

**MATERNITY UNIT
GUIDELINE:**

BABY BATHING

AUTHOR:

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SCOPE:

All midwives, nurses, mothers and whanau caring for newborn babies in the maternity unit

PURPOSE:

To provide information on baby bathing, so it is safe and enjoyable activity for baby, and whanau.

DEFINITIONS:

For this purpose the 'baby bath' can be either to clean the baby or to show the mother and whanau how to bath their baby safely

GUIDELINE:

Babies are no longer routinely bathed immediately after birth. There are benefits to delaying the first bath until after 24 hours of age to enable the baby to adapt to extra uterine life.

Vernix provides skin protection due to its hydration and antimicrobial properties.

However, if the mother is Hepatitis B or HIV positive, then a bath should be undertaken as soon as practical and prior to any injections.

Bathing immediately after birth increases the risk of hypothermia, and therefore it should not be undertaken until the baby's temperature has stabilised. However there are some cultures who will request that baby is bathed soon after the birth. Providing that baby has had good skin-to-skin contact with the mother and a feed by the method chosen by the mother, is a good weight with good Apgars and a temperature above 36.5°C, then this should be supported.

Discuss with the mother an appropriate time to bath her baby, ensuring that baby's temperature is stable and within normal limits (36.5°C – 37.5°C). The baby should not be bathed if he/she is hungry and wanting to feed. An ideal time may be following a feed from one breast before offering the other side, or following a feed when baby is settled.

Ask the parents if they require a demonstration or supervised bath, though they may prefer to be totally independent.

Parents may wish to bath their baby in water alone or use a newborn wash product and their choices should be supported.

Prior to undressing baby assemble required linen and baby bath:

- 2 towels
- clean cot sheet
- baby blanket
- supply of 'supersoft patient wipes'
- thermometer

Method

1. Make sure that the room is warm (temperature 25 to 28° C) with no draughts.
2. The filled baby bath should be placed on a safe surface, such as the shelf on the end of the cot or inside the cot itself with the mattress removed. The water temperature should be 36.7degrees [similar temperature to skin when tested with the inside surface of an adults wrist].
3. Do not expose the baby unnecessarily, e.g. keep the body wrapped in a towel while bathing the head.
4. Starting with baby's face, use a separate portion of a clean wet wipe for each eye, starting at the bridge of the nose, and wiping once in an outward direction.
5. Wash the rest of the face with a clean moist wipe, **using no soap**.
6. Clean the outside of the face, behind the ears and the head, and dry with a towel.
7. Immerse the baby into the bath, supporting the head and neck with the forearm, and hand cupped round the baby's shoulder and axilla.
8. A warm moist wipe placed over the baby's chest while in the bath will often soothe the baby's initial crying while bathing. The water should be deep enough to cover the baby's body and keep it submerged during the bath, but consideration needs to be given to the weight of the bath with water for back care of the midwife/nurse/woman/family member.
9. At completion, dry baby by patting gently with towels and dress in own clothes provided by the parents. **No talcum powder should be used due to the risk of particle inhalation, and parents should be warned of this risk.**
10. No lotion is to be put on the umbilical cord stump; this can be dried carefully with a towel, and should be left outside the nappy if possible to enable drying and separation.
11. At completion, empty the water from the bath into the shower or the toilet – it should not be emptied into the hand basin as this may not be culturally appropriate. The baby bath should then be put through the sanitizer in the sluice room.

12. Dispose of all linen into the appropriate laundry skips.
13. Ensure the area is clean, dry and tidy.

ASSOCIATED DOCUMENTS:

Maternity Unit guideline - The management of babies born to Hepatitis B positive mothers
Maternity Unit guideline – Management of HIV positive mothers and their babies
Maternity Unit guideline - Referral of inpatient neonates to the paediatric service

REFERENCES

Lavender, Tina et al (2013) Randomized, controlled trial evaluating a baby wash product on skin barrier function in healthy term neonates. *JOGNN* 42 202-214

Jimenez-Ruiz, Araceli et al (2014) Benefits of a dirty baby. *Nevada RNformation* p.19

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