



Keep Moms and Babies Together: Making Best Practice Happen

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Introduction

A 221 bed community hospital with a 28 bed Obstetric Department and a 7 bed Level II Nursery offers a Boarder Program. The program allows the mom to remain in her room after discharge when her baby requires continued hospitalization. This program has been in place for over 20 years and successfully promotes the practice of keeping moms and babies together. Moms have access to breast pump, lactation consultant support and breastmilk storage space. A Boarder Information Agreement (Figure 1) is reviewed and signed by the boarding mother. The program eases stress on the family by providing a place close to baby to eat, shower and sleep.

In the event the mother is not the primary caregiver, the boarder program allows the same opportunity for the primary caregiver to remain in a room when the baby requires continued hospitalization. This Boarder Program allows for collaboration between the caregiver and healthcare professionals. Babies not requiring admission to the Level II Nursery who are medically stable are able to room-in with the family. While there is some cost to the organization, the benefits to the family are priceless.

Definitions

Boarder Mom:
Mother who has been discharged while baby/babies need to remain hospitalized.

Boarder Caregiver:
The primary caregiver who will be assuming care for the baby at discharge.
May include:

- Father of baby not living with Mother
- Foster Parent(s)
- Adoptive Parent(s)
- Grandparent

Traditionally the definition for a boarder referred to a baby who remains in the hospital even though medically ready for discharge due to legal complications, questions about the parents' ability to care for the babies and lack of care alternatives (Department of Health and Human Services, 1990).
At Advocate BroMenn Medical Center (ABMC) the definition for a boarder refers to the mother or primary caregiver who remains in the hospital to care for the baby that is not ready for discharge.

Figure 1

Advocate BroMenn Medical Center

Boarder Information

You have been discharged as a patient, but your baby needs to stay with us in the nursery. The staff at Advocate BroMenn Medical Center encourage and support family centered care and want to provide you with convenient access to your baby. A limited number of boarder rooms may be available based on our patient census. A boarder room is a patient room where you may stay at no charge. If multiple families require boarder rooms at the same time, consideration will be given to families who must travel the farthest to access the hospital.

Information for Parents:

- You will no longer be a hospital patient, therefore the nursing staff will not routinely check on you to do vital signs, assessments, medication administration, etc.
- If you have an emergency, you may call the nursing staff, using your call light. For all other medical concerns, call your doctor directly.
- You will be responsible for taking your home supply of medications.
- Advocate BroMenn provides one guest tray for each meal at no charge. You may order your meal through the room service phone line. Additional meals can be purchased from dietary services. Payment will be due at the time of delivery. You may also bring your own food to the hospital. The refrigerator in the kitchen is available for your use. Please label all items with your name and the date you placed it there. Labels are available at the nurses' station.
- Linen is available if you would like to change your bed linens. You may request towels and bed linens at the nurses' station. Place your dirty linen in the designated bags found in your room. The housekeeping staff will routinely pick up used linen from your room.
- Please use your own personal care items (such as peri pads, underwear, etc.)
- The Mother/Baby unit visiting hours apply.

Information relating to your Baby:

- Please use your call light to ask for care for your infant. You may also call the nurse assigned to your baby at the number on the patient information board in your room. The nurses will help you with breastfeeding or baby care as needed.
- Breast milk may be stored in a special refrigerator in the Nursery – talk with your nurse. Breast milk is not stored in the food refrigerator in the kitchen.
- Please notify the Nursery staff when you are leaving either the unit or the hospital, and when you plan to return. This will ensure that we have a plan for your baby's feeding needs. If you leave the hospital, please leave a phone number where you can be reached at all times.

Signature _____Date/Time _____

Signature _____Date/Time _____

Staff Signature _____

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SITUATION BACKGROUND ASSESSMENT RECOMMENDATION

Situation

Baby's length of stay due to medical condition exceeds that of the mother. Baby requires admission to Level II Nursery or extended in-patient observation and care .

These conditions include:

- Late Premature Infant
- Hypoglycemia
- Respiratory distress symptoms
- Meconium aspiration
- Complications with congenital syndromes
- Neonatal abstinence symptoms
- Hyperbilirubinemia
- Prematurity

Parents are valued as partners in care for best outcomes. By providing a place for mom/caregiver to rest, shower and eat in close proximity to the baby, increased presence with baby of mom/caregiver is facilitated (Wigert, Berg,& Hellstrom, 2009; Samra et al., 2013).

Background

The Boarder Program has been in place for over 20 years. Mothers are provided a room following discharge when their baby must remain as a patient, often the same LDRP room they occupied as a patient. Other primary caregiver is offered this same option in cases where mom is not able to stay (i.e. mom is incarcerated, mom will not be caring for baby after discharge). A Boarder Information Agreement (Figure 1) is reviewed and signed.

The Boarder Program includes:

- Three meals/day at no extra charge
- Nursing technician rounds every 2-3 hours during the day for safety, support and to remove food trays
- Department leadership round for safety and satisfaction
- Clean linens for showering and bed
- Use of breast pump, pumping supplies, refrigeration for milk and other lactation support as needed

Assessment

Opportunity for caregiver presence is facilitated, removing/decreasing obstacles such as geographical distance, transportation limitations, and financial concerns for food (Samra et al., 2013).

While there is no comparison in this setting as moms and caregivers have boarded for over 20 years, evidence shows increased parental/caregiver presence benefits babies by:

- Increased opportunity for skin to skin contact throughout the baby's hospital stay
- Improved breastfeeding success
- Decreased rates of child abuse, neglect and abandonment
- Higher measure of strength of mother's attachment to her baby
- Increased parental identity
- Improved discharge readiness
- Improved outcomes and decreased length of stay for Neonatal Abstinence Syndrome

Recommendation

Family centered care needs to be standardized in Obstetric and Nursery units to allow for a Boarder Program.



Application

Neonatal Abstinence Syndrome (NAS)

The American Academy of Pediatrics recommends nonpharmacological care as first-line treatment of infants with Neonatal Abstinence Syndrome (NAS) (Howard et al., 2017). Rooming in is the preferred inpatient care model for all opioid exposed babies (Abrams et al., 2007; Grossman, Seashore, & Holmes, 2017). Opioid exposed babies who room in with mothers are less likely to require pharmacological treatment for NAS and more likely to be discharged home to mom (Schneider et al., 2017; Grossman et al., 2017).

Boarding for the mom/caregiver provides:

- Rooming-in opportunity
- Mom or caregiver to have frequent contact with their baby day and night when the baby is not able to room-in due to baby's condition
- Increased opportunity for collaboration between the caregiver and healthcare professionals
- Increased opportunity and support for breastfeeding as is recommended for babies born to moms with Opioid Use Disorder
- Increased opportunity for skin to skin contact
- Overall better outcomes for both mom and baby



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