Skin Care and Hygiene

Skin care is important for protecting the sensitive, fragile skin of the newborn from infection, and it also provides an opportunity for the caregiver to examine the baby and to educate the mother.

Top and tail
1) Clean eyes with sterile water twice a day
2) Clean mouth with water and apply vaseline PRN
3) Clean umbilicus with hibitane 70% in alcohol, with every nappy change

Prevention of the dry skin
1) Stable babies - massage with aqueous cream or unscented baby oil daily
2) Depending on the condition of the baby and the mother, teach the mother how to massage the baby in order to promote bonding
3) Apply aqueous cream on pressure areas and dry skin

Prevention of pressure sores
1) Turn baby 3 hourly
2) Use a soft blanket or a sheepskin if available
3) Gently massage the skin to improve perfusion
4) Change pulse oxymeter probe site 2-4 hrly to prevent pressure sores
5) Ensure that the probe cover is not too tightly wrapped: check perfusion carefully and use a soft sponge holder (e.g. Paul’s tubing holder)

Prevention of excoriation of the perineum
1) Change nappies regularly
2) Clean with Soda Bic 1% solution
3) Apply a barrier ointment with every nappy change e.g. vaseline
4) Apply zinc and castor oil if excoriation occurs
5) Apply antifungal cream (Nystatin®) if thrush occurs

Bathing
1) This is not a priority and is dependent on baby’s condition
2) Do not bath immediately on admission, if hypothermic or condition is unstable
3) A stable baby can be bathed in his/her bassinette but this only needs to be done 2-3 times per week unless baby becomes soiled with stool/vomitus
4) Ensured baby is well dried and the head is covered after a bath

Strapping
1) Use skin prep wipes or TBCo prior to attaching any tape or adhesive to the baby’s skin
2) Use extra thin granuflex under strapping (particularly for prem babies)
3) Use micropore for all strapping except endotracheal tube and umbilical line strapping
4) Use zinc oxide strapping for endotracheal tubes and umbilical lines