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Experiences of Implementing Rooming-in Practice for First-Time Mothers in a Postpartum Care Center

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Abstract

Introduction: Practices promoted by the Baby-Friendly Hospital Initiative have become a part of the current mainstream postpartum infant care. However, adherence to rooming-in practice by health-care facilities is lower than that of other steps under this initiative.

Objective: The aim of this study was to investigate the experiences in implementing the rooming-in policy among first-time mothers at a postpartum center.

Methods: The present study is a qualitative research conducted using the descriptive phenomenological method. This study was performed at a postpartum care center in Southern Taiwan between August 2018 and December 2018. Semi-structured interviews were conducted with 20 postpartum mothers during their postpartum care center stay.

Results: Based on interview data, this study identified three main themes about implementing full-time rooming-in experiences: (a) against the rule of taking plenty of rest during the postpartum period, (b) negative experiences and myths regarding implementing rooming-in experience, and (c) postpartum care centers service content affect first-time mothers' willingness to implement rooming-in.

Conclusions: In postpartum care centers, first-time mothers' willingness to implement full-time rooming-in significantly decreases due to the effects of the "doing-the-month" culture, postpartum physical recovery status, stress of the rooming-in experience, myths regarding rooming-in practice, trusting professional neonate care services more than own care, and attitude toward payment for services.

Keywords

experiences, rooming-in, mother, postpartum care

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Introduction

The WHO/UNICEF initiated the Baby Friendly Hospital Initiative (BFHI) in 1991 (World Health Organization and UNICEF, 2009). BFHI is a global initiative which are evidence-based maternity care practices that strongly rely on applying the Ten Steps to protect, promote, and support breastfeeding (World Health Organization and UNICEF, 2009). The BFHI impact on exclusive breastfeeding has a strong correlation with the Ten Steps experienced (Baby-Friendly USA, 2016). Rooming-in is Step 7 which is to encourage mothers and their newborns to remain together 24 h per day after birth day (Baby-Friendly USA, 2016). Rooming-in has great potential for facilitating the initiation and continuation of breastfeeding, improving mother-infant bonding, increasing maternal confidence, and decreasing psychological stress (Baby-Friendly USA, 2012, 2016; World Health Organization and UNICEF, 2009). Nonetheless, the degree of application of rooming-in practice varies widely between

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healthcare facilities and is lower than that of other Steps (Consales et al., 2020). In Taiwan, women are entitled to 3–5 days of hospital stay after delivery, which is covered by Taiwan's National Health Insurance; after this, they are discharged to a self-pay postpartum care center, where the mother and infant might rest for 1–2 months (Directorate-General of Budget, 2022). These centers typically advertise themselves as a five-star hotel–like institutions with professional 24-h services in line with the traditional "doing-the-month" practice for postpartum care (Yang & Chen, 2016). The services include medical observation and consultation to mothers and infants, personal care for mothers, and maternal medicinal dietary support according to doing-the-month customs to recover the physical of Yin and Yang (Yang & Chen, 2016). The Central Intelligence Agency (CIA) statistics showed that most women are first-time mothers in Taiwan (Taiwan News, 2021). First-time mothers' possible physical difficulties, fatigue, lack of experience, and emphasis on rest during confinement may be unwilling to implementation of full-time rooming-in (Consales et al., 2020). Therefore, adherence to this practice by healthcare facilities in Taiwan's BFHI is lower than that of other Steps (Chen et al., 2021; Ko et al., 2019). The postpartum care centers followed the hospital system of promoting rooming-in, but few women participated in rooming-in at the centers (Lee et al., 2018). The importance of full-time rooming-in in promoting breastfeeding initiation and continuation within the 10 Steps for Successful Breastfeeding is widely acknowledged (World Health Organization, 2019). Despite a growing number of certified baby-friendly hospitals in Taiwan considerably raised; however, more recent surveillance showed that fewer mothers experienced full-time rooming-in practice (Waits et al., 2018). Mother-infant interactions after early postpartum are important for breast milk production and exclusive breastfeeding. Full-time rooming-in practice was significantly associated with continual exclusive breastfeeding has been reported (Wu et al., 2022). In Taiwan, studies exploring the experiences of rooming-in implementation in postpartum care centers are limited. A deeper knowledge of maternal rooming-in experience has been therefore advocated for supportive rooming-in policies to enable first-time mothers to have a positive experience during postpartum care centers.

Review of the Literature

Breastmilk is the best source of infant nutrition, and the American Academy of Pediatrics recommends that infants should be exclusively breastfed for approximately the first 6 months of life (World Health Organization, 2017, 2019). Considering the need for hospital practices supportive of breastfeeding, the Baby-Friendly Hospital Initiative (BFHI) outlined the Ten Steps to Successful Breastfeeding (Ten Steps) (World Health Organization and UNICEF, 2009). Step 7 of BFHI is rooming-in policies to facilitate mothers and newborns to remain together during their hospital stay" (Baby-Friendly USA, 2016). Rooming-in can considerably improve mother-baby bonding, increasing mothers' confidence in exclusive breastfeeding (Baby-Friendly USA, 2012; World Health Organization and UNICEF, 2009). Hospitals adopt the family-centered care policy and encourage postpartum women to implement the practice of rooming-in (Baby-Friendly USA, 2012). Rooming-in is recommended for healthy, full-term infants receiving routine care, regardless of the feeding method (Baby-Friendly USA, 2016). However, the implementation of this practice by facilities is lower than that of other steps (Chen et al., 2021; Semenic et al., 2012). Because rooming-in may disrupt postpartum mothers' sleep and elicit concerns regarding infant safety, thus exerting a negative effect on their hospital stay and experience (Khayamim et al., 2016; Theo & Drake, 2017).

The postpartum period is a vulnerable time for women (Thach, 2014). During the postnatal period, it is believed to childbirth is viewed as an illness and that postpartum women are in a state of imbalance between Yin and Yang (Yeh et al., 2016). The Chinese postpartum confinement is called "doing-the-month" or "zuoyuezi," is spread all over Chinese-speaking societies in several Asian and Western countries (Tsai & Wang, 2019; Zheng et al., 2019). In China, this complex practice is a 1–2 months ritual involving various practices related to the maternal role, physical activity, body warmth maintenance, and food consumption that can restore maternal postpartum health and prevent future disease (Ding et al., 2018; Yeh et al., 2016). For example, this custom encourages postpartum mothers to rest completely (many stay in bed) and avoided cold air or foods throughout the postnatal period (Ding et al., 2018; Zheng et al., 2019). This ritual can be practiced at home or at postpartum care centers (Tsai & Wang, 2019). After the 1980s, Taiwan transformed from a large family to a nuclear-family structure. Thus, postpartum care centers have largely replaced the doing-the-month care provided by senior family members (Pai et al., 2017).

Rooming-in practices are important to promote mother-infant interactions, breast-milk production, and exclusive breastfeeding. Several factors are currently known to be myths about the establishment of the doing-the-month during the postpartum period, which influenced the full-time rooming-in practice rates and decrease exclusive breastfeeding has been reported (Wu et al., 2022). Many mothers view their postpartum stay in postpartum care centers as an opportunity for rest (Song & Park, 2010). According to a national survey conducted in 2018 on the use of postpartum care centers, the average daily time spent with infants was only 4.2 h (Lee et al., 2018). Most postpartum care centers engage in the rooming-in practice only if mothers specifically request it to ensure sufficient rest for new mothers (Ding et al., 2018). Although organizational factors, such as the lack of appropriate infrastructure and resources (McRae & Miraglia, 2023) have been identified as barriers to the

implementation of rooming-in, maternal rooming-in experience has not been extensively studied (Lee et al., 2018). Gaining a deeper knowledge of maternal rooming-in experiences can help identify and develop the most effective rooming-in policies. Therefore, the aim of this study was to investigate the experiences in implementing the rooming-in policy among first-time mothers at a postpartum center.

Methods

Study Design

This qualitative study used the phenomenological method to investigate the rooming-in experiences of first-time mothers. This study was conducted at one postpartum care center, which is an affiliated institution of one hospital in southern Taiwan. This postpartum care center has about 40–50 postpartum women admitted to this center per month. Postpartum women are admitted to this center after discharge from the delivery hospitals. Data were collected through semi-structured, face-to-face interviews and analyzed using the inductive content analysis approach. Content analysis is defined as the objective, systematic, and quantitative description of the manifest and latent content of communication (Bengtsson, 2016).

Research Question

What are the experiences of first-time mothers from postpartum care centers about implementing rooming-in?

Inclusion/Exclusion Criteria

The participants were selected using the purposive sampling method and considering the inclusion and exclusion criteria. The recruitment of the sample was guided by the following inclusion criteria: the study sample consisted of first-time mothers who were aged >18 years, stayed in the care center after discharge from hospital, and were eligible to practice rooming-in with their infant without medical complications. These criteria enabled us to obtain a variety of data to thoroughly understand the rooming-in experiences of mothers during their stay in a postpartum care center. A total of 20 first-time mothers who were willing to be interviewed and share their rooming-in experience were included in this qualitative study.

Tools for Data Collection

The semi-structured interview guide was developed by the research team based on the literature and assessed content validity by three experts, who were advanced obstetrics nurses and experts on postpartum care. In this study, experts were required to analyze the interview guides concerning relativity, simplicity, and clarity, using a 5-point Likert scale ranging from 1 (the lowest) to 5 (the highest). All expert's responses were collected, and the content validity index (CVI) was computed for each Interview question. In this study, CVI > 0.8 was considered to be acceptable (Polit et al., 2007; Sutar et al., 2022).

Data Collection and Recruitment

According to the theoretical saturation concept (Glaser & Strauss, 1999), the researchers recruited new participants until adequate data were collected to meet the initial objectives. A sample of first-time mothers who were admitted to a postpartum care center in Taiwan was included. The investigator (first author) contacted potential participants on the postpartum period's first day and invited them to join the study. The participants were explained that the study aimed to investigate the challenges of first-time mothers receiving full-time rooming-in practice in the postpartum care center. When individuals indicated their willingness to attend an interview and describe their own experiences, they were asked to complete a written informed consent.

Qualitative data were collected within 2 days of admission to the care center. Face-to-face in-depth interviews were conducted in each individual participant's room. The first author conducted all interviews. Each interview started with the primary probing request: "Please describe, in as much detail as you can remember, your rooming-in experiences since childbirth and through your stay at the care center." Subsequently, the interview would continue with other questions, such as "What is the current status of rooming-in at postpartum care centers?" "Which factors, in your opinion, can hinder your rooming-in care intentions during this postpartum period?" "What do you think are rooming-in care challenges encountered at hospital stays or postpartum care centers?" and "How do you cope with the difficulties of rooming-in care experienced at postpartum care centers?" Furthermore, the interviews continued with more in-depth items to explore the depth of the rooming-in experience, such as "Why? What do you mean? Can you explain further? Can you give an example to explain it?" A pilot interview was conducted to test the interview guides and the data was included in the analysis since the questions did not change substantially after it was carried out. The descriptive interview data reached saturation after Participant 17. The researcher decided to include three more interviews to ensure that all essential structures were captured. The interviews lasted approximately 35–40 min.

Data Analysis

Content analysis is an inductive method of qualitative research used to systematically identify patterns in recorded communication and analyze social phenomena, social experiences, or survey answers (Hsieh & Shannon, 2005). This analytical approach is an inductive method of qualitative

research and is used to describe a phenomenon. Coding involves an interactive reviewing data, identifying key themes, and developing through reflecting on the text (either original text or summarized notes) to those codes (Hsieh & Shannon, 2005; Lindgren et al., 2020; Neale, 2016). Qualitative data were analyzed in accordance with the content analysis process (Kleinheksel et al., 2020), which provided a rigorous analytical framework from data collection to analysis. The interviews were recorded, and the obtained data were analyzed using the following steps: (a) to gain a general understanding of the participants' concerns regarding rooming-in at postpartum care centers, the interviews were studied more than twice and then transcribed verbatim; (b) the interview texts were divided into compact semantic units; (c) the compact semantic units were converted into abstract terms and assigned a specific code; (d) the emerging codes were categorized based on their differences and similarities into themes; and (e) the themes were extracted from the interviews. The qualitative data were thoroughly analyzed by following these steps to determine the essence or essential structure of the participants' rooming-in experience. The first two authors independently read all transcripts and developed the code and then met to discuss coding and refine the code together. The third author independently reviewed the manuscripts and the codes. Initial findings were conferred in a research team meeting and discussed until consensus was reached around themes and subthemes then all the researchers agreed on the final thematic structure.

The evaluative criteria (credibility, transferability, dependability, and confirmability) reported by Lincoln and Guba (Cypress, 2017) were used for the qualitative data synthesis process to ensure validity. (1) Credibility: The authenticity of data can be increased by increasing the participation duration, persistent observation, and peer dialectics. The investigator (the first author) is an obstetrics nurse specialist at a postpartum care center. During the study period, the investigator actively visited each participant, assisted them, and provided relevant health education. During the interview, the participants were asked to truthfully explain their experiences regarding rooming-in practice. (2) Transferability: All the interview content was truthfully transcribed without the investigator's subjective interpretation. (3) Dependability: The investigator (first author) personally conducted every in-depth interview based on the study protocol. After the data were analyzed and summarized, two study participants were asked to evaluate whether the content truthfully reflected their rooming-in experiences during their stay. Ten percent of the interview transcripts were randomly selected, and another nurse with expertise in conducting qualitative research was invited to reclassify meaningful statements. A consistency of classification of 85% was obtained between the two researchers. (4) Confirmability: This refers to the degree to which results can be confirmed or corroborated by others. In this study, the researchers asked two participants to determine whether this study's findings conformed to their viewpoints. The researchers strived to maintain reflexivity to prevent their personal viewpoints from affecting the collected data throughout their reading of interview transcripts, comparing codes with raw data, and checking the findings with the participants. Moreover, the researchers documented procedures for checking and

Table 1. Demographics of the Qualitative Participants.

Variables	Total Sample (N = 20) *Mean ± SD/n (%)*
Age	31.1 ± 3.19
Implement rooming-in types	
Full-time rooming-in	3 (15.0)
Partial rooming-in	17 (85.0)
Childbirth method	
Vaginal birth	15 (75.0)
Cesarean section	5 (25.0)
Prenatal breastfeeding decision	
Yes	3 (15.0)
Not decided yet	16 (80.0)
No	1 (5.0)
Prenatal parenting education program	
Rooming-in	1 (5.0)
Breastfeeding	15 (75.0)
Both	4 (20.0)
Days of Postpartum Care Center Stay	27.2 ± 2.37

Note. SD = Standard deviation.

Table 2. Identified Themes and Categories.

Themes	Subthemes
Against the rule of taking plenty of rest during the postpartum period full-time rooming-in	• Rooming-in is against the rest principle of doing-the-month • Inability to physically rest without interruption
Negative attitude and myth regarding implementing rooming-in practice	• Stress from the rooming-in experience • Myths and misconceptions regarding rooming-in practice
Postpartum care centers' service content affects first-time mothers' willingness to implement rooming-in	• Professional care from nurses was safer than care from a new mother • Consumer's right to use paid services

rechecking the data throughout the study to ensure confirmability.

Results

Among the 20 participants who completed the study had a mean age of 31.1 years (SD = 3.19); 85.0% (n = 17) implemented partial rooming-in and 15.0% (n = 3) implemented full-time rooming. 75.0% (n = 15) delivered vaginally, and 80.0% participants (n = 16) not yet decision prenatal breastfeeding. All participants completed prenatal parenting education programs: 75.0% (n = 15) received breastfeeding programs; 5.0% (n = 1) received neonatal care programs for rooming-in; and 20.0% (n = 4) received both. The mean length of postpartum care center stay was 27.2 (SD = 2.37) days. Table 1 lists the demographic characteristics of the 20 participants included in the qualitative study. The descriptive interview content was transcribed verbatim, and materials were repeatedly read; 286 meaningful statements were extracted and clustered into three themes (see Table 2).

Against the Rule of Taking Adequate Rest During the Postpartum Period

The participants indicated that the Chinese custom of "doing-the-month" recommends staying in bed and resting for the entire day and having a postpartum resting time when the postpartum women are nourished with warm healing foods to aid recovery and protect from any illness. During the implementation of rooming-in, the daily routine of the postpartum women and family was adjusted in accordance with the needs of the newborn, which may interrupt rest and physical recovery.

Rooming-in Is Against the Rest Principle of Doing-the-Month. The emphasis on rest in traditional doing-the-month culture is deeply rooted in the minds of Taiwanese postpartum women. Thus, they believe that they can fully recover to their prenatal physiological status and prevent future sequelae only by complying with the custom of bed rest in doing-the-month. This point of view was expressed by 17 (85.0%) first-time mothers.

> *According to elders, I must do well during doing-the-month. Therefore, I don't dare violate their instructions and have to lie in bed every day to rest. I also believe that doing-the-month is needed to recover my postpartum physical status.* (Participant 11)

Inability to Physically Rest Without Interruption. Of the 20 participants, 19 (95.0%) expressed their personal, urgent need to rest after the exhausting experience of giving birth and full-time rooming-in practice during hospitalization.

> *After the anesthesia subsided and I woke up, not only was the wound painful but I was also very tired. The nurse put my baby beside me, and I was unable to rest because I had to take care of my baby. I was unable to sleep for 5 days when I was in the hospital, and I am really exhausted now.* (Participant 18)

Negative Attitude and Myth Regarding Implementing Rooming-in Practice

Participants said that rooming-in practices function just for breastfeeding their babies and disrupt their postpartum rest time. Therefore, most participants expressed stress or myths about implementing rooming-in practice during their hospital stay and experience.

Stress from the Rooming-in Experience. This theme refers to coercion from hospital medical staff to the participants to practice rooming-in when they had painful wounds and were physically fatigued. This complaint was shared by 15 (75.0%) of the participants. One mother said,

> *When I was really exhausted, the hospital nurses tried to persuade me by saying "You can do it. Performing rooming-in will enable you to feel better." I looked at those nurses who were determined to carry out rooming-in and even felt that they were going to blurt out "You are not a good mother if you don't do this." This made me feel singled out as if nobody saw that I was tired.* (Participant 8)

Myths and Misconceptions Regarding Rooming-in Practice. Rooming-in practice provided the mothers with opportunities to breastfeed their newborns any time, which may result in frequent breastfeeding. The first-time mothers believed that rooming-in practice only involved breastfeeding, ignoring other benefits of rooming-in. This point of view was expressed by 14 (70.0%) participants.

> *Now, my only function is to breastfeed my baby…It seems to me that I've spent my whole time dealing with this (breastfeeding), and My mother-in-law mandates me to stay in the room and breastfeeding has become my whole life. This makes me feel like a breastfeeding tool…the function of rooming-in is only breastfeeding.* (Participant 14)

Postpartum Care Centers' Service Content Affects First-Time Mothers' Willingness to Implement Rooming-in

Participants think that postpartum care center services support professional care for babies and view their postpartum stay as an opportunity for rest.

Professional Care from Nurses was Safer Than Care from a New Mother. The participants expressed concerns regarding their lack of knowledge on their baby's normal physical changes. In particular, they believed that professional infant-care service provided by the postpartum care center was safer than the care they themselves would provide. This concern was shared by 18 (90.0%) participants.

> *My baby appeared yellowish* (referring to jaundice), *and the physician mentioned that he would require phototherapy if symptoms worsened. I feel more secure if I put him in the nursery as I can see jaundice diagnostic indexes at any time. In particular, I am not sure whether I can determine whether he is normal* (referring to jaundice). *How do I take care of him in that case?* (Participant 16)

Consumer's Right to Use Paid Services. The first-time mothers often believed that they have the right to utilize service items listed on the postpartum care center contract and that they are entitled to those rights. This opinion was voiced by 16 (80.0%) participants.

> *Wouldn't putting my child in the same room with me mean that I am not taking advantage of services listed on the contract* (referring to professional infant-care services)*? I know that rooming-in can increase bonding with my child, but I will not rush into it at the care center. I need more time to rest by following the doing-the-month rituals first, and I may practice rooming-in with the baby later. This arrangement makes me feel that my investment in the care center has not been wasted.* (Participant 20)

Discussion

This study investigated the experiences of implementing the rooming-in policy among the first-time mothers at a postpartum center. The findings indicate that experiences regarding the implementation of full-time rooming-in were correlated with the following themes: rooming-in is against the rest principle of doing-the-month, inability to physically rest without interruptions, stress from the rooming-in experience, myths and misconceptions regarding rooming-in practice, belief that professional care from nurses was safer than the care they themselves might provide, and consumer's right to use paid services. In the researcher's interviews, some participants expressed a concern that full-time rooming-in may hinder their physical recovery and violate the traditional ritual of "doing-the-month;" this led to their unwillingness to practice full-time rooming-in. This finding is similar to those of previous studies (Consales et al., 2020; Song & Park, 2010). Taiwan hospitals generally endeavor to follow the WHO/UNICEF guidelines for successful breastfeeding, wherein mothers are encouraged to implement the full-time rooming-in practice (Ko et al., 2019). However, many first-time mothers experienced sleep deprivation and strong physical fatigue during implementing full-time period (Kawashima et al., 2022). If mothers prioritize their sleep, and physical recovery and obey doing-the-month rituals the possibility of not initiating or giving up full-time rooming-in and exclusive breastfeeding may increase. This study revealed that the challenge around traditional practices affects mothers' adoption of rooming-in care (Ding et al., 2018; Zheng et al., 2019). Many mothers viewing their postpartum stay within care centers as an opportunity for rest and recovery; thus, they do not desire full-time rooming-in over following the ritual (Song et al., 2015; Song & Park, 2010). Thus, postpartum care centers should be modified to incorporate the special tradition of "doing-the-month" and consider that these mothers may need more nursing care and support to make full-time rooming-in a better experience.

Another reported reason for the experience to implement full-time rooming-in practice is related to the participants' inability to physically rest without interruption. The incidence of postpartum fatigue is 98.9%, of which 48.3% is moderate, and postpartum fatigue tends to occur between childbirth and 4–6 weeks postpartum (Fata & Atan, 2018). Its consequences include delayed postpartum physical recovery, feeling incompetent to fulfill the maternal role, poor mother–child attachment (Tsai et al., 2016), and unwillingness to practice full-time rooming-in (Khayamim et al., 2016; Semenic et al., 2012). New mothers may experience fatigue, sleep deprivation, and exhaustion during full-time rooming-in practice, and this is commonly observed when a mother is responsible for caring for a crying infant during the night (Consales et al., 2020). Thus, before promoting full-time rooming-in practice, nurses should help first-time mothers to ameliorate their postpartum fatigue, such as by providing counseling to help mothers understand neonates' needs and ensure that the mothers can manage those needs even when they are tired. Alternatively, postpartum care centers should assist mothers who underwent a caesarean section to manage their postoperative pain, provide resources on rooming-in practices, assist them in breastfeeding techniques, and clarify that milk production is increased by the baby's suckling to ensure a better rooming-in experience.

According to the MOHW (2018) that rooming-in rates were significantly higher in mothers undergoing vaginal delivery than in those undergoing cesarean delivery (10.0% vs. 5.0%) (Chen, 2018). First-time mothers who had a birth by cesarean section had higher postpartum fatigue and pain and which resulted in greater difficulty in baby-care activities during the postpartum period (Henderson et al., 2019). In this study, the participants who implemented full-time rooming-in were vaginal delivery ($n = 3$). Women who experienced a cesarean birth suffered more postpartum fatigue, and physical pain than women who received vaginal delivery. Therefore, cesarean delivery significantly affects the willingness of first-time mothers to choose full-time rooming-in in Taiwan. The postpartum care center policy

should implement a more flexible way of rooming-in practice to take women's postpartum fatigue pain, and physical functioning into consideration.

During hospitalization, nearly half of the mothers practiced continuous rooming-in to promote breastfeeding as defined by the UNICEF/WHO (Jaafar et al., 2016). Organizational factors and negative healthcare professionals' attitudes were barriers to full-time rooming-in implementation and may result in a negative rooming-in experience for first-time mothers. The finding of this study indicated that a stressful rooming-in experience at the hospital consequently decreases first-time mothers' motivation to practice full-time rooming-in later at the center. Furthermore, when rooming-in is emphasized only for frequent breast suckling by the infant, it may create a misconception about rooming-in being only for breastfeeding. This study revealed that when the participants were unable to meet the rooming-in and breastfeeding requirements of the BHFI (Consales et al., 2020; Khayamim et al., 2016), they felt that they were not fulfilling the role of a mother, which made them believe that they are not good mothers (Barr, 2008). Owing to Taiwan's declining fertility rate and urbanization, most first-time mothers currently have no opportunities to learn how to care for a baby. The postpartum care center provider offers a broad range of professional skills to help with practical tasks to allow first-time mothers to rest, recover and care for their new babies (Song et al., 2015). This result in many mothers view their stay within the postpartum care center as being for professional neonate care and receiving nurses' help in caring for their infant. Reducing these opportunities to enable mothers to learn their maternal role within postpartum care centers may have a negative impact on their infant care ability, breastfeeding success, and confidence (Nakamura et al., 2010). In this study, considering the safety aspect and their own inexperience, the first-time mothers believed that neonatal care should be handled by a professional infant care team. Therefore, the researchers recommend that the government should promote prenatal education on implementing rooming-in should not only focus on its benefits in terms of exclusive breastfeeding but also emphasize other advantages in terms of improvement in infant's health and mother-infant bonding (such as understanding why neonates cry, how to change diapers, and feeding techniques) during the second trimester to help them learn their new role as mothers.

The postpartum care center offers professional information on emotional and physical recovery from childbirth, and normal newborn care services for consumers (Song et al., 2015). Business consumer studies indicate that "needs and demand for services" are the foundation for purchase behaviors (Song et al., 2020; Yang, 2014). The number of postpartum centers in Asia is growing rapidly. Owing to these centers being fully private, first-time mothers feel that they are entitled to enjoy various listed services, such as accommodations similar to high-end hotels and postpartum services for women and infants (Weng et al., 2014; Yang, 2014). This belief motivated them to purchase services and view their postpartum stay as an opportunity to take care of themselves and their babies. This study is the first to investigate first-time mothers' consumer mentality toward a postpartum care center and their willingness to practice rooming-in there. The first-time mothers' attitude toward paying for services and the sense of entitlement to utilize all contracted services may relate to the private payment system at the care center (different from the hospital payment system where services are covered by the National Health Insurance with a certain amount of co-pay). First-time mothers feel that the full-time rooming-in policy promoted by care centers for accreditation purpose impinge on their consumers' rights. As a result, the consumer's awareness may significantly affect the postpartum care center consumer's willingness to implement rooming-in. Therefore, postpartum care center providers may consider providing a list of practical tasks that must be carried out following birth. Explain the reasons behind the tasks or services you are carrying out and discuss with the first-time mothers any advice or recommendations you have for her to ensure appropriate care in the postpartum care center. Moreover, medical members/nurses should support full-time rooming-in practice (such as increasing assessment time) and encourage mothers and family members to contact the infant to develop attachment during postpartum care center stay. Promoting the family-centric model can be used to include husbands and other family members to participate in decision-making and provide relevant support to the mother. This may help achieve a consensus, eliminate doubts among family makers, and increase the rate of full-time rooming-in practice in postpartum care centers.

Strengths and Limitation

This is the first study to investigate the experiences of implementing the rooming-in policy among first-time mothers at a postpartum center. But the study findings should be interpreted with consideration of its limitations. Because the participants were drawn from one postpartum care center. Although the results cannot be generalized to the general population, the depth of study discoveries from the experiences of these first-time mothers, in conjunction with the rich description should enable readers to appraise the transferability of findings to varied countries. In addition, the first-time mother's experiences may develop culturally appropriate maternal health care, and the information may be shared globally for midwives and other health care professionals working to awareness of the seriousness of the rooming-in challenge.

Implications for Practice

The study findings have implications for research, policy, and practice. Experiences of implementing rooming-in

practice among first-time mothers were against the rule of taking plenty of rest during the postpartum period, negative experiences regarding implementing rooming-in experience, and postpartum care centers service content affecting first-time mothers' willingness to implement rooming-in. Therefore, this study contributes to the indication that postpartum care centers should provide friendly rooming-in policies to overcome full-time rooming-in challenges.

Conclusions

Rooming-in (step 7) is the hardest step to implement for first-time mothers at postpartum care centers. How to support first-time mothers implement full-time rooming-in is an important issue that requires the postpartum care center manager's attention. This study suggests that the postpartum care centers must provide higher levels of support (such as counseling on neonatal care and recovery postpartum fatigue supports) and clarify the myths of the traditional Chinese practices of postpartum confinement to make first-time mothers willing to implement the rooming-in practice.

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Author Contributions

Conceptualization, HLW and PKT; data collection: HLW; analysis and interpretation of results, HLW, DFL and PKT; draft manuscript preparation, HLW, DFL and PKT; All authors commented on the manuscript, reviewed the results and approved the final version of the manuscript.

Declaration of Conflicting Interests

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Ethical Consideration

The study protocol was reviewed and approved by the Institutional Review Board of An-Nan Municipal Hospital (Approval No. TMANH107-REC011) and conducted in compliance with the Declaration of Helsinki. First author obtained written informed consent from all participating in the study.

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