TITLE: Post-Partum Continuous Newborn-Mother Rooming in Hospitals: Clinical Evidence, Safety, and Guidelines

DATE: 20 June 2011

RESEARCH QUESTIONS

1. What is the clinical evidence regarding the safety and monitoring requirements related to newborns continuously rooming with mothers post-partum?

2. What are the evidence-based guidelines regarding newborns continuously rooming with mothers post-partum?

3. What are the evidence-based guidelines regarding breast-feeding policies when newborns are continuously rooming with mothers post-partum?

KEY MESSAGE

The clinical evidence suggests that rooming-in is not harmful and may be of benefit to the mother or newborn. The included guideline recommends 24 hour rooming-in be provided where possible.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2011, Issue 5), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were applied to limit retrieval by publication type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2000 and May 25, 2011.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material and may contain material in which a third party owns copyright. This report may be used for the purposes of research or private study only. It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners’ own terms and conditions.
RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One randomized controlled trial, three non-randomized studies, and one evidence-based guideline regarding newborns continuously rooming with mothers post-partum were identified. No relevant guidelines regarding breast-feeding policies when newborns are continuously rooming with mothers post-partum were identified. Additional articles that may be of interest are included in the appendix.

OVERALL SUMMARY OF FINDINGS

One randomized controlled trial\(^1\) examined sleep proximity of mothers and newborns in-hospital. Mothers and babies were monitored by video over night. No adverse events were reported, however, newborns in the mother’s bed were more frequently considered to be in a potentially dangerous situation compared to newborns sleeping close to the mother’s bed.

Three non-randomized studies\(^2-4\) examined mother/newborn rooming-in in hospital. A three year retrospective review\(^2\) of experience with rooming-in in a hospital suggested that the practice may aid in infection prevention for the infant. A study of babies of diabetic mothers compared the effects of rooming-in to those in the special care unit.\(^5\) Babies who were able to stay in the mother’s room experienced significantly lower neonatal morbidity and hypoglycemia than babies sent to the special care unit. In a study\(^4\) of preterm infants weighing 1500 grams or more, the authors suggested that newborns weighing 1750 grams or more may safely stay in the room with the mother.

The included guideline\(^5\) recommends that 24 hour rooming-in be provided and skin-to-skin contact should be encouraged where possible. No guidelines were identified that discussed monitoring or nighttime breast-feeding policies when newborns are continuously rooming with mothers post-partum.
REFERENCES SUMMARIZED

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses
No literature identified.

Randomized controlled trials


Non-randomized studies


Guidelines and recommendations


PREPARED BY:
Canadian Agency for Drugs and Technologies in Health
Tel: 1-866-898-8439
www.cadth.ca
APPENDIX – FURTHER INFORMATION:

Non-randomized studies – newborns of substance-using women


Guidelines and recommendations – methodology not specified


Review articles


Surveys and questionnaires