Document Control

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Bathing a Baby – Neonatal Unit Guidelines			
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CONTENTS

1. Introduction

This document sets out Northern Devon Healthcare NHS Trust's best practice guidelines for bathing a baby.

2. Purpose

The following general principles can be applied in order to:

- Maintain the infants skin integrity
- Keep the baby clean and comfortable
- Encourage parental participation and bonding.

This guideline applies to midwives and neonatal nurses and must be adhered to. Non-compliance with this guideline may be for valid clinical reasons only. The reason for non-compliance must be documented clearly in the patient's notes.

3. General Principles of bathing a baby

3.1 Introduction and rationale for non-use of bathing products.

- The baby's first bath is an important event. It is a time for parents/carers to get involved and gain confidence in the care of their baby.
- The skin of babies born at term has an average alkaline pH of 6.34 which falls to 4.95 over 3-4 days as the body develops its protective

acid mantle, a natural bacterial protection, (Trotter 2008). This can take up to 3 weeks in a premature infant, (Irving 2001). Introduction of baby bathing products, wipes and creams etc. could disrupt this delicate protective layer.

- After the skin is washed with alkaline soap solutions the regeneration of the skin pH takes longer than an hour in the majority of normal newborns. In the premature infant, however, pH normalization may take even longer, (up to five to seven days). Therefore alkaline cleansers are not recommended for use in the premature infant, (Munson et al 1999).

- Chemical substances can be metabolised and absorbed by the newborn skin, then systemically metabolised and eliminated to different degree than in an adult, there is real potential for pathological side effects from the early and frequent use of baby toiletries, (Brennan, 2010).

3.2 Equipment

- Disinfected baby bath, bath stand
- Cotton wool, baby comb and pre-warmed towels
- Clean clothes, bedding and nappy as needed
- Disposal bag for rubbish

3.3 Precautions

- Bathing should only take place providing:
    - The infant is clinically stable
    - All intravenous lines have been removed
    - The infant is able to maintain its own temperature within normal ranges of 36.6-37.3^{o}c

- Bathing products:
    - Should be avoided for babies up to eight weeks old, (Nice 2006; Trotter, 2009) for 6-8 weeks for babies born prematurely, (Blincoe 2005, Trotter 2004).
    - If used should have a neutral pH and be free from preservatives, perfume and alcohol.

- They should be introduced sparingly and with caution, following manufacturers' instructions. Alternate baths with and without those using bathing products, (Cetta et al 1991). Parents may obtain advice from the clinical staff on suitable products to use for their baby.
- Always read product labels and avoid use of sulphates, parabens, phthalates and propylene glycol (Trotter 2009).
- Any bedding, clothes or toys etc. that will come into contact with the baby's skin should be washed in non-biological washing powder 60^0c and rinsed thoroughly, (Halton 1990, Trotter 2002). Fabric conditioner products should be mild and free from colours and perfumes, (Trotter 2009; Blincoe 2005). Do not overload washing machine as this will allow thorough rinsing, (Trotter 2009).

3.4 Guidelines for Practice

Steps	Prior to bathing
1	Ensure the environment is safe, warm and draught free for the procedure to be carried out. Recommended room temperature 26-27^0c (AWHONN 2007).
2	Throughout the procedure adhere to trust manual handling and health and safety policy.
3	Agree a plan for the timing of the bath with the parent/carers. Involve them in all areas of care wherever possible. Explain the risks incurred when baby bathing products are used too early. Teach parents to bath baby as soon as he/she meets above criteria. (Parents may be taught first using a doll).
4	Decisions about frequency of bathing should be based on condition of infant, individual needs, parental choice and consideration of family beliefs and values, (Gfatter et al 1997).
5	Prepare equipment and co-ordinate procedure to minimise handling the infant • Cleaned bath and bath thermometer • Cotton wool, baby comb and pre-warmed towels • Clean clothes, bedding and nappy as needed • Disposal bag for rubbish
6	Wash hands (see hospital policy). Gloves may be worn throughout and when washing the nappy area.
7	Bath the baby where possible prior to a feed.
8	Recommended water temperature is approximately 38^0c, (AWHONN 2007; Lund

	et al 2001). However the parents need to be educated to achieve correct temperature without the use of a thermometer, (i.e. by using the underside of the forearm to test the water is comfortably warm). Staff may show parents how to check bath temperature using a baby bath water thermometer and encourage them to purchase one on baby's discharge.
9	The depth of the water should be deep enough to allow the infant to settle into it with his/her shoulders well covered. (Approximately 5 inches, AWHONN 2007)
10	Educate the parents throughout the procedure about safety e.g. adding cold water first, not leaving baby unattended etc
11	The first bath should be carried out using plain water only and cotton wool for cleansing.
12	Close the door to minimise air currents and convective heat loss
13	Undress the baby keeping the nappy on and wrap in a towel.
14	Holding the baby securely wash face with cotton wool and dry. The baby's eye, ear and nose areas should be left untouched and use of cotton buds discouraged. However check and clean behind the ears as necessary to remove debris and prevent soreness occurring. If the eyes look sticky follow eye care guideline.
15	Wash hair with water holding the baby's head over the bath and dry the scalp by gently rubbing with a towel. Debris and dried matter may be carefully removed with a baby comb. Shampoo is not necessary at under a year old. Once bath products have been introduced rinse baby's hair in bath water solution, (Trotter 2009).
16	Check temperature of water again prior to removing nappy and immersing baby. Use moistened cotton balls to remove any soiling first.
17	When ready place the baby in the bath. Use containment, and supportive care giving procedures during bath, (Liaw et al 2010; Warren and Bond, 2010). Make sure the baby's feet can touch the side of the bath to find a reassuring boundary.
18	Bathing can be a tiring activity, consider bathing a distressed infant whilst wrapped in the sheet/towel. Babies will feel more relaxed if they are wrapped up for their first bath, (Warren and Bond,2010).
19	During the bathing procedure carry out a skin assessment.
20	Vernix should be left on the skin to absorb naturally (AWHONN,2007) However

	sometimes to avoid irritation it may be necessary to remove excessive amounts from the skin folds, (Larson and Dinulos 2005; Storm and Jensen 1999).
21	Clean around cord area with water to remove any debris and dry with gauze, (see umbilical cord care guidelines).
22	Dry baby by gently 'patting' the skin dry with warm towels, taking care not to damage the skin. If sacral area is sore then follow guidelines for the care of sore bottoms.
23	Apply nappy first then dress the baby in clean warm clothes. Consider putting on a hat and extra blanket for a limited time to maintain warmth.
24	If the nails need tidying it is safer to use a file than scissors, (Trotter 2009).
25	Check labels and security tag. Ensure they are comfortable.
26	Position baby comfortably according to developmental care guidelines.
27	Tidy equipment and dispose of used nappy/sheets/clothes/towels. Clean and disinfect the bath (and other equipment consistent with hospital policy). Do not dispose of bath water in the sink (this should be taken to the dirty utility room).
28	Document care given and skin assessment, recording and reporting any abnormalities.
29	Once parent/carers feel confident to bath their baby they can add this into their baby's daily care plan. .

4. Education and Training

Training will be provided during preceptorship, through formal study days and informal training on the ward.

5. Consultation, Approval, Review and Archiving Processes

The author consulted with all relevant stakeholders. Please refer to the Document Control Report.

The guidelines will be reviewed every three years. The author will be responsible for ensuring the guidelines are reviewed and revisions approved by the Paediatric Specialty Team in accordance with the Document Control Report.

All versions of these guidelines will be archived in electronic format by the author within the Paediatric Resources archive.

Any revisions to the final document will be recorded on the Document Control Report.

To obtain a copy of the archived guidelines, contact should be made with the author.

5.1 Standards/ Key Performance Indicators

Key Performance indicators on which to base care in the Special Care Unit are:

- Nice Neonatal Quality Standards
- NHS Toolkit for High Quality Neonatal Services
- National Neonatal Audit Programme
- NHS Standard Contract for Neonatal Critical Care

6. Monitoring Compliance with and the Effectiveness of the Guideline

Staff are informed of revised documentation. There is an expectation that staff are responsible to keep updated on any improvements to practice and deliver care accordingly.

Incidents including non-compliance of the guideline are reported by the Datix incident reporting system.

Non-adherence is reviewed and action plans made if required. Learning and action plans are cascaded at Paediatric Team and ward meetings and improvements implemented.

7. References

Grading recommendations to advise levels of evidence used taken from National Institute for Clinical Excellence (2001).

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8. Associated Documentation

- Developmental Care guidelines
- Neonatal Skin care guidelines
- Top and tail wash guidelines
- Umbilical cord care guidelines