**Step 7: Practice “rooming-in” – allow mothers and infants to remain together 24 hours a day.**

Beginning with skin-to-skin contact immediately after delivery, mother and infant should remain together throughout their stay, from the transition period as well as in the patient room until discharge, unless contraindicated or by mother’s informed choice. Allowing families and healthy infants to remain together (rooming-in) day and night is positively associated with breastfeeding duration, exclusivity, and the establishment of milk supply. Rooming-in is an essential component in enabling families to practice frequent skin-to-skin contact and responsive infant feeding. It offers families the opportunity to learn early hunger cues such as rooting, mouthing, and wakefulness which enables them to quickly respond thereby reducing infant crying and frustration. Regardless of family feeding decisions, rooming-in is an important element of family-centered maternity care providing opportunities for families to interact and learn to care for their infant before going home.

Facilities with optimal infant feeding and care practices should expect all families and healthy infants room together 24 hours per day or have medically justifiable reasons for being separated. If families request to have their infant cared for out of the room, staff should have a conversation to explore the reasons for the request, discuss alternative solutions and educate the family about the advantages of rooming-in. If the family makes the informed choice to proceed with the separation, document the counseling and education provided and the reason for separation. In the case of separation due to family request, infants are reunited with their families for feedings at the earliest hunger cues, except in the case of clinical contraindication. For Keystone 10, facilities should have documentation (in the four months prior to submission of the application) proving that **80%** of families and healthy infants have roomed together 24 hours per day.

Routine care (such as bathing, blood work, and infant assessments) during rooming-in should occur at the bedside. This enhances continuity of care and families become better informed about how to care for their infants. If infants are separated from their families for a clinical need, the separation should be as short as possible (preferably less than one hour) and the reason for the separation documented in the EMR. Staff should avoid separations of more than one hour in 24 hours unless there is a medical indication, safety indication or maternal request with an informed decision.

**The Keystone 10 Toolkit provides step seven implementation strategies, best practices, and suggestions for evaluating success on pages 111 - 115. Tab 11 in the toolkit, Resources for Each Step, provides resources for implementation, a facility impact worksheet, a rooming-in information sheet for families, along with a rooming-in checklist and infant-feeding patient survey for step seven.**

For completion of this step, the facility should ensure:

* Families and healthy infants remain together from birth through discharge to the extent possible
* Families are assisted in learning to recognizing early feeding cues
* Families practice frequent skin-to-skin contact
* Families requesting separation participate in a discussion to explore reasons for request, discuss alternative solutions, and receive education and counseling, which is documented in the EMR.
* Clear documentation in the EMR of the reason for families and babies separated longer than one hour.

**Application Form for Step 7:**

**Practice “rooming-in” – allow mothers and infants to remain together 24 hours a day.**

**Birthing facility name:** Click here to enter text.

**Address:** Click here to enter text.

**City, Zip:** Click here to enter text.

**Name of the person completing this application:** Click here to enter text.

**Position:** Click here to enter text.

**Email Address:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Validation of completion of Step 7**

**7.1 What percentage of families and infants remain together during the transition from Labor &**

 **Delivery to the patient’s room, unless separation is medically indicated?**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

 Click here to enter text.

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

1. Describe how separations are documented in patient charts (such as: procedure, length of separation, etc.).

 Click here to enter text.

**7.2 What percentage of families remain together (rooming-in) 24 hours a day, unless separation is**

**medically indicated, safety indicated, or mother’s informed choice? (80% for 4 consecutive months)**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

Click here to enter text.

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

**7.3 How has the facility adapted their routine care and procedures to allow infants to remain at the**

 **mother’s bedside?**

 Click here to enter text.

**7.4 What percentage of infants and families experiencing separation for more than a one-hour period has clear documentation on EMR of medical or safety indication or counseling and informed choice of the mother?**

1. Provide your facility’s percentages here (most recent 4 consecutive months):

Click here to enter text.

1. What are the percentages based on?

 [ ]  Chart review [ ]  Other: Click here to enter text.

1. Describe strategies to track and minimize the percentage of mothers making an informed choice

for separation: Click here to enter text.

**Thank you for completing this application.**

**Please refer to the application instructions page for submission guidance.**