5-2022

Willow Creek Internship: The Effects of Delayed Bathing on the Health of Mothers and Newborns Post-Birth

Cara Yates
University of Arkansas, Fayetteville

Willow Creek Internship: The Effects of Delayed Bathing on the Health of Mothers and Newborns Post-Birth

Cara Yates

Eleanor Mann School of Nursing, University of Arkansas

Dr. Kelly Vowell Johnson

498VH

November 21, 2021

Introduction

Over the summer I had the opportunity to shadow a couplet care nurse at Willow Creek Women's hospital. During this time, I immersed myself in the obstetric nursing specialty and learned more about the care of newborns, mothers, and the families post birth. Before I began this experience, there were many different goals I had for myself and questions that I wanted to answer. One of the most important questions that I wanted to answer was if maternal newborn nursing was something I wanted to pursue in my future. At the time, I had not yet had the OB clinical, so this type of nursing was very foreign to me. I knew that I had an interest in this field but wasn't sure if it would be something I am passionate about. I also was not sure what being an OB nurse entailed. I had questions about what their day-to-day responsibilities were and what role they play in pregnancy, delivery, and postpartum. This experience allowed me to see the overall process of birth and the important role nurses play in the lives of families post birth. One of my main goals throughout this experience was to learn as much as possible and commit to staying focused regardless of if I ended up feeling passionate about the field or not. As I reflect on the experience, I am confident that my future lies in this field of nursing and am looking forward to pursuing a career as a labor and delivery or postpartum nurse. I am grateful to have been able to have this experience because I learned many things that will carry into my career. I now have a well-rounded picture of what it takes to be in this field and what the daily responsibilities entail. I still have a lot to learn in this field but because of this internship, I am excited and prepared to continue learning to eventually be a practicing registered nurse where I can utilize this knowledge.

Internship Reflection

Most of my duties during this internship involved shadowing the postpartum nurse and assisting with the care of patients and daily operations of the unit. My primary focus was couplet care and developing clinical judgement skills. Additionally, I focused on enhancing my clinical skills and knowledge in this specialty area.

I provided education to mothers on a variety of different things. For example, I helped mothers with breastfeeding techniques including changing positions for an optimal latch. This education was especially helpful to new mothers who had limited prenatal care. I also provided discharge teaching and education to first time mothers who had anxiety revolving around taking a newborn home. Another way that I participated in educating my patients was prior to medication administration. I was able to describe the reason the medication was being given and potential side effects. Providing this education helped me grow in my clinical competency and allowed me to be more confident in my communication skills. One of the main duties of a postpartum nurse is assessing postpartum bleeding to prevent hemorrhage. Clinical skills and judgement played a major role in preventing postpartum hemorrhage. I became proficient at postpartum assessments with support and encouragement from my preceptor.

Challenges faced

I faced many challenges during this experience. One of the hardest was overcoming the fear of being on my own without my peers that I have grown to count on in the clinical setting. COVID-19 impacted me in ways that I could've never imagined. Because of the pandemic, my fellow peers and I lost a lot of clinical experience. We spent an entire semester doing online clinicals and didn't have the opportunity to care for patients in the clinical setting. The consequence of this was a lack of confidence in my clinical skills, decreased skill competency, and a reliance on those around me. We all went through such a difficult time and there was

comfort in knowing that you weren't in it alone and that you had the support of other nursing students. Going into this internship experience, I had to overcome this fear of being the only student and worked on being independent and confident. This experience alone has helped me tremendously and will continue to help me when I move out of my home state and step into a different adventure in a new place.

One of the clinical challenges that I faced related to postpartum hemorrhage was assessing one of our patients and noticed she had heavier bleeding than normal, a large clot and low blood pressure. I immediately got my nurse, and we began interventions to prevent further bleeding. This situation is one of many that taught me to use critical thinking skills in real time situations. It also taught me the importance of therapeutic communication with patients and my peers during emergency situations. I communicated effectively by being straight forward while remaining focused on the physical and emotional well-being of the patient.

Lessons Learned

My knowledge in this field of nursing grew immensely during this internship. I learned how important critical thinking skills are as a nurse and how you must be able to think quickly in emergency situations. I better understand the importance of adaptability and problem solving. On any given day during this internship, the nurses were at the maximum nurse to patient ratio. As soon as one nurse was able to discharge a patient, she would support other nurses that needed help. This type of adaptability and teamwork are just a couple things that I want to implement into my professional practice. Another main takeaway from this experience is the importance of education during delivery and prior to discharge from the hospital. Nurses are heavily relied on by postpartum mothers to give them all the information they need to make educated decisions for themselves and their newborn. It is crucial that nurses are up to date using the latest evidenced

based practices. One of my goals during this internship was to identify a practice that I noticed in the hospital and complete a review of the literature concerning the topic. On my second shift, I started to pay attention to the bathing practices at the hospital. I found it interesting that the nurses waited 24 hours before bathing the infants. This led me to explore the evidence-based practices related to infant bathing and why or why not it's an effective practice.

Review of Literature

Introduction

For many years, bathing newborns soon after birth has been the preferred practice in hospitals across the United States. However, there has been new interest in delaying the initial bath (Brogan & Rapkin, 2017). To understand the implications of newborn bathing, it is important to understand how newborns adapt to extrauterine life. Skin essentially acts as a barrier between the infant and the environment and has many essential functions for survival. These functions include but are not limited to thermoregulation, antimicrobial defense, protection from environmental toxins and trauma, and maintenance of electrolyte homeostasis (Darmstadt & Dinulos, 2000). One feature that is unique to newborns is the presence of vernix on their skin after birth. The vernix is absorbed into the newborn's skin and provides them with insulation and has an anti-infective influence due to the anti-microbial agents that have been found in the vernix. Darmstadt & Dinulos (2000) note that the vernix also provides protective effects related to skin repair and wound healing because it facilitates the formation of the stratum corneum. A newborn's first bath removes this vernix from their skin which can cause an interruption to skin to skin contact and the newborn's ability to regulate their temperature and blood sugar levels (Turney et al., 2019). Therefore, understanding bathing practices play a big role in the newborn's adaptation to the extrauterine environment (Warren et al., 2020). Delaying

the bath of a newborn is a controversial topic in postpartum care because historically the practice has been to bathe newborns soon after birth in comparison to delaying it multiple hours (Brogan & Rapkin, 2017). Initiating this practice has proven to bring many different benefits to both the mother and the baby. Some of these benefits include promotion of immediate skin to skin contact which therefore promotes immediate initiation of breastfeeding. Delaying the bath has also been shown to put newborns at a decreased risk for heat loss which can lead to hypothermia. It also puts them at a decreased risk for inadequate blood sugar control (Brogan & Rapkin, 2017). Despite these evidence-based studies, delayed bathing after birth of the newborn remains a controversial topic with more and more research being done annually.

The purpose of this literature review is to explore best practices for post-delivery newborn bathing and the effects on the health of newborns and postpartum mothers. The results of this review will allow for a better understanding of the effects of delayed bathing and assess the needs for additional research. The information gained from this review will give me the knowledge I need to have to educate my future patients and colleagues who have varied education on delayed bathing.

Methods

Search Strategy

A systematic review of research related to the benefits of delaying the newborn bath was completed. Journal articles were retrieved by searching articles in the following databases: CINAHL Complete, PubMed, and MEDLINE Complete. The Boolean phrases “delayed bathing” and “newborns” were used initially to find relevant topics in all databases. The search limits included being published within the years 2016-2022 and written in English. I did not limit the geographical location to the United States because this topic can apply to healthcare systems

globally. Additional search limits on CINAHL Complete included being a peer-reviewed scholarly journal article. This database was the only one with the option for this criterion.

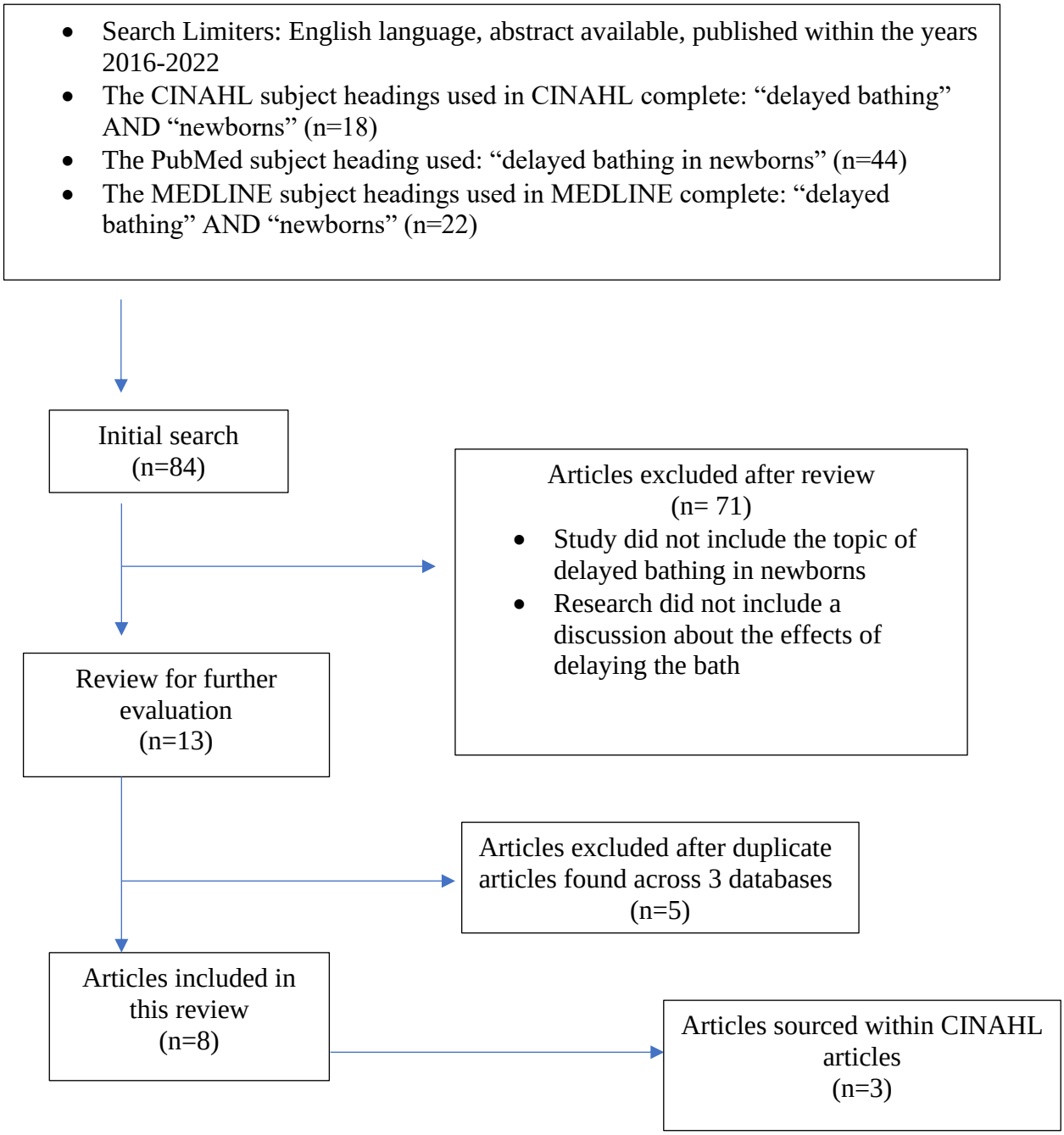
Inclusion/Exclusion Criteria

After the search strategy was conducted, the articles had to meet specific inclusion criteria related to the research question. The articles were included if (a) the topic was about delayed bathing; (b) the study included effects of delaying the bath; (c) the article was published within the last 5 years; and (d) there was an abstract available. Articles were excluded if (a) the article did not relate to nursing practice; (b) the practice of delayed bathing was not discussed; (c) the articles were duplicates or (d) the study did not meet the criteria discussed above.

Search Results

Initially, 84 results were accumulated between MEDLINE Complete, PubMed and CINAHL Complete databases. MEDLINE Complete retrieved 22 articles, PubMed retrieved 44 articles and CINAHL Complete retrieved 18 articles. From these, there were 13 articles that met the inclusion criterion. Five of these articles were repeats and were eliminated. This resulted in 8 articles that fit the criteria for this review. Due to the newness of this topic, I had to source 3 articles by looking within other articles. This entire process resulted in 11 articles. These articles included pre- and post- implementation cohort studies, literature reviews, and surveys. Figure 1 represents a visual representation of this process.

Figure 1
Selection Process of Included Studies



Data Extraction

After reading the eleven articles that met the criteria, data was collected on the year the study was published, the study population and sample, the data collection tools, the summary of the results, and strength of the results. I then completed a further analysis and chose the seven most applicable articles to discuss in the results portion of the review. These seven articles included "Delayed Newborn First Bath and Exclusive Breastfeeding Rates" by Turney et al. (2019); "An Organization-Wide Initiative to Implement Parent-Performed, Delayed Immersion Bathing" by Anderson (2020); "Implementing Evidence- Based Neonatal Skin Care With Parent-Performed, Delayed Immersion Baths" by Brogan & Rapkin (2017); "Newborn's First Bath: Any Preferred Timing? A Pilot Study from Lebanaon" by Mardini et al. (2020); "Impact on delayed Newborn Bathing on Exclusive Breastfeeding Rates, Glucose and Temperature Stability, and Weight Loss" by Chamberlain et al. (2019); "Does Changing Newborn Bath Procedure Alter Newborn Temperatures and Exclusive Breastfeeding?" by Suchy et al. (2017) and "Effects of Delayed Newborn Bathing on Breastfeeding, Hypothermia, and Hypoglycemia" by Warren et al. (2020).

Results

Purposes and Results

All seven studies had similar purposes that guided the research. They each addressed the effects of delayed bathing on various factors of health. Five of the six articles in the review specifically addressed the effects of delayed bathing on exclusive breastfeeding rates. All the articles addressed post bathing hypothermia; one of the seven articles addressed incidence of skin-to-skin contact and two of the seven articles discussed the incidence of hypoglycemia. The

results of these studies are mixed but show some promise that delaying the initial bath has a positive impact on both the newborn and the mother.

Turney et al. (2019) used a pre- and post-implementation evaluation to determine the effect of delaying the first bath on exclusive breastfeeding rates in a postpartum unit in southern California. They implemented a practice change in the unit that included a new bathing guideline, nurse education, and maternal education. Nurses received a script to read to the parents that included the benefits of delayed bathing. This education was reinforced to the nurses during a 5-minute huddle at the beginning of each shift. Education for the mothers began in prenatal classes and was reinforced upon admission to the labor and deliver unit. The mothers were also given a printed handout with the same information on delayed bathing. After the project implementation, the first bath increased from 6.88 hours to 13.71 hours. After comparing the exclusive breastfeeding rate before and after implementation, it was concluded that the project had limited impact on exclusive breastfeeding rates at discharge. Pre-implementation data showed that the exclusive breastfeeding rate was at 62.7% for newborns bathed after 9 hours of life. Post-implementation date showed a slight increase to 66.1% for newborns bathed after 9 hours of life. This data was deemed insignificant because the rate did not significantly change after the development of a new bathing guideline, nurse education, and maternal education. Some of the limitations of this study include the fact that there had been previous practice changes that were successful in increasing the exclusive breastfeeding rate at the Women's Health Center. This previous emphasis on breastfeeding education may be why the exclusive breastfeeding rate was already over 50% before this study. More evidence is needed to conclude that delaying the bath is the only factor that promotes exclusive breastfeeding (Turney et al., 2019).

Brogan & Rapkin (2017) implemented a practice change to delay the initial bath to 24 hours. They then looked at pre- and post-implementation data from the EHR to determine the correlation between delaying the bath with breastfeeding rates and newborn temperatures. They found that the newborns who had delayed immersion baths opposed to sponge baths 2 to 4 hours after birth were significantly more likely to be normothermic and not suffer from hypothermia. They also found that the exclusive breastfeeding rate did not rise in relation to delaying the initial bath. Like Turney et al. (2019), this may be due to the high percentage of mothers at their facility who were exclusively breastfeeding pre-implementation. Lastly, they sought to measure parent satisfaction related to being involved in the bathing process. A total of "89% of parents strongly agreed or agreed that they desired the opportunity to bathe their newborns and believed that this was an important part of the birth experience" (Brogan & Rapkin, 2017, p. 448). Involving the parents in the bathing process not only increased patient satisfaction with the care received at the facility but it also gave nurses the opportunity to educate the parents on the benefits of delayed bathing and how to properly bathe their newborn at home.

Chamberlain et al. (2018) assessed the impact of delaying the initial bath for 24 hours on exclusive breastfeeding rates, temperature, glucose stability and percentage of weight loss by utilizing a pre and post implementation review. They took it one step further by using a pre-and post-survey to determine if there was a change in nurses' knowledge and comfort levels related to the practice change. They concluded that there was a significant decrease in the number of blood glucose levels equal to or below 45 and a decrease in the number of cold-stressed newborns post-intervention. The exclusive breastfeeding rate did not change post-intervention. The nurses reported an increased comfort level around delayed newborn bathing after receiving continuous education and seeing the success of the practice change. The results of this survey are

important because nurses are often the change agents, and it is imperative that nurses are on board with a change for it to be successful.

Anderson (2020) utilized an evidence-based practice change to test parent- performed delayed immersion newborn bathing to make the process more family-friendly. The researchers used pre- and post-implementation data to look at the effects of delaying the bath until 24 hours of age on post bathing hypothermia. This study took place in a military health system that consisted of four medical centers and five community hospitals. They found that hypothermic temperature readings went from 9% pre-implementation to 1% post-implementation. Like Anderson (2020), Chamberlain et al., (2019) and Brogan & Rapkin., (2017), Warren et al., (2020) also found that delaying the initial bath by at least 24 hours was associated with decreased rates of hypoglycemia in the total sample. The correlation between the results relate to how cold stress increases the metabolic rate to create warmth which then decreases the glucose storage in the body. If the newborns are regulating their temperature more effectively by withholding the bath until after 24 hours, then their glucose is more effectively controlled as well. The only study that had contrasting findings to these was by Suchy et al., (2018). They did not find that delaying the timing of the initial bath decreased the newborn's chances of being hypothermic. In fact, "almost 100 percent of newborns had stable temperatures following their initial baths" (Suchy et al., 2018, p. 9). Like the previous studies, they did not find that exclusive breastfeeding rates were influenced by delayed bathing (Suchy et al., 2018).

Looking at the incidence of skin-to-skin contact after birth is another important factor in determining the optimal time for a newborn bath. Skin-to-skin contact is essential for the bonding of the mother to the newborn. It can significantly decrease the amount of stress experienced by the newborn and the mother post birth (Mardini et al., 2020). The study

conducted by Mardini et al., (2020) found that 65.2% of newborns who were bathed at 24 hours had skin-to-skin contact with their mothers opposed to 33.3% of newborns who were bathed 2 hours after birth. Furthermore, they found that babies bathed at 24 hours were calmer than the ones bathed at 2 hours. Figure 2 shows the remaining supporting articles.

Figure 2

Data Extraction of Articles

Title	Authors	Country	Design Type	Sample	Data Collection Tools	Summary of Results
An Organization-Wide Initiative to Implement Parent-Performed, Delayed Immersion Bathing	Anderson, J, 2020	United States	Organization-wide evidence-based practice initiative using pre-implementation and postimplementation data	The sample for this study consisted of term newborns born within the nine military facilities.	The newborn baths were delayed until 24 hours of age and the parents were taught how to tub bathe their newborn. The people that were deemed the change makers at the facility then reviewed 100 records from each facility and compared the pre- and postimplementation temperature data.	The practice change was associated with a decrease in the number of newborns who had low temperature readings immediately after the initial bath.
Implementing Evidence-Based Neonatal Skin Care With Parent-Performed, Delayed Immersion Baths	Brogan, J., Rapkin, G 2017	United States	Evidence-based practice change; pre and post implementation; post survey	The sample consisted of newborns born on an L&D unit	The implementation team compared newborn temperatures from before and then after the practice change. They also conducted a survey to analyze parent's beliefs about participation in bath time, delaying the bath and the whole bath experience.	Newborn's whose immersion bath was delayed were less likely to be hypothermic compared to those who received a sponge bath shortly after birth. The parents reported positive reactions to being involved in the delayed bathing process.
Impact on delayed	Chamberlain, J.,	United States	Pre-post retrospective	A random selection of	Newborn baths were delayed 24	Delaying the newborns bath

newborn bathing on exclusive breastfeeding rates, glucose and temperature stability, and weight loss	McCarty, S., Sorce, J., Leesman, B., Schmidt, S., Meyrick, E… Coultas, L., 2019		chart review and pre-post survey	newborn charts at a 500-bed, Magnet-designated, Level 1 Trauma center to be analyzed for the control and experimental group.	hours after birth unless contraindicated. 330 charts were looked at pre-implementation and 330 charts were looked at post-implementation. 100 RNs participated in the pre and post-survey.	until 24 hours after birth has positive impacts on glucose stability and thermoregulation.
Initiative to Improve Exclusive Breastfeeding by Delaying the Newborn Bath	DiCioccio, H., Ady, C., Bena, J.F., Albert, N.M., 2019	United States	A retrospective, pre and postinterventi on	Couplets of mothers and healthy newborns (*N*=996)	The newborn baths were delayed at least 12 hours after birth and data was retrieved from the EHR to compare pre- and postintervention data.	The amount of in-hospital exclusive breastfeeding rates increased with delayed bathing.
Effect of Timing of the First Bath on a Healthy Newborn's Temperature	Kelly, Patricia A., Classen, Kellie A., Crandall, Craig G., Crenshaw, Jeannette T., Schaefer, Stephanie A., Wade, Darlene A., Cramer, Matthew N., Aryal, Subhash., Fossee Kelly R., 2018	United States	A quasi-experimental, mixed-model design	The sample consisted of healthy newborns born at 37 weeks or more gestation.	Axillary temperatures and body surface temperatures were measured before the bath, immediately after the bath and 5, 30, 60 and 120 minutes after the bath.	There was no clinically significant data to prove that there was a difference in skin temperatures between the three groups.
Delaying the First Newborn Bath and Exclusive Breastfeeding	Long, K., Rondinelli, J., Yim, A., Cariou, C., Valdez, R., 2020	United States	Retrospective cohort study	There were three different cohorts: Cohort A (mother-infant couples pre practice change) and cohorts B and C (mother-infant couples from the first 5 months and second 5 months after the practice change).	They collected data on demographics, birth type, bath timing and feeding data to compare the three cohorts' statistics.	Exclusive breastfeeding rates did not significantly increase between cohorts. This could possibly be due to the fact that the hospital is designated baby friendly and the breastfeeding rate

						was already above average.
Bathing and beyond: Current bathing controversies for newborn infants	Lund, C., 2016	United States	Literature review	The sample for the review included studies that looked at bathing practices and NICU patients.	A review of relevant literature about bathing practices and the use of CHG baths for NICU patients	There are benefits to delayed bathing including improved breastfeeding; it is not necessary to bathe infants everyday
Newborn's first bath: any preferred timing? A pilot study from Lebanon	Mardini, J., Rahme, Clara., Matar, Odette., Khalil, Sophia Abou., Hallit, Souheli., Khalife, Marie-Claude Fadous., 2020	Lebanon	A prospective randomized study	The sample consisted of newborns bathed at 2 hours, 6 hours and 24 hours of age. A total of 125 newborns were used for data collection.	The newborns' temperature was taken every 2 to 3 hours for 24 hours of age. The midwives then classified each baby as being calm, sleep or having vigorous screaming.	Newborns and mothers were more likely to engage in skin-to-skin contact when the bath was delayed 24 hours opposed to 2 hours. The babies who's baths were delayed were also calmer.
Does Changing Newborn Bath Procedure Alter Newborn Temperatures and Exclusive Breastfeeding?	Suchy, C., Morton, C., Ramos, R.R., Ehrgott, A., Quental, M.M., Burridge, A., Rutledge, D.N., 2018	United States	Pre- and Post-implementation cohort study	Newborns who were > or equal to 38 weeks of age	The evaluation included adherence, temperature stabilization and exclusive breastfeeding rates in a hospital that updated their bathing procedure to be at 12 hours postpartum, family included.	They did not note a change in breastfeeding exclusivity rates or altered thermoregulation.
Delayed Newborn First Bath and Exclusive Breastfeeding Rates	Turney, J., Lowther, A., Pyka, J., Mollon, D., Fields, W., 2019	United States	A Pre- and Post-implementation study	Newborns over 37 weeks of gestational age and their mothers in a postpartum unit in California	A new bathing guideline was developed and education was provided to the nurses and the mothers. Measurements included time of the first bath and exclusive breastfeeding rates at discharge.	The average time of the first bath increased from 6.88 hours to 13.71 hours after education. The rate of exclusive breastfeeding rates did not change significantly after implementation; more research needed

Effects of Delayed Newborn Bathing on Breastfeeding, Hypothermia, and Hypoglycemia	Warren, S., Midodzi, W.K., Newhook, L., Murphy, P., Twells, L., 2020	Canada	Pre-post implementation, retrospective, cohort study	Healthy newborns born at 37 weeks or more gestation who were admitted to the mother-baby unit at a children's hospital	They compared newborns who were bathed before 24 hours to those bathed after 24 hours. They measured exclusive breastfeeding rates, hypothermia, and hypoglycemia.	The odds of exclusive breastfeeding at discharge increased in the postimplementation group while and there was decreased incidence of hypothermia and hypoglycemia. There was no difference in breastfeeding initiation.

Discussion

These eleven articles analyzed the effects of delaying the initial bath on both mother and newborn. Of the articles that discussed effects on exclusive breastfeeding, there was not enough evidence to conclude that exclusive breastfeeding rates are solely dependent upon delaying the bath. Although that may be a factor, the data is not strong enough to support that it is the only factor. Other factors that influence exclusive breastfeeding rates include prenatal education on the benefits of breastfeeding, immediate skin to skin contact after birth, predetermined opinions on breastfeeding, and the influence of the nurse to encourage or not encourage breastfeeding (Turney et al., 2019). Another limitation to the research regarding exclusive breastfeeding rates includes evidence-based interventions at Baby-Friendly certified hospitals. These certified hospitals have interventions in place that enhance the rates of exclusive breastfeeding. These interventions may include "written breastfeeding policy, staff training in breastfeeding support, policies for implementing breastfeeding support groups, encouragement of rooming-in, restricted/delayed pacifier use, maintenance of skin-to skin contact between mothers and infants after birth, and encouragement of early breastfeeding initiation" (Suchy et al., 2018, p. 9).

Additional research is needed to understand the impact of combined practices on exclusive breastfeeding rates (Turney et al., 2019). After comparing the articles that analyzed the effects of delaying the initial bath on infant hypoglycemia and hypothermia, it can be concluded that this practice decreases the incidence of both hypoglycemia and hypothermia. Thermoregulation and glycemic control of newborns is influenced by the timing of the first bath. This may be for various reasons such as decrease of post birth stress, maintenance of biological cues, (Warren et al., 2019), longer skin to skin contact time, and early bonding time (Chamberlain et al., 2019).

There are many implications the practice of delayed bathing has for the nursing practice. In various healthcare settings, nurses are often seen as the change agents. They are the ones that spend the most amount of time conducting bedside care and providing patient education. To be able to make a practice change such as delaying the initial bath, nurses should be offered appropriate encouragement and training (Suchy et al., 2018). This may include hanging educational posters or designating a set number of nurse champions who can answer any questions (Suchy et al., 2018). Another way to provide nurse education on the topic would be to introduce the protocol during staff meetings. This education may include "the benefits of delayed bathing, how to educate families, and how to manage blood or meconium on newborn infants without bathing" (Chamberlain et al., 2019, p. 75). The education can be continued during safety huddles and one-on-one sessions between staff nurses and nurse leaders. Physicians may also be notified of the practice change during department meetings to gain their support (Chamberlain et al., 2019). Suchy et al., 2019 concluded that the practice changes did lead to nurse satisfaction. In this study, it was reported that the staff were satisfied with the chance to gain more rapport with parents and felt that the patients were more receptive to education when waiting 12 hours to initiate the bath (Suchy et al., 2018). Similarly, Chamberlain et al., 2018 concluded in a post-

intervention survey that the nurses felt dramatically more comfortable and supportive of the new delayed-bathing protocol after the intervention. Not only is it important for nurses to receive education on the topic but it is also important that this education is given to the families. Many families may not be aware of the practice of delaying the bath since it is a newer practice in couplet care. Positive nurse satisfaction with evidence-based practice changes is important so that they can advocate for their patients and continue to encourage and educate families on the value of current protocols and procedures (Chamberlain et al., 2018).

Conclusion

Having the opportunity to gain extra experience in a mother-baby unit was a very meaningful and impactful experience. I validated my interest in this area of nursing while learning more about what it takes to be a postpartum nurse. I also strengthened my problem-solving skills, communication skills, basic nursing skills, foundational knowledge and learned how to thrive in critical situations. I feel more prepared now than I did before to take care of mothers and their newborns post birth. I feel more capable to provide education on various topics such as postpartum hemorrhage, postpartum depression, safe sleep practices, safe car seat handling, postpartum medications, warning signs of complications, and breastfeeding. I also feel more capable to perform tasks that are included in 24-hour care practices, initial assessments, postpartum hemorrhage assessments, and medication administration. Additionally, I am thankful to have been able to witness and experience the impact that postpartum nurses have on the families and patients during the birth process. Through my role in this internship, I have realized that I want to be able to have the same impact on my future patients as my nurse had on hers. I am also thankful for the opportunity I had to conduct research on an evidence-based practice topic. This project has taught me the importance of keeping up to date with current research

which will be useful when I get the opportunity to take my education a step further in a master's program. This knowledge in research will also allow me to advocate for my future patients on the best practices. I have witnessed first-hand how nurses really are the change agents in the hospital and I feel prepared and eager to be a part of that someday. Overall, this internship provided me with many impactful experiences that I can reflect on now and will continue to reflect on in the future.

References

Anderson, J. (2021). An organization-wide initiative to implement parent-performed, delayed immersion bathing. *Nursing for Women's Health*, *25*(1), 63–70. https://doi.org/10.1016/j.nwh.2020.11.006

Brogan, J., & Rapkin, G. (2017). Implementing evidence-based neonatal skin care with parent-performed, delayed Immersion Baths. *Nursing for Women's Health*, *21*(6), 442–450. https://doi.org/10.1016/j.nwh.2017.10.009

Chamberlain, J., McCarty, S., Sorce, J., Leesman, B., Schmidt, S., Meyrick, E., Parlier, S., Kennedy, L., Crowley, D., & Coultas, L. (2019). Impact on delayed newborn bathing on exclusive breastfeeding rates, glucose and temperature stability, and weight loss. *Journal of Neonatal Nursing*, *25*(2), 74–77. https://doi.org/10.1016/j.jnn.2018.11.001

Darmstadt, G. L., & Dinulos, J. G. (2000). Neonatal skin care. *Pediatric Clinics of North America*, *47*(4), 757–782. https://doi.org/10.1016/s0031-3955(05)70239-x

DiCioccio, H. C., Ady, C., Bena, J. F., & Albert, N. M. (2019). Initiative to improve exclusive breastfeeding by delaying the newborn bath. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *48*(2), 189–196. https://doi.org/10.1016/j.jogn.2018.12.008

Kelly, P. A., Classen, K. A., Crandall, C. G., Crenshaw, J. T., Schaefer, S. A., Wade, D. A., Cramer, M. N., Aryal, S., & Fossee, K. R. (2018). Effect of timing of the first bath on a healthy newborn's temperature. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *47*(5), 608–619. https://doi.org/10.1016/j.jogn.2018.07.004

Long, K., Rondinelli, J., Yim, A., Cariou, C., & Valdez, R. (2020). Delaying the first newborn bath and exclusive breastfeeding. *The American Journal of Maternal/Child Nursing*, *45*(2), 110–115. https://doi.org/10.1097/nmc.0000000000000606

Lund, C. (2016). Bathing and beyond. *Advances in Neonatal Care*, *16*(5S). https://doi.org/10.1097/anc.0000000000000336

Mardini, J., Rahme, C., Matar, O., Abou Khalil, S., Hallit, S., & Fadous Khalife, M. C. (2020). Newborn's first bath: Any preferred timing? *BMC Research Notes*, *13*(1), 1-6. https://doi.org/10.1186/s13104-020-05282-0

Suchy, C., Morton, C., Roy Ramos, R., Ehrgott, A., Quental, M. M., Burridge, A., & Rutledge, D. N. (2018). Does changing newborn bath procedure alter newborn temperatures and exclusive breastfeeding? *Neonatal Network*, *37*(1), 4–10. https://doi.org/10.1891/0730-0832.37.1.4

Turney, J., Lowther, A., Pyka, J., Mollon, D., & Fields, W. (2019). Delayed newborn first bath and exclusive breastfeeding rates. *Nursing for Women's Health*, *23*(1), 31–37. https://doi.org/10.1016/j.nwh.2018.12.003

Warren, S., Midodzi, W. K., Allwood Newhook, L.-A., Murphy, P., & Twells, L. (2020). Effects of delayed newborn bathing on breastfeeding, hypothermia, and hypoglycemia. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *49*(2), 181–189. https://doi.org/10.1016/j.jogn.2019.12.004