Bathing the Infant: Performing a Tub Bath

What is Involved in Performing a Tub Bath?

› Bathing refers to the partial immersion of the body in water for the purpose 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 (Figure 1). Older infants (e.g., ≥ 6 months of age) can be bathed in a standard bathtub. Therapeutic agents, such as soap or bath oil, can be added to the bath water. 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 Tub Bath?

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

Figure 1: Young infants are bathed in a specially designed bathtub of warm water. Copyright ©2014, EBSCO Information Services.
Why is Performing a Tub 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 °F (56 °C) can cause a third degree (full-thickness) burn in a child in 15 seconds, 140 °F (60 °C) in 5 seconds, 149 °F (65 °C) in 2 seconds and 156 °F (68.8 °C) in 1 second; home hot water heaters are frequently set above 140 °F (60 °C); (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 tub 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)

What You Need to Know Before Performing a Tub 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).
  - The tub should contain no more than 2–3 inches (5–7.5 cm) of water for infants up to 6 months of age, and should never be more than waist-high (in the sitting position) for older infants (Figure 2)
Bathe the baby up to 6 months of age in a bathtub with 2 - 3 inches of warm water. Copyright ©2014, EBSCO Information Services.

- 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 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 can 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:
    - Nonsterile gloves
    - Any prescribed skin cleansers or moisturizers
How to Perform a Tub 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

› Tub bath
› Fill the bathtub with 2–3 inches (5–7.5 cm) of warm water
› Feel the water with your wrist or elbow to verify it is appropriately warm (i.e., 98−99 °F/36.7−37.2 °C)
› Undress the infant
› Set aside the infant’s soiled clothes and discard the diaper
› Place the infant in the baby bathtub
   – Make sure the infant’s head and neck are supported at all times
› Using a dampened washcloth without soap, gently wash the face
   – Wipe each eye from the inner canthus to the outer canthus
   – Wash around the ears with the washcloth wrapped around the index finger; do not use cotton tipped swabs
› Dampen the washcloth with soapy water and wash and rinse the remainder of the body in the following order:
   – Upper extremities and trunk
   – Lower extremities
   – Feet and hands
   – Diaper area
     - Wipe females from the front to the back to avoid introducing bacteria into the urethra
     – Put the soiled washcloth aside
› Once or twice a week, wash the infant’s hair
   – Support the infant’s head in a position so that water does not run into the infant’s eyes
   – Apply a small amount of shampoo or mild soap to a damp washcloth
   – Gently lather the hair
   – Rinse the hair with a small amount of 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
› Allow the infant to play in the water for a short period of time, as appropriate for developmental level, while ensuring patient safety
› Remove the infant from the bathtub
• Place the infant on a clean, dry towel
• Without rubbing, pat the infant dry with a bath towel
• Apply a moisturizing lotion if appropriate
• Diaper and dress the infant
  – Gently comb the infant’s hair with a fine-toothed comb or a soft-bristle brush 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
• Clean/disinfect and store the bath basin/tub according to facility protocol; do not reuse the basin for another patient
• 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 Can Be Necessary Before or After Performing a Tub 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 Tub 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
  › Reusable bath basins should be cleaned carefully after use or discarded, per facility protocol, because they may harbor microbes and act as a source for transmission of healthcare-associated infection. (Johnson, et al., 2009)
  › Store bath basins upside down. Don’t store other patient items in bath basins or use them for other purposes besides bathing. (Johnson, et al., 2009).

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 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


