

Letters to the Editor

The UK NIDCAP Centre, Winnicott Baby Unit, St. Mary's Hospital

Re: Practising developmentally supportive care during infant bathing: reducing stress through swaddle bathing

Dear Editor

Bathing (November 2008 issue of *Infant*) can be a relaxing, supportive way to introduce bathing in the neonatal unit, avoiding the distress that this procedure can cause. In this article, in spite of the intention to reduce stress, the pictures show signs that the baby is challenged and not able to relax and enjoy the bath.

We would like to suggest that:

- Bathing is reserved as a parenting activity – rarely is it necessary for nurses to bath babies. The demonstration or rehearsal can be done with a doll and the first bath can be planned as a special family event.
- Parents' bathing preferences should be considered and accommodated if possible (Parents are unlikely to use the equipment recommended in this article and will need to feel confident with more normal bathing equipment).
- Washing hair and face does not have to be done at the same time as the bath. It may be too much for the baby to do both at the same time.
- Head washing is best done with the baby wrapped and out of the bath to avoid getting cold and also because it is very difficult to support the baby in the bath and to wash and dry the hair at the same time. Head washing can help the baby to reach a quiet alert state before the bath.
- The water should be deep enough to immerse the baby to shoulder level and to allow floating.
- The baby should be introduced to the bath slowly, first encouraging parents to talk to the baby and to match actions with voice, then entering the water gradually, watching for signs of tension and pausing to allow the baby to relax before moving on. The baby should be able to reach the end or sides of the bath with his/her feet without having to stretch out.
- The wrapping can be loosened step by step – again if the baby shows he/she is unsettled pause, and rewrap if necessary. Bathing is a good opportunity to show parents how to recognise behavioural cues of competence, and as in this case, of stress (limp tone, poor colour, strained

facial expression and “shut down”).

- The length of time in the bath should be adjusted to reflect the baby's enjoyment and stability.
- When the baby is lifted out of the bath this should be done with the baby turned to the side (it is easier to keep the baby's limbs tucked into the body this way) before lifting out. The baby can then be placed directly onto a warmed towel on the parent's chest as they lean over the bath.

Wrapped bathing seems to have become fashionable but benefits for babies and parents will depend on how sensitively it is adapted. This means making it a dialogue with the baby in which his/her cues are observed, understood and responded to, creating an opportunity for parent and baby to develop mutual confidence and enjoyment.

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Response

Dear Editor

I would like to take the opportunity to reply to the letter dated 18 December 2008 from Inga Warren and Cherry Bond relating to my swaddle bathing article. I am pleased to receive constructive criticism and feedback about the article, and welcome suggestions that will promote discussion and add to the detail about this subject. I appreciate that swaddle bathing as a general practice is in its infancy in many neonatal units and that there is a lack of evidence about the process.

This is why I chose to write the article and attempt to raise awareness about the subject.

I am therefore pleased to accept Inga Warren and Cherry Bond's suggestions for the procedure itself, as this will not only be beneficial to myself but also staff across the country.

The content relating to how the swaddle bath should be performed was taken from the literature provided by Children's Medical Ventures, which accompanied the bath. Therefore if this is inappropriate material perhaps we need to liaise with this company to ensure they are supplying correct information, as a lot of units will be using their bathing equipment and

educational materials.

It is unfortunate that Inga Warren was not given the opportunity to review this article before it was published. Had this occurred the article could have been amended. I hope by taking on board Inga's and Cherry's comments nurses will consider the benefits of swaddle bathing.

Perhaps it is time to consider the whole picture relating to the method of bathing preterm babies, and I welcome any guidance that will enable neonatal staff to provide appropriate care for our vulnerable patients.

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