



## Rooming-In

---

For many infants, the NICU experience is lengthy and complex. As families prepare for their infants to come home, they may exhibit varying degrees of anxiety and stress. A thorough assessment of the family's needs, environmental issues, and knowledge of their infant's care before discharge is an important part of the transition to home. Providing an opportunity to care for their infant with professional caregivers nearby for assistance has been shown to increase parental competence and provide confirmation of their readiness to provide independent care at home.

*Rooming-in* is a practice where parents and other caregivers provide total care for their baby in a home-like environment while in the hospital. This process provides the caregiver with the opportunity to care for their infant with the availability of assistance from healthcare professionals. Studies indicate that mothers found rooming-in experiences to be beneficial in preparing them for the discharge of their infant. Other mothers stated that it was an extremely positive experience, aided them in breastfeeding, increased their confidence, and helped them feel like a family. Rooming-in facilitates the transition of the patient from hospital to home prior to discharge.

While rooming-in, the parents or caregivers provide all of the physical care and supervision for their infant, including giving medications, changing diapers, and feeding.

Additional equipment, such as monitors, oxygen therapy, or feeding pumps, also is used during the rooming-in period. All discharge education, including equipment training from the identified home health agency or durable medical equipment company, should be completed prior to rooming-in.

The rooming-in process can start any time during the hospital stay. Rooming-in early and throughout the hospitalization allows for additional teaching time and demonstration of competence by the caregivers (Bowles, 2016).

### Reference

Bowles, J. D., Jnah, A. J., Newberry, D. M., Hubbard, C. A., & Robertson, T. (2016). Infants with technology dependence: Facilitating the road to home. *Advances in Neonatal Care, 16*(6), 424–429.

### Bibliography

- American Academy of Pediatrics Committee on Fetus and Newborn. (2008). Hospital discharge of the high-risk neonate. *Pediatrics, 122*(5), 1119–1126.
- Carter, A., Gratney, L., & Carter, B. S. (2016). Discharge planning and follow-up of the neonatal intensive care unit infant. In Gardner, S. L., Carter, B. S., Ensmann-Hines, M., & Hernandez, J. A. (Eds.), *Merenstein & Gardner's handbook of neonatal intensive care* (8th ed). St. Louis, MO: Elsevier.
- March of Dimes. (2017). *Getting ready to go home from the NICU*. Retrieved from <http://www.marchofdimes.org/complications/leaving-the-nicu.aspx>



## Rooming-In: Information for Parents

“Rooming-in” at the hospital allows you to stay with your baby for a long period of time (such as 24 hours) and provide all the care for your baby. This experience is like a practice session for taking care of your baby on your own before you go home. It gives you a chance to try all you have learned with a nurse close by for help and advice. Rooming-in can make the change from hospital to home much smoother for you and your baby. Speak to your baby’s nurse about opportunities throughout your baby’s stay when you could have the opportunity to room-in. Some hospitals may not be able to provide a 24-hour time frame or individual room for you to stay, but even for you to stay 12–16 hours at your baby’s bedside to provide your baby’s care is helpful for the transition home.

### Before Rooming-In

- Hospital staff will give you instruction, and you will be able to demonstrate all care for your baby.
- You may receive training on equipment to be used at home.
- Your baby’s nurse will review the rooming-in process and make suggestions about what to bring for rooming-in, such as your personal grooming supplies and comfortable clothes.
- You may bring clothes you want your baby to wear during rooming-in time.
- All the supplies you need to care for your baby (such as diapers, bottles, nipples, formula, and blankets) will be in the room with you.

### During Rooming-In

- You provide all care for your baby, including giving medications, changing diapers, and feedings.
- You use any monitoring or other equipment you will need to use at home.
- Take notes on what your baby is doing, what you did and when you did it, and how your baby responded. Things you should note include the time of feedings, number of wet or dirty diapers, times when your baby is fussy, or other things you may have questions about.
- Nurses are available by phone to answer questions and offer assistance.
- One parent or caregiver is expected to stay with the baby at all times.
- Rooming-in is a time for you and your baby; visitation by family and friends who are not primary caregivers is not recommended.

You are almost home. Rooming-in helps you learn more about your baby’s habits, behaviors, and routines *before* going home. It gives you the time to ask questions and gain confidence in caring for your baby.