ARE WE FOLLOWING CURRENT EVIDENCE-BASED GUIDELINES FOR NEWBORN INFANT BATHING (TECHNIQUES AND TIMING)?

*excluding NICU admits

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ABSTRACT

At East Jefferson General Hospital (EJGH), changes in infant care immediately following delivery have evolved over the last 10 years as EJGH has sought to obtain national "Baby Friendly USA" recognition. Prior to EJGH's commencement on this journey, mothers and their infants had been separated shortly after delivery; with infants taken to the Nursery for several hours for transition including their first bath. Current practices have included skin to skin care of infants with their mothers following birth until after the first feeding, followed by a sponge bath of each infant (at 1-4 hours of age), prior to transfer of mother-infant couplets from Labor & Delivery to the Post-Partum unit. As Woman and Newborn Services pursued strategies to increase exclusive breast milk feedings (Joint Commission Perinatal Care (PC) Core Measure PC05), the Lactation Department wondered if there were opportunities for improvement in bathing practices based on current recommendations for newborn infant bathing.

INTRODUCTION:
The Internationally Board Certified Lactation Consultants at The Breastfeeding Center at East Jefferson General Hospital proposed an Evidence-Based Research Project investigating potential benefits to delaying the first infant bath. The impetus behind this decision was two-fold: staff had experienced challenges with sustaining the role of the transition nurse, and the "RAPP" assessment tool (respiratory activity, perfusion, and position) promoting safe skin to skin care immediately following birth was introduced to the Labor & Delivery nurses (1). The latter involved the Labor & Delivery RN remaining at the mother's bedside for 1:1 care for the first hour post-partum to provide assessments and education about the components of the "RAPP" assessment tool (1). The Lactation Consultants were seeking ways to enhance the early post-partum experience on Labor & Delivery, to improve mother/infant outcomes, while augmenting opportunities for family centered care during the remainder of the hospital stay.
METHODOLOGY:
Review of the Literature
Published Guidelines and Position Papers were reviewed (2-4). The Academy of Breastfeeding Medicine states that delaying the initial bath enhances early parent-infant interaction and The World Health Organization recommends that bathing should be delayed until after 24 hours following birth (2, 3). The International Childbirth Education Association (ICEA) and American Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) recommend delaying the bath for at least 8 hours (4, 5).
Following this review, EJGH Lactation Consultants reviewed the literature using Medline, CINAHL, and Cochrane data bases. A synthesis of the material demonstrated that risks of early bathing included hypothermia, hypoglycemia, increased risk of bacterial infection, and increased risk of infant-maternal separation (2, 5-10, 12-16).
Benefits to delaying the bath include promotion of family centered care of the newborn: an increase in breastfeeding rates, skin-to-skin care, and enhanced infant-mother bonding, as well as affording the opportunity for parents (and siblings) to participate in the first bath and thus be included in this special time (8, 10, 13, 16). Another advantage is the decreased rate of skin infections, as newborn vernix and amniotic fluid protect the skin from bacterial infections (13, 15). Neonatal hypothermia and neonatal hypoglycemia are also decreased as infant blood sugars are stabilized due to contributing factors such as early breastfeeding and less cold stress. Decreased rates of neonatal hyperbilirubinemia were also demonstrated (2, 5-8, 12, 16).

IMPLICATIONS FOR NURSING PRACTICE:
Changes in practice supported by the literature review included delaying the first bath for 24 hours for term infants (at a minimum 8 hours, except for rare indications for earlier bathing), using tap water and mild cleanser, and immersing the baby in water rather than providing a sponge bath (7, 14). Benefits of immersion bathing include less variability in body temperature, no difference in the rate of cord healing, and a decreased rate of diaper dermatitis (7).

SUMMARY / CONCLUSION:
Current bathing practice at EJGH is task focused, including a clearly defined timeline and assigned responsibility for first newborn bath within 1 to 4 hours following birth. An opportunity to move from task orientation to best practice has been identified. Potential challenges are anticipated since staff, parental, and family expectations are rooted in traditional routines. Adequate preparation prior to roll out of delayed bathing includes maternal-child staff, parents, and families understanding rationales, benefits, and guidelines for delaying the first bath. There are concerns that an infant may be perceived as 'dirty' by parents and families when gloves are donned by team members caring for the baby prior to bathing (universal precautions), which can be alleviated with adequate preparation. Prior to the implementation of this change, Delayed Newborn Bathing Guidelines need to be developed including best timing, location, and bathing techniques recommendations, as well as identifying roles of maternal-child staff, parents, and families in the infant bathing process. Facilitating participation by parents and families in providing optimal care for the newborn is an integral part of Family-Centered Maternity Care at EJGH. The PDSA (Plan-Do Study-Act) model for implanting changes in practices is the likely process to be used for implementing delayed newborn bathing at EJGH. (17). Adequate planning and preparation are critical to assure clear evidence-based bathing guidelines are implemented in an environment where the changes are understood and expected by maternal-child staff, patients, and families. With strong evidence for delaying the first newborn bath, successful implementation of this change is expected to result in improved outcomes for newborns.
REFERENCES


Nurses who participated in this evidence-based practice project include Susie Amick, MSN, IBCLC, LCCE; Barbara Carson, BSN, RNC-OB, IBCLC, LCCE; Stacey Duggan, BSN, IBCLC, Michele Garsaud, RN, IBCLC; Jan Gourgues, BSN, IBCLC; Cammy Goldberg, RN, IBCLC; & Janet Lipp-King, BSN, IBCLC. Special thanks are extended to Sally Fenerty, EJGH Medical Librarian.