

Effectiveness of Delayed Newborn Baths on Exclusive Breastfeeding

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Background

- EBF is defined as the infant only receiving human breast milk (WHO, 2022)
- WHO has cited many benefits of EBF, including providing newborns with nutrition, energy, and antibodies (WHO, 2022)
- EBF can also decrease postpartum blood loss, infection, and anemia, as well as increase weight loss (AWHONN, 2015)
- Too early of a newborn bath can pose a threat to maternal-newborn interaction, which includes EBF
- Newborn bathing can result in physical separation and decreased skin-to-skin contact as well as removal of the new newborn's vernix caseosa that aids in extrauterine transition; all of which can negatively affect EBF (Warren, Midodzi, Allwood Newhook, Murphy, and Twells, 2020)
- WHO's postnatal recommendations state that newborn baths should be completed no earlier than 24 hours of life (WHO, 2014)

Methods

PICO: Among newborns admitted to the mother/baby unit, do delayed baths compared to non-delayed baths affect exclusive breastfeeding (EBF) during an in-hospital postpartum stay?

Database: CINAHL

Keywords: ((Newborn*) AND (Bathing) OR (Breastfeeding))

Limitations: Peer-reviewed journals with abstracts that were published between 2013-2022; yielding 26 citations

Exclusion Criteria: 15 studies were excluded due to insufficient information regarding the target population, intervention, or outcome

Results: After a full text review, five citations met all inclusion criteria, had a quality level of evidence, and remained relevant to the PICO(T) question

Evidence Summary

- Brogan and Rapkin (2017) noted that after the implementation of delayed bathing, breastfeeding initiation increased by 166 percent.
- DiCioccio, Ady, Bena, and Albert's (2019) study resulted in an increased EBF rate from 59.8% to 68.2% after delaying newborn baths by at least 12 hours of life
- In Warren, Midodzi, Allwood Newhook, Murphy, and Twells (2020), EBF rate increased by 33% in the post implementation group of delayed newborn baths by 24 hours of life
- For most studies included, participants reflected healthy couplets of newborns \geq 34 weeks gestation
- Newborns of parents who requested an earlier bath or those born from mothers with blood-borne pathogens (HIV, Hepatitis B) were bathed accordingly

Implications for Nursing Practice

- The evidence in the studies provided suggest a strong recommendation of delaying newborn bath to at least 12 of life with a longer delay of 24 hours being the ideal time frame to assist with EBF as a policy change
- The potential benefits of initiating delayed newborn bathing on a maternity unit include a decrease in hypothermia and hypoglycemia rates and an increase in exclusive breastfeeding initiation
- A protocol change would be fiscally inexpensive and would require minimal nurse education
- Nursing practice guidelines already ingrained in the nursing culture are difficult to change, therefore collaboration with unit leadership and staff nurses can result in a cultural shift and the promotion of nurse-led initiatives
- Barriers to protocol change include parents who do not consent to delaying baths, or situations where it remains unsafe to bathe newborns early (newborns born to mothers with blood-borne pathogens or who use illicit drugs)
- Allowing parents to participate in bathing their newborns can increase parent satisfaction and confidence

Figures

Study	Level of Evidence	Confidence Interval (CI)	Quality
DiCioccio, et al., 2019	III	(1.14, 1.96)	Moderate
Long et al., 2020	III	N/A	Moderate
Turney et al., 2019	III	(1.18, 2.15)	Moderate
Warren et al., 2020	III	(1.049, 1.698)	Moderate

References



Role of Clinical Nurse Leaders

- A CNL plays a critical role in establishing a safe environment when implementing recommendations and training other nurses on a maternity unit
- The CNL serves as a role model when using EBP to design, implement, and evaluate practice changes related to healthcare delivery models and quality improvement initiatives
- CNLs also involve patients in the development of their care plan to foster rapport and trust and to accommodate any cultural or religious preferences
- CNLs function as team leaders, educators, and outcome managers
- A CNL would implement delayed newborn baths by effectively communicating the vision and expectations to the team; cultivating a positive team culture to ensure buy-in; identifying peer champions; and providing constructive feedback

Conclusion

- The five studies provided sufficient evidence to support the benefits of delaying newborn bathing by up to 24 hours
- Studies indicate that delaying the newborn's initial bath following birth reduces infant complications such as hypoglycemia and hypothermia and increases rates of exclusive breastfeeding initiation (Brogan & Rapkin, 2017)
- Delaying the initial bath resulted in an increase in skin protection from the vernix caseosa, which regulates temperature, pH, and wound healing (AWOHNN, 2015)
- Skin-to-skin contact provides comfort, security, and mother-infant bonding for the newborn healing (AWOHNN, 2015)
- Staff nurses reported that the implementation of delayed newborn baths impacted infection control, distribution of work, and breastfeeding success with latching (Long et al., 2020).