

The Effects of Rooming-in on Success of Breastfeeding and Declining Deserted Child

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Abstract

A study showed the effect of management of rooming-in, conducted in one of the regional hospitals in Thailand, on the success of breastfeeding. Data observed from 2,000 infants in 1987 and 1990 on separation time of infant and mother after delivery and predominant breastfeeding showed a significant improvement. A separation time was reduced from 6-12 hours to 1-2 hours and predominant breastfeeding was significantly increased from 85% to 99%.

Data obtained from community on the initiation and predominant breastfeedings showed effectively significant increased ($p < 0.05$) but no significant on difference currently breastfeeding among infants who experienced before and after rooming-in system. Furthermore, data on prevalence of deserted children were investigated and the findings showed a progressive reduction of deserted children after management of rooming-in. This correlation deserved further statistical analysis.

The study was concluded that a contribution from obstetricians was a key to successful breastfeeding. Promotion and management of rooming-in significantly improve the success of breastfeeding and reduction of deserted children in the hospital.

Key words :obstetrician, rooming-in, separation time, predominant breastfeeding, deserted children.

1. Introduction

Maharat Nakhon Ratchasima Hospital is the regional hospital and medical center with 1,000 beds and full occupancy rate under the Ministry of Public Health, Thailand. There are about 10,000 deliveries a year. The hospital is located in Nakhon Ratchasima province, the 2nd largest province Which is in the northeast region of Thailand.

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In 1987, there were 9,595 deliveries with 68.3% normal labor, 2.4% forceps extraction, 14.8% vacuum extraction, 2% breech delivery and 12.5% Caesarean section.⁽¹⁾

The previous routine management in the maternity unit for normal labor of this hospital was separation of the newborn babies in a nursery and brought them back to their mothers at designated interval of time (6-12 hrs.) Prolactal feeding was given to babies prior to bring to their mothers.

The routine for abnormal labor consisted of separation of newborn babies in a nursery or special care nursery and brought them back to their mothers when mothers get well or babies get improved.

This hospital has adopted WHO/UNICEF proposal on the Breastfeeding Promotion since breastfeeding is the single most effective way to provide a baby with care, complete food and protection against infections.⁽²⁾ Therefore, "an Integrated Comprehensiveness Breastfeeding Promotion Program" has been initiated since 1988.⁽³⁾ One of these integrated activities, under the responsibility of obstetricians is the management of rooming-in system because it is well recognized that rooming-in effects initiation of breast-feeding as well as duration of breastfeeding significantly.

In rooming-in system, a mother with normal delivery will be sent to post partum ward with her baby. Prolactal feeding will not be given to a baby except breastmilk and proper breastfeeding technique is encouraged. Whereas in partial rooming-in, a mother with abnormal delivery will be sent to abnormal postpartum ward where a baby will be kept at nursery. A baby then will be brought to its mother within 2 hours and subsequently every two hours for encouraging breastfeeding.

This paper tests the hypothesis that mothers who had the rooming-in experience would have higher initiation and predominant breastfeeding by the time of discharge from the hospital and lower rate of deserted children in the hospital.

2. Methodology

The study population consisted of mother-infant pairs from urban areas. Demographic variables such as family size, marital status, housing, education, age and employment were explored. There were no statistically significant differences among the two groups along any of these variables.

Two groups of 2,000 infants with normal delivery were selected from post partum ward for before and after rooming-in system in 1987 and 1990 respectively. Data on separation time and predominant breastfeeding by the time of discharge

were collected.

Mothers with children 0-24 months of age who resided in the community were randomly selected for interviewing. In 1987, before the rooming-in, 210 mothers were selected and in 1990, 160 mothers were selected after the rooming-in. Data on initiation of breastfeeding, predominant breastfeeding (0-4 mos.) and currently breastfeeding at 24 months were collected.

Finally, number and rate of deserted children after delivery in the hospital during 1979-1991 were collected for comparison.

3. Results

Among the normal delivery, data on the effects of breastfeeding promotion from the hospital were observed. Table 1 shows changes in separation time and predominant breastfeeding rate after intervention. It clearly shows that a separation time decreased from 6-12 hours in 1987 to 1-2 hours in 1990. A prevalence of predominant breastfeeding at discharge increased from 85% to 99%.

In interviewing mothers, who resided in the urban community about breastfeeding, found that 92% of mothers initiated breastfeeding in 1987⁽⁵⁾ where in 1990 after the rooming-in, 99% of mothers initiated breastfeeding. Analysis of the findings showed a statistical significance ($p < 0.05$). Predominant breastfeeding (0-4 mos.) in table 2 shows a favourable increased from 33% in 1987 to 56% in 1990 with statistical significance ($p < 0.05$). However, currently breastfeeding at 24 months does not show a statistical significance with an increment from 44% in 1987 to 48% in 1990.

Table 3 shows number and rate of children deserted in the hospital. Before an intervention, number and rate of deserted children after deliveries in the hospital was much higher. After rooming-in, rate of deserted children was decreased significantly. It appears that with an improvement of rooming-in when mother and baby are placed together the rate of deserted children are decreasing.

Table 1. Changes in separation time and predominant breastfeeding rate
after an intervention.

Indicators.	Before (1987) (n = 2000)	After (1990) (n = 2000)
Separation time (hrs.)	6-12	1-2
Predominant breastfeeding(%)	85	99

Table 2. Breastfeeding rate in 0-24 months old among children before and after management of rooming-in system.

Breastfeeding rate (%)	Before (1987) (n = 210)	After (1990) (n = 160)	Statistical analysis
Initiation of breastfeeding	92	99	p < 0.05
Predominant breastfeeding. (0-4 mo.)	33	56	p < 0.05
Currently breastfeeding. (at 24 mo.)	44	48	not significant

Table 3. Number and rate of children deserted in the hospital during year 1979-1991

Year	Deserted children Number	delivered in hospital Rate/1000 LB.
1979	24	2.5
1980	24	2.7
1981	32	3.3
1982	47	4.9
1983	28	2.9
1984	20	2.1
1985	28	2.7
1986	33	3.6
1987	18	1.8
1988*	14	1.4
1989	8	0.8
1990	12	1.2
1991	1	0.1

* Management of Rooming-In System initiated.

4. Discussion and Recommendation

Findings from the study showed that management of rooming-in system in Maharat Nakorn Ratchasima hospital revealed favourable effects, in particular, a separation time between mother and baby were drastically decreased. It clearly shows

that the early sucking and rooming-in are of prognostic value for the first breastfeeding and predominant breastfeeding rate at discharge. However, the assessment was conducted only in the normal post partum ward. Management in the abnormal deliveries and abnormal newborns still has some constraints, especially there are limitation of man power to support those mothers. It should be explained also that exclusively breastfeeding rate is still at low percentage. This is due to the Thai culture where mothers commonly give babies some water after breastfeeding but mothers are advised to use spoon feeding in order to avoid nipple confusion. A crucial determinant for a successful start to breastfeeding is uninterrupted contact with the mother until after the firstfeed. The studies of Righard⁽⁶⁾ and Lindenberg⁽⁷⁾ also confirmed the effect of delivery room routines on success of first breastfeeds.

Data obtained from community surveys showed much differences of breastfeeding rate before and after intervention. Nevertheless, the rooming-in system could effect primarily on the initiation of breastfeeding. This study did not show any increment on duration of breastfeeding, other alternative strategies to promote, support and protect breastfeeding should be designated.

Reduction of number and rate of children deserted in the hospital seems to be an indirect subsequence effect from rooming-in system. Placing mothers and babies together could enhance bonding between them resulting in decreasing numbers of deserted children. Rooming-in also decreased burdens on the hospital personnel substantially in term of child rearing and other clinical management time.

Management of rooming-in is one of the key activities for successfully increased of breastfeeding. Obstetricians have important role in supporting mothers to stay together with their babies. It is technically no doubt that rooming-in system gives benefits to both mother and baby.⁽⁵⁾ Nevertheless, there are some obstacles and constraints in term of management and social value. For example, some health care providers in the postnatal care and newborn care do not change their practices on shortening a separation time and early contact. Mostly in major public hospitals. In private practices, keeping newborn in the nursery is the social value where the hospital is requested to give more comfort to mother and keep infants in the nursery. This private practice created mothers' satisfaction and misconception of infant feeding practice.

In order to maintain effective rooming-in practice and to cope with these constraints, it is recommended that:

1. The hospital should have concrete policy on promotion of breastfeeding.
2. Obstetricians as well as their postpartum team should be constantly trained on successful lactation management so that they are able to promote, protect and support breastfeeding.
3. Good cooperation between obstetricians and pediatricians should be developed to work together.
4. Importance value on rooming-in and breastfeeding should be created to mothers and their families before deliveries through various types of health education programs.

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