was 4.4 hours ($SD = 1.5$), with a range of 1.5–8 hours. Most of the mothers (64%) rated their sleep quality as good or fairly good, 24% as fairly bad, and 12% as very bad. Postpartum mothers who reported good sleep quality identified factors that allowed them to rest, such as exhaustion from giving birth, having a comfortable bed, the baby sleeping well, comfort of knowing that the baby is in the room with them, adequate pain control, nurses helping out with the baby (e.g., feedings, diaper changes), and a quiet and dark room with minimal interruptions.

Postpartum mothers who reported poor sleep quality also identified factors that affected their sleep quality, such as constant hospital interruptions (e.g., nurses and doctors coming in constantly, vital signs), pain, anxiousness about the birth of their newborn, and getting up to breastfeed the newborn. Postpartum mothers who rated their sleep quality as fairly or very bad believed that factors that contributed to their poor sleep quality included the baby crying, constant interruptions, inability to get a good latch while breastfeeding, stress of being a first-time mother, pain, worrying about the baby, constantly waking up to check on the baby "to make sure that the baby is okay," and finding it difficult to sleep even when the baby is asleep.

Rooming-In Experience and Satisfaction

Postpartum mothers were asked whether nurses influenced their rooming-in experience, and if so, how? The majority (96%) of women who participated in this survey stated that the nurses had a positive influence on their rooming-in experience. Many positive characteristics were identified as contributing to the positive rooming-in experience, such as nurses who were professional, kind, respectful, understanding, attentive, supportive, considerate, timely, thoughtful, empathetic, encouraging, and very informative. Postpartum mothers stated that the nurses made them feel comfortable and encouraged them to hold, feed, and engage in skin-to-skin to comfort baby during various tasks. Nurses and doctors were able to perform assessments, baths, and newborn screening at the bedside. As a result, mothers were able to benefit from education during these experiences. One postpartum mother who did not have a positive rooming-in experience stated that her negative experience was because her nurse was not supportive and inattentive to both her needs and the newborn's needs.

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Postpartum mothers were also asked to rate their overall satisfaction with their hospital stay and childbirth experience and if they would choose rooming-in again. The majority of the women (76%) strongly agreed that they would choose rooming-in for their next pregnancy. One mother said, "The nurses are very encouraging, and it is very helpful having them show me things right here in the room."

DISCUSSION

This survey revealed a surprising finding that mothers on this postpartum unit received on average only 4.4 hours ($SD = 1.5$) of sleep with a range of 1.5–8 hours. Although 64% of the mothers rated their sleep quality as good or fairly good, according to Hunter, Rychnovsky, and Yount (2009), receiving less that the 6 hours of sleep in a 24-hour period and self-reports of fatigue were found to be correlated with new onset of depression. Likewise, the National Heart, Lung and Blood Institute (NHLBI, 2009) also found that depression is more likely to occur in those who do not get enough sleep. According to a study conducted by Kurth et al. (2010), frequent hospital interruption and fussy infants can influence postpartum mothers' sleep quality. These results are similar to mothers in this study who reported that their sleep quality was significantly impacted by constant hospital interruptions, such as medical care, nighttime assessments, and a crying infant. In addition to constant hospital interruptions and a crying infant, the mothers also identified other factors that influenced their sleep quality such as pain, especially for mothers who had a cesarean birth or the stress of being a first-time mother. Lai, Hung, Stocker, Chan, and Liu (2015) also found that mothers with cesarean birth experienced greater postpartum fatigue. As a result, hospitals need to be aware that these mothers may need more nursing care and family support to make rooming-in a safe process. Although most of the mothers rated their sleep quality as fairly good, they also stated that they would appreciate having the option of a nursery following the first hours after birthing. According to Hunter et al. (2009), "Maternal sleep disturbance is positively correlated with fatigue at 3 days, 3, 6, and 9 weeks pospartum . . ." (p. 63). As a result, maternal

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sleep quality should be regularly assessed, and interventions and flexible hospital routines should be implemented to maximize adequate sleep.

Most of the mothers in this study stated that they had a positive rooming-in experience. In a study conducted by Svensson, Matthiesen, and Widström (2005), 93% of postpartum mothers who roomed-in had positive attitudes toward rooming-in. In this study, most mothers stated that they had a great rooming-in experience and that they would prefer to have their newborn in the same room as them. Likewise, most of the mothers who were surveyed stated that they would choose to room-in again. Although the mothers stated that they constantly woke up to check on the baby, they also stated that it is comforting knowing that the baby is in the same room with them. Moreover, the postpartum mothers rooming experience was also influenced by the nurses' attitude. Similar to a study conducted by Kurth et al. (2010), postpartum mothers rooming-in experience depended on the staff's willingness and availability to positively engage with the maternal–infant pair. This study primarily focused on the impact that nurses had on the postpartum mothers rooming-in experience. Most postpartum mothers in this survey stated that nurses were very helpful and informative. However, some postpartum mothers stated that they did not even know which questions were most important to ask. Therefore, nurses should always assess the postpartum mothers' current knowledge and provide the appropriate education.

IMPLICATIONS FOR NURSING PRACTICE

As hospitals implement rooming-in policies, it is important to understand the pros and cons associated with rooming-in. A challenge that mothers face in the early postpartum period is balancing the needs of their newborns while getting adequate rest. Health and quality of life can be negatively impacted when an individual is sleep deprived (National Institute of Health, 2011). As a result, nurses should be proactive and recognize that the rooming-in policy may be new to most mothers and thus they should implement interventions that can help make the rooming-in experience an easier adjustment for the mothers. Interventions such as orienting the mothers to their rooms and the hospital routine, providing adequate pain control, assessing their overall knowledge of rooming-in, and providing appropriate patient teaching are important. In addition, nurses should be cognizant that sleep is very important in the postpartum period for adequate functioning. Therefore, nurses should be advocates of minimizing unnecessary interruptions and implementing cluster care.

In addition, nurses should be aware of how their attitudes may influence the decisions of postpartum mothers. When nurses are supportive, attentive, understanding, timely, and respectful of postpartum needs, mothers feel more comfortable and have a more positive rooming-in experience. However, when nurses are not supportive and are inattentive to the needs of the postpartum mother, mothers can experience feelings of frustration, and therefore have a negative rooming-in experience, which in turn may affect their overall hospital satisfaction rating.

As more hospitals implement rooming-in, future studies should continue to assess the rooming-in experience of postpartum mothers and the implications for staff. In addition, the rooming-in experiences at different hospitals could be compared to one another to determine the most effective rooming-in policies. One limitation of this exploratory survey is that it included a small sample of 25 postpartum mothers describing their own unique experiences and did not necessarily reflect the general population of the unit, thus these findings cannot be generalizable to all postpartum mothers. In addition, the data relied on self-report for the number of hours slept. Using wearable sleep-tracking devices, polysomnography, or actigraphy may provide more accurate data. Further research is needed exploring what factors impact postpartum mothers sleep quality and the rooming-in experience.

CONCLUSION

Most of the postpartum mothers in this study had a positive rooming-in experience. Nurses' attitudes, frequent hospital interruptions, and pain strongly influenced the postpartum mothers rooming-in experience. Therefore, nurses should be more cognizant of the advantages and disadvantages of rooming-in and strive toward implementing interventions that will help to create a positive rooming-in experience for postpartum mothers (see sidebar). The team found that by conducting a survey and including the

Strategies to Improve the Rooming-In Experience of Postpartum Mothers

Nursing Care

- Orient the mothers to their rooms and the hospital routine.
- Suggested scripts[a]:
  - "No one will take your baby out of your room, it's your baby."
  - "We will make sure the care happens in the room so we don't separate you or your baby."
  - "We're here to help."
- Assess their overall knowledge of infant care and rooming-in.
- Provide appropriate patient teaching.
- Offer flexible choices.
- Provide adequate pain control.
- Provide extra support for cesarean birth and first-time mothers during the night.
- Demonstrate a positive attitude toward rooming-in.

Sleep

- Assess patients' total hours of sleep each shift.
- Maximize comfort and promote good sleep hygiene—comfortable bed, dim light, quiet.
- Minimize unnecessary interruptions.
- Cluster care activities.
- Assist during nighttime awakenings of the infant.

Infant Safety

- Role model safe sleep for infants.
- Good lighting to monitor and examine infant
- "Nursery on Wheels" cart with supplies[a]

[a]Merewood, 2014

patients' voice, along with a review of the research literature, they were better able to convince nurses of the need to improve policy and practice.

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