



## Chapter 3. Routine cares

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*Parent educational material for app*

Imperial Neonatal Service, Imperial College Healthcare NHS Trust

## 1. Introduction to routine cares of babies in the neonatal unit

Your Baby will receive 'routine cares' in the neonatal unit which involves skin care, mouth care, nappy changes, top and tail washes and care of the nappy area. At a later date when they are bigger they will have baths and will be dressed as required. Your Baby will be regularly weighed to monitor nutrition as well as weight gain.

We would like you to take part in giving your Baby routine cares.

### Aims for this chapter

We want you as a parent to know and achieve:

- understanding of the basics of routine neonatal care
- how you can carry out some of these cares facilitated by the nurses
- how you can work together with nurses to provide optimum care for your baby.

### Background to routine cares – values and outcomes

We want you to be available for as many of your Baby's cares as possible. In the first instance you will be watching and getting to know your Baby, but will gradually build your confidence to take part in their cares and learn eventually how to do many of them independently.

Make a plan with the nurse looking after your baby so that you can participate and provide routine cares, while being supported if needed. You can use the **Daily Care Plan** to communicate with staff and inform us when you will be coming to visit and also the cares that you are already confident in doing.

You will also find in the **Steps to Home Booklet** a list of the routine cares you can provide to your Baby. Ask your bed side nurse to sign you as confident when you are able to perform them independently

## My Daily Care Plan

My Name is \_\_\_\_\_

My Parents names are \_\_\_\_\_

My Nurse today is \_\_\_\_\_



When my parent(s) come, they are able to:

- |                                                  |                                                      |                                                       |
|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Sing and read to me     | <input type="checkbox"/> Give me a top and tail wash | <input type="checkbox"/> Measure and warm my milk     |
| <input type="checkbox"/> Do my mouth care        | <input type="checkbox"/> Give me a wrapped bath      | <input type="checkbox"/> Breastfeed me                |
| <input type="checkbox"/> Change my nappy         | <input type="checkbox"/> Take my temperature         | <input type="checkbox"/> Bottle feed me               |
| <input type="checkbox"/> Take me out and hold me | <input type="checkbox"/> Check my tube pH            | <input type="checkbox"/> Give me medications/vitamins |
| <input type="checkbox"/> Do skin to skin         | <input type="checkbox"/> Hold my tube feed           |                                                       |



My parent(s) are coming in at \_\_\_\_\_

About me:

I really like ...

My feeding plan is ...

Next steps to home are ...

- |                                                           |                                                              |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> My local hospital is _____       | <input type="checkbox"/> I have had BLS/safe sleep training  |
| <input type="checkbox"/> My birth/GP registration is done | <input type="checkbox"/> I am in a cot, on my back, no rolls |

*Thank you for helping to take care of me.*

## STEPS TO HOME

You and Your Baby's Journey through the Neonatal Unit from Birth to Home



*Parents as Partners in the Neonatal Journey*

Baby's Name:  
NHS number:  
Hospital of birth:

## 1.1 Skin care

The skin of a premature Baby is not fully developed and can be sensitive and vulnerable to damage. Please see [Chapter 12 'Developmental care'](#) for more information on the touch and the types of touch your Baby may prefer. Looking after your Baby's skin is an important aspect of care, and is of particular significance for a newborn baby who is adapting from the warm humid environment of the womb to the external dry environment of the nursery.

### General care principles:

- Plain sterile water should be the first choice for cleaning the skin.
- Pat skin to dry after cleaning, instead of rubbing dry.
- Vernix caseosa (the white layer on the skin of some newborn babies) should be left on the skin after birth to absorb naturally.
- Some medical equipment and probes may put pressure on your Baby's skin and so should be regularly repositioned to minimise any risk of skin damage from this.
  - Electrocardiogram (ECG) leads can usually be left in place. To remove hydrogel ECG leads, saturate the hydrogel using water (by spraying, on a cloth, or immersion in a bath) before peeling off gently.
  - Saturation probes held in place by non-adhesive wraps tend to press on the hand, foot or ankle; they are potential heat sources which should be moved every four to six hours or more frequently if skin is fragile.
  - Temperature probes can cause indentation of the skin and need to be moved every four to six hours. Try to ensure your Baby is not lying on the temperature probe, as this will cause more pressure and could damage the skin.
  - If your Baby's skin looks dry, we recommend the use of sunflower oil or coconut oil for hydration. Avoid the eye and mouth area while applying. Please see Chapter 12 'Developmental care' section 1.7 for more information on Baby's massage.

### Use of adhesive products:

The use of adhesive tape should be kept to the bare minimum and only when necessary to secure intravenous cannulas, temperature probes and orogastric tubes (OGT) or nasogastric (NG) feeding tubes. These are the tubes that go into your Baby's stomach for feeding and may go through their mouth (OGT) or nose (NGT).

When removing adhesive tape or products from the skin, ease the product off gently using one of the two processes below:

- moisten with water and cotton wool and ease off gently
- moisten with sunflower oil and ease off gently.

Removing adhesive products is a potentially painful procedure; use of oral sucrose and/or non-nutritive-sucking should be considered. See Chapter 12 'Developmental care' section 1.6 for better understanding of Baby's pain and how to provide comfort

### Nappy rash:

Premature babies can be more prone to nappy rash when they are on intravenous (IV) antibiotics or taking formula as it leads to altered intestinal flora and makes them open their bowels several times.

Skin products such as nappy creams should not be used routinely when no problem is present.

Treatment if required should focus on protecting the damaged skin and reducing friction in the red or sore area. Here are some tips:

- Clean the nappy area gently and try not to 'scrub' the skin.
- Ideally skin should be cleaned as soon as possible after the nappy is soiled; however this needs to be balanced with the need for rest or minimal handling.
- Apply a barrier cream – Sudocrem or Bepanthen will be prescribed.
- Expose the skin to air.



### Pressure area care:

Neonates most at risk of pressure-related skin damage are:

- extremely preterm neonates (26 weeks and below)
- neonates with restricted movement
- critically ill neonates, with possible poor tissue perfusion, poor nutrition, oedema and restricted movement
- neonates receiving cooling treatment.

Extra vigilance should be taken, both to prevent pressure and to monitor sites of high risk. Such sites include:

- knees
- elbows
- ankles
- pelvis or hip bones
- shoulders if laid laterally
- scalp

Regular repositioning can help relieve and redistribute pressure on your Baby's skin, but must need to be balanced with the need for sleep and fragility of your Baby.

A softer, more yielding surface gives some benefit to the 'at risk' neonate. There is more information on what you can do to support your Baby with positioning and making them comfortable in bed in **Chapter 12** 'Developmental care', section 1.5 Motor development and positioning.

#### **Handling neonates on the neonatal unit:**

Particular care should be taken when a procedure requires some pressure to be exerted on the Baby's skin. For example, heel pricks used for blood sampling, positioning for a lumbar puncture, insertion of a central line. Bruising, shearing trauma and petechial marking can all occur very easily, especially in the extremely premature neonate of less than 26 weeks' gestation.

### **1.3 Mouth care and positive oral touch**

Mouth care and positive oral touch are two important aspects of daily routine care for your Baby and are of great importance to their development. There are various invasive procedures which are carried out in and around the sensitive area of your Baby's mouth (for example suction, intubation, indwelling orogastric tube secured with tapes).

It may be helpful to counter some of this potentially negative oral stimulation with positive touch and sensory experiences. This may reduce the development of aversive responses to oral touch and help with the transition to suck feeding.

Positive oral touch is different from mouth cares that aim to thoroughly clean the mouth to prevent build-up of secretions that may then interfere with breathing support or breed pathogens that can then be aspirated and spread infection. These mouth cares are performed mostly by the nurses when required, but positive oral touch can also be done by parents.

#### **The goals of positive oral touch**

The aim of positive oral touch is to clean and refresh your Baby's mouth. When available it is best carried out with your colostrum or expressed breast milk (EBM). These provide extra protection against infection and colonise the mouth with good bacteria. The taste and smell of your breast milk may support transition to later breastfeeding. If your breast milk is not available, sterile water can be used.

#### **When to do positive oral touch?**

- positive oral touch needs to be given carefully to the intubated baby, in order to avoid dislodging the ET tube.
- For those babies on nasal continuous positive airway pressure (CPAP) and those not yet receiving suck feeds positive oral touch should be done with cares (three to six hourly).

- Ideally this should coincide with a feed time so tastes of breast milk are associated with having an enteral or tube feed.

### **Preparation**

- This is often the first care giving activity that you can do with your Baby.
- If possible, positive oral touch should be carried out when your Baby is awake and looking comfortable.
- Use a soft voice and comforting touch to let your Baby know of your loving presence and that something is about to change.
- You can help your Baby to stay comfortable by helping them to bring hands to their face or offering a finger for them to hold onto.

### **Cues that let you know your Baby is ready for some interaction**

- Acknowledge behaviour such as yawning, 'hiccoughs' and colour changes, twitching and tremors, fast heart beat or irregular breathing patterns. These are signs that your Baby may not be ready just yet and may need some help to get settled before you begin.

### **Equipment**

- You will need to bring in some cotton buds (if unavailable, gauze over a finger can be used) for you to dip in some of your colostrum, EBM or sterile water.

### **Lips**

- When your Baby is settled, place the cotton bud onto the middle of the bottom lip.
- Stay still and wait for your Baby to respond.
- Avoid swiping across the lips – use a slow and gentle dab-and-lift motion instead.
- Work your way around the top and bottom lip, until thoroughly cleansed.
- If the lips are dry, the fat from EBM can be used to soften them. This be decanted from what remains of the feed and applied with a cotton bud
- You may wish to use your finger to clean the lips with EBM. You should use clean, gel free and dry hands, and preferably use your little finger.

### **Mouth**

- This stage should be led by your Baby's cues. If your Baby is awake, try to wait till they show some active mouth or tongue movements before introducing a new dipped cotton bud into the mouth.
- The aim at this stage is to stimulate salivation, which in turn will naturally cleanse the whole mouth. Your Baby may begin to suck on the bud.
- NB The cotton bud does not need to be introduced deep into the mouth for this to occur.



## 1.2 Nappy changes and top and tail washes

Bed bathing and nappy changes are part of your Baby's daily care and are important for good hygiene. You may need to change your Baby's nappy six to eight times a day. Your Baby will also need a daily top and tail wash.

If your Baby is very small or sick you may find that you are only able to perform your Baby's cares as many times as they can manage as this can be a tiring experience for them.

Although there may be scheduled times for cares and top and tail, you should be flexible and adapt the times to best suit you and your Baby. The important thing to remember with nappy changes as with other cares is that faster is not better. Although your Baby may seem to get less flustered if you change the nappy quickly it is more likely that they will show signs of being unsettled later eg a fast heart rate, pauses in breathing or low muscle tone.

### Side lying nappy change



With your Baby on their side, undo the minimum amount of clothing to remove the nappy. Keep the rest of your Baby wrapped



You may find that tucking a rolled soft blanket or muslin around your Baby's arms so that their hands are up near their face helps. It will keep your Baby calm, be better for their breathing and will also keep their hands out of the dirty nappy!





If your Baby is quietly awake offer the dummy before you start. (Remember once you have opened the nappy that you cannot put the dummy back in as your hands will be dirty)



Undo the nappy, folding back the sticky tabs; fold the nappy over to cover the soiled area using a downward movement to remove any excess poo!



Clean skin gently using oil or warm water and cotton wool, working from front to back. Always wipe away from the front never from front to back.

Dry the bottom by patting or blotting with clean cotton wool.



Slide the soiled nappy out from underneath your Baby rather than lifting their legs in the air



Slide the clean nappy under your Baby using the same technique.



Fix the nappy so that it is closed. At this point you may want to loosely cover your Baby with a blanket and go to wash your hands.



Re-dress and cover your Baby.



Wash your hands.

Remember to go at your Baby's pace. Take steps to calm and comfort your Baby if they seem unable to cope, eg wrapping arms, holding hands or feet, placing your hands on your Baby's head or body, offering something to suck or grasp.

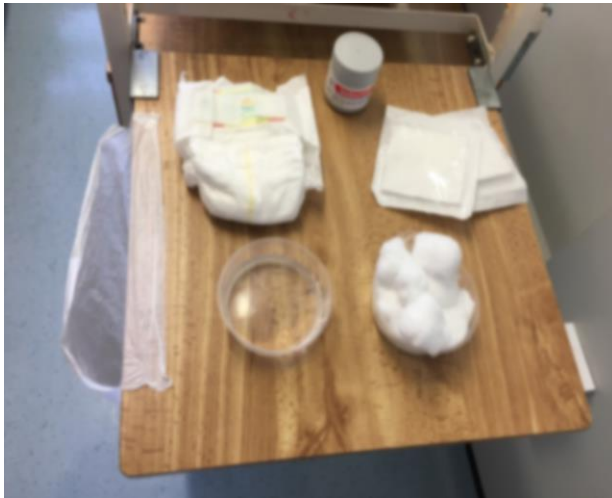
Older and more stable babies will generally cope with having their nappy changed as part of their bed bath. Smaller or sicker babies may need a little more time and support to be able to cope with bed bathing and you may find that you are only able to do part of your Baby's wash, leaving the nappy change for later.

## Top and Tail washes

### Prepare

You may find that your Baby is more able to manage having a nappy change or a bed bath whilst positioned on their side. This allows your Baby to be supported in a flexed position and will enable them to bring hands to face – an important part of self-soothing. You can use your Baby's bedding to offer further support from boundaries to help your Baby feel more contained and secure.

If you need to change your baby's position, do so slowly and gently, responding to their signals. After repositioning your baby wait a few moments to allow your baby to settle before moving on to the nappy change or bed bath.



Wash your hands and gather your equipment together

You will need:

- a clean galipot
- warm water with a few drops of sunflower oil added
- cotton wool balls
- plastic bag for the dirty nappy



Gently undo the minimum amount of clothing to be able to wash your Baby's face, neck, under armpits and hands. Keep a blanket across the top of your Baby's body to help keep them warm.



Gently cleanse the face with cotton wool moistened with water, using a downward sweeping movement.





Move down to clean under the chin and then under the armpits.



You can then gently uncurl your Baby's fingers and wash their hands.



You should gently 'pat' your Baby dry with clean cotton wool. You should discard the soiled cotton wool into the plastic bag.



You will need to turn your Baby to the over to be able to wash the other side of their face and body.



When you have finished washing your Baby's face and hands, redress them to keep them warm. You can then clean their bottom half and do the nappy change as described below.



## 1.5. Weighing babies

Babies can be weighed in the incubator if it has got an inbuilt weighing scale, for example Giraffe incubators. If there are no inbuilt scales in the incubator, babies have to be taken out and weighed in a weighing scale.

If your Baby is very small or unwell it may be necessary to weigh them every day. Once bigger and more stable this will reduce to twice a week and once in Special Care this will become a weekly routine. See [Chapter 10 'Nutrition and growth'](#) for more details about growth and how to use the growth charts.

### Support to weigh your Baby

Lifting out of the cot or incubator can be unsettling for your Baby and needs to be done with care. You can learn more about lifting your Baby in [Chapter 12 'Developmental care'](#). Your Baby will find being naked stressful as well; to help your Baby remain as settled as possible we would wrap your baby in a soft muslin. This helps keep your Baby's hands near their face and their arms and legs tucked up near their body.

As with all cares, preparation and planning is the key to making weighing as stress-free as possible. You may want to be ready to do skin-to-skin holding after weighing as your baby will already be only in a nappy.



Have everything ready to do a nappy change including the clean nappy.



Place a towel on the bottom of the scale as well as the clean nappy and the muslin or sheet in which you plan to wrap your Baby.



Take the weight. Some scales will enable you to zero the scales so that the nappy etc. is removed, ask your nurse which scale is being used.

If the scale cannot be set to zero, note down the weight of the nappy, towel and muslin.



Change your Baby's nappy and leave them undressed.



Gently lift your Baby and place the muslin underneath them and swaddle gently so their arms are up near their face and legs are tucked in.



Lift out of the incubator or cot in side lying to prevent the startle reflex.



Bring your Baby's body close to your own as you move from bed to weighing scale.



Gently lower your Baby onto the scale so that they stay as still as possible.

Take the weight.

If necessary, remember to minus the weight of the bedding and nappy from the final weight as this will be your Baby's true new weight.

## 1.6. Bathing babies

Bathing, especially the first bath, is a special and important event for you as parents. You may feel anxious about bathing your small Baby but be reassured the nursing staff will support you every step of the way. Your Baby will be more relaxed if you always do the bath.

The main aim of 'bathing without tears' (your baby goes into the bath wrapped in a sheet) is to help your Baby to enjoy every bath-time and to always feel safe, secure and relaxed. It also prevents stress, conserves energy, maintains a steady temperature and helps you learn more about your baby's behaviour.

### **PLAN:**

The first bath will ideally be planned ahead of time so you can talk it through and discuss when and how it is done with a demonstration doll. It will also give you time to bring in any special items such as clothing, a towel, a camera etc. and arrange for the father to be there.

Plan to start about an hour before the next feed is due so that you have plenty of time and your Baby has digested the last feed.





### **Prepare:**

Set the scene with a quiet, calm softly lit atmosphere, avoiding drafts.

Get everything ready: nappy changing equipment, clean/sterile cotton wool, fresh clothes, a sheet for wrapping, a soother and three towels (one for the cot; and two by the bath, one to dry your Baby's hair, and one for your Baby to be received into after the bath).



Fill the bath so there is enough water to cover the baby up to the shoulders. Test the water with your elbow making sure it is a little warmer than needed so you have plenty of time for your preparation.

Spend a few moments watching your Baby's breathing and colour before you start.

### **Begin:**

Speak softly to your Baby and gently help them to wake up. At each stage tenderly tell your Baby what is going to happen.

While undressing, watch out for sudden movements and help to calm these by holding hands or feet. Keep your Baby partially covered and use a soother if wanted.

When undressed, snugly wrap your Baby in a sheet or muslin cloth, keeping the head and neck uncovered and the arms tucked in. Lift your Baby and tuck under your arm.





**FACE & HAIR:** Gently wash the face, neck and behind the ears. Eyes are not washed. Scoop up a handful of water and wet your Baby's head. Wash the hair with gentle but positive massage movements. Have a towel ready to dry the hair so that your Baby does not get cold.

Some babies find it difficult to cope with hair washing as well as a bath, so you may choose to do them at different times.



**INTO THE BATH.** Check the bath water temperature again, to make sure it is warm enough. Tell your Baby what is going to happen next.

Slowly introduce your Baby into the bath, still wrapped in the sheet, feet first, pausing to let them adjust each time they show signs of distress or discomfort. When your Baby is happily immersed allow time for them to quietly relax in the water, making sure the water is covering the wrap.



When your Baby seems at ease, slowly unwrap and wash one body-part at a time, starting with an arm. The second person - usually their father or the nurse can help by catching your baby's hands or feet if they stretch out or startle. If your Baby seems upset, try offering a soother to help them stay calm.



Watch for cues such as yawning, hiccupping, colour and breathing changes that tell you that your Baby needs you to slow down, pause or has had enough.



**OUT OF THE BATH.** Get someone to drape a clean towel over your chest.

Lifting your Baby out of the bath can be a bit tricky - leave the wrap in the bath, lean over the bath and lift your Baby, in semi-side lying position, onto your chest.

After dressing and settling your Baby, clean the bath with the Clinell wipes and rinse in water.

## 1.7 Dressing your Baby



At different stages of your Baby's journey they will have different needs for clothing. At first they may just be nursed in a nappy to enable careful observation and monitoring of their vital signs.

As they become more stable they will wear a vest or baby grow in the incubator.

We are able to provide clothes or you can bring things in for them. If you do we will put a sign on their cot 'wearing own clothes' and make sure we keep them for you to take home and wash. Make sure you put their name in them in case they get mixed up.

As they move into a heated cot they will wear just one layer of clothing to enable the heat from the mattress to get to them and keep them warm. They will also have blankets according to their needs – usually 2 cellular blankets at first.



As the temperature of the heated mattress is reduced to 35 degrees they will wear two layers – a vest and a baby grow to compensate for the reduction in the heat from the mattress. When the heat is switched off they will also have a hat and cardigan until they acclimatise to the new environment. You will put on and take off clothes and blankets as required depending on their temperature and the time of year, weather etc. The first thing to go will be the hat!

## 1.8 Understanding pain and providing comfort

Your Baby may need to have a number of medical and nursing procedures while on the neonatal unit. For a baby born early or unwell the procedures and the amount of handling required for them can be distressing and painful. Pain is not experienced in the womb and your Baby is not expecting it.

Some procedures can be considered painful and others stressful – your Baby is unable to differentiate between the two – they both cause the same behavioral and physical responses. This is due to the release of hormones in your Baby's body, in the same way that we release these hormones when in a stressful situation. The main hormone released is one called cortisol and it is necessary in small quantities for our body to function properly. The levels of cortisol become a problem when they are continuously high and this is why it is important to know how to recognise your Baby may be uncomfortable and have techniques to help comfort them.

Few preterm babies are able to cry to let you know when they are unhappy. The signs below in an otherwise stable baby may show that your Baby may be uncomfortable:

- Increased heart rate – a heart rate of over 180 beats per minute is a sign of distress.
- Changes in your Baby's breathing pattern – more pauses (apnoeas), fast or fluttery breathing, or an irregular breathing pattern.
- Pale, dusky or blue colour – you may notice a dark blue area over the bridge of your Baby's nose or patches of mixed pale and pink colour.
- Disturbed sleep or an inability to stay asleep.
- Low muscle tone – your Baby may look as if they are being pulled down in to the bed

Learn to understand when your Baby is coping or when they may need help. You will find more information in [Chapter 12](#).

### **What you can do to help:**

- Prepare your Baby for any change of position using your soft voice and cradling hands. They will not understand your words but will know that something is going to happen.
- Give your Baby periods of rest. Clustering your Baby's cares with medical procedures, such as blood tests, and nappy change together could be less stressful. Ideally, your Baby should have at least 30 minutes between any episode of handling to recover, thus reducing the amount of cortisol in their blood.

- Protect sleep. Try not to disturb your Baby's sleep. If they are due a nappy change but are asleep then they are not uncomfortable. Wait a bit until they start to stir before changing the nappy.
- Use side lying when doing tasks that require handling eg blood tests, nappy changes. While lying on their side your Baby can bring their hands to their face for comfort and brace their feet at the end of the nest.
- Use your hands to cradle your Baby and hold your hands still, keeping a gentle but soft pressure on your Baby.
- Shade your Baby's eyes from the light. It is vital for the nurses and doctors to be able to see your Baby's body especially when small or unwell. Position the incubator cover so that your Baby's face is shaded, and place a soft cloth or nappy over your Baby's eyes when the cover has to be removed for procedures.
- Offering a dummy before, during and after any procedure that may cause stress or pain.
- Dipping the dummy into your expressed breast milk will give your Baby a lovely taste and is known to be more calming than sucking alone.



## Key messages and reflection:

Gradually you will become confident in carrying out many of these cares and you can complete the competency assessment for many tasks.

Other caregiving procedures you can learn to do are: tube feeding – learn more about it in [Chapter 8](#) 'Fluids and nutrition'; monitoring vital signs and taking your Baby's temperature – [Chapter 4](#); and giving medications – [Chapter 11](#).

After this chapter you should be able to:

- understand how routine cares are performed in the neonatal unit
- be familiar with the various aspects of routine cares required for your Baby
- understand how can you help in routine cares of your Baby, and start to complete your Steps to home booklet

## Further learning in this topic

If you wish to know more:

- ask our neonatal team at any time
- ask for one to one support from one of our nurses/ Family Delivered Care project nurses
- Use this app or your Parent Binder to record notes and questions
- attend small group teaching in topic: **Routine cares in neonatal unit**
- start using the Daily Care plan and the Stops to home booklet

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