



NICU: Tub Bathing Newborn

Site Applicability

SPH NICU

Practice Level

Specialized: Registered Nurses working in the NICU

Need to Know

Bathing can be stressful for neonates and can cause thermal and cardiorespiratory instability.

Evidence indicates that tub bathing results in less temperature variability in comparison to sponge bathing, therefore tub bathing is preferred over sponge baths when possible.

Physiologically stable infants may be tub bathed, including infants:

- Demonstrating thermal stability for at least 24 hours after transitioning to cot.
- Who require incubator care and during other care giving exhibit mature thermal regulation.
- Greater than 32 weeks post natal age and greater than 1500 grams if Small for Gestational Age (SGA) restrictions.
- With an umbilical cord.

The WHO recommends bathing be delayed until 24 hours unless otherwise indicated.

A tub bath is **NOT** an essential nor routine component of standard admission care. Parents have the right to request delaying the first bath. Consult the parents prior to bathing the neonate.

An admission bath **IS** indicated as soon as possible if there is evidence or suspicion of Hepatitis B, C or Human Immunodeficiency Virus (HIV).

Equipment and Supplies

- 1. Portable tub and stand (trolley)
- 2. Clean bedding and baby linen, including warm towels and face cloth
- 3. Comb
- 4. Diaper
- 5. Gloves
- 6. Low Alkaline soap if skin mature
- 7. Gown- short sleeved blue gown

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Guideline

Assessment

For infants admitted to the Neonatal Intensive Care Unit, consider the following:

- Consider the benefit and cost to the infant whose physiologic stability may be placed at risk.
- Limit frequency to Q4 days. Q4 days is sufficient and recommended when supplemented by routine skin care.
- Family teaching must be done before discharge home. If the family requests delaying the bath, consider using a doll to demo the bath as means of education.
- WHO recommends delaying the first until 24 hours of age. If this is not possible, consider waiting at the least until after the transitional period, usually after 6 to 8 hours of age.

Steps

- 1. Assemble equipment
- 2. Perform hand hygiene. Don personal protective equipment (universal precautions).
- 3. Take and record infants temperature prior to bathing.
 - a. All infants drop their temperature during bathing. Continue bathing if temperature is within normal limits.
- 4. Rinse tub prior to bath to remove any disinfecting agents.
- 5. Prepare bath. Fill tub and test temperature of water.
 - a. Use the inner aspect of wrist or thermometer. 37 to 38 degrees Celsius is the national standard water temperature for safe infant bathing. Use water depth of approximately 7.5cm or enough to allow infant to settle with shoulders covered.
- 6. Place tub on portable stand and move to bedside ensuring bottom wheel brakes are secured.
- 7. Place towel in water for infants to lie on at the bottom of the tub. The towel gives a warm support surface in the tub.
- 8. Undress infant.
- 9. Disconnect infants from electrocardiogram and oxygen saturation monitor. You may remove the electrodes prior to bathing or in the bath.
- 10. Wrap infant in warm towel leaving their head exposed.
- 11. Assess infants need to be swaddled or unswaddled for bathing.
 - a. Consider swaddling if this is the infant's first bath. This can minimize thermal instability, provide developmentally supportive care and avoid behavioural disorganization associated with oxygen desaturation.
- 12. Hold bundled infant in football hold to wash face and head. Clean are behind the ears. Dry head well.
- 13. Wash and dry face. Wipe gently from inner eye canthus outwards using a clean corner of the face cloth for each eye.

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- a. Avoid using soap on the face.
- 14. Lower infant into the water.
 - a. If unswaddled: unwrap infant from towel. Position the infant flexed and lower into the tub.
 - b. If swaddled, lower infant into tub with towel. Loosen towel once in the tub.
- 15. Wash small areas at a time.
 - a. Do not attempt to remove all of the vernix. The vernix is antibacterial and provides skin protection.
- 16. Wash genitalia last.
 - a. Do not retract foreskin as this can cause tissues damage, scarring and strictures.
- 17. Remove infant from the tub to warm towel.
 - a. Allow infant to self- console and re-regulate to being out of the bath.
- 18. Dry the infant with warm towels and blankets.
- 19. Assess umbilicus and skin for any breakdown or signs of infection.
- 20. Place diaper on infant. Infant can also be dressed if appropriate.
- 21. Replace electrodes and SpO₂ monitoring if indicated.
- 22. Re-take temperature if the infant was removed from the incubator.
- 23. Place infant either back in cot, incubator, or with parent/caregiver (dressed or skin to skin).
- 24. Cleanse and disinfect tub with Cavi-wipes. Remember to rinse tub out prior to next use.

Documentation

Document bath in Cerner. Cerner \rightarrow Interactive View \rightarrow NICU Systems Assessment \rightarrow Newborn ADL Document family education in Cerner. Cerner \rightarrow Interactive View \rightarrow NICU Education \rightarrow Support Phase \rightarrow Routine Care

Document caregiver request for delayed bath in Cerner. Cerner \rightarrow Documentation \rightarrow Narrative note

Patient and Family Education

Consult the family prior to bathing the infant for the first time when appropriate. Attempt to involve the family in all aspects of care for their infants; including caregivers in care encourages bonding and increases uptake of education. All families must be taught safe infant bathing prior to discharge.

References

- 1. World Health Organization. (2017). WHO recommendations on newborn health. Guideline.
- 2. Kusari, A., Han, A.M., Virgen, C.A., Matiz, C., Rasmussen. M., Friedlander, S.F. & Eichenfield, D.Z. (2018). Evidence based skin care in preterm infants. *Pediatric Dermatology 36*, p.16-23.

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- 3. Elsevier Skills. (2020). Bathing (Neonatal). St. Louis, MO. Elsevier. Retrieved November 25 2020 from https://elsevierskills.com
- 4. BC Women's Hospital Neonatal Policy and Procedure Manual; WW.07.06A (2012) physiologic consequences of cold stress: Newborn.. Accessed November 25, 2020 at http://policyandorders.cw.bc.ca
- 5. BC Women's Hospital Neonatal Policy and Procedure Manual; (2016) Tub Bath (NICU). Accessed December 17 2020 at http://policyandorders.cw.bc.ca

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