Bathing

Bath time is an opportunity for the nurse to accomplish much more than general hygiene. It is an excellent time for observing the infant's behavior, state of arousal, alertness, and muscular activity. With the possibility of transmission of viruses (such as hepatitis B virus and HIV via maternal blood and blood-stained amniotic fluid) as part of standard precautions, nurses should wear gloves when handling newborns until blood and amniotic fluid are removed by bathing.

Older studies suggested that healthy full-term newborns with a stable body temperature could be safely bathed as early as 1 hour of age without experiencing problems, provided that effective thermoregulation measures are taken after the bath (Behring, Vezeau, and Fink, 2003; Medves and O'Brien, 2004; Varda and Behnke, 2000). More recent studies have demonstrated that early bathing (within the first hour of life), interferes with skin-to-skin holding and breastfeeding, compromising basic protection against neonatal infection (Sobel, Silvestre, Mantaring, et al, 2011). In a large study of more than 800 late preterm infants, researchers concluded that early bathing may interfere with transition to extrauterine life and optimal adaptation of body processes, possibly contributing to problems such as hypothermia and hypoglycemia (Medoff-Cooper, Holditch-Davis, Verklan, et al, 2012). Nursing interventions such as bathing should be based on individualized assessment, and the initial newborn bath should be delayed until completion of initial skin-to-skin holding and breastfeeding.

The bath time provides an opportunity for the nurse to involve the parents in the care of their child, to teach correct hygiene procedures, and to learn about their infant's individual characteristics (Fig. 7-10). The appropriate types of bathing supplies and the need for safety in terms of water temperature and supervision of the infant at all times during the bath are stressed.