



STEP SEVEN

ROOMING IN

Enable mothers and their infants to remain together and to practice rooming in 24 hours a day.

HIPANGA 7

Me whakapakari ngā whaea me ā rātou piripoho kia noho ngātahi kia noho anō hoki i te rūma kotahi hāora i te rā.

Review date: November 2024

The CDHB commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.

PURPOSE

To protect the bond of pēpi with whānau. Rooming-in supports parents to recognise and respond to pēpi feeding cues. Where pēpi require separation from their parents for treatment or observation there should be no restrictions for māmā visiting her pēpi.

NEONATAL

There are rare occasions where pēpi is unwell or premature and requires neonatal care and the mama is unwell with a suspected virus (eg. COVID or RSV) and is unable to visit. This decision is made in conjunction with the Infection Prevention and Control Service and the neonatal team. Arrangements for transport of expressed milk if appropriate, will be facilitated.

RESPONSIBILITY

The breastfeeding policy and guidelines are applicable to all Canterbury District Health Board (CDHB) employees working within maternity facilities including visiting health professionals and students.

GUIDELINE

MATERNITY

- Māmā and pēpi will remain together in the same room 24 hours a day except in cases of clinical indication or fully informed parental choice.
- All whānau will be aware of the ability for a support person to stay with new māmā and pēpi during the postnatal stay to support rooming in. [Message from Your Pēpi \(Baby\)](#) (Ref.2406399) will be available for all whānau. In double rooms this will require a conversation with everyone involved.



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- First-day pēpi-pods are available for all whānau in the maternity ward.
- Staff will remain up-to-date on safe sleep practices and will communicate this to all māmā and their whānau.
- Whānau stay the night guidelines supports timely information sharing and rooming in success ([Ref.6360](#)).

NEONATAL

- When preterm and sick infants require separation due to need for specialised medical care māmā are encouraged to stay close to their pēpi and have no restrictions placed upon their visiting.
- Rooming in for māmā/mum time can occur when there are parent rooms available for any mama, eg. to increase lactation, spend time with pēpi without the pressure of discharge. Māmā will room in for discharge when both pēpi and māmā are ready.

USING THE CORRECT LANGUAGE – DEFINITIONS

Skin-to-skin contact	See Guideline: Step 4 – Skin-to-Skin (GLB04)
Co-sleeping	When a parent and child sleep in close social or physical contact of each other, meaning that each can tell that the other is nearby. (https://kidshealth.org/en/parents/cosleeping.html)
Rooming in	When parents have a crib in the room with them: a bassinet, portable crib, or play yard near the bed; a bedside sleeper attached to the side of the parental bed, a wahakura or pēpi-pod. Māmā and pēpi sleep in close proximity, in the same room, in separate, safe sleeping spaces. (https://kidshealth.org/en/parents/cosleeping.html)
Bed sharing	When parents or whānau and infants sleep together in the same bed or sleep space. (https://kidshealth.org/en/parents/cosleeping.html)

ROOMING IN

- Supports successful breastfeeding
- Facilitates responsive feeding with recognition of feeding cues
- Promotes opportunities for skin-to-skin contact
- Supports important night time feeding
- Allows more sleep for māmā and pēpi than if separated
- Supports pēpi immunity
- Reduces anxiety in māmā
- Reduces stress and crying in pēpi

Health professionals will provide:

- Timely and positive conversations around whānau staying the night to support māmā and pēpi
- Support and guidance on how to settle pēpi following feeds



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- Clinical examinations and routine tests with consent in the room with māmā and whanau wherever possible.
- Documented account of clinical reasons or informed maternal request for separation in the clinical records of pēpi.
- Information around the use and availability of wahakura, first-day pēpi-pods and pēpi-pods to all māmā and whānau.
- Support for māmā in the neonatal service to express milk adjacent to their infant whilst ensuring adequate space and privacy.

Skin-to-skin contact between māmā and pēpi is encouraged when māmā is alert, awake and responsive to her pēpi needs. All staff members have a responsibility to ensure supervision and encourage the return of pēpi to their safe sleep space before māmā falls asleep, particularly in circumstances where the capacity to care for her pēpi may be diminished, eg. following medication and other drugs, alcohol, extreme tiredness, or surgery.

SAFE SLEEP PRACTICES

CDHB adheres to the South Island SUDI Prevention Safe Sleep Policy

PEPE = **P**lace pēpi in own bed, face clear of bedding in the same room as caregiver

Eliminate smoking in pregnancy and protect pēpi/baby with a smoke free whanau, whare and waka

Position pēpi on their back to sleep face up

Encourage and support māmā to breastfeed

- To ensure consistency of language used, PEPE messaging is promoted and resources to support this are available in every maternity room.
- In addition, all māmā and whānau are provided with the Ministry of Health pamphlet: Keep your pēpi safe during sleep, Ministry of Health 'Everyone Please ...' bassinette cards, and Māmā Aroha Reference Cards all of which display PEPE messaging.
- CDHB maternity facilities provide both bedside bassinettes and first-day pēpi pods as safe sleeping spaces for all pēpi.
- Informing whānau they must not bed share without providing adequate explanation, may encourage parents and whānau to sleep with their pēpi in more dangerous environments.
- Safe and unsafe sleep practices should be discussed with māmā and whānau antenatally and at least once postnatally, irrespective of intended sleeping practices or feeding choices. Discussion with māmā and whānau should include the following and parents should be encouraged to share this information with other whānau and caregivers.

The risks of SUDI are increased if bed-sharing occurs without a dedicated wahakura or pēpi-pod and these risks increase further in the following instances:

- Any bed sharer is a smoker
- Pēpi is not breastfed
- Pēpi is premature or low birth weight



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- Any bed sharer is unusually tired (ie. to a point where it would be difficult to respond to the pēpi)
- Any bed sharer has consumed alcohol or taken drugs which alter consciousness or cause drowsiness
- Bed sharing occurs on a sofa, recliner chair, waterbed, bean bag or a sagging mattress
- Pēpi sleeps with other children or pets
- Pēpi sleeps alone in an adult bed

AUDIT

Audit of practices within the maternity facility and the neonatal service is crucial to ensuring high standards of care for māmā and pēpi. Methods will include audits of māmā and pēpi rooming-in and interview of māmā and whānau (with consent).

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Authorised by: Clinical Guidelines Group and CDHB Maternity Quality Governance Group

Owner: Breastfeeding Coordinator

Step 7: Rooming In

Breastfeeding Guidelines

Christchurch Women's Hospital

Christchurch New Zealand