

Swaddle Bathing in the NICU

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Practice Problem

The current bathing policy was up for review. Traditional bathing has been found to stress newborns as evidenced by behavioral signs such as crying, arching of the back, extended limbs, and splayed fingers, as well as physiological signs such as temperature instability, apnea, hypoglycemia, and hypoxia. The most current guidelines recommend swaddle bathing to help with the feeling of securement and containment, which may help prevent uncontrolled motor activity. Swaddle bathing is the action of bathing an infant swaddled while in a flexed, midline position. The infant is submerged to the shoulders in a tub of water. There was an expressed interest in developing and implementing a swaddle bathing protocol by nursing administration and the neonatal skin champions.

Nursing and Healthcare Implications

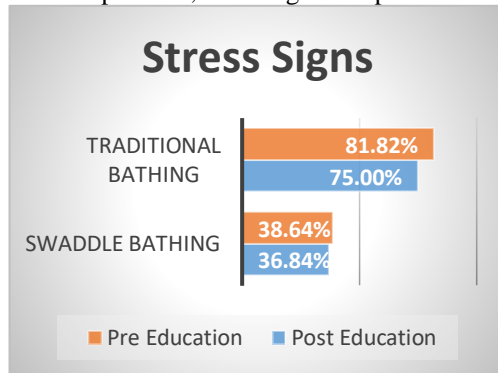
Primary: Evaluate current bathing practices in the NICU including pre- and post-temperature and stress signs.
Secondary: Evaluate for parental involvement.

Project Description

A pre-intervention survey was completed by staff to see what type of bath was being done as well as pre- and post-bathing temperature, stress signs and parental involvement.

A bathing protocol based on AWHONN's (Association of Women's Health and Neonatal Nurses) Neonatal skin care: Evidence-based clinical practice guidelines were developed and implemented. PowerPoint education was provided to all current NICU nursing staff.

After education was complete a post intervention survey was completed again looking at bath type, pre- and post-bathing temperature, stress signs and parental



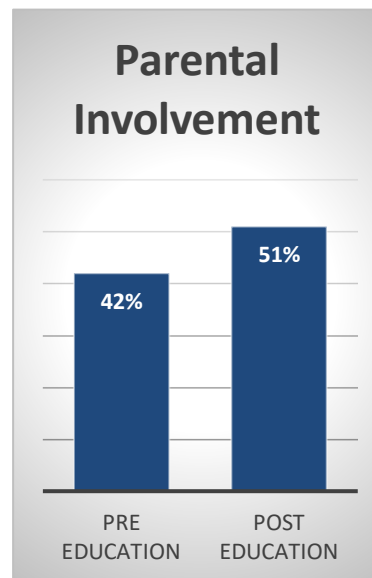
Project Evaluation

Quantitative:

How often was the appropriate bathing option chosen for the patient and how often was temperature stability, stress signs and parental involvement observed?

Qualitative:

Survey completed for 30 days both pre- education and post-education to evaluate for temperature stability, stress signs and parental involvement.



Conclusion

The initial focus was choosing the right bath based on the patient need. Pre-education there was a 13.6% miss rate, while post-education there was a 7.4% miss rate.

Significant data showed pre-education there were 81.8% of infants showing signs of stress with traditional bathing vs. 38.6% showing signs of stress with swaddle bathing. While post-education 75% showed signs of stress with traditional bathing vs. 36.8% with swaddle bathing.

Parental involvement increased from 42% of baths pre-education to 51% of baths post-education.

Overall there was enough data to show that swaddle bathing was less stressful and more enjoyable for the patient and it was implemented.

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Temperature change with swaddle bathing	0.84
Temperature change with traditional bathing	-0.03