



Royal Cornwall Hospitals
NHS Trust

Swaddled Bathing on the Neonatal Unit Standard Operating Procedure

V1.0

February 2026

Table of Contents

1. Introduction.....	4
2. Purpose of this Standard Operating Procedure	4
3. Ownership and Responsibilities.....	4
3.1. Education Team, Developmental Care Group, Ward Managers and Qualified in Specialty (QiS) Staff:.....	4
3.2. Role of the Managers.....	5
3.3. Role of Individual Staff	5
4. Standards and Practice	5
4.1. Criteria	5
4.2. Contraindications	5
4.3. Safety Advice	5
4.4. Equipment/ Resources Required	6
4.5. Parent/Carer Preparation	6
4.6. Procedure (See Appendix 3).....	6
5. Dissemination and Implementation.....	7
6. Monitoring compliance and effectiveness	8
7. Updating and Review.....	8
8. Equality and Diversity	8
Appendix 1. Governance Information	9
Appendix 2. Equality Impact Assessment.....	12
Appendix 3. Pictural Guide on Swaddled Bathing.....	15

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR)

Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1 Involving parents in providing care for their baby can help with attachment, increased confidence and promote interaction between parent and baby¹.
- 1.2 It is widely accepted that bathing is a stressful experience for term infants therefore consideration should be given to its impact on vulnerable preterm infants². Initially, feeling wet may be a little uncomfortable/ alerting, however supporting and handling a baby with gentle touch and containment (swaddling) during bathing should reduce signs and levels of stress³.
- 1.3 In addition to the stress experienced by the infant during bathing, the preterm infant especially, is at risk of heat loss. Hypothermia can lead to increased morbidity and mortality in the neonatal population. Therefore, reducing stress whilst maintaining body temperature are key components to be considered when bathing preterm infants⁴.
- 1.4 Swaddled bathing involves placing the infant in a flexed midline position, swaddling in a soft towel or muslin, immersing in a tub of warm water, individually un-swaddling each limb to be washed then re-swaddling which maintains the midline flexed position throughout making it a developmentally supportive process.
- 1.5 Reported benefits include decreased stress; reduced crying; improved state control; increased self-regulatory behaviours; increased feelings of security; increased social interaction; and increased ability to feed following bathing⁴. The primary principal of developmental care is to create the optimum environment whilst applying developmentally supportive strategies to reduce stress for neonates and their families⁵.
- 1.6 Bathing is an activity that is normal for parents to do. It can mark progress in their baby's condition. Bathing gives parents the opportunity to observe and communicate with their baby.
- 1.7 Swaddle bathing encourages family centred care and recognises parents as partners as the initial swaddle bath is demonstrated by staff with parental participation. Any subsequent swaddle baths can be performed by parents with staff support or independently when parents feel confident.

2. Purpose of this Standard Operating Procedure

To ensure principles of developmental care are integrated into bathing infants on the neonatal unit to enhance long term developmental outcomes.

3. Ownership and Responsibilities

3.1. Education Team, Developmental Care Group, Ward Managers and Qualified in Specialty (QiS) Staff:

Staff are responsible for dissemination of this SOP. This cohort have a grounded knowledge of developmental care with high-risk infants through their training.

3.2. Role of the Managers

Line managers are responsible for ensuring SOP disseminated to applicable staff and compliance with guidance.

3.3. Role of Individual Staff

All staff members are responsible for adhering to the SOP within their own sphere of practice and ensuring families are aware of all safety information and guidance.

4. Standards and Practice

4.1. Criteria

- The infant is not requiring ECG (electrocardiogram) monitoring and has a stable cardiorespiratory status.
- All intravenous lines have been removed.
- The infant can maintain their own temperature within normal ranges of 36.8-37.2 degrees celsius.
- Baby is in calm awake state.

4.2. Contraindications

- Respiratory support of CPAP (continuous positive airway pressure) and ventilation unless under palliative circumstances and agreed by medical team.
- Avoid times when the baby is upset with hunger, has recently fed or undergone a strenuous procedure or have areas of broken skin.
- Constant monitoring of infant's cues throughout procedure is required, responding to signs of distress accordingly.
- Broken skin.
- Respiratory support of CPAP and ventilation unless under palliative circumstances and agreed by medical team.

4.3. Safety Advice

- Aim to perform bath prior to a feed at a time when cares would ordinarily be given. If this is not possible wait at least one hour after their feed¹.
- Infant should be in the water for no more than 5-6 minutes.
- Water should be between 37-38 degrees celsius.
- Ensure the environment is safe, warm and draught free for the procedure to be carried out. Recommended room temperature 26-27 degrees celsius⁶.

4.4. Equipment/ Resources Required

- Disinfected baby bath, bath stand.
- Bath thermometer.
- Large muslin to use as swaddle.
- Cotton wool.
- Towels.
- Disposal bag or bowl for used cotton wool.

4.5. Parent/Carer Preparation

- Parents/ carers should be informed of the benefits of using a swaddle for bathing and using a manikin doll given a demonstration of how to wrap baby and complete bathing care.
- Parents/carers should be made aware of the above safety information.
- Discussion between Neonatal Staff and parents/carers regarding any personal, religious and/ or cultural influences that must be respected and accommodated.
- Discuss and explain the hospital guidelines on the use of skin products.
- Following first swaddled bath, parents/carers will be provided with a therapy prescription card which has written guidance on how to continue wrapped bathing.
- Parents/carers should be made aware that they can seek advice or further support from neonatal staff to develop their confidence with wrapped bathing as required.

4.6. Procedure (See Appendix 3)

- Before starting the bath, observe baby for signs they are in a relaxed awake state, i.e., steady breathing, well perfused complexion and that there are no indicators or stress- i.e., hiccoughs/ hand splaying/crying.
- Position bath close to changing area and ensure all resources/equipment is to hand.
- Fill bath (ensure correct temperature) with enough water to cover infant's torso (when lying on back).
- Let infant know you are there by approaching quietly, talking softly and touching gently before removing blankets/ clothing.

- Remove clothing and place infant on a muslin. Whilst changing infant's position, do so gently ensuring you maintain hand hugs to sooth/support calm and alert state. Leave nappy on if washing face prior to lowering into bath.
- Using the muslin, wrap baby with hands to face and arms and legs flexed towards midline.
- Washing of infant's face may be performed prior to being placed in the bath but whilst infant is in swaddled position. Using the warm, clean water and cotton wool. Start with the eyes by gently wiping from nose to ears using a new washcloth or piece of gauze for each eye and then gently clean and dry around entire face.
- Gently unwrap lower body to remove nappy and re-wrap infant.
- Disconnect monitoring prior to transferring into bath.
- Maintain body contact with infant whilst lowering them into the bath.
- Place baby still wrapped in the muslin in the tub. Provide support under the baby's shoulders and neck throughout the entire bath. Feet end may be braced at the end of the tub for additional comfort and support of the baby.
- Once settled in water, slowly unwrap one of the infant's arms and wash gently including the chest then re swaddle with the muslin.
- Unwrap the other arm and wash gently including the chest then re swaddle with the muslin.
- Unwrap one leg including the stomach, wash gently then re swaddle with the muslin.
- Unwrap the other leg including the stomach then re swaddle with the muslin.
- The infant's back is washed with the water through the muslin.
- End the bath with hair washing.
- Once bathing is complete, place a dry towel up against the nurse or parent's chest who should bring themselves as close to the bath as possible in order to complete a short transfer from bath into towel for re-wrapping.
- Use towel as swaddle/wrap for drying, offering cuddles and gentle firm pressure rather than rapid rubbing or light strokes to dry infant- which can be alerting/increase stress response.

5. Dissemination and Implementation

- 5.1. This document will be shared with a stakeholders involved in the care of this group of patients. The document will be available on the document's library under neonatal. Senior neonatal will discuss the SOP at huddles and as part of the safety bulletin.

- 5.2. Neonatal education and developmental care team to utilise this document during refresher training of existing staff, share knowledge and skill with new staff during orientation upon joining the neonatal unit.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Swaddled bathing on the Neonatal Unit/Transitional Care.
Lead	Lucy Lucock; Occupational Therapist and Jenna Julian; Advanced Neonatal nurse Practitioner (ANNP).
Tool	Ad hoc audits of compliance will be undertaken.
Frequency	Every three years.
Reporting arrangements	Neonatal Audit and Guidelines Group.
Acting on recommendations and Lead(s)	Neonatal audit lead.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/ stakeholders.

7. Updating and Review

This SOP will be updated three yearly.

8. Equality and Diversity

- 8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

- 8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Swaddled Bathing on the Neonatal Unit Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	February 2026
Date Valid From:	February 2026
Date Valid To:	February 2029
Author/Owner:	Lucy Lucock; Occupational Therapist and Jenna Julian; Advanced Neonatal nurse Practitioner (ANNP).
Contact details:	01872 252667
Brief summary of contents:	To support a consistent, safe and neuroprotection method of bathing infants on the neonatal unit including education for parents.
Suggested Keywords:	Neonatal, bathing, wrapped bathing, swaddled bathing, developmental care.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Neonatal Audit and Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	Imperial College Healthcare- Neonatal Standard Operating Procedure for Use of Kangaroo Zak Wraps on the Neonatal Unit.

Information Category	Detailed Information
<p>Related Documents:</p>	<p>Southwest Neonatal Network- Infant Neuro-development Care Bundle Guideline.</p> <p>References:</p> <ol style="list-style-type: none"> 1. Fern D., Graves., L'Huilier M. Swaddle bathing in the newborn intensive care unit. <i>Newborn Infant Nurs Rev</i> 2002; 2(1): 3-4. 2. Hall K. (2008). Practicing developmentally supportive care during infant bathing: reducing stress through swaddle bathing. <i>Infant</i>, 4(6), 198–201. 3. Liaw, J.-J, Yang, L, Chou, H.-L, Yang, M, -H., and Chao, S, -C. (2010). Relationships between Nurse care-giving behaviours and preterm infant responses during bathing: A preliminary study. <i>Journal of Clinical Nursing</i>, 19 (1-2), 89-99. 4. Edraki, M., Paran, M., Montaseri, S., Razavi Nejad, M., and Montaseri, Z. (2014). Comparing the effects of swaddled and conventional bathing methods on body temperature and crying duration in premature infants: a randomized clinical trial. <i>Journal of caring sciences</i>, 3(2), 83–91. doi:10.5681/jcs.2014.009 5. Petty, J. (2015). <i>Bedside guide for neonatal care : Learning tools to support practice</i>. London: Palgrave. 6. AWHONN (2007) <i>Neonatal Skin Care. Evidence-Based Clinical Practice Guideline</i>. 2nd ed. 7. Ashfords Peters Bathing Guidelines. 8. A Protocol for Swaddled Bathing in the Neonatal Intensive Care Unit, Karyn Quraishy, MSPT, CEMI, CST; Susan M. Bowles, DNP, RNC-NIC; James Moore, PhD, PT, PCS, DISCLOSURES NAINR. 2013;13(1):48-50. Retrieved from 9. A Protocol for Swaddled Bathing in the Neonatal Intensive Care Unit, Karyn Quraishy, MSPT, CEMI, CST; Susan M. Bowles, DNP, RNC-NIC; James Moore, PhD, PT, PCS, DISCLOSURES NAINR. 2013;13(1):48-50. A Protocol for Swaddled Bathing in the NICU - Page 2. 10. Royal Devon Bathing a Baby Neonatal Unit Guideline.

Information Category	Detailed Information
Training Need Identified:	Yes- all staff will receive demonstration and training on providing support and advice on the use of swaddled bathing.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Neonatal

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2026	V1.0	Initial issue.	Lucy Lucock; Occupational Therapist and Jenna Julian; Advanced Neonatal nurse Practitioner (ANNP).

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Swaddled Bathing on the Neonatal Unit Standard Operating Procedure V1.0
Department and Service Area:	Neonatal
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group
Contact details:	01872 252667

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinical Staff on the Neonatal Unit.
2. Policy Objectives	To ensure neurodevelopmentally supportive bathing is provided to patients on the Neonatal Unit.
3. Policy Intended Outcomes	To improve the well-being of patients by offering the appropriate management of patients.
4. How will you measure each outcome?	Audit/ multidisciplinary team weekly discussion/ incidents/ risk management.
5. Who is intended to benefit from the policy?	Patients requiring neurodevelopmental care on the Neonatal Unit, and their parents/carers.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Neonatal Audit and Guidelines Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e., available in different languages if required/ access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.






I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal Audit and Guidelines Group.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Pictural Guide on Swaddled Bathing

<p>Swaddled Position:</p> <p>Using a large muslin, wrap infant with arms and legs flexed towards midline ensuring hands are clear and by face.</p> <p>Do not secure muslin in place or swaddle too tightly.</p>	
<p>Washing of Face:</p> <p>Can be completed prior to placing into bath, but whilst infant is in swaddled position. Using the warm, clean water (can be from prepared bath) and cotton wool. Start with the eyes by gently wiping from nose to ears using a new washcloth or piece of gauze for each eye and then gently clean and dry around entire face.</p>	
<p>Position and Entry into Bath:</p> <p>Place baby still wrapped in the muslin in the tub. Provide support under the baby's shoulders and neck throughout the entire bath. Feet end may be braced at the end of the tub for additional comfort and support of the baby.</p> <p>Scooping water with hand, soak the upper surface of the muslin.</p>	
<p>Washing Upper Body:</p> <p>Once settled in water, slowly unwrap one of the infant's arms and wash gently including the chest then re swaddle with the muslin. Repeat with other arm.</p>	
<p>Washing Lower Body:</p> <p>Unwrap one leg including the stomach, wash gently then re swaddle with the muslin. Repeat with other leg.</p>	

Exiting the Bath:

Once complete, prepare towel to receive baby from bath – tucking into top/across chest. Slowly unwrap wet muslin, lean in close to transition baby directly onto chest and re-wrap using towel.

Use towel as swaddle/wrap for drying, offering cuddles and gentle firm pressure, avoiding light stroking action.



*Images taken by Neonatal Neurodevelopmental Occupational Therapist used with permission from parents.