

## **Implementing Evidence-Based Practice by Delaying Newborn Bath.**

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**Purpose & Rationale:** The purpose of this quality improvement project was to facilitate faster admission process to the postpartum unit while implementing evidence-based practice of newborn care.

**Quality Improvement Project Questions:** Will delayed newborn bath of 12-24 hours compared to two to four hours after birth improve nursing work flow of newborn admission and patient satisfaction during hospital stay?

**Synthesis of Review of Literature:** Prior to our quality improvement project, newborn bath was given during nursery admission as early as two hours after birth. McInerney and Gupta (2015) suggest that delaying newborn bath by 12 hours promotes nursing practices that prioritize safe outcomes for patients rather than task completion. According to Sobel et al. (2011), crucial interventions in the immediate period after birth should be properly timed to enable early thermoregulation and appropriate breastfeeding initiation. The implementation of delayed bath decreases the incidence of newborn hypothermia and hypoglycemia during the transitional period regardless of gestational age (Lipka et al., 2012). Delayed newborn bath increases breastfeeding initiation and in-hospital breastfeeding rates (Preer et al., 2013). Vernix and amniotic fluid contain antimicrobial peptides protective against antifungal and bacterial infections such as GBS & E. Coli (Akinbi et al, 2004). Vernix also exhibits a cleansing capability comparable or superior to standard skin cleansers (Moraille et al., 2005).

**Methods/Procedures:** This project arose as an unexpected outcome of a larger quality improvement initiative to increase rooming-in rates. The project was initiated with roundtable discussion on how to expedite the admission process and allow more rooming in. Delaying the bath was suggested to facilitate faster admission process to the postpartum unit while implementing evidence-based practice of newborn care. The leadership team conducted literature review for evidence supporting delayed newborn bath and presented the most significant finding to all key stakeholders, including staff nurses, hospitalists and community pediatricians. A poster presentation and PowerPoint slides were posted in staff lounge room, nursing station, and nursery. Patient education literature on the benefits of delayed bath was developed with marketing department and parent education department. Crib card communication with a “rubber ducky” sticker identified newborns with bath completion. The pilot was conducted over a four week period. Weekly meeting were held with the nursing staff to receive staff and patient feedback on the pilot. Patients were also interviewed during daily rounds to retrieve feedback and patient centered care.

**Results:** After four weeks of the pilot, it was evident that delayed newborn bath was very successful among nursing staff and patients. The practice change was adopted based on positive feedback of both staff and patients. Data will be shared in the poster presentation.

## **Discussion/ Application to Practice:**

This quality improvement project positively answered our hypothetical question on improving nursing work flow of newborn admission and increased patient satisfaction. The next step of the process will be collecting data to determine whether delayed bath on the maternity unit improves exclusive breastfeeding rates, and newborn outcomes, particularly infection, hypothermia and hypoglycemia rates during hospital stay.

## **References:**

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