Newborn Best Practice: Delayed Bathing  
*Wait! Don’t Rush to bathe that baby*

**Objectives**

Discuss traditional versus evidence-based nursing practices for newborns.

Outline implementation of the process improvement project for delayed bathing.

Discuss how nursing practice can successfully impact newborn clinical outcomes.

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**Why Change?**

“The Only Person that Likes Change is a Baby with a Wet Diaper”

Potential Benefits:

- Promotes transition to extrauterine life
  - Hypothermia
  - Hypoglycemia
- Benefits of Vernix and Amniotic Fluid
- Potential increase in breastfeeding success
- Promotes maternal infant bonding

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**Literature Support**

**HYPOTHERMIA**

- Increased risk for hypothermia
  - Late preterm infants and infants of low birth weight
- Virtually all articles state that bath should be delayed until vital signs are stable, but the timeframe suggested varied widely

**VERNIX**

- Mechanical barrier
- Antimicrobial properties protect infant from infection
- Normal constituent, will be absorbed into skin slowly over 24hrs

**AMNIOTIC FLUID**

- Many similar chemical components to colostrum
- Babies with amniotic fluid left on hands show increase in rooting, move preferentially toward breast with amniotic fluid over one that has been washed
- Newborn infants given a swatch of cloth with amniotic fluid cry less than those without.

**BREASTFEEDING**

- Pret. et al showed 166% increase in in hospital breast feeding success after implementing a 12 hour delay in bathing practices

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**AWHONN National 2015**

- Increased breastfeeding success:↑ exclusively by 90%
- Increased maternal satisfaction and self-efficacy with breastfeeding and newborn care
  - Pt satisfaction scores 80-90%:
- Improved newborn transition and stable vital signs
- Decreased Hypoglycemia↓ % of Babies Hypoglycemic
  - Needles 3.45% to 1.15%
- Decreased jaundice
- Decreased weight loss↓ < 4.25%-4.5%

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Change in practice guided by evidence based recommendations and community standard:

1. “[Bathing] should not be carried out before 6 hours after birth, and preferably on the 2nd or 3rd day of life so long as the baby is healthy and its temperature is normal” WHO recommendation from *Thermal protection of the Newborn: A Practical Guide.* 1998.

2. “Wait at least six hours after birth, and better still, 24 hours, to bathe the baby.” Save the Children recommendation from *Every Newborn’s Health.

3. “Wait for 8” AWHONN

4. Educated multidisciplinary staff on delayed NB bathing

5. Parent education script developed EBP on delayed bathing

6. Trail using pre-packaged rinse free bath wipes

7. Bathing training/competency developed for NB bathing

8. Bathing stickers placed on crib and door frame to indicate if NB was bathed

9. Small Test of Change PDSA model

### Process Implementation

- Educated multidisciplinary staff on delayed NB bathing
- Parent education script developed EBP on delayed bathing
- Trail using pre-packaged rinse free bath wipes
- Bathing training/competency developed for NB bathing at bedside
- Bathing stickers placed on crib and door frame to indicate if NB was bathed
- Small Test of Change PDSA model

### Solomon Feedback

Delayed Bath Trial – Feedback Form

- Date: Nurse/PCT:
- Hours of age at bath:
- Temp post bath:
- What did you find of value?
- Any obstacles encountered?
- Describe Reaction of family?
- Suggestions/Recommendations

**FAQ**

- What if the parents want a bath sooner than 6 hours?
  - Explain rationale for delayed bath. However, if parents request the bath, it is OK to bathe.  
  - What about the initial assessment?
  - Still needs to be completed within first 2 hours of birth, even if bath has not been given.
  - What if I feel the bath is needed to perform the initial assessment e.g., potential head lice?
  - If you feel the delay is compromising the initial assessment, bathe the baby.

- Does the bath have to be done at 6 hours?
  - No, any time after 6 hours.

- Why wait 6 hours?
  - That is when the major milestones of newborn transition should be established.

- What if the parents want to bathe sooner than 6 hours?
  - Explain rationale for delayed bath. However, if parents request the bath, it is OK to bathe.

- What about the hair?
  - A wet head makes the baby vulnerable to low temps. Therefore at delivery it is important to pay special attention to making sure the head is dried.

### Challenges

**Change in practice:**
- Move from task orientation to best practices.
- Unsure when to complete

**Nurse resistance:**
- Yuck factor
- One more thing incorporate into to postpartum flow
- L & D nurses LIKE bathing babies
- Universal Precautions until bathed

**Patient/Family concerns:**
- Expectations that baby will be bathed soon after delivery
- Yuck factor, esp. washing hair

**Physician concerns:**
- Very little pushback
- Supportive

### Increases in Breast Feeding Success

- Article by Klaus and Kennel explored parental bonding at birth. The first 60-90+ minutes after birth is defined as a “sensitive period” for maternal-newborn bonding.
- Study done by Preer. Et al showed 166% increase in hospital breast feeding success after implementing a 12 hour delay in bathing practices
- The newborn crawl and feeding cues are markedly reduced after bathing; believed that amniotic fluid scent is important in this process.
Keeps moms and babies together

- Keep stress hormones low and blood sugar normal
- Being separated from her mother can add an additional layer of stress to a new baby just figuring out life on the outside. When your baby is taken from you to be bathed, she may cry, feel uncomfortable and upset. This causes her body to release stress hormones in response to this new situation. Her heart rate and blood pressure may go up, she may breathe a bit faster and become agitated. Working hard to respond to this stressful situation may also lower her blood sugar temporarily. If your baby’s blood sugar is being monitored due to mother’s gestational diabetes, or her size at birth, the baby’s health care providers may be concerned and want to introduce formula to bring her blood sugar back up to the normal range. When she remains close to you, she is better able to regulate all of her body systems and maintain her blood sugar where it should be.

Special Considerations

- We will still bathe the babies of mothers with HIV or the Hepatitis Viruses after the initial breastfeed in order to decrease risk to hospital staff and family members
- We will also continue to do footprints and apply the HUGS during the recovery period
- Handle unbathed babies with gloves

List of Resources:

- AWHONN (2000) Evidence Based Clinical Practice Guideline: Neonatal Skin Care
- Every Newborn’s Health. Save the Children recommendations.
- Cooper, B. M. et al. (2012). Neonatal Clinical outcomes of the AWHONN Late-Preterm Infant Research-Based Practice Project. JOGNN
- Ghaes, M. H., & Kneifert, D. C. Care of the Parents. Care of the High-Risk Neonate. Journal