



Baby Bathing: A Review of Routine Practice

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Introduction

Thermal care practices for newborns have evolved over time. In the past, newborns were bathed immediately after birth. The practice then changed to drying the newborns immediately after birth, and bathing the newborns daily in the morning regardless of their time of birth.

The practice of bathing newborns in the hospital environment contributes to the risk of newborns developing hypothermia. It also separates newborns from mothers during the bathing time.

The World Health Organization's (WHO) recommendations on the care of newborns in the first week of life to improve thermal care practices include:

1. Drying and wrapping
2. Skin-to-skin contact
3. Immediate initiation of breastfeeding
4. Delaying bathing until after 24 hours of life

Opportunity


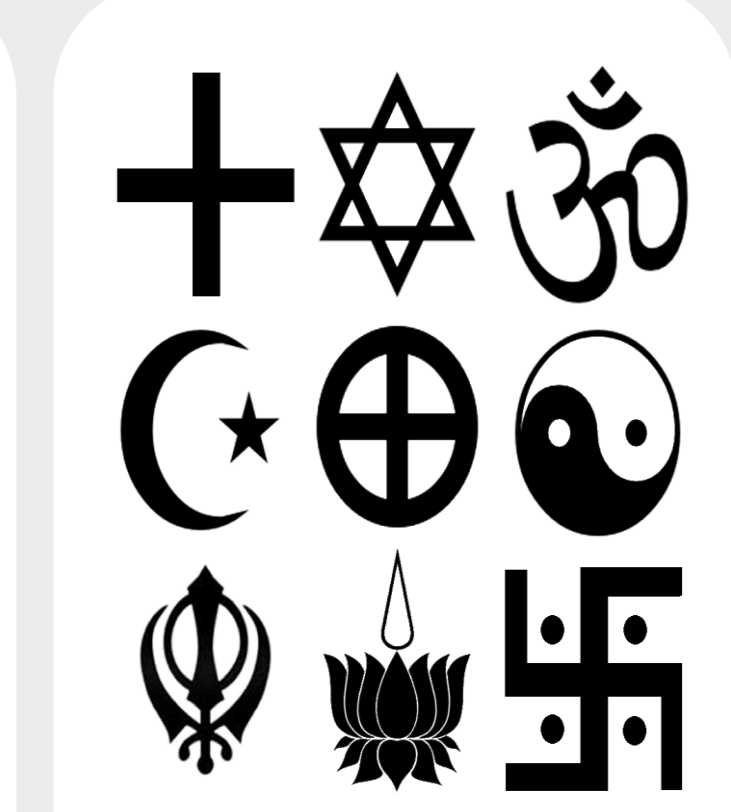

To adopt WHO's recommendation on thermal care practices of newborn by delaying the first bath of newborns. However, of the 47 mothers surveyed, 38% of mothers rejected the practice of delaying the first bath of the newborn.

Aim

To reduce the proportion of mother who rejects the delay of her newborn first bath.

Root Causes

Reasons for mothers' rejection in the delay of the first bath of newborn were:

 Sight and smell	 Hygiene and protection	 Religion	 Comfort
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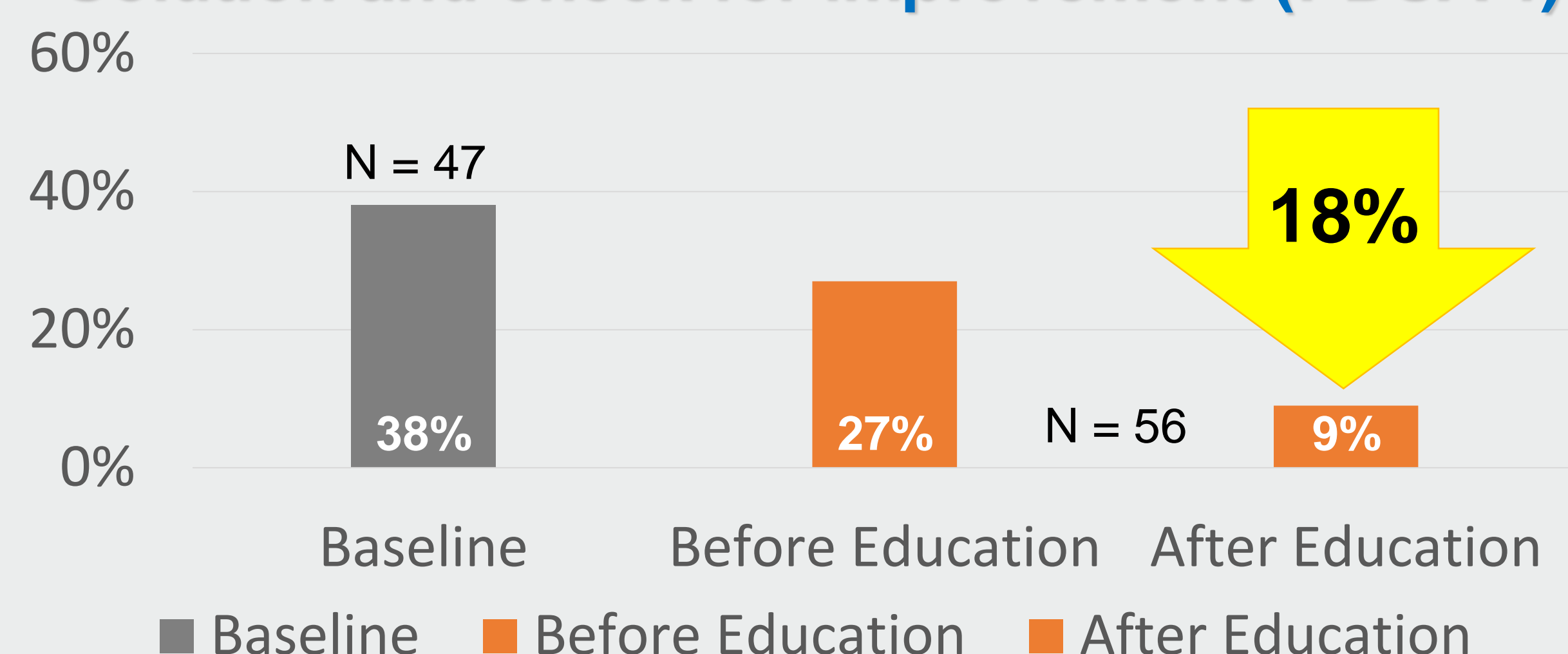
72% of mothers' rejection were due to "sight and smell" and "hygiene and protection".

Method

The PDSA method was adopted. To educate mothers with materials designed to address "sight and smell" and "hygiene and protection", an educational leaflet was designed to provide mothers with information on thermal care practices for newborns.

The difference in the mothers' rejection of delay in the first bath of newborn was analyzed and the p-value was calculated.

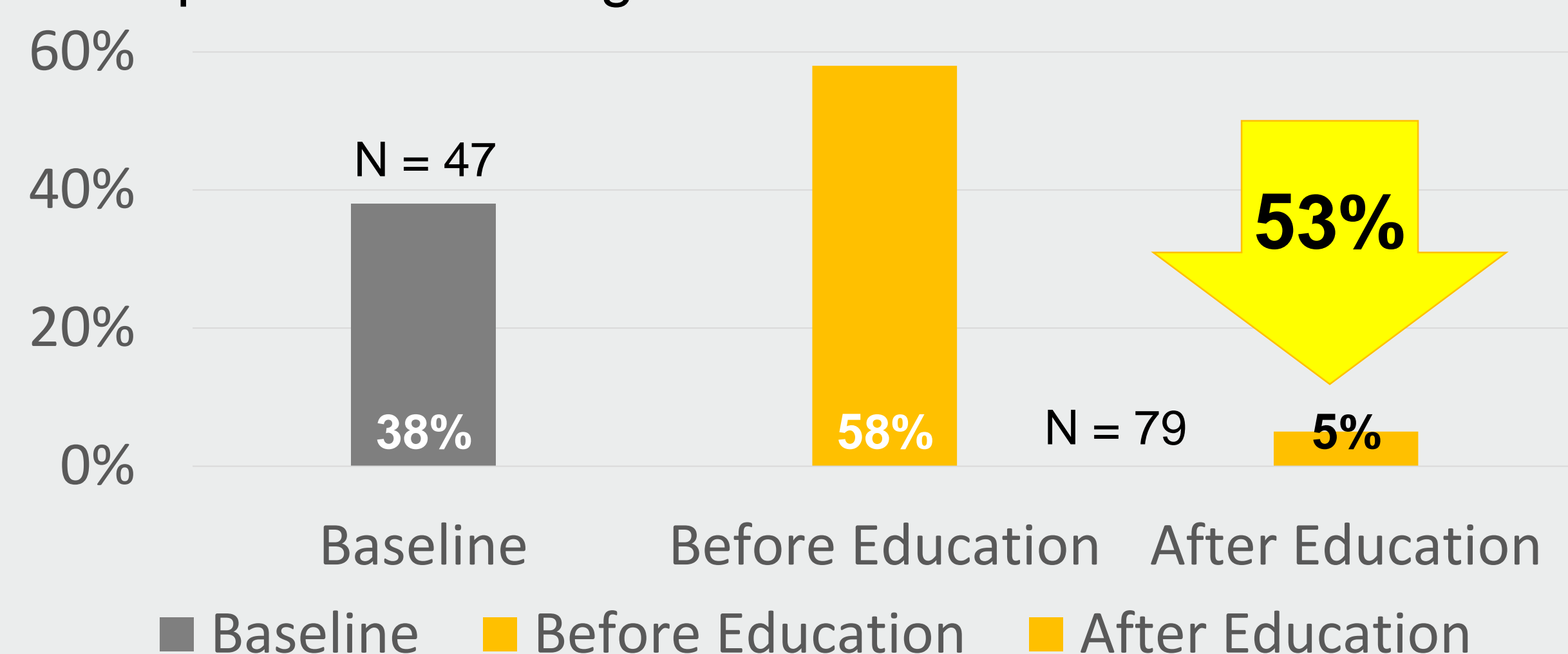
Solution and check for improvement (PDSA 1)



Since the p-value is 0.014, which is less than 0.05, the reduction in rejection of delay (improvement) is significant.

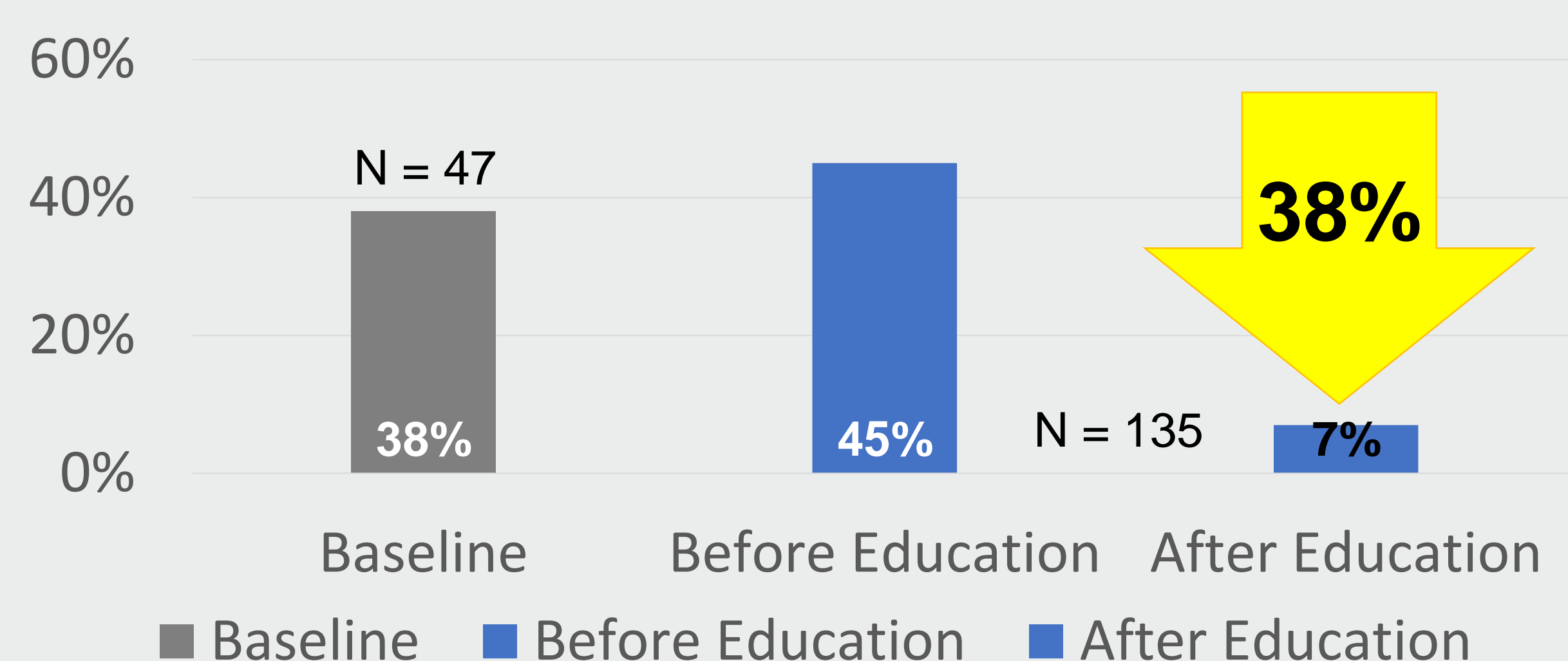
Solution and check for improvement (PDSA 2)

Team improved the design of education materials further.



Since the p-value is < 0.01, the reduction in rejection of delay (improvement and sustainability) is significant.

Findings



The education provided has resulted in an overall reduction of 38% (p < 0.01) of mother's rejection to delay the first bath of newborn.

Conclusion

The team has achieved sustainable improvement in the reduction of mothers' rejection of delay in the first bath of newborn. The delay of bathing of newborns until after 24 hours from birth of the newborn has been implemented in all Obstetric wards since February 2018.

Other benefits are yearly cost savings of \$255,500 in manpower & \$1066.72 in shower gel and 127.75 m³ water.

Acknowledgements

We would like to thank the Nurses from all the Obstetric wards and Delivery Suite for their support in this project.