



# Fostering the practice of rooming-in in newborn care.

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## ABSTRACT

Practice of rooming-in meant that baby and mother stayed together in the same room day and night in the hospital, right from the time of delivery till the time of discharge. Adoption of rooming-in offers multiple benefits to the newborn, mother, and mother-child as a unit. It is a cost-effective approach where fewer instruments are required and spares additional manpower. Rooming-in endeavors the opportunity to contribute significantly in the child's growth, development and survival by assisting in timely initiation of breastfeeding. To ensure universal application of rooming-in in hospitals, a comprehensive and technically sound strategy should be formulated and implemented with active participation of healthcare professionals. Measures such as advocating institutional delivery through outreach awareness activities; adoption of baby-friendly hospital initiative; inculcating a sense of ownership among health professionals, can be strategically enforced for better maternal and child health related outcomes.

**Keywords:** Rooming-in, breastfeeding, maternal and child health, Baby-friendly hospital initiative.

The beginning of 20th century witnessed a rise in the number of institutional deliveries among pregnant women which was associated with a subsequent increase in nursery-based newborn care. One of the significant consequences of such practice was an ascent in the incidence of cross-infections among neonates (1). This then led to adoption of rooming-in in different hospitals and maternity homes. Practice of rooming-in meant that baby and mother stayed

together in the same room day and night in the hospital, right from the time of delivery till the time of discharge (2).

Rooming-in offers multiple benefits to the newborn, mother as well as mother & child as a unit in terms of – successful initiation of breastfeeding helps prevent hypoglycemia (1); direct skin-to-skin contact with the mother's chest aids in thermoregulation in newborn (1); reduces risk of infections / cross-infections (2,3); offers emotional stability (4); makes mother more confident in taking care of her child (1); reduces anxiety (5); aids mother in understanding baby's natural physiology (3); and facilitates mother-child bonding (3). Rooming-in has also been found to be useful in early diagnosis of the hearing loss (6); and in reducing the need of treatment of opiate withdrawal in the newborn (7). In

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addition, rooming-in is a cost-effective approach where fewer instruments are required and spares additional manpower (1,3).

Rooming-in endeavors the opportunity to contribute significantly in the child's growth, development and survival by assisting in timely initiation of breastfeeding (2). This attracts further attention as despite the proven advantages of exclusive breastfeeding, only 35% of infants (0-6 months) are exclusively breastfed globally (2). Rooming-in can act as a stepping-stone in saving the lives of an additional 1.5 million under-five children annually (2). In a study to assess the utility of rooming-in among pre-term infants, it was concluded that rooming-in not only accelerated weight gain in pre-term babies but also cut-down maternal anxiety associated with birth of a pre-term child (5). However, adopting the practice of rooming-in universally, in a blind-folded manner has its own limitations. Conditions such as maternal diseases of the postpartum period, neonatal complications, maternal pain and discomfort immediately after delivery (3); hospital associated factors – inadequately trained healthcare and nursing staff (8); dearth of family members support (9); can be the potential barriers in adopting rooming-in. To ensure universal application of rooming-in in hospitals, a comprehensive and technically sound strategy should be formulated and implemented with active participation of trained healthcare professionals. Measures such as advocating institutional delivery through outreach awareness activities; adoption of baby-friendly hospital initiative (1); inculcating a sense of ownership among health professionals (10); training of nursing staff to facilitate rooming-in (10); counseling sessions by the medical social workers to encourage family support (1,2); and establishment of grading/accreditation standards for acknowledging the hospitals offering

better healthcare services in neonatal care; can be strategically enforced for better maternal and child health related outcomes.

To conclude, multiple health as well as psychological benefits in relation to maternal and child health have been attributed to the practice of rooming-in. Healthcare institutes should assume the responsibility of training their healthcare professionals in establishing the practice of rooming-in thereby reducing a significant proportion of neonatal morbidity and mortality.

## COMPETING INTERESTS

The authors declare no conflict of interests.

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