

A new way of rooming in

Staff of neonatal unit B1541 at Hilleroed Hospital in Denmark are proud practitioners of the rooming-in system, which, in accordance with the WHO's convention on the right of the child, allows parents to stay on the ward for the duration of their newborn's stay.

Ours is one of only two NICUs in Denmark equipped with facilities for babies and mothers to stay together from the day of birth until discharge, cared for by the same staff.

This helps to promote:

- Early and close bonding between mother and child providing benefits for the recovery of them both.
- Immediate involvement of the mother (and father) in the care of their child.
- Early and easier establishment of breastfeeding.

Such a system of care results in huge demands on the professional knowledge of the nurses working in the unit, covering both the paediatric and obstetric area and required an internal agreement between departments to move resources from the obstetric unit to the neonatal unit.

Right: Born at 30 weeks GA, this baby joined his mother two hours after being delivered by caesarean section.

Below: Sharing a room all together – a family with twins, during the establishment of full breastfeeding.



The unit is located in a regional hospital covering the northern part of Zealand and was purpose built in 1999, with two intensive care rooms, each equipped with four incubators, and eleven bedrooms. Every bedroom can accommodate two mums and two babies either in cribs or in incubators.

Although these rooms are primarily intended for mothers, when there is space fathers of acutely ill babies or twins may also room-in to assist with their child's care.

When an infant needs intensive care, mothers have their own rooms, although they spend as much time as possible with their baby, who joins them when they are no longer acute.

In 2002 – “The Year of Nursing” – we were proud to be nominated by the Danish Institute of Hospital Research as one of 11 units which were particularly good with a high degree of job satisfaction

FOCUS ON A UNIT

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Twins born at 32 weeks GA share a room with their mother. One of the twins is receiving phototherapy with the other in a cot on CPAP.

and low staff turnover.

NIDCAP was introduced in 2003 and two nurses are presently being educated as NIDCAP instructors. The unit has worked out a set of core values in which the condition and needs of each individual child in all cases is the most essential.

Two rooms for out-patient treatment allow follow-up on babies born at <30 weeks G.A., under 1.5kg, babies with a complicated neonatal period and those with congenital deformations.

Premature babies from 28 weeks G.A. and all ill newborn babies are admitted on the unit with an average annual throughput of 550 babies with their mums. Infants born at less than 28 weeks are cared for at Rigshospitalet, 40 minutes away, and transferred to the Hilleroed unit later.

The process of transforming from a purely neonatal unit to a mother/child neonatal/obstetric unit has been going on for five years and it has been a long and bumpy road.

Despite some difficulties, our experiences have so far been good with an estimated 85% of babies fully breastfed at discharge and a very high degree of professional commitment in the staff group. Perhaps most importantly, though, we have had very few complaints and lots of very positive feedback from families.

Is your unit special?

Why not contribute to our focus on a unit feature?
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