Step 7

Practice rooming-in by allowing mothers and infants to remain together 24 hours a day.
1. Facilitate rooming-in.

2. Encourage skin-to-skin contact between mother and baby.

3. Teach mothers about early feeding cues.
When the number of in-hospital births increased during the early part of the 20th century, the practice of nursery care for newborns was adopted. Cross-infection increased as a consequence of this practice, resulting in increased morbidity and mortality among newborns. More recently, many hospitals have instituted rooming-in and have realized multiple benefits, including cost savings and a reduction in nosocomial infection.

Still, many facilities—including private hospitals—continue to use nurseries for administering care to healthy newborns. Other facilities practice partial rooming-in, keeping mothers and infants together during the day but moving the babies to the nursery at night or for routine care.

Carrying out Step 7 benefits your facility by enhancing:

1. Safety: Soon after birth, a normal and natural process occurs: the infant’s nasopharynx and the mother’s milk ducts are colonized by bacteria, some of which can be pathogenic. When a mother and her baby remain close after delivery, the mother transfers her own strain of organisms to her infant, which grow and accumulate in the infant’s skin, digestive tract and respiratory tract. This process, called bacterial interference, limits the growth of pathogenic bacteria and has been used to curb and avoid more serious outbreaks of infection. Rooming-in care is promoted by the American Academy of Pediatrics; the American College of Obstetricians and Gynecologists; the Association of Women’s Health, Obstetric and Neonatal Nurses; the International Lactation Consultant Association; the Academy of Breastfeeding Medicine and other health organizations.
Infection is also kept under control by the more frequent breastfeeding that occurs with rooming-in. A mother provides her baby with antibodies and local immunity to the pathogens in the environment through her breastmilk. Without the practice of rooming-in, a mother will not produce antibodies to the pathogens in her baby’s separate environment (e.g., the nursery), and protection will not be imparted.

Rooming-in further reduces exposure to pathogenic bacteria since the newborn is not kept in close proximity to other infants and is handled less by hospital staff. Rooming-in also facilitates frequent skin-to-skin contact. Skin-to-skin contact helps with regulation and maintenance of infant temperature and blood glucose levels. It is also associated with more effective feeding and less crying.

2. Effectiveness: Rooming-in day and night is positively associated with breastfeeding duration, exclusivity and the establishment of an abundant milk supply. Twenty-four-hour rooming-in care results in more frequent feedings, greater milk intake and establishment of a strong milk supply. Infants who room-in expend less energy from crying, gain more weight, are exposed less to formula supplementation and have a reduced risk of jaundice.

Frequent feeding assures the development of prolactin receptors—which are required for the production of a full milk supply—in the mother’s breasts. Rooming-in also promotes lactation because the sight or sound of the child often causes the “let down” reflex to occur before suckling begins. Frequent, unrestricted feedings day and night also reduce the likelihood and severity of engorgement.

Nursery care interferes with on-demand-feeding and increases the likelihood of feeding complications. While infants are often brought from the nursery to the mother’s room, the timing of infant feeds may not coincide with the infant’s readiness for effective feeding. In addition, babies may be given pacifiers, formula or water while in the nursery. Because rooming-in enables...
unrestricted and on-demand-feeding, fewer feeding opportunities are missed and the feedings occur more frequently.

Rooming-in is an essential element in enabling parents to respond to their babies and feed them whenever they are hungry, without restriction. It allows parents to learn cues such as wakefulness, rooting and mouthing, which indicate that their babies are ready for a feeding. (See Step 8.)

Optimal feedings occur when infants give early hunger cues such as mouthing and hand-to-mouth activity. Crying is a late sign of hunger or a distress cue. With rooming-in, parents are able to recognize and respond to their babies’ hunger cues. Because parents are able to quickly respond to these cues, feeding occurs when the infants are most organized and ready to feed, so the feedings are more effective and crying is reduced.

3. Patient-centeredness: Regardless of feeding decisions, all healthy mothers and babies benefit from rooming-in. Rooming-in is a component of family-centered maternity care that provides maximum opportunities for new parents to interact with and learn how to care for their baby before going home as well as how to incorporate the baby into the family unit. Patients report greater satisfaction with a system of rooming-in care.

Mothers who room-in with their infants are reassured by the fact that they can keep an eye on their babies and see that they are well. While together, parents quickly learn their babies’ patterns of behavior and feeding and they discover how best to care for and soothe their newborns. With frequent interaction and rooming-in, parents are able to care for their babies with greater self-confidence.

Rooming-in may also provide long-term emotional benefits for families and their babies. For example, research shows that mothers who remain close to their newborns for extended amounts of time during the postpartum period are less likely to abuse, neglect or abandon their children.

Babies use their senses to get to know their mothers and can recognize their mother’s scent soon after birth. Infants feel safest when they can feel, hear and smell their mothers, and being near mom makes it easier for them to adapt to life outside the womb.

The bright lights and frequent disturbances in nurseries can upset an infant’s physiologic regulation. In contrast, rooming-in and skin-to-skin contact helps babies regulate their sleep cycles, heart rates, body temperatures and other internal rhythms.

“Appropriate initiation of breastfeeding is facilitated by continuous rooming-in throughout the day and night.”

American Academy of Pediatrics

FOR YOUR FACILITY

One cost analysis, completed in a large urban hospital in Manila, Philippines, found that instituting a rooming-in policy and eliminating the newborn nursery resulted in a cost savings equivalent to eight percent of the hospital’s entire budget.

Creative Ways to Minimize Costs

- Incorporate education on rooming-in into prenatal care.
- Reassign staff from the normal newborn nursery to provide bedside mother/baby care in the postpartum unit.
- Organize volunteers to provide one-on-one breastfeeding counseling to mothers in the postpartum unit, or ask a local mother-support organization to provide this service.
- Teach mothers who are staying in the hospital to be close to their preterm or sick babies and how to help provide care for their infants.
Studies have shown that babies who remain in the same room as their mothers cry less and that the mothers get just as much—and better quality—sleep as when the babies are kept in a separate room.25, 35 Infants who room-in cry and move less, have more organized cries, startle less easily, soothe more quickly and spend more time quietly sleeping. Because of this, they expend less energy and have more stable blood glucose levels.27, 36 Mothers who are with their babies for longer periods of time, including during the night, score higher on tests of maternal attachment.37–39 A baby’s attachment instinct is highest during the first days of life, and early attachment has a positive effect on a baby’s brain development.40 Rooming-in, then, enhances the emotional well-being of the newborn.41

4. **Timeliness:** Because routine care during rooming-in occurs at the bedside, the continuity of care is enhanced and families become better informed about how to care for their infants.42 Timeliness is enhanced because staff can simultaneously educate families while performing assessments and infant-care routines, and parents can receive immediate feedback on the care that their infant is receiving.

5. **Efficiency:** Rooming-in requires minimal costs and presents a significant opportunity for cost savings.43 It promotes the following benefits:
   - Frees space, staff and budget for equipment by eliminating the need for a traditional newborn nursery.
   - Improves workflow efficiency, as less time and effort is put into transporting infants to and from the nursery.
   - Families are directly responsible for the care of their babies.
   - Personnel spend less time responding to hard-to-soothe infants, hypothermia, hypoglycemia, jaundice and excessive weight loss.
   - Personnel spend less time responding to mothers’ breastfeeding concerns such as breast engorgement or nipple pain.
   - Hospital stays are shorter, so bed space is increased and there is less need for follow-up services.44

6. **Equity:** All families, regardless of their socioeconomic characteristics or chosen infant-feeding methods, should experience rooming-in care. Rooming-in is evidence-based, family-centered care that increases parental confidence, parental skills and newborn safety. For breastfeeding families, rooming-in care improves breastfeeding outcomes.

“Rooming-in allows the mother to begin recognizing her infant’s hunger cues. Rooming-in and promoting skin-to-skin contact have numerous advantages for both the infant and mother. Infants cry less, sleep more and become adept at breastfeeding sooner. Mothers also sleep better and have increased milk production. Separation of a breastfeeding woman and newborn should be avoided whenever possible.”

American College of Obstetricians and Gynecologists
Evidence for Efficacy

Rooming-in also positively impacts maternal attitudes about breastfeeding.

- One quasi-experimental study revealed a strong correlation between rooming-in and a mother’s intent to breastfeed after being discharged from the hospital, even when controlling for prenatal care and feeding instructions in the hospital.\(^{45}\)

- Infants who room-in breastfeed more frequently, gain more weight per day and experience clinical jaundice less frequently than infants who do not room-in.\(^{26}\)

- The production of mature breastmilk begins earlier under rooming-in conditions than when infants are placed under nursery care.\(^{25}\)

- Regardless of feeding method, rooming-in results in fewer cases of abuse and neglect, higher maternal attachment and lower rates of in-hospital infant abandonment.\(^{33, 38, 46}\)

- Babies who are bathed by their mothers and held against their skin are able to regulate their temperatures just as effectively as babies who are bathed in the nursery and placed in warmers.\(^{17}\)

- Infants undergoing phototherapy while rooming-in are significantly more likely to breastfeed longer than infants who are separated for phototherapy.\(^{18}\)

Implementation Strategy

Preparation: Getting Ready for Rooming-In

Action steps for implementing Step 7 include:

- Modifying the physical facility as required.
- Discontinuing the traditional newborn nursery.
- Making adjustments outlined in Step 7 to improve the comfort, hygiene and safety of mother and baby.
- Requiring nursery and postpartum personnel to cross-train so that they all have the skills to care for both baby and mother. (See Step 2.)
- Encouraging parents to attend informational sessions on postpartum care and institute information from those sessions. (Sessions should include information on how to care for babies who are rooming-in.)\(^{29}\)

Implementation: Best Practices for Success

The practices below have been shown to significantly increase rates of breastfeeding success.

Consistent Promotion of Rooming-In

- Rooming-in should be practiced throughout the facility.
- Mothers who request separation from their babies should receive information about the rationale for rooming-in.\(^1\) Refer to the handout Rooming-in with Your Baby, available in the Additional Resource Documents section at the back of this toolkit.
- Mothers and infants should remain together throughout their hospital stay unless there is a justifiable reason for separation. Parents should be encouraged to hold their infant in skin-to-skin contact. If the infant is placed in a bassinet, the bassinet should be positioned within arms reach of the mother so that the mother can easily see, reach and respond to her baby.
Skin-to-Skin Contact

• Encourage frequent skin-to-skin contact.

Rooming-In Initiated as Soon as Possible

• Begin the practice of rooming-in as soon as the mother is able to care for her baby.
• Each baby should be allowed to stay in the same room as the mother, either in the bed with her or in a bassinet beside her bed, 24 hours a day.
• There should be no routine delays between birth and the initiation of continuous mother-baby contact.

Post-Delivery Care Administered at the Bedside Whenever Possible

• After delivery, transfer mother and baby to the postnatal ward together. If a mother has had a Cesarean, make arrangements for someone to be present to assist her.
• Most post-delivery procedures can be conducted at the bedside or during skin-to-skin contact. This provides teaching opportunities for the parents and better allows for maternal comforting when the baby becomes upset.
• Separation of mother and infant should only occur for an individual clinical need that must occur elsewhere.

To track these measures, use the checklist, Postnatal Rooming-in Checklist, in the Additional Resource Documents section at the back of this toolkit.

Numerous studies show that rooming-in can greatly improve breastfeeding outcomes, both in duration and exclusivity.

CLINICAL NOTES

Rooming-in Pearls:
• Encourage all moms, including formula-feeding moms, to practice skin-to-skin contact and rooming-in.
• Cite rooming-in as a quality standard in maternity care.
• Rename the nursery “Neonatal Observation Unit.”
• Begin by closing the nursery from 10 a.m. to 2 p.m.
• Use a portable scale for daily weights.
• Avoid weighing babies at midnight; let moms know you will return to weigh their babies when they next wake up.
The most common concerns related to implementing Step 7 are detailed below, along with strategies for overcoming them (adapted, in part from the documents listed as General References after the Notes section at the end of this Step).

1. **Separation due to medical necessity.** If a mother and infant must be separated due to a need for medical attention, be sure to note the reason for separation in the patient’s chart. Review and monitor the need for separation in order to ensure that rooming-in begins as soon as medically possible. Encourage the mother to see and hold her baby whenever possible during separation and take the baby to her or help her go to the baby for feedings. In addition, the mother should be encouraged and taught to express her breastmilk with use of a provided hospital-grade breast pump for any missed feedings.

2. **Mother’s request for rest.** A mother may sometimes ask nursery staff to take care of her baby during the day or night; however, the staff should explain the benefits of rooming-in and of using the time to get to know her newborn. Be sure to discuss why the mother would like the separation and determine whether there is a better solution. If the mother continues to request separate care, document the reason in her chart.

Mothers and newborns are typically quite alert after delivery and should initiate bonding behaviors as quickly as possible by being in close contact with one another. After this period, they will be able to rest well together. Research demonstrates that rooming-in does not negatively affect the amount or quality of sleep for mothers or infants, regardless of infant feeding method.35, 36, 50

Concerns about maternal rest can be better addressed through unit routines. For example, cluster routine care and regulate hours for visitation, cleaning, medical rounds, etc. In addition, labor and delivery practices may be assessed to determine whether inappropriate use of medical intervention, lack of nourishment during labor or stressful conditions may increase patient fatigue or discomfort.
The practice of rooming-in is more effective and, in terms of resources, more efficient by providing staff more time to attend to other duties.

3. **Requests for professional infant observation.** New parents sometimes request that their infant be monitored in the newborn nursery to ensure the infant’s health during the first hours of life. However, most new parents are very good at observing their own infant, and they often notice changes before the nurses do. While rooming-in, parents will also learn how to provide continuous care for their infant, and they will be better prepared and more confident in their abilities when it is time to take the infant home.

Periodic checks and the availability of staff to respond to a mother’s needs are all that are necessary for routine newborn care. Portable equipment for weighing and bathing the baby facilitate these procedures at the bedside. Institute role-playing activities to prepare staff for responding to a mother’s requests for separate care.

4. **Space constraints in the postpartum unit.** The desire to conserve space can often be addressed when administrators are educated on the importance of rooming-in and on the cost savings made possible by reducing or eliminating newborn nursery care. Rooming-in requires minimal space, minimal equipment and no additional personnel.

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**TIPS FOR MOM**

**Healthy Infant Sleep Patterns**

Many mothers expect their infants to sleep through the night long before they are physiologically ready to do so. This can create conflict between a mother’s beliefs and her infant’s behavior. Prolactin levels are higher at night, and night feedings contribute to milk production. Periods of infant arousal, including during nighttime hours, are important to physiologic regulation and also guard against sudden infant death syndrome (SIDS). Explain the importance of normal sleep/wake cycles and of nighttime feedings and stress that they are a normal and healthy pattern for the infant.
Evaluating Success

Use the information in this section and the additional tools provided in the Additional Resource Documents section to serve as checkpoints to verify that you are successfully implementing Step 7. Assign one or two staff members who have the best perspective on day-to-day operations the task of completing these checkpoints.

- **Process changes.** When evaluating your facility’s success in implementing Step 7, consider the following:
  - How are maternal requests for nursery time handled?
  - How have procedures routinely performed in the nursery been modified?
  - How are mothers encouraged to room-in and to learn early hunger cues?

Facility management should use the included Postnatal Rooming-in Checklist and the Action Plan found in the Additional Resource Documents section to assess progress on this Step.

- **Impact on patient experience.** Your facility should track data about the experience, knowledge and confidence levels of women as they conclude their hospital stays and prepare to care for their babies at home.

  Use the included Postnatal Rooming-in Patient Survey to assess the degree to which rooming-in is successfully implemented.

  To help families take what they’ve learned about rooming-in home, a handout—Rooming-in with Your Baby—outlines benefits of and tips for rooming-in.

- **Assessing value to the facility.** Use the Postnatal Rooming-in Facility Impact chart included in the Additional Resource Documents section to track your facility’s time and money spent on the measures recommended and to assess cost savings that may be attributed to the changes.

  In addition, you may want to:
  - Track staff time spent in non-clinical newborn care.
  - Track time spent by the physician in examination of the infant and communication with parents when examinations occur in front of the mother/parents rather than in the newborn nursery.

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**CLINICAL NOTES**

NICU Graduates Benefit from Rooming-In.

The Academy of Breastfeeding Medicine strongly recommends a few days of rooming-in for parents and NICU graduates prior to discharge. This time allows parents to learn the rhythms of their baby and helps them to feel confident in their ability for 24-hour care prior to transitioning home.32

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The Academy of Breastfeeding Medicine strongly recommends a few days of rooming-in for parents and NICU graduates prior to discharge. This time allows parents to learn the rhythms of their baby and helps them to feel confident in their ability for 24-hour care prior to transitioning home.32
**Resources**

- Safer Sleep for Babies - Precautions for all Parents and Infants and other DSHS Sleep Resources: http://www.dshs.state.tx.us/mch/#safesleep2

- Mother’s Nap Time sign from the DSHS Texas Ten Step Program:


- Pediatrics Article - Volume and Frequency of Breastfeeding and Fat Content of Breastmilk Throughout the Day: http://pediatrics.aappublications.org/content/117/3/e387.full

- Article: Nighttime Breastfeeding and Maternal Mental Health: http://www.scienceandsensibility.org/?tag=sleep

- DSHS Publications, Available from the WIC Catalog (www.dshs.state.tx.us/wichd//WICCatalog/contents.shtm):
  - Making the Right Amount of Milk
  - Breastfeeding Guide: How to Get Off to a Great Start


- Sleep resources from UNICEF UK Baby Friendly Initiative:
  - Pamphlet: Caring for Your Baby at Night: http://www.unicef.org.uk/BabyFriendly/Parents/Resources/Resources-for-parents/Caring-for-your-baby-at-night/
  - Infant Sleep Information Source: Website for parents and healthcare professionals about normal infant sleep: http://www.isisonline.org.uk/

**The Following Documents Can Be Found In the Additional Resources Section**

- Action Plan
- Facility Impact
- Rooming-In with your Baby
- Postpartum Rooming-In Checklist
- Postpartum Infant Feeding Patient Survey

GENERAL REFERENCES

Step 7 Implementation Owner: ___________________________________________________________

Start date: ___________ Target completion date: ___________

Primary Goals of Step 7:

☐ Facilitate rooming-in.

☐ Encourage skin-to-skin contact between mother and baby.

☐ Teach mothers about early feeding cues.
### Budget/Resources for implementation:

<table>
<thead>
<tr>
<th>Resources area and description</th>
<th>Planned actions</th>
<th>Budgeted amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and nursery modifications</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Staffing and training</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Materials</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
**Implementation**

**Do facility policies:**

- Modify the physical facility as required.
- Discontinue the traditional newborn nursery.
- Make adjustments outlined in Step 7 to improve the comfort, hygiene and safety of mother and baby.
- Require nursery and postpartum personnel to cross-train so that they all have the skills to care for both baby and mother. (See Step 2).
- Encourage parents to attend informational sessions on postpartum care and institute those sessions. (Sessions should include information on how to care for babies who are rooming-in.)

**Notes**

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________________________________________________________________________
Step 7 Implementation Tracking

Use results from the Postpartum Infant Feeding Patient Survey to document the information below. Set unit goals in terms of the month at which you plan to achieve each goal below, and assign each goal to be monitored a specific person on staff.

<table>
<thead>
<tr>
<th>At month</th>
<th>Person Responsible</th>
<th>Initials</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All mothers report receiving the handout, Rooming-in with Your Baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All mothers who were medically able to do so reported skin-to-skin contact with her baby within 30 minutes of birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All mothers report being informed of the benefits of rooming-in over nursery care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All mothers were informed of the benefits of nighttime feeding and understood safety precautions to take when rooming-in.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__% of mothers who plan to continue exclusive breastfeeding once they return home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__% of mothers who plan to continue rooming-in once they return home.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Costs to Facility

<table>
<thead>
<tr>
<th>Description/Notes</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional equipment and room modifications</td>
<td>$</td>
</tr>
<tr>
<td>Training and reallocation of staff</td>
<td>$</td>
</tr>
<tr>
<td>Other costs</td>
<td>$</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$</td>
</tr>
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</table>

### Savings to Facility

<table>
<thead>
<tr>
<th>Description/Notes</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer hours devoted to treating infections caused by contamination from other infants and handling by hospital staff</td>
<td>$</td>
</tr>
<tr>
<td>Shorter hospital stays</td>
<td>$</td>
</tr>
<tr>
<td>Savings associated with eliminating the traditional newborn nursery</td>
<td>$</td>
</tr>
<tr>
<td>Fewer hours devoted to responding to issues caused by nursery care and/or absence of breastfeeding</td>
<td>$</td>
</tr>
<tr>
<td>Increased efficiency in postpartum care, requiring fewer follow-up services</td>
<td>$</td>
</tr>
<tr>
<td>Other savings and benefits</td>
<td>$</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**Net Annual Loss or Gain to Facility**

What can be done differently next year?

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**Step 7**

**Facility Impact**

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**Resources**

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ROOMING-IN WITH YOUR BABY

Why is Rooming-in Recommended?

Despite what many people think, rooming-in does not typically reduce the amount of rest a tired new mother is able to get during her hospital stay.

In addition, rooming-in has the following benefits for you and your new baby:

**Increases parental comfort and confidence.**

Rooming-in allows parents to bond with and learn about their babies while in the supportive environment of the hospital. It helps parents feel that their baby is safe while at the hospital and allows them to care for the baby with greater self-confidence once they return home.

**Helps protect both mother and baby against infection.**

A mother’s milk provides antibodies and immunity against illnesses, and she also transfers healthy bacteria to the baby, helping strengthen the baby’s digestion and breathing.

**Leads to better breastfeeding and infant health.**

When rooming-in, it is easier to breastfeed more frequently and to establish an abundant milk supply. Babies also expend less energy from crying, gain more weight, rely less on formula supplements and have a reduced risk of jaundice.

**Teaches parents to learn when their baby is hungry.**

It is much easier to feed a hungry baby before the baby becomes overly hungry. Rooming-in allows new parents to learn to recognize the baby’s early hunger signs.

**Better for the baby’s well-being and mental health.**

Babies feel safest when they can feel, hear and smell their mothers; and being near mom makes it easier for them to adapt to life outside the womb.

What should I do while rooming-in?

- Have the baby near you in your room whenever possible.
- While sleeping, keep your baby nearby. A bassinet or crib near your bed is a safe place for the baby to sleep. Be sure to put the baby to sleep facing up, as this has been proven to reduce the risk of sudden infant death syndrome (SIDS).
- Keep your baby skin-to-skin whenever you are awake and able to hold him or her.
- Talk, sing, rock or cuddle your baby.
- Offer your breast for the baby to nurse or simply to suck and be soothed.
- While in the hospital, seek assistance with caring for your baby from the nursing and lactation support staff. Once home, seek out lactation consultants or your pediatrician for help with any problems you face.

If you have any questions about rooming-in with your new baby, don’t hesitate to ask your nurse or physician for help. We are here to help you and your baby have the healthiest and safest start together.
**Postpartum Rooming-in Checklist**

The following should be explained to all mothers before the conclusion of their hospital stay.

- Engaging in skin-to-skin contact as soon as possible after birth

  Signature/Date

- Importance of rooming-in
  - Advantages of rooming-in over nursery care
  - Importance of initiating rooming-in as soon as possible

  Signature/Date

- Health benefits of exclusive breastfeeding

  Signature/Date

- Recognizing early hunger cues and what they mean

  Signature/Date

- Demand feeding with attention to the benefits to both the mother and infant
  - The importance of night feeding for the mother and infant
  - Safe sleep precautions to take with your baby.
  - Reasons to express breasts if a feeding is missed

  Signature/Date

- The negative effects of pacifiers, artificial nipples and nipple shields and the importance of exclusive breastfeeding for at least six months

  Signature/Date
Postpartum Infant Feeding Patient Survey

To help us ensure that we are providing the highest standard of care to new mothers, please provide the following:

Your baby’s birth:
Date and time of delivery?

Skin-to-skin contact:
Time started after birth?
For how long?
Reason for ending?

Rooming-in:
Did you receive the handout, Rooming-in with Your Baby?
How soon after birth was your baby in your recovery or postpartum room?
Were you informed of the benefits of rooming-in over nursery care?
Did you choose to room in and exclusively breastfeed during your hospital stay? If not, why?
If so, do you plan to continue once you return home? If not, why?
If you were not able to room in with your baby, were you encouraged to see you baby whenever possible?

Demand feeding:
Were you informed of the benefits of nighttime feeding for you and your baby?
Do you understand the safety precautions to take when rooming-in with your baby?
How confident do you feel about caring for your baby after your hospital stay?
What contributed to this?

Did you feel that the information concerning skin-to-skin contact, bonding, feeding schedules and cues, rooming-in and exclusive breastfeeding helped better inform and prepare you for home care?