

The impact of newborn bathing on the prevalence of neonatal hypothermia in Uganda: A randomized, controlled trial

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Abstract

Aim: To elucidate the impact of bathing on the prevalence of hypothermia among newborn babies exposed to the skin-to-skin (STS) care technique before and after bathing. **Methods:** Non-asphyxiated newborns after vaginal delivery ($n=249$) in a Ugandan referral hospital were consecutively enrolled and randomized either to bathing at 60 min postpartum ($n=126$) or no bathing ($n=123$). All mothers practised skin-to-skin care of their newborns. Four rectal and tympanic registrations of newborn temperatures were carried out in both groups directly after drying at birth, and at 60, 70 and 90 min postpartum. **Results:** Bathing of newborns in the first hour after delivery resulted in a significantly increased prevalence of hypothermia, defined as temperature $<36.5^{\circ}\text{C}$, at 70 and at 90 min postpartum despite the use of warmed water and the application of the STS method. There was no neonatal mortality. Aside from the bathing procedure, no background factor potentially predisposing the newborns to hypothermia was identified.

Conclusion: Bathing newborn babies shortly after birth increased the risk of hypothermia despite the use of warm water and STS care for thermal protection of the newborn.

Key Words: Bathing, neonatal hypothermia, skin-to-skin care, Uganda