

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR	S Bolisetty (Medical Co-Director Newborn Care Centre); S Wise (Nursing Co-Director Newborn Care Centre)
AUTHOR	Jessica Parker (RN)
SUMMARY	To guide clinicians on swaddled bathing procedures, reducing neonatal and parental stress through supportive practices.

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Swaddled bathing of Neonates

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This Clinical Business Rule 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 Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. BACKGROUND

Bathing can be stressful for infants, particularly vulnerable preterm infants. Swaddled bathing aims to reduce neonatal stress during bath times by mimicking the feeling of being in the womb. Swaddled bathing has been proven to reduce psychological stress, respiratory distress, gastrointestinal and sleep disturbances.

2. RESPONSIBILITIES

Medical and Nursing Staff

3. PROCEDURE

3.1 Equipment

- Bath or sink
- Appropriate cleaning solution
- Water source
- Small sheet or towel for wrapping
- 2 Warmed towels
- Unscented, pH neutral liquid soap
- Rediwipes
- Change table or flat space to place baby after bath
- Nappy and clothing

3.2 Clinical Practice

1. Assess the suitability of a bath for the infant. Baths are appropriate for infants who are:
 - Nursed in a cot.
 - Without vascular accesses
 - Stable and tolerating handling
 - With stomas and healed wounds
 - On respiratory support (may be considered)
 - Nursed in cribs who can maintain some temperature self-regulation
2. Arrange a suitable bathing time with parents and discuss swaddled bathing technique.
3. Bathing is best conducted when the infant is settled and awake.
4. Seek assistance if the infant is on respiratory support.
5. Lay out the towels on a flat surface such as the cot or change table.
6. Gather Equipment (Picture 1)
7. Clean bath and surrounding area as needed. (Picture 2).

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Picture 1



Picture 2



Picture 3

8. Fill bath with warm water (optimal temperature is between 37.5-38 degrees Celsius). Test the water on your forearm. Do not add soap at this time.
9. Check the infant's temperature. If the infant is cold, do not continue the bath.
10. Remove the infant's clothing, nappy and monitoring leads. Swaddle the infant (Picture 3).
11. Hold the infant above the bath and use a warm wet cloth to clean the head, face and ears. (Picture 4).



Picture 4



Picture 5



Picture 6

12. Add a pH neutral soap to the bath.
13. Slowly lower the infant into the bath until the water comes up to shoulder height. (Picture 5).
14. Supporting the infants head, slowly un-wrap the infant. Wash, one limb at a time until the infant is fully exposed in the bath water. (Picture 6).

NOTE:

- Movements should be slow and gentle.
- Be aware of the infant's behaviour and physiological stress cues.
- Minimise environmental stressors such as noise and light.

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15. Remove the wet towel, contain the infant in a flexed position, gently lift out the infant from the bath and place onto the dry, warm towel.
16. Wrap the infant in the first towel and dry the head and body. (Picture 7).



Picture 7

17. Remove the first wet towel and place the infant on the second warmed towel.
18. Immediate skin to skin contact is recommended or dress the infant.
19. Dispose of dirty laundry into the waste linen basket. Discard the waste water down the sink and clean all equipment used.
20. Document the bath in the care plan and notes.

3.3 Educational Notes

- Recommended to delay bathing 6-24 hours post birth.
- Swaddled bathing can be used to regulate body temperature and reduce unnecessary stress.
- Cleansers and emollients should be pH neutral (5-5.7 pH) and free of irritants such as fragrances, essential oils, alcohol, and harsh detergents.
- Recommended cleansers include QV.
- The epidermis only completely develops by approximately 34 weeks gestation and thus, infants before this gestation should only be cleaned with warm water.
- Bathing more than 2-3 times per week is not necessary and may alter the acid mantle of the skin and disturb the balance of the healthy bacterial skin flora.
- Immersion tub bathing is preferred over sponge bathing as babies are usually calmer and it helps with thermoregulation.
- Infants have been shown to have improved thermoregulation if placed skin to skin immediately post bath.
- Preterm infants should be bathed weekly or as required and term infants should be bathed approximately every two to three days.

3.4 Abbreviations

pH	Power of Hydrogen	QV	Queen Victoria Hospital
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3.5 References

1. Albahrani Y, Hunt R. Newborn Skin Care. *Pediatric Annals*. 2019; 48 (1): e11-15.
2. Association of Women's Health, Obstetric and Neonatal Nurses. *Neonatal Skin Care* (Forth Edition) – Evidence Based Clinical Practice Guideline. 2018.

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3. Fernández D, Antolín-Rodríguez R. Bathing a Premature Infant in the Intensive Care Unit: A Systematic Review. J Pediatric Nursing. 2018 Sep-Oct; 42:e52-e57.
4. Johnson E, Hunt R. Infant skin care: updates and recommendations. Current Opinion in Pediatrics. 2019; 31(4): 476–481.
5. Kusari A, Han AM, Virgen CA, Matiz C, Rasmussen M, Friedlander SF, Eichenfield DZ. Evidence-based skin care in preterm infants. Pediatric Dermatology. 2019 Jan;36(1):16-23.
6. The Royal Children's Hospital Melbourne. Swaddled Bathing. 2022. https://www.rch.org.au/cocoon/project/caring-for-baby/Swaddled_bathing/. Accessed 12/12/2024.

4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- Nil

5. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD family, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the family is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6. IMPLEMENTATION PLAN

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

7. RISK RATING

- Low

8. NATIONAL STANDARDS

- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
2016	1	J Jackson (RN)
2024 23.4.24	2	J Parker (RN) Endorsed 23.4.24 at BRGC