

Parent Room Use – Newborn Intensive Care Unit

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Newborn Intensive Care Unit
Document Facilitator Name	Richard Pagdanganan & Melanie Trethowen
Document Facilitator Title	ACNM
Document Owner Name	Diane Taylor
Document Owner Title	Charge Nurse Manager
Target Audience	Nurses
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
3	Chantelle Hill	July 2016	3 yearly update
3.1	Joyce Mok	December 2016	Minor changes on visiting (s2.3.5)
4	Richard Pagdanganan	June 2020	3 yearly update
4.1	Richard Pagdanganan & Melanie Trethowen	Aug 2020	Adding “mum time” Update on loss of fob, and visiting policy
5	Melanie Trethowen	March 2025	3 yearly update

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Parent Room Use – Newborn Intensive Care Unit

1 Overview

1.1 Purpose

- To ensure that a consistent and fair service is offered, for rooming-in parents of babies admitted to the Newborn Intensive Care Unit (NICU).
- To direct staff to establish guidelines for the parent rooms.
- To develop a consistent team approach to parents rooming in.

1.2 Scope

Te Whatu Ora Waikato staff working in NICU.

1.3 Patient / client group

Infants and mothers in NICU.

1.4 Definitions

ACNM	Associate Charge Nurse Manager
CNM	Charge Nurse Manager
HCA	Health Care Assistant
Family Violence	It covers broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family.
Mothering in	This term is interchangeable with “Dad time” and “Parent time”. Mum time is where an inpatient baby and the mother are given the opportunity to utilise a parent room in the NICU. It is a term used where the initial goal is not for planned discharge. In that case the term to refer to is “Rooming in for Discharge”.
Rooming in for discharge	Rooming in for discharge: Mother and baby are rooming in together and there is a plan to discharge baby within a specified time frame. Usually 2 nights, but is dependent on how the parents are managing with feeds and the baby maintaining good weight gains (ideally >20gm/day)
Parent Room	It is utilised to complement a safe discharge process, admission from the community or for parents of a baby during late night retrieval. This room can also be available for families of critical babies so they can be near to their critical or dying infant (e.g. withdrawal of care). The room may also be used (if available) for short-term as “mothering room” to facilitate breast feeding. NB: Parent rooms are not a substitute for Mothercraft Unit, post-natal ward or motel accommodations.

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2 Clinical Management

2.1 Competency required

- Registered Nurse who has completed Level 2 orientation
- Enrolled Nurse who has completed Level 2 orientation and is under the direction and delegation of a registered nurse.

2.2 Equipment

- Parent room key fob
- Parent room admission/discharge form

2.3 Guideline

2.3.1 Eligibility

- Critical infant determined by Consultant and/or ACNM/Coordinator.
 - **NB:** Family violence screening may not be possible for parents/support person with critical infants/retrieval baby.
- Tolerating all suckle feeds i.e. no tubes, except for overnight tubes if breastfeeding mother is not in postnatal ward or mothers staying at home/motel, and infant gaining weight for at least 48 hours prior.
- Anticipated length of stay is approximately 48 hours.
- Jaundiced baby (requiring phototherapy) and mother not able to be accommodated in the postnatal ward.
- Establishment of breastfeeding that may take more than two days, only if room available (has lowest priority behind preparation for discharge).
- Partners/support person may stay at the discretion of CNM/ACNM/Coordinator and **family violence screening must be completed before rooming-in (except critical infants).**

2.3.2 Admission Process

- To support mother or caregiver's confidence in feeding and handling baby in preparation for a baby's discharge from the NICU within the next 24-48 hours.
- Discussion and decision to accommodate a mother or parents will be made in consultation with ACNM Level 1/2 or Coordinator. Discharge Facilitator/Lactation Consultant may have input in the decision to offer a parent room to a mother, father or couple.
- The purpose is defined if it is for rooming in for discharge or "Mum Time". Booking in as a rooming-in parent must be done via ACNM L1/2 or out of hours via the ACNM/Coordinator,

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- Nurse looking after baby shows mother/parents to the room and around the kitchen facility, advises how to obtain meals, assistance and emergency procedures, and hands over the fob.
- Nurse informs mother, and father/support person if appropriate, of “Code of Conduct” and obtains signature on Parent Room Admission/discharge Form (Refer to Appendix).
- Nurse advises mother/parents to use the red bell only for emergency. For general assistance requests parent to walk to the nursery and speak with the nurse, or they may use the green nurse call bell.
- Rationale: To ensure mother/parents understands their rights, NICU’s expectations, emergency procedures and conditions of use in the parent room.
- Check if parent has any special dietary requirements and inform ACNM/Coordinator.
- Nurse explains to parents/caregivers breakfast is provided by NICU (i.e. bread, spreads and breakfast cereals.). Toaster is not available due to fire hazard. Parents who require special breakfast may bring their own. If unsure, discuss with the ACNM/Coordinator.

2.3.3 Process for Mothering-in

- In discussion with parent where mum time if offered, the following structure is suggested:

“We would like to offer you some mum time with your baby, so that ____ (e.g. you can increase your lactation). We can offer you __ (e.g. 2 nights) coming into a room on ____ (date and day) and envisage you returning home on ____ (Day). When the baby is ready to go home with you, we will bring you in again for rooming in for discharge planning”.
- The following are the indications for “Mothering-in”
 - Psychosocial support (mother would benefit from an opportunity to be closer to baby)
 - Parent crafting
 - Focus on breastfeeding
 - Lactation support
 - Critical baby where parents can be or should be present overnight.
 - Long term babies where parents would benefit from a night or two closer to baby.
- Go through the check in/out list- parent rooming in form with parent/s.
- Conduct a personal tour of the rooming in facilities with parents.

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2.3.4 Rooming in for Discharge

- In discussion with parents where rooming in for discharge is offered the following structure is suggested:

“Your baby is nearly ready for discharge home. We would like to offer you a rooming in room as the final step for preparing to go home. Rooming in is usually either 48 hours. This time frame is assessed on an individual case and we will review the progress together as to actual date of discharge.”

- Discuss with the parents the date to come in and expected length of stay.
- Document in the clinical records the reason for parent room use and expected date of discharge.
- Go through the parenting rooming in form with the parent/s.
- Inform parents regarding the videos to watch on the television of Infant Cardiopulmonary Resuscitation (CPR) and Shaken Baby.
- Conduct a personal tour of the rooming in facilities with the parent/s.
- If a baby needs a car seat trial, ensure car seat is brought in prior to rooming in.
- Check medical team are aware and perform a discharge check, discharge checklist and education has commenced.
- Discuss with medical team if any monitoring is required in parenting room.
- Expectation before discharge is to maintain full suckling feeds and two consecutive days of weight gain (ideally 2g or more per day).
- Parents can bring in own pillow or blanket, baby’s clothes, their clothes and toiletries if desired. Baby’s nappies, blankets and formula will be provided. (Parents are not to bring in their powdered formula.)

NOTE: When rooming in for discharge, the expectation is that the baby will be cared for in the rooming in room and not in the nursery. Nurse to oversee/assist the mother, but the mother to assume full care of the infant. Nurse and mother will monitor and assess the feeding progress together and work through discharge requirements.

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2.3.5 Discharge Process

- Nurse looking after and discharging mother/parents and baby must complete check of room and get the key fob from parent prior to handing over discharge paperwork to ensure the fob has been returned.
- If the fob is lost or not returned within 24 hours, refer to the code number of the parent room key (coordinators folder) and inform the security to deactivate the affected fob to prevent misuse of parents’ rooms.
- Nurse then requests Receptionist to “discharge” mother/parents and baby from the computer system (iPM).
- On vacation of the room the nurse is responsible for removing all linen for laundering. If the fleece blankets have been provided for the parents, the blankets are to be taken to the washing machine in NICU Sluice Room to be washed by HCA.
- Cleaner is responsible to clean the room as per agreed standard to ensure parent room is in working condition.
- Nurse informs cleaner or ACNM/Coordinator so that cleaner can clean the room ready for use. After cleaning HCA will make the bed, however during afterhours the nurse should do it.
- If out of hour, inform ACNM/Coordinator to request for a discharge clean through the intranet.
- Terminal Clean to be requested through the customer portal if baby has been in isolation. Curtains need to be replaced and carpets should be cleaned.

2.3.6 Services

- **Linen** – Mother/parents responsible for making their own bed during the stay. Extra linen will be available if soiled during occupation – mothers/parents to request extra linen from nursing staff. Baby linen provided as needed by nursing staff. Extra blankets are available on request (stored in cupboards at storage room, opposite Quiet Room). NICU Blankets are washed in NICU.
- **Meals** – provide supplies for one day’s use and review daily to reduce wastage. Breakfast supplies are provided in parent kitchen. The supply is ordered by HCA when the supplies are low. Tea/coffee/Milo is available in the parent kitchen. Lunch and dinner are ordered by ACNM/Coordinator as they are supplied by Main Kitchen. Meals can be provided for up to 2 people (i.e. mother, father/support person. Exceptions - family of baby who is critically sick, discuss with coordinator/ACNM). These meals will be delivered to parent kitchen. Staff should inform ACNM/Coordinator of the names of the parents who have specific dietary request so they can be ordered and kitchen staff can label the meal with the parent’s name.
- **Nurse assistance** – in general baby will be assigned to the nurses in Nursery 6 or 7 according to the conditions/needs of the baby. Mothers will be asked to take baby into nursery for weighing, assessment of feeding or providing support as necessary.

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- Some babies who are for palliative care/medically fragile transferring home on specialist equipment, e.g. babies with tracheostomy, oxygen therapy via concentrator. These babies will be the responsibility of Level 2 or Level 3 staff as appropriate.
- **Laundry** – Rooming in mothers/parents may use the laundry within NICU (washing machine and dryer in room near P1 next to fire doors). Washing powder is available from HCA/Nurses (Washing powder is kept in Sluice Room or Store Room.)
- Access to and from rooms via front NICU main doors.
- **Security** – Parents are responsible for the security of their own property. Inform parents the rooms do not have locks to facilitate access for nurses to check on the safety of babies and parents. A key fob will be issued on admission to enable parents to access to parent room area and the nursery during their stay. The fob must be returned prior to discharge.

2.3.7 Behaviour and conditions for use

Rooming-in mothers and fathers/support person must be informed of and they will sign that they have read the “Code of conduct for NICU parent room use” which includes the following:

- Mothers/parents are rooming-in for a purpose, it is expected they will be present at all times to participate fully in the care of their baby. Any short breaks must be negotiated with the nurse looking after the parent/baby pair.
- Partners/support person may stay at the discretion of CNM/ACNM/Coordinator in relation to the social context of the family and family violence screening has been completed.
- All mothers/parents and their visitors are expected to behave in a considerate manner at all times in the parent room, kitchen and the NICU nurseries. This includes general tidiness and maintaining a quiet and calm atmosphere.
- No smoking, alcohol, drugs, intoxication, violence or intimidating behaviour.
- “Non-critical” rooming-in is for the mother/parents only. Nursing staff will do “torch” round at intervals during the night.
- Visiting hours according to NICU policy are strictly enforced including a limit of 2 visitors at one time. Visitors are not allowed in the parent rooms, bring baby into the nursery where the parents are expected to meet their visitors to respect the privacy of other parents who are rooming in. All visitors must leave by 2000hrs .
- Where there are breaches of the “Code of Conduct”, the person concerned will be spoken to by the ACNM/Coordinator. At his/her discretion, security may be called and/or the person will be asked to leave immediately, thus forfeiting the right to use the facility.

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2.3.8 Emergencies

- Duress call or emergency bell – ACNM/Coordinator, available registered nurses and medical staff on duty to respond. The Duress Call is linked to the security and they will assist if required.
- Fire alarm – is to be explained to parents on admission. There are notices in room advising parents to take self and the baby immediately into Nursery, e.g. N6, N7 or L3 nursery and await further instructions from staff. Warden/delegate will check room as per NICU emergency management procedure.

3 Audit

3.1 Criteria

- All mothers/infants/support person meet the eligibility as described in 2.3.1
- The discharge process is completed as per 2.3.3
- There is documented evidence of a signed Code of Conduct form for all users of the service.

4 Bibliography

- New Zealand Family Violence Clearing House (2018). Family violence-policy and legal definitions. Retrieved from <https://www.nzfvc.org.nz/?q=node/735> on January 2, 2020
- [Visiting Patients at Waikato DHB Facilities](#) guideline (Ref. 0125).

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Appendix A – NICU Parent Room Admission and Discharge

**NEWBORN INTENSIVE CARE UNIT
PARENT ROOM ADMISSION AND DISCHARGE**

Baby Sticker:

Parents' full names : _____

Admission date: _____ Allocated Parent Room Number: _____

Full address

Contact phone number(s): _____

Alternative contact phone number: _____

I, _____, have been orientated to the parent room including the layout of the
Father/ Mother's full name
facility, emergency procedures, and expectations whilst I am resident. I understand and agree to abide by the "Code of Conduct of NICU" of the Parent Room facility as below and as displayed in the parent room:

CODE OF CONDUCT FOR NICU PARENT ROOM USE

You have the right to:

- be treated with respect
- friendly and courteous service
- a safe, quiet, clean and comfortable environment in which to room in with your baby
- partner/support person may stay in rooming-in at discretion of Charge Nurse Manager/Associate Charge Nurse Manager/ Coordinator

You are responsible for:

- being present at all times to participate fully in the care of your baby. A short break away must be negotiated with the nursing staff
- respecting other peoples' rights
- your own good behaviour
- reporting if you see any damage/anyone behaving against the spirit of the facility
- ensuring hospital and NICU visiting policy are strictly enforced including a limit of 2 visitors at one time. Visitors are not allowed in the parent rooms, bring baby into the nursery where the parents will meet their visitors to respect the privacy of other parents who are rooming in. All visitors must leave by 8pm.
- returning fob to us at the end of your stay
- tell your baby's nurse if you have any special dietary requirements

This means that in the NICU and Parent Rooms you will not:

- threaten, bully or harass other people
- smoke or partake in illicit drugs
- consume alcohol
- damage anything

Where there are breaches to the above code of conduct, the person concerned will be spoken to by the Charge Nurse Manager/Associate Charge Nurse Manager/ Coordinator . At his/her discretion, security may be called and/or you will be asked to leave immediately and thus forfeiting your right to use the Parent Room facility.

Signed: _____ Dated: _____ Nurse: _____ Dated: _____
Father/ Mother

Discharge room-check & fob returned: _____ Linen removed: _____ ISS notified (time): _____

Discharge Nurse Name: _____ Signature: _____ Dated: _____

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