

## 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.

## CHANGE.....

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



## Why Change?

*No documented benefit to performing a bath within 2 hours of birth unless medically indicated*

Potential Benefits:

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

## AWHONN National 2015

- Increased breastfeeding success: ↑ exclusivity 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
  - Needing Tx 45 % to 0-13%
- Decreased jaundice
- Decreased weight loss ↓ < 4.23%-4.5%
  - 2015 AWHONN Conference Improving Newborn Clinical Outcomes with Delayed Bathing June 15, 2015 Anita Taylor Fort, BSN, RN, IBCLC Raquel "Kelly" Walker, MSN, RNC-MNN, RN-BC

## 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
- Natural emollient, 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

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

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

- “[Bathing] should not be carried out before **6 hours** after birth, and preferably on the 2<sup>nd</sup> or 3<sup>rd</sup> 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.
- “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*
- “Wait for 8” AWHONN

## 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



### BABY'S FIRST BATH



#### Your Baby Will Be Bathed

... sometime after 6 hours of being born

Your baby is born with a natural moisturizer, vernix, is a whitish, waxy substance on the skin and has many protective benefits. At birth we will dry your baby, but will leave vernix on. **It is better for baby!**

#### This helps your Baby:

- Have more bonding time during the important first hours
- Keep warm
- Keep blood sugar stable
- Start Breastfeeding easily
- Prevent infections and form immunity
- Bond with mother

Please ask us if you have questions or concerns



#### Vernix is...

##### A Natural Moisturizer

It will be absorbed naturally over time. It maintains water balance in the skin, and keeps your baby's skin soft and supple.

##### A Skin Shield

It is an extra layer of protection while your baby's immune system is getting stronger.

## Solicit 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

**PLEASE Keep ASKING QUESTIONS, OFFER SUGGESTIONS, and SHARE how the process is going.....**

#### FAQ

#### What if the parents want a bath sooner than 6 hours?

Explain rationale for delayed bath. However, if parents requests the bath, **it is O.K 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 my initial assessment e.g. potential scalp laceration, skin rash?

If you feel a delaying the bath 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 about meconium?

Meconium is not a reason to give a bath sooner than 6 hours. Meconium is wiped with the drying at the birth.

#### 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 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 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 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:

- Akinbi, H.T., Narendran, V. Pass, A. K., Markart, P. & Hoath, S. B. (2006) Antimicrobial Properties of Amniotic Fluid and Vernix Caseosa are similar to Those Found In Breastmilk. *American Journal of Obstetrics and Gynecology*
- AWHONN (2000) *Evidence Based Clinical Practice Guideline: Neonatal Skin Care. Every Newborn's Health. Save the Children* recommendations.
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- Fort, T.A. & Walker, R. (2015) AWHONN Conference *Improving Newborn Clinical Outcomes with Delayed Bathing*
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- Portes, R.H. (2004) *The Biological Significance of Skin-to-Skin Contact and Maternal Odours. Acta Paediatrica.*
- Preer, G., Pisegna, J. M., Henri, A., & Prilipp, B. L. (2013) *Delaying the Bath and In-Hospital Breastfeeding Rates. Breastfeeding Medicine.*
- Varendi, H., Christensson, K., Porter, R.H., Winberg, J. (1998) *Soothing effect of amniotic fluid smell in neonates. Early Human Development.*
- Yoshio, H. et al. (2003) *Antimicrobial Polypeptides of Human Vernix Caseosa and Amniotic Fluid: Implications for Newborn Innate Defense. Pediatric Research*