BATH

Indications

- To achieve and maintain neonatal hygiene.
- To allow contact and interaction between the neonate and the caregiver including parents/legal guardian.

Contraindications

- Tub bathing in infants with:
  - ***Central lines, IV in lower extremities***
  - ***ETT***
  - ***Chest tubes***
  - ***Open wounds***
  - ***Foley, nephrostomy tubes***
  - ***Post-op gastrostomy***
- Chlorhexidine gluconate (CHG) wipes **cannot** be used with **phototherapy treatment.**

Key points

- Always **assess** the neonate for **thermal** and **cardio-respiratory stability** prior to bathing. If it's the first bath post-delivery, temperature stability is established only at 2 - 4 hours post-delivery.
- **Whenever possible, choose tub bathing over sponge bathing** as it has less of an impact on heat loss for the neonate. It is also a more calming experience.
- Use **developmental interventions** (i.e., swaddling, containment, gentle touch) as much as possible to help decrease behavioral disorganization during both sponge and tub baths.
- Include parents whenever possible and ensure parents have received bath teaching prior to discharge. Note in care plan what teaching has been done.
- **Vernix provides significant protection** from infection and decreases skin permeability and transepidermal water loss. Therefore, it is not necessary to excessively scrub off the vernix during the sponge or tub bath.
- **Clean umbilical cord** with pH neutral soap or sterile water. **Keep the area clean and dry well after bath**. Keep the diaper folded under the umbilical cord. Assess area for redness, swelling and drainage. If present, notify the medical team.
- **Avoid/limit** the use of **moisturizers**, creams/lotions and other over the counter products to reduce the risk of percutaneous absorption of potentially toxic substances. **Creams and lotions are contraindicated in babies with central lines and with the use of CHG 2% wipe**.
- **Before any surgical procedure** the infant should be bathed once with the 2% Chlorhexidine Gluconate without alcohol (CHG) wipes as an antimicrobial agent. Wipe from the neck to the toes. This bath should be given once prior to the operation. Please refer to Pre-Operative Care Procedure.
- Neonates with **Central Venous Catheters and Arterial Lines** (i.e., Central Venous Line, Peripherally Inserted Central Catheters, Umbilical Venous Line, Umbilical/ Radial Arterial Line), baths should occur according to the regular bath schedule as described below. The nurse should provide a **regular sponge bath and finish with the use of the 2% CHG wipe**.
  NOTE: If the baby is very unstable and will not tolerate a sponge bath, using the 2% CHG wipe according to the following table is acceptable.

Procedure

- When?

Birth Weight & GA	Current Age (days or CGA)	Bath		CHG Wipes if Central Line	
		Type	Frequency	Eligibility	Frequency
Less than or equal to 1000 g **OR** less than 28 weeks GA	*From 72 hrs to 10 days of life inclusively	Sterile water	2x/week	NO	N/A
Less than or equal to 1000 g **OR** less than 28 weeks GA	10 days of life to 28 days of life	pH neutral soap and water	2x/week	NO	N/A
Less than or equal to 1000 g **OR** less than 28 weeks GA	More than 28 days of life and less than 36 weeks CGA	pH neutral soap and water	2x/week	YES	2x/week
Greater than 1000 g and greater or equal to 28 weeks GA	Up to 36 weeks CGA	pH neutral soap and water	Every other day	YES	Every other day
Any weight	Greater than or equal to 36 weeks CGA	pH neutral soap and water	Every other day + PRN	YES	Every day
*Babies born at less than or equal to 1000 g or less than 28 weeks GA should have limited manipulation within the first 72 hours of life to help prevent IVH. Bathing should start after the first 72 hours of life for this population.					

- Materials

Materials		
≤ 1000g OR < 28 weeks GA AND up to 10 days of life	**≤ 1000g OR < 28 weeks GA AND between 10 and 28 days of life**	**Every other babies**
- Heat reflector	- Heat reflector if necessary	- Heat reflector if necessary
- Sterile bowl	- Bath tub or basin	- Bath tub or basin
- 1 package of 4X4 sterile gauze (to wash the body)	- Washcloth	- Washcloth
- 1 package of 4X4 sterile gauze (to dry the body)	- Linen for swaddling in bath	- Linen for swaddling in bath
- 1 package of 2X2 sterile gauze (for the face)	- pH neutral soap	- pH neutral soap
- Warm sterile water	- Towel	- Towel
- Sterile saline (squirts)	- Diaper	- Diaper
- Diaper	- Appropriate cardiac monitor leads & saturation probe	- Appropriate cardiac monitor leads & saturation probe
- Appropriate cardiac monitor leads & saturation probe	- Clean bed linen	- Clean bed linen
- Clean bed linen	- Pajama if appropriate	- Pajama if appropriate
- If baby has a Central Venous Catheter: NO CHG Wipes	- If baby has a Central Venous Catheter: NO CHG Wipes	- If baby has a Central Venous Catheter: use CHG Wipes

- How?

  - Sponge bath

1. Gathered materials as listed above.
2. Wash hands following MUHC Hand Hygiene protocol and put on gloves.
3. Provide a thermoneutral environment to decrease heat loss during bathing through the following interventions:
   - *Bath water temperature should be warm (not hot)*
   - *Isolette doors should be closed to minimize air currents*
   - *Whenever possible warm the room and use warm towels for drying.*
   - *Provide a warm heat source (heat lamp or radiant warmer) to infants < 1800g*
4. Provide a clean environment:
   - *Place a blue waterproof sheet under the baby to protect the incubator from water and provide a clean surface for the baby.*
5. Encourage parents to participate in the bathing process.
6. Proceed as follows:
   - *Fill the basin with warm water.*
   - *Using warm water without soap, wash the eyes from the inner to outer canthus. Then wash the face, ears and neck.*
   - *Wash and dry the neonate from top to bottom (using soap for infants who are eligible), going from cleanest area to the dirtiest. Pay attention to skin folds. Rinse well to avoid exposure to chemicals in soap. Dry the baby in stages to prevent heat loss.*
   - *Wash and dry hair and head (using soap for infants who are eligible). Put hat on baby once hair dry.*
7. Make sure the cord/cord stump is dry. Put on a diaper.
8. If neonate has a central line and is a candidate for the 2% CHG wipes (see table above):
   - *Open the warm 2% CHG wipes package.*
   - *Use the first wipe to wash the neck, body, limbs. Finish with the genitalia followed by the buttocks. Do not dry the neonate after applying the CHG wipes. Product should not be applied to the head.*
   - *Use the second wipe to wash the limb(s) with the indwelling catheter. DO NOT wipe the dressing itself (this will compromise the integrity of the dressing).*
   - *Let the chlorexidine dry (do not rinse).*
9. Offer skin to skin contact to promote thermal regulation. If the parent declines, dress the neonate in a pajama and bundle in a blanket.
10. Assess axillary temperature post bath. Ensure the baby is on ISC probe and either under radiant warmer or in skin-to-skin position if infant is cold.
11. Empty bath water in the sink. Wipe down sink with disinfecting wipes.
12. Disinfect basin with an approved disinfectant. Store the basin upside down to prevent any droplets of water from pooling at the bottom.

  - Tub bath

1. Gathered materials as listed above.
2. Wash hands following the MUHC Hand Hygiene protocol and put on gloves.
3. Assess the neonate for thermal and cardio-respiratory stability. If first bath, temperature stability is established 2-4 hours post-delivery.
4. Provide a neutral thermal environment to decrease heat loss during bathing through the following interventions:
   - *Bath water should be warm (not hot)*
   - *Doors should be closed to minimize air currents*
   - *Whenever possible warm the room and use warm towels for drying.*

5. Provide a clean environment:
    - *Ensure that the surface where the baby is being bathed (cart or table top) is cleaned with disinfecting wipes prior to starting and following the bath*
    - *Use developmental interventions (i.e. swaddling, containment, gentle touch) to help decrease behavioral disorganization.*
6. Encourage parents to participate in the bathing process.
7. Proceed as follows:
    - *Fill the bath tub with warm water deep enough so that neonate's body is covered except for head and neck.*
    - *Place baby in tub.*
    - *Using warm water without soap for all babies, wash the eyes from the inner to outer canthus. Then wash the face, ears and neck.*
    - *Wash the neonate from top to bottom (using soap for infants who are eligible), going from cleanest area to the dirtiest. Pay attention to skin folds.*
    - *Rinse well to avoid exposure to chemicals in soap. Keep the baby wrapped in warm wet swaddle to prevent heat loss.*
    - *Wash and rinse hair and head (using soap for infants who are eligible).*
8. Dry the neonate once the bath is complete. Make sure the cord/cord stump is dry. Put on a diaper.
9. Offer skin to skin contact to promote thermal regulation. If the parent declines, dress the neonate in a pajama and bundle in a blanket.
10. Assess axillary temperature post bath. Ensure the baby is on ISC probe and either under radiant warmer or in skin-to-skin position if infant is cold.
11. Empty bath water in the sink. Wipe down sink with disinfecting wipes.
12. Disinfect the bathtub with an approved disinfectant. Store the bathtub upside down to prevent any droplets of water from pooling at the bottom.

Documentation

- The date of the next bath is identified on the neonate's care plan.
- Document the following:
    - *skin assessment (ex : umbilicus healing process)*
    - *neonate's tolerance*
- If teaching to parents was done, document what information was given.