Abstract

Problem: For new postpartum mothers, rooming-in has much evidence-based benefit; yet it is not widely accepted. Recent trends show the standard of care has changed to have newborns cared for in the nursery during parts of the postpartum period. Healthcare providers have unintentionally lacked providing ample education to new mothers regarding the benefits of rooming-in for mothers and newborns.

Methods: For this quality improvement (QI) project, a descriptive observational study design was used to identify if implementing standardized rooming-in education for patients influences rooming-in rates or the rates of exclusive breastfeeding at discharge. Thirteen staff nurses were identified as “champions” of this project. These nurses were educated on the potential benefits of rooming-in for new mothers and infants so they could better educate parents. Nurses identified patients who met the eligibility requirements for the project and initiated the documentation of data collection thereby tracking the time an infant spent outside of the mother’s room.

Results: Successful rooming-in rates prior to standardized education were 33.3% (n = 10), with a partial rooming-in rate of 68.75% (n = 22). After the implementation of standardized education for rooming-in; successful rooming-in rates were 58% (n = 65), with a partial rooming-in rate of 41.6% (n = 47). Of the patients that successfully roomed-in, 75% were exclusively breastfeeding at discharge (n = 45). In the partial rooming-in group; 60% were exclusively breastfeeding at discharge (n = 21). The most frequently observed reason for separation was maternal preference (n = 61, 38.36%).

Implications for practice: Overall, offering standardized education to patients on rooming-in should be added to the postpartum nurse’s education on all mother baby units to increase rooming-in rates and breastfeeding by discharge.