

SWADDLED BATHING OF NEONATES

This LOP is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operations Procedure (LOP).

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INTRODUCTION

Bathing can be stressful to infants and in particular vulnerable preterm infants.

Studies show that infants are less stressed and there is a reduction in behavioural stress cues such as crying, back arching and splayed fingers. Benefits shown are improved temperature regulation and a reduction in physiological stress cues, respiratory distress, gastrointestinal disturbance and sleep disturbance. Parents and caregivers also reported their experience as being more enjoyable when using the swaddled technique.

Swaddling mimics the compact environment of the womb and should be maintained whenever possible.

Infants for whom swaddled bathing is appropriate

- All infants nursed in a cot.
- Infants nursed in cribs that are able to provide some self-temperature regulation can be bathed.
- Infants without intravenous lines, central lines, intra-arterial lines or drains.
- Infants on respiratory support (may be considered).
- Infants with stomas and healed wounds. Infants that are stable and tolerating handling.

Frequency of bathing:

- Regular daily baths is not necessary.
- Weekly bathing is generally accepted as adequate for preterm infants
- Alternate days for older infants.

NOTE:

Circumstances may dictate the need for a more regular bath at the parents and nurses discretion.

Parents play an integral role in bathing their infants. Educating them on these techniques and involving them are the responsibilities of all staff members.

1. AIM

- To provide swaddled/wrapped bathing safely with minimal stress to the infant.

2. PATIENT

- Neonate

3. STAFF

- Medical and nursing staff

SWADDLED BATHING OF NEONATES cont'd**4. EQUIPMENT**

- Bath
- Water source
- Hose to fill bath
- Change table
- Muslin or Sheet for wrapping
- Warmed towels x2
- Unscented liquid soap
- Cotton wool balls
- Nappy
- Thermometer

5. CLINICAL PRACTICE

Arrange a suitable bathing time with parents and discuss the swaddled bathing technique. Seek assistance if the infant is on respiratory support.

1. Gather equipment.
2. Fill bath with warm water (Optimum temperature is 37.5-38 degrees Celsius). Test the water on with your forearm for the heat of the water. Do not add any soap at this time. (R1)
3. Prepare the infant.
 - Bathing is best conducted when the infant is settled and a feed is not due. (R2)
 - Check infant's temperature. If the infant is cold (need to define this with the temp readings) Do not bath the infant.
4. Remove clothing, nappy and monitoring and tightly swaddle the infant (Picture 1).



SWADDLED BATHING OF NEONATES cont'd

5. Put infant into the bathtub for water to reach up to shoulder depth. Ensure infant's feet can touch the side of the bathtub. (Picture 2) (R3)



6. Use cotton wool to wash the eyes, nose, mouth and ears with the fresh bath water.
7. Add soap liquid at this point.
8. Supporting the infant's head, slowly un-swaddle. Wash, one limb at a time until the infant is fully exposed in the bath water. (Picture 3)

NOTE:

- Movements need to be slow and gentle.
 - Be aware of the infants behavioural and physiological stress cues. Pause when these are displayed.
 - Minimise environmental stressors e.g. noise and light.
- (R4)



SWADDLED BATHING OF NEONATES cont'd

Wash the head and hair last. (R5) Ask an assistant to top up the bathtub with warm water needed.

9. Maximum length of bathing time should be 8 minutes and less if the infant appears distressed. (R6)
10. Ask an assistant to lay out two warmed towels on the change table, one on top of the other.
11. Contain the infant in a flexed position (R7), gently remove the infant from the bath onto the top towel. (Picture 4)



Picture 4

12. Wrap the infant in the first towel and dry the head and body.
13. Remove the wet towel and place infant on the second warmed towel. (R 8)
14. Immediate skin to skin contact with the parent is recommended (R9) or dress the infant.
15. Dispose of dirty laundry into the waste linen basket. Discard waste water down the sink and clinical waste into the waste bags. (R10) Clean all equipment used.

6. DOCUMENTATION

- Integrated Clinical Notes
- Observation Chart

7. EDUCATIONAL NOTES

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8. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

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9. RISK RATING

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10. NATIONAL STANDARD

- Comprehensive Care

ROYAL HOSPITAL FOR WOMEN
 LOCAL OPERATING PROCEDURES
NEONATAL SERVICES DIVISION

Approved by
 Neonatal Quality & Safety Committee
 Date: 7/3/16

SWADDLED BATHING OF NEONATES cont'd

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12. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre		

13. RATIONALES

Rationale 1	Soap may be an irritant to the sensitive skin and mucosa on the face.
Rationale 2	Post feed bathing may induce vomiting.
Rationale 3	To provide the wall of the bathtub for the infant to 'brace' their feet. 'Bracing' helps the infant to orientate to their surroundings and coordinate their movements.
Rationale 4	To ensure minimal disturbance once bathing has commenced.
Rationale 5	Heat is mainly lost from the head and this is the largest surface area of the infants body so should be washed last to decrease heat loss.
Rationale 6	Research has shown that post 8 minutes temperature regulation is compromised.
Rationale 7	To maintain an environment of containment
Rationale 8	More thorough drying can take place as well as nappy placement. To assist temperature regulation
Rationale 9	To assist temperature regulation, enhance bonding and ensure stress remains low.
Rationale 10	As per NSW Health disposal of waste policy

14. AUTHOR:

Primary	Date	Person
Revised	Date	Person

REVISION & APPROVAL HISTORY

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