

AIMS IRELAND SURVEY REPORT

“ROOMING-IN” in Irish Maternity Hospitals

OCTOBER 2008



**Association for Improvement in the Maternity Services
Ireland (Aims Ireland)**

Supporting Women, Promoting Change

AIMSI REPORT ON “ROOMING IN” IN IRISH MATERNITY HOSPITALS

In September 2008, AIMSI (Association for Improvement in Maternity Services Ireland) ran an electronic survey asking women a number of questions and for their comments relating to their experience of “rooming in” in Irish maternity hospitals.

The survey received a large response, where 266 women voluntarily submitted their observations. All respondents were self selecting and anonymous.

Access to the survey was via website, www.aimsireland.com and also via links on a number of parenting websites and forum boards.

"Rooming In" in Irish Maternity Hospitals: AIMSI Survey

“Rooming in” is the practice whereby a mother stays with her newborn baby throughout the period of her postnatal hospital stay. A cot is placed beside the mother’s bed so that baby can be continually cared for by her mother. “Rooming in”, as it was originally conceived, has proved to hold psychological and practical benefits to both mother and baby. In the right environment, it promotes greater bonding and early maternal nurturing, giving the mother the opportunity to learn and develop confidence in feeding and caring for her new baby. Critically, this practice is considered only safe and successful when the mother had unlimited availability of support from midwives/nurses to assist with caring for her baby. Today, most of our maternity hospitals, have a compulsory “rooming in” policy. There is growing evidence that mothers who have recently given birth are not always getting the necessary and critical help they need to adequately care for their babies. Of particular concern are those mothers who have had difficult births, often involving surgery, and others with varying postnatal complications. AIMS Ireland fully support the original concept of “rooming in” but we want to gauge the actual experience of mothers in our maternity hospitals. Were you happy with “rooming in” during your hospital stay? Did you feel supported and guided in caring for your baby? Please take a minute to fill in this short survey, using the box below for any additional comments.

Date Activated	13/09/2008 – 20/10/2008
Total Participants:	266

Q1. Was your baby “roomed in” with you during your hospital stay?



The majority of mothers had their babies roomed in with them. The exceptions to this were those requiring special care, either the babies or mother themselves. Other exceptions were those attending private hospitals, where “rooming in” was recommended but mothers did have the choice to leave babies in a nursery during the night if they wished.

Q2. If yes to above, did you get adequate support when you needed it?



Many women (51%) felt that there was not enough support from carers to help them with their babies. This was mostly due to the fact that wards were grossly understaffed and midwives were under tremendous pressure to tend to everyone.

“Just wasn’t enough staff to give adequate time and attention to all the mothers.”

“There were only actually two midwives on the semi-private ward of 20 women at night.”

“My son started to choke on his mucous. I pressed emergency bell and got no answer for about 20 minutes.”

“I wanted my baby with me but I also needed help and it wasn’t always available.”

Women who suffered difficult labours and births, particularly first-time mothers, describe how terrifying and upsetting it was for them to be unable to mind their babies properly and to be ultimately unable to get the help they desperately needed.

“I had a really bad labour and hadn’t slept in over 30 hours. I really needed rest but my son wanted to be held. I walked the floor with him in the hospital for hours during the night and no one asked me if I was okay or if they would take him to let me get some rest. I cried for about a week afterwards from pure exhaustion.”

“I had a difficult and long delivery (it was my first baby) and had effectively not slept in 3 days/nights. I did not feel I had adequate support...The night midwife who did eventually answer my bell told me to get my baby to be quiet and to be quiet myself.”

“I...couldn’t walk or barely move due to damaged pelvis and struggled to lift baby in and out of bed.”

There are also numerous accounts of women who had undergone Caesarean sections and surgery and were either immobile or in tremendous pain and yet they were still often left without enough, or at times, any support, to help them look after themselves and their babies.

“Women, hours after a section, on morphine etc. left in sole charge of a newborn—disgusting lack of care to mothers and newborns is what I witnessed.”

“I would have been heart broken to have been separated from my babies but I feel I was not helped sufficiently at all. I had a c-section and was left overnight on my own in a private room with a drip and catheter still inserted...unable to stand due to the spinal...had to change my baby and lift her to feed.”

“I was left to breastfeed on my own...did not get proper support or attention...Recovering from surgery with a newborn is daunting and I felt really let down.”

“Baby left with me on first night after section, he had difficulty breathing. I couldn’t get out of bed. I ended up falling out of bed to try and get him on his side safely. I cried solid for rest of night as I felt I couldn’t look after him properly. Affected my bonding and recovery badly...To expect someone after a major operation to look after a newborn through the night is barbaric.”

Some respondents described how, because of the lack of staff, mothers had to help each other with minding or picking up their babies when they needed pacifying or feeding.

“How can it be acceptable to have to leave your baby with strangers, other patients, to look after while you have a shower etc.?”

“I was minding other babies in the ward while the mothers popped out for a cigarette.”

Mothers describe how they often felt guilty, and some even felt they were “made” to feel guilty, for “annoying” the nurses and midwives when they were clearly under a lot of pressure.

“They are always so short staffed, you feel you shouldn’t bother them...they have bigger issues to deal with.”

“I wasn’t expecting to be left alone in a private room after a c-section and made to feel a nuisance when I rang the bell for a nurse to lift the baby for me when she needed feeding.”

“Nurses and midwives are so busy that we feel bad for calling on them (and sometimes are made to feel bad calling on them) and it would be really nice to know that a little more support was available.”

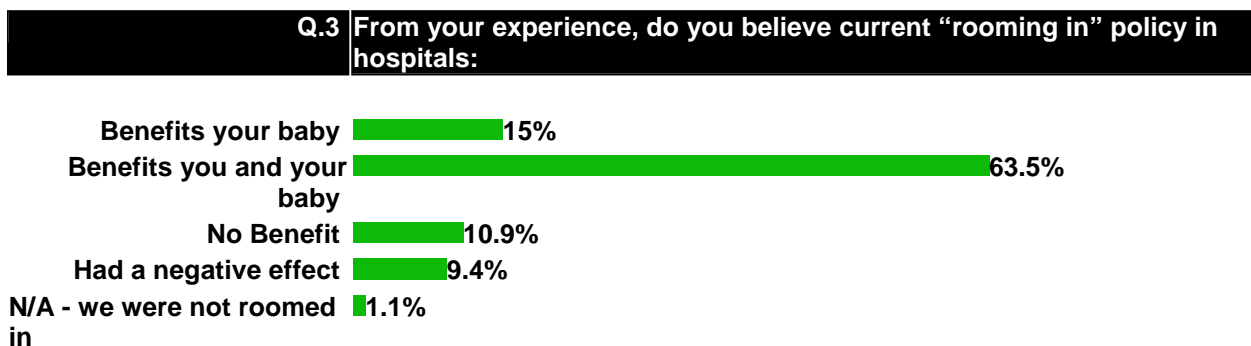
“I was feeling really unwell and had to insist they take her as I was physically unable to care for her...I had to put my foot down with the midwife which made me feel worse and a bad mother.”

For some mothers, lack of aftercare was so bad they felt it either caused or exacerbated PND and PTSD.

“...unable to move after difficult delivery, no one to take baby if I need to use loo or even sleep, felt overwhelmed and feel it contributed to PND.”

“If I had received a little more support from the hospital during my stay my PND would not have been so bad.”

“Had a very difficult birth with blood transfusions, was absolutely exhausted but it wasn’t till my 4th night in hospital when I almost collapsed that I was finally allowed to leave my baby in the nursery for 6 hours that night...Due to lack of support services both during my hospital stay and follow up with OB, ended up with severe PTSD.”



64% of respondents felt that “rooming in” was of benefit to both them and their baby.

“I would hate the thoughts of her being taken away and kept somewhere else.”

“I would have felt very uncomfortable and unhappy if I had been separated from my daughter.”

“The midwives and nurses were excellent, made me feel completely at ease, and guided me through every step. I left hospital...and felt like a seasoned pro!!”

“I have had 3 babies...all by c-section for various medical reasons...each baby was with me...once I was out of recovery. I loved looking over at my baby, getting to know him/her.”

“Even after a c-section, I found rooming in policy a great benefit...it helped me gain confidence...and also helped the bonding between us. I also had full support from the nursing staff...when I needed them.”

but of those, many commented that they were also aware that not everyone may find it as beneficial, as a mother's mental/physical condition varies, and more critically, so does the type of support they receive from carers.

“It benefited my baby and facilitated a better bond...but I did witness at times other mothers who couldn't cope.”

“I found it beneficial for breastfeeding but I really believe there should be more formal support for mothers who have complications.”

“Rooming in is a positive technique for both mother and baby, it is important that the mother feels she is getting adequate support from the midwives...and for the mother to be reassured.”

“Yes it's good, and it allows you time with your baby, help establish feeding etc....but there also needs to be an availability of supports for new mums...not just a way for HSE to save money.”

Many mothers feel that “rooming in” is beneficial, even essential, for those wanting to establish breastfeeding but again the issue of support came up in that successful breastfeeding was sometimes hindered by lack of support and inconsistency of support and advice from staff.

“If it was my first time I definitely would not be breastfeeding as the nurses would not have been able to spend time with me. They are understaffed and run off their feet.”

“With a lot more midwife support, I think rooming in would work great. As it was I spent my last night in tears exhausted and not able to feed my baby properly.”

“Midwives gave me conflicting advice, e.g. wake the baby to feed her and another don't wake the baby to feed her.”

“The fact that I wasn't going to be able to rest a little in hospital was a factor in my decision to stop breastfeeding.”

“I was left alone trying to establish breastfeeding, straight after labour...I was told to put her in bed with me which resulted in me having NO rest straight after a difficult labour.”

“I felt like a bad mother having not establish breastfeeding, but given I got no support it hardly seems surprising.”

“On my second baby, an emergency section due to abruption, I spent 30 mins pressing the buzzer for someone to come and lift her over to my other side so I could breastfeed her.”

“I suffered with severe Symphysis pubis disfunction...by the time my baby was born I was unable to walk...I had an emergency c-section...I was left to fend for myself trying

to breastfeed... When I asked for help I was ignored or told they had rooming in policy so I had to just get on with it.”

“After a gruelling birth I was left alone with my baby and no one came near me despite requests for help. I was exhausted and trying to establish breastfeeding.”

“It would be a good idea to have a surplus midwife on shift to give help to those mothers having trouble with breastfeeding.”

“There should be a lactation consultant available 24/7.”

11% of respondents felt current “rooming in” policy has no benefit, and a further 15% of mothers felt it does not have benefit for them.

“My baby went to the Nursery each night and had a bottle of formula while I had a sleeping tablet! As I am still exclusively breastfeeding 5 mnths later, I don’t believe it had any negative effects.”

“Midwives were fantastic and work so hard, but there are just too few of them to be able to make rooming in a beneficial experience.”

Some women, in fact, believed “rooming in” policy to be nothing but a cost-cutting exercise where only the hospital and the HSE benefit.

“Rooming in policy in state hospitals is purely for the benefit of the hospital itself and has no benefit to the mother. I got plenty of time to bond with my babies, but I also got the time to rest and recover and got the help that I needed.”

“I feel that rooming in in hospitals is used as an excuse to have lower staffing levels in the postnatal wards, and takes the onus of midwives to provide care.”

“Rooming in, in concept, is fine, but its original aims are not why Irish hospitals are using it.”

“The system as it stands is pathetic, with moms leaving hospital to go home so that they can have someone help them look after their baby.”

Other respondents (9%) felt “rooming in” actually had a seriously negative effect on them.

“Baby...was born by c-section, moved to a private room...bell in my room was broken...I was immobile from the waist down and had no way to call for help...requests for help breastfeeding were ignored (at night), I was frightened, exhausted and terrified.”

“This was my first baby, I had a c-section, was in a lot of pain and found it very difficult to move around. My baby was basically just left beside me and I had to just get on with it. Very upsetting experience.”

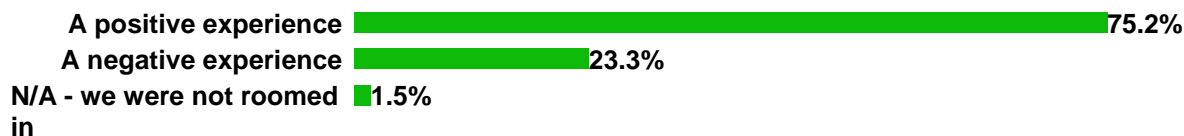
“I think rooming in added to my postnatal depression.”

“Women who have had abdominal surgery should be treated with respect for their experience and with kindness. I had a horrible and horrific experience...and have not had any children since because of the appalling treatment...by the burnt-out nurses. The overcrowding and noise were appalling and the breastfeeding support was non

existent...a nursery should be available for women who have had trauma...not to have one is INHUMAN, INHUMAN, INHUMAN..."

"The birth was perfect, everything about the aftercare was horrendous."

Q.4 From your experience, was "rooming in" :



In general though, most mothers found "rooming in" to be a positive experience (75%), but of those respondents, many felt that their response was actually skewed more positively by the "black and white" nature of the question. Closer analysis reveals that, whilst their experience was positive in general, they could easily identify times when support was lacking but the gravity of their concern or issue at that time, it would appear, was overshadowed by the fact that they had their babies close to them and ultimately that was what kept them going and mattered to them most.

"My baby was nearby and I could see him which gave me great comfort."

"I feel like my comments are skewed too positively. Given the choice between having my baby with me or away in a nursery, I would only choose the latter if I were completely incapacitated."

"While I had overall positive experiences in hospital with my baby rooming in, there were occasions where I needed more support and didn't get it."

"I was happy to have my baby with me the whole time during my stay in hospital, however I was left for the 1st whole day and night of my stay without any nurse or midwife checking on me despite my ringing the buzzer for pain killers and help with breastfeeding."

"It was a positive experience but at no stage was I given advice on how to change, dress, wind my baby."

"I felt the nurses and midwives were brilliant...there just wasn't enough staff...I struggled a lot on my own...however rooming in was definitely a positive aspect of my hospital stay."

Clearly though, a number of women did get very good aftercare and support from staff to make their experience a very positive one. However, from analysis of their testimonies, it appears that it was mainly those with private care that benefited from this most.

"I was in a private room and was very happy with it and got help when needed especially with breastfeeding...I would have been horrified if anyone had tried to take him out of my sight."

"I went private, which I do think helped me find rooming in a positive experience as nurses were more available."

"I got an infection so was unable to look after my baby but baby was cared for at night in the nursery/change room and during the day when I needed it. However, I had private care, may be that was the difference?"

“My hospital was xxxxx (private) and so rooming in was not compulsory however it was encouraged. I had fantastic support in both care of my baby and myself and with the establishing of breastfeeding.”

For the remaining 23% of respondents, the things that made their experience a negative one included not having time to adjust, not getting rest, being unwell and feeling unsafe in their care of their new infant.

“What made it negative was having other babies around. I was having a hard enough time after my own birth to deal with my baby, rooming in meant I helped the woman next to me and listened to her child scream non stop for 2 days.”

“If I had been able to put him in the nursery for an hour or two so I could get some rest it would have made the first week with him a more pleasureable memory rather than a memory of complete despair.”

“I was ill after my first birth and wholly incapable of taking care of my daughter properly...it was dangerous to have her left in my charge. I was very weak and tired, and it was pure luck that I didn’t drop her.”

“The lack of sleep and rest can have a negative impact and outweigh any benefits of rooming in. People who have had tough labour/surgery being forced to cope on their own is not on and needs to be addressed.”

“Post emergency c-section...difficult to get out of bed to lift the baby because of pain. I didn’t feel I could call the nurses each time as they were so busy...still hate to remember my time in hospital even 12 weeks later... Maternity hospitals in Ireland are no place to be if you are post-operative!”

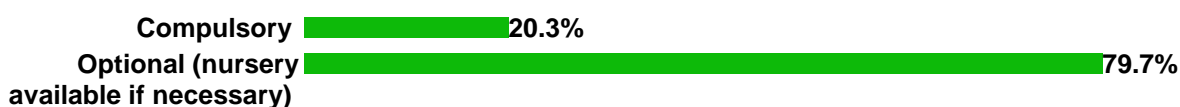
“After more than 24 hours of contractions/labour and no sleep in more than 48 hours, I was not fit, either emotionally or physically to attend to my newborn baby’s needs. The fact that I was in a ward of 6 women, with 6 babies, made sleep completely impossible for the 3 day duration of my stay and left me completely shattered by the time I was discharged.”

“My baby was delivered by forceps and was OP. She was just under 10 lb and it took a lot of force to get her out. I was very, very bruised and could literally not get in and out of the bed. No help was offered, midwives were rude and unpleasant. I was made to feel like I shouldn’t ask for help for anything. In fact if I have another baby I would rather have it at home!”

These comments unfortunately are only but a few of the many concerns women outlined in the survey. Many women are clearly frustrated and affected by inadequate postnatal care. Again, of major concern are those women who had difficult labours and births and particularly those who have had surgery. As one respondent points out,

“You wouldn’t give anyone else an infant to mind as they were recovering from surgery.”

Q.5 | In your opinion, should “rooming in” policy in our maternity hospitals be



Clearly, an overwhelming majority of women believe that “rooming in” policy, as it is currently practiced, should not be compulsory. While the majority of women prefer to have their baby roomed in with them, 80% feel there should be nursery care available (A) as a choice or option for mothers:

“Rooming in should not be compulsory, it should be a personal choice.”

“During the day is ok but perhaps at night the babies should be in the nursery.”

“Optional nursery should be available for at least the first night.”

“Of course nursery care is vital to assist in the first few very important days.”

“Policy that the baby won’t be taken from you at all is ridiculous and most definitely adds to women’s ‘baby blues’ in my opinion.”

(B) for mothers who have had Caesarean sections, surgery and/or a traumatic labour/birth:

“Depending on the circumstances...some women experience traumatic births and complications, in these instances the option of a nursery at night should be available.”

“For an able mother rooming in is fine...any difficulties during labour or delivery could result in a mother not being able to look after her baby adequately—optional rooming in should be available.”

“Rooming in should not be a choice but there should be an option for unwell mothers.”

“All in all I think it [rooming in] is very beneficial to both mother and baby especially if the mother is trying to breastfeed. However the nursery option should be there in case the mother really needs to get some sleep, particularly after a long birth.”

They believe that compulsory “rooming in” could only work with certain conditions:

“With a lot more midwife support, I think rooming in would work great.”

“It should be the ‘recommended option’ for all mothers, however the midwife support needs to be in place.”

“Should be compulsory in general, but this is on the assumption that there is sufficient support available if the mother is unwell or incapacitated.”

“Rooming in as a blanket policy cannot work as long as there is insufficient staff to support mothers.”

“The support is not there for postnatal mothers. Rooming in is a lovely theory but requires additional, not fewer resources, and is not an excuse to cut a nursery and staff levels.”

“I agree with rooming in policy in a private room. However, I was in a ward with other babies. I found it impossible to rest or sleep because the baby of the woman next to me never stopped crying...it made my stay in hospital a complete nightmare.”

And if optional, it is suggested it should be properly policed so that those who really need it are prioritised:

“My only fear with having it as optional, is that it would be abused by people for the wrong reasons.”

Conclusions:

Rooming in, as it was originally conceived, is for the most part, not practiced in maternity hospitals today. Postnatal care and support is often very inadequate for a lot of mothers. It is clear that, on many occasions, wards are understaffed and cramped and midwives and nurses are under tremendous pressure in trying to cope with the demands and needs of mothers and their newborn babies.

Of particular concern, are those women who have had Caesarean sections, surgery and other postnatal complications, many of whom are at risk of not being able to care for their newborns safely or recover properly themselves before discharge from hospital. It begs the question how many more women go on to suffer a prolonged recovery and extended periods of “baby blues”, PND and PTSD, than those we have heard from in this survey.

It is clear that, despite the conditions outlined above, many mothers do get great comfort and benefit from having their babies with them during their hospital stay but what is also clear, is that the degree to which they benefit is **totally dependent on the type of labour and birth they had and the level of midwifery and nursing support available to them afterwards.** This level of support appears to vary, with higher levels of supports associated with private care.

Women in this survey are voting for choice, for having the option of having some level of nursery care available to them if and when they really need it, to enable them to recover from their labour and births and to enable them to get to know, care for and bond with their babies in a safe and fulfilling way.

For questions or more information, please contact AIMS Ireland at info@aimsireland.com or visit our website www.aimsireland.com