

Provider Information

CB-OR ORIENTATION

OUTCOME: The patient and labor partner/coach will be familiar with the labor and delivery suite, nursery and postpartum areas of the hospital.

STANDARDS:

1. Familiarize the patient and labor partner/coach with the Obstetrical Department of the hospital.
2. Explain the hospital policy regarding visiting hours and regulations, meal times, assessment times and physician rounds, as appropriate.
3. Review the need for a plan for the patient/labor partner, emphasizing the need to come to the hospital at an appropriate time during labor.
4. Relate the events to be expected immediately after the baby is born.
5. Explain hospital policy for the birth certificate, including how the baby's surname will be recorded.
6. Discuss the items to bring to the hospital - CAR SEAT, toiletries, gown and robe, clothes to wear when discharged, baby clothes, and others as appropriate.
 - a. Repair of lacerations/episiotomy and the after-care required.
 - b. Vital signs and monitoring of the uterus, vaginal discharge, and urination, including frequent massage of the mother's uterus.
 - c. Assessment and observation of the baby, including vital signs and blood glucose monitoring as indicated.
 - d. The policy of rooming-in, if available in your institution.

Highlights of Rooming In

- The Importance of Rooming-In: Education to the mother about the advantages of having her infant stay with her in the same room twenty-four hours a day.

What is Rooming In?

Rooming in after birth is when your baby stays in your room with you, as opposed to spending the majority of the time in the hospital's nursery. Rooming in has many benefits, including:

- Babies cry less and are easier to calm
- Moms get more rest
- Ability to respond to baby's feeding cues
- Make more breast milk, faster
- Ability to ensure the care you want for baby (e.g. no pacifiers, bottles, tests, etc.)
- No fear of baby switching

Rooming in can be done in a variety of ways. You should request for your baby always remain in the room with you.

Many women say that the reason they choose to not have full-time rooming in was that they wished to rest while in the hospital. Sorry but you are going to find that there will usually be someone in the room with you. You will have visitors, phone calls, hourly checks (at first), routine lab draws at 4 a.m. (because your doctor needs the results at 7 a.m.), nurses waking you up to check on tomorrow, staff turning on lights in the middle of the night to check your pulse, temperature and blood pressure. Moms who room in actually get more sleep than those who send the baby back to the nursery.

Also, babies warm best with skin-to-skin with either Mom or Dad; if you want, hospitals can place a warmer over both. This prevents babies from spending time under electronic warmers with other babies.

Click here for a patient education handout on [Rooming In](#)

Flesch 53/10th