ORAL PRESENTATIONS 1

OP5

SEPARATE CARE FOR NEW MOTHER AND INFANT VERSUS ROOMING-IN FOR INCREASING THE DURATION OF BREASTFEEDING: A COCHRANE REVIEW

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Separate care for new mother and infant may affect the duration of breastfeeding, breastfeeding behaviour and may have adverse effect on neonatal and maternal outcomes.

Objective: To assess the effect of mother-infant separation versus rooming-in on the duration of breastfeeding (exclusive and total duration of breastfeeding).

Methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (7th April 2010) for randomised or quasi-randomised controlled trials (RCTs) investigating the effect of separate mother-infant care versus rooming-in after hospital birth or at home on the duration of breastfeeding, proportion of breastfeeding at six months and adverse neonatal and maternal outcomes. Two review authors independently assessed the studies for inclusion. Results were expressed as mean difference (MD) and relative risk (RR) with a 95% confidence interval (95%CI)

Results: There were 20 reports from 18 potential trials. After assessment, one trial (involving 176 women) was included. The mean duration of any breastfeeding was slightly lower in the separate care group compared to the rooming-in group but this difference was not significant (MD -0.35; 95%CI -1.47 to 0.77). The rate for exclusive breastfeeding before discharge from hospital (at day 4 of life) was significantly lower in the separate care group compared to the rooming-in group (RR 0.52; 95%CI 0.36 to 0.75).

Conclusion: We found little evidence to support or refute the practice of mother-infant separation. Therefore, we see no reason to practise it. Rooming-in should be considered the norm until further evidence is available. We recommend a well designed RCT to investigate all of the primary and secondary outcomes suggested in this review.