



Bermuda Hospitals Board

Rooming-in Guidelines for Partners on the Postnatal Ward

The patient may wish for their partner to stay overnight for support. We understand that an admission to the postnatal ward after your baby is born can be an emotional time.

Please note that the following guidelines apply to ensure the privacy, dignity, wellbeing and safety of all women and babies on the ward and are applicable after 8pm.

- ❖ All partners must check in at 8pm at the ward reception desk after visiting hours have ended.
- ❖ The main entrance to Maternity is locked 24 hours. If you leave the building after midnight you will not be re-admitted.
- ❖ Partner may stay for support in the patient's room. You are not allowed to wander in the hallways or visit other rooms.
- ❖ For reasons of infection control, if you have symptoms of respiratory /gastrointestinal (diarrhoea and vomiting) or any other illness you will not be allowed to visit or stay overnight.
- ❖ Please ensure that you wash your hands regularly and use the alcohol gel provided.
- ❖ Curtains must remain open so staff can observe that mother and baby are well.
- ❖ You cannot sit on or sleep in your partner's bed or any other clean beds in the room. You can rest in the chair provided.
- ❖ Please remember that you are there to support your partner and it is unlikely that you will have much opportunity to sleep.
- ❖ You must remain fully dressed at all times.
- ❖ You must respect the privacy and dignity of other patients and keep noise to a minimum.
- ❖ All mobile phones and other electronic devices must be switched to silent, used with headphones or turned off. WiFi sign-in is Guest and Hospital.
- ❖ Bathroom facilities for you are located off the main floor and there are NO shower facilities for you to use.
- ❖ Hot drinks only will be provided. No alcohol is permitted in the building.
- ❖ You must not be under the influence of alcohol or drugs, or admittance will be refused.

In accordance with the hospital visiting policy this privilege may be removed at any time. Should the partner be considered to be disruptive, disrespectful or threatening, for the safety and security of both patients and staff, they will be asked by security to vacate the premises. I understand that my stay is at the discretion of BHB staff and room availability.

I have read, understood and agree to abide by the above guidelines.

Mother's Name _____ Mother's Room Number _____

Partner's Name _____ Signature _____ Date _____

RN Name _____ Signature _____ Date _____