Bathing the Infant: Performing a Sponge Bath

What is Involved in Performing a Sponge Bath?

- Bathing refers to the act of cleansing the skin
- **What**: Bathing an infant involves measures taken to cleanse the infant’s skin, while maintaining the infant’s safety and promoting comfort. Bathing an infant for the first time after birth minimizes the risk of infection for the infant and prevents spreading of infection to the caregivers. It also allows the nurse to conduct an assessment of the infant (e.g., physical assessment, alertness, age appropriate muscle movement, comfort)
- **How**: Infants can be washed in a bathtub of an appropriate size, or on any safe surface using a small cloth or sponge dipped in water (called a sponge bath). Young infants (e.g., < 6 months of age) are usually bathed in a small, specially designed bathtub. Older infants (e.g., ≥ 6 months of age) can be bathed in a standard bathtub, while infants of any age can receive a sponge bath. Therapeutic agents, such as soap or bath oil, can also be used. A caregiver should remain with the infant at all times during the bath to prevent drowning and injuries
- **Where**: Bathing an infant can be performed in any setting in which infants receive care, including the newborn nursery or neonatal intensive care unit (NICU) of a hospital, sub-acute setting, long-term care facility, and the home care setting
- **Who**: Nurses and assistive medical personnel are usually responsible for bathing infants in the healthcare setting. Prior to hospital discharge, a nurse is often responsible for demonstrating to new parents the proper technique for bathing a newborn. It is appropriate for family members to be present during bathing of the infant and to take an active role in bathing the infant. Any caregiver who is properly trained can bathe an infant

What is the Desired Outcome of Performing a Sponge Bath?

- Infants are bathed to clean the skin of secretions, stool, urine, and potentially harmful bacteria

Why is Performing a Sponge Bath Important for an Infant?

- Bathing maintains the infant’s skin integrity and prevents infection. Baths can also be relaxing and comforting to the infant and, as the infant continues to develop, baths can provide an opportunity for play and bonding between the infant and caretaker

Facts and Figures

- Bath water can cause life-threatening burn injuries in children. Water at a temperature of 133 ºF (56 ºC) can cause a third degree (full-thickness) burn in a child in 15 seconds, 140 ºF (60 ºC) in 5 seconds, 149 ºF (65 ºC) in 2 seconds and 156 ºF (68.8 ºC) in 1 second; home hot water heaters are frequently set above 140 ºF (60 ºC); (Dignity Health, 2014)
- Although a child’s age, medical condition, and developmental level determine the type of bath given, a healthy term infant should typically be given a complete bath two to three times per week or more often as needed. Between complete baths, the infant’s face, neck, hands, and genital area should be washed as needed (Wheeler, 2017)
- A literature review assessed different newborn bathing methods and found that delaying a bath for more than 1 hour after delivery can benefit the newborn by reducing irritability and promoting a relaxed state. The researchers also found that tub and immersion
bathing can improve body temperatures and are typically less stressful than other bathing methods. It is not necessary to bathe newborns every day; premature infants can be bathed as infrequently as 4 days without risking skin colonization. Finally, daily chlorhexidine gluconate baths are not recommended until additional studies reveal whether the chlorhexidine can cross blood-brain barriers (Lund, 2016).

In some cases, neonates can require immediate baths, such as when the mother has hepatitis or is HIV positive, to limit transmission to others in contact with the newborn. An immediate bath might be indicated when an infant has chorioamnionitis or significant meconium staining (Smith et al., 2017).

World Health Organization (WHO) guidelines recommend delaying baths until 24 hours after birth, although this is not always possible due to various cultural, social, preferential, or religious reasons (WHO, 2017).

Researchers in a recent pilot study compared axillary body temperature of 15 preterm infants following either a swaddled immersion or traditional bathing and found that both techniques resulted in mild hypothermia (de Freitas et al., 2018). Environmental factors, such as noise and drafts, must also be limited during baths. Soft materials and no-rub techniques should be used prior to 32 weeks gestational age. Infants who are in fragile states—such as preterm infants under 34 weeks gestational age—should not be bathed until 7 days of life. Finally, infants should each have their own bathtub to limit the risk of cross-contamination, since evidence suggests basins are frequently contaminated with pathogens (Denton et al., 2018).

Researchers assessed the behavior of 80 newborns who underwent either swaddled bathing (SB) or traditional bathing (TB) and found that the body temperatures of the former group were higher than the latter group after 10 minutes. Heart rates were higher in the TB group compared to the SB group. Newborn Infant Pain Scale results were significantly lower in the SB group than in the TB group. Researchers concluded that infants in the SB group had significantly less stress compared to those who underwent TB (Çaka et al., 2017).

Researchers assessed 198 randomized newborns for changes in behavior following either a tub bath or shower protocol. 57% of the newborns experienced pain or discomfort with a shower and were 4 times more likely to cry than infants undergoing a tub bath. Researchers concluded that showers are not recommended for neonatal baths and should be avoided (Pereira et al., 2017).

Researchers evaluated cardiorespiratory and thermal adaptation among 184 healthy newborns undergoing hot tub baths or showers. Newborns undergoing hot tub baths experienced lower heart/respiratory rates and temperatures, whereas newborns undergoing showers had the opposite effect (Gomes da Fonseca Filho et al., 2017).

**What You Need to Know Before Performing a Sponge Bath**

The nurse clinician should be aware of the following measures to take during infant bathing in order to prevent injuries, including possible burns, aspiration, and drowning:

- Fill the basin or baby bathtub with water that is comfortably warm, but not hot (98–99 °F/36.7–37.2 °C)
- Never leave the infant unattended during bathing or under the supervision of another young child
  - The American Academy of Pediatrics (AAP) issued a policy statement in 2010 recommending that to keep babies safe during bath time they should never be left unattended near or in a bathtub, even for a moment, or under the supervision of another young child. A baby can drown in less than 2 inches of water
  - Bath rings and bath chairs should be used only for support during the bath, never as a substitute for direct supervision
  - Unplug all electric items (e.g., hair dryers, radio), and keep all sharp objects (e.g., scissors) away from the bath
- The nurse clinician should also be aware that, as with any items used in the healthcare setting, bath products can contribute to the spread of infection
  - Reusable bath basins should be cleaned carefully after use or discarded, per facility protocol, because they can harbor microbes and act as a source for transmission of healthcare-associated infection
  - Bath products should be individually labeled and used for only the infant who is bathed; sharing of bath products should be avoided for infection control purposes
- The nurse must observe standard precautions and wear gloves when handling the infant until blood and amniotic fluid are removed by bathing, as pathogens (e.g., Hepatitis B virus, HIV) can be transmitted via maternal blood or amniotic fluid resting on the infant
- Though still used in some facilities, baby oil is generally not recommended as it clogs the pores. Instead, emollients that are specifically formulated for baby’s skin can preserve and protect the skin barrier by helping minimize water loss
- Baby powder should not be used because the inhaled particles can cause aspiration pneumonia
- Infants should be cleansed gently and patted dry to avoid skin abrasions
The nurse should be aware that cultural differences (e.g., bathing frequency, using cold bath water vs. warm water, cleansing agents) can exist over bathing the infant. The nurse should aim to provide education and partner with the parents to offer family-centered care in accordance with facility guidelines.

Preliminary steps that should be taken before bathing an infant include the following:

- Review the facility protocol for bathing an infant.
- Review the clinician’s order for bathing the infant, although bathing the infant can be performed as a part of standard infant care, and no separate written order might exist. Note specifically:
  - whether any special cleansing or moisturizing products are ordered.
  - if the treating clinician has specified what type of bath (i.e., sponge bath or tub bath) the infant should receive.
- Review the infant’s medical history/medical record for any allergies (e.g., to latex, medications, or other substances); use alternative materials as appropriate.
- Review any special needs that can be applicable to the infant; these include considerations such as IV catheters, urinary catheters, surgical incisions, healing circumcisions, or specialized umbilical cord care. Follow facility protocol and the physician’s orders regarding care of any special considerations present.

Gather appropriate supplies, as follows (Figure 1):

- Nonsterile gloves
- Any prescribed skin cleansers or moisturizers
- Warming lamp
- Two cotton balls
- Sterile water or warm tap water, per facility protocol
- Commercial baby shampoo, baby soap, or other mild, non-alkaline soap
- Emollient formulated for infants
- Diaper, clean clothes, hat, and blankets, as appropriate
- Fine-toothed comb or soft bristle brush
- New cardiac monitor leads and pulse O2 if applicable
- Four bath towels
- Four small washcloths
- Two small basins

Figure 1: Supplies used to sponge bathe an infant. Copyright ©2014, EBSCO Information Services.

How to Perform a Sponge Bath

- Identify the infant according to facility protocol.
- Perform hand hygiene and apply nonsterile gloves.
- Introduce yourself to the parents and family member(s), if present, and explain your clinical role in bathing the infant. Assess patient/family anxiety and for knowledge deficits regarding bathing the infant.
- Determine if the parents/family require special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present.
- Follow facility protocols for using a professional certified medical interpreter, either in person or via phone, when a language barrier exists.
› Explain details of the infant bath, including its purpose; answer any questions and provide emotional support as needed
› Make sure the room temperature is sufficiently warm (~ 75 °F/24 °C); close doors and windows to limit excessive noise and draft
› Turn on the warming lamp, if necessary, to make the environment thermodynamically stable. Ensure that the lamp is at least 18” (0.5 m) away from the infant to prevent burns
› Position the infant for privacy, comfort, and accessibility
› Take precautions to ensure that the infant cannot roll off the surface chosen for the bath
› Fill 2 small basins with warm water; add a small amount of soap or baby shampoo to one of them
› Feel the water with your wrist or elbow to confirm that it is appropriately warm (i.e., 98–99 °F/36.7–37.2 °C)
› Put a bath towel on the surface to be used, and place the infant on the towel
› Undress the infant
› Set aside the infant’s soiled clothes and discard the diaper
› Gently wipe the eyes with a cotton ball dampened with sterile or tap water. Do not use soap or baby wash
  • Wipe each eye with a separate cotton ball
  • Wipe from the inner canthus to the outer canthus
  • Discard the soiled cotton balls
› Using a dampened washcloth without soap, gently wash the face
  • Pat the face dry with the dry towel
  • Wash around the ears with the washcloth wrapped around the index finger; do not use cotton tipped swabs
  • Put the soiled washcloth aside
› Dampen a washcloth with soapy water and wash the remainder of the body in the following order:
  • Wash the upper extremities and trunk
  • Rinse the upper extremities and trunk with non-soapy water
  • Pat dry the upper extremities and trunk
  • Dampen the washcloth with soapy water
  • Wash the lower extremities
  • Rinse the lower extremities
  • Pat dry the lower extremities
  • Wash the feet and hands with soapy water
  • Rinse the feet and hands with non-soapy water
  • Pat dry the feet and hands
  • Put the soiled washcloth aside
› Dampen a clean washcloth and wash the diaper area
  • Wipe females from the front to the back to avoid introducing bacteria into the urethra
  • Rinse the diaper area with non-soapy water
  • Pat the diaper area dry
› Without rubbing, pat the infant with a dry towel to make sure his/her whole body is dry
› Remove the wet towel that the infant is resting on
› Replace it with a clean, dry towel
› Wrap the infant with the clean, dry towel
› Once or twice a week, wash the infant’s hair
  • With the infant wrapped in a towel, position the infant in a football hold by supporting the head and neck while allowing the head to drop backward at an angle that prevents water and soap from running into the eyes
  • Apply a small amount of mild baby soap or shampoo to a damp washcloth and gently lather the infant’s scalp
  • Rinse the hair with a small amount of the non-soapy water, using caution to avoid spilling water and shampoo into the eyes
  • Dry the head and hair and any other area that got wet
› Apply a moisturizing lotion to the infant’s skin, if appropriate
› Diaper and dress the infant
  • Comb the infant’s hair with a fine-toothed comb or a soft-bristlebrush to help remove seborrhea crusts from the infant’s scalp
  • Apply an infant cap, as appropriate
› Discard trash appropriately
Place soiled laundry in appropriate location
Remove gloves
Perform hand hygiene
Update the patient’s plan of care or medication administration record (e.g., if a prescribed cleanser or moisturizer was used), as appropriate, and document performing the bath in the patient’s medical record, including the following information:
• Date and time infant bathing was performed
• Type of bath given
• Any prescribed cleansers or moisturizers used
• Infant’s response to the bath (e.g., crying, smiling, playing), interaction with parents during bath if present
• General condition of the infant’s skin
• I & O data such as a wet or dirty diaper when removing the infant’s diaper for the bath
• All family education provided

Other Tests, Treatments, or Procedures That Might Be Necessary Before or After Performing a Sponge Bath
• Routine skin assessment can be performed before, during, or after bathing the infant
• Skin treatments will be applied, if ordered

What to Expect After Performing a Sponge Bath
• The infant’s skin will be clean, and the infant will appear comfortable

Red Flags
• Infants left unattended during bathing can become submerged in the bath water and drown or experience near-drowning injuries. If submersion occurs, call for assistance, assess the child’s respiratory and cardiovascular status, and prepare to provide resuscitative care
• Head trauma or other injuries can occur if the infant falls during the bath. If a fall occurs, assess for injuries, provide emergency aid, and immediately notify the treating clinician of the fall and whether injuries have occurred or are suspected

What Do I Need to Tell the Child’s Family?
• Explain the steps of bathing an infant to the parent(s) or family while performing the bath. If appropriate, allow parent(s) or family to assist in performing the bath to confirm their understanding of the procedure and necessary safety measures
• Advise parents to reduce risk of scalding by setting their water heater to ≤ 120 °F/49 °C
• Educate parents to never leave an infant or young child unattended in or near a tub or under the supervision of a young child; inform parents that if they are interrupted by a distraction requiring immediate attention while bathing their infant, they should wrap the baby in a blanket and take the baby with them to respond to the distraction
• Instruct the parents to contact their care provider if they note any abnormal skin lesions while bathing their infant
• Provide written information that the family can refer to later when they need to bathe the infant
• Provide information about how the family can contact a healthcare professional if questions or problems arise

References


