# Evidence to support that 'rooming in' for mother and baby after birth could be beneficial

September 14 2012, by Stephanie Stephens

"Rooming in," keeping mother and her newborn in the same room 24/7 to encourage breastfeeding has been a popular initiative of The WHO/UNICEF Baby Friendly Hospital. A new review from *The Cochrane Library* finds some evidence that it does support breastfeeding, at least in the short term.

Using randomized controlled trials, the authors wanted to know if "rooming in" resulted in a longer duration of either "exclusive" or occasional breastfeeding up to at least six months of age.

"We really wanted to reassess the essential evidence, and in our minds, hoped to support the WHO recommendation," explained lead author Sharifah Halimah Jaafar, M.D., of the obstetrics and gynecology department at KPJ Ipoh Specialist Hospital in Ipoh, Perak, Malaysia.

The researchers initially considered 23 reports from 19 potential trials and identified only one that met specifications. It showed that the breastfeeding rate at four days after birth, before hospital discharge, was much lower in the mother-child group with separate care versus the rooming-in group. That trial, however, didn't provide evidence for breastfeeding for a longer period, even though early mother-infant continuous contact is known to have many advantages.

Many studies support mother-infant rooming-in practice because of its many benefits, both short and long term, Jaafar said. These benefits include better mother-infant bonding, increased frequency of breastfeeding since it enables feeding on demand, and reduction in the rate of sudden infant death syndrome and of other newborn complications.

"Interaction is so important in the first few weeks of life, a 2007 study found early 'skin-to-skin' contact between mother and baby may also benefit breastfeeding outcomes and reduce infant crying," Jaafar said. "It's also well known that separation can reduce breastfeeding frequency as well as amount of milk produced," she added.

"Humans are the only mammals that routinely separate mothers and infants in the first few days of life," said Alison Stuebe, M.D., M.Sc. and assistant professor of obstetrics and gynecology at the University of

North Carolina School of Medicine. "The mother-baby dyad is meant to be together."

Even though the studies are limited, it's very likely that separating infants from their mothers after birth for institutional reasons may have adverse effects, said Stuebe. "Nevertheless, in clinical practice, health care providers need to support rooming in—in the context of each mother-baby dyad's needs."

Rooming in should be the norm, but flexibility is needed to individualize care when circumstances require it, she said.

"If a mother is completely exhausted after 40 hours of labor, five hours of pushing, and a C-section, refusing to allow the baby to go to the nursery because hospital policy mandates rooming in may not be in the best interest of mother or baby," Stuebe said. "Policies that enforce a clinical practice 'always' or 'never' often have unintended consequences."

**More information:** Jaafar SH, Lee KS, Ho JJ. Separate care for new mother and infant versus rooming-in for increasing the duration of breastfeeding. *Cochrane Database of Systematic Reviews* 2012, Issue 9.Art.No.:CD006641.DOI: 10.1002/14651858.CD006641.pub2

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