DOI: https://doi.org/10.36489/saudecoletiva.2020v10i52p2240-2253

Cultural practices of the newborn's first bath in the maternity ward: an ethnographic study

Prácticas culturales del primer baño del recién nacido en la sala de maternidad: un estudio etnográfico

Práticas culturais do primeiro banho do recém-nascido na maternidade: um estudo etnográfico

ABSTRACT

The present study aims to describe the cultural practices of the first bath of the newborn performed by the nursing staff in the rooming and discuss how these practices influence maternal care. This is a qualitative research, with ethnographic approach, with 21 nursing professionals. Data were collected using field diary, participant observation and semi-structured interviews. The thematic categories were: The biological dimension of the bath and the institutionalized bath in the maternity ward. The results showed that valuing family culture within a hospital routine brings it closer to the nursing team, combining popular and scientific knowledge, deconstructing the biomedical paradigm. The humanization of care presupposes meeting between subjects who share knowledge, power and lived experience, implying political, administrative, and subjective transformations.
DESCRIPTORS: Newborn; Joint Accommodation; Humanization of Assistance.

RESUMEN

El presente estudio tiene como objetivo describir las prácticas culturales del primer baño del recién nacido realizado por el personal de enfermería en la habitación y discutir cómo estas prácticas influyen en la atención materna. Esta es una investigación cualitativa, con enfoque etnográfico, con 21 profesionales de enfermería. Los datos fueron recolectados usando un diario de campo, observación participante y entrevistas semiestructuradas. Las categorías temáticas fueron: La dimensión biológica del baño y el baño institucionalizado en la sala de maternidad. Los resultados mostraron que valorar la cultura familiar dentro de la rutina de un hospital lo acerca al equipo de enfermería, combinando conocimiento popular y científico, deconstruyendo el paradigma biomédico. La humanización de la atención supone una reunión entre sujetos que comparten conocimientos, poder y experiencias vividas, lo que implica transformaciones políticas, administrativas y subjetivas.
DESCRIPTORES: Recién Nacido; Alojamiento Conjunto; Humanización de la Atención.

RESUMO

O presente estudo tem como objetivo descrever as práticas culturais do primeiro banho do recém-nascido realizado pela equipe de enfermagem no alojamento conjunto e discutir como essas práticas influenciam o cuidado materno. Trata-se de uma pesquisa qualitativa, com abordagem etnográfica, com 21 profissionais de enfermagem. Os dados foram coletados mediante o uso de diário de campo, observação participante e entrevistas semiestruturadas. As categorias temáticas depreendidas foram: A dimensão biológica do banho e O banho institucionalizado na maternidade. Os resultados mostraram que valorizar a cultura familiar dentro de uma rotina hospitalar aproxima esta da equipe de enfermagem aliando os saberes popular e científico, desconstruindo o paradigma biomédico. A humanização do atendimento supõe encontro entre sujeitos que compartilham saber, poder e experiência vivida, implicando em transformações políticas, administrativas e subjetivas.
DESCRITORES: Recém-Nascido; Alojamento Conjunto; Humanização da Assistência.

RECEIVED ON: 01/14/2020 **APPROVED ON:** 01/15/2020

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INTRODUCTION

The neonatal period is a time of great vulnerability in life. It contains biological, environmental, socioeconomic, cultural risks and requires special care. Thus, it becomes relevant, identifies as health needs of women and newborns (NBs) in the puerperium[1]. The care directed to the NB is important for the reduction of infant mortality, which is responsible for 70% of deaths in the child's first year of life, especially between 0-6 days of life, where it represents 68% of neonatal deaths in Brazil[1,2]. The main causes of neonatal deaths are: prematurity, such as perinatal infections and maternal factors, in addition to a number of cases of preventable death due to health services[2].

The data above demand the need to improve the practices of care for these people, to promote improvements in health indicators. As public policies demonstrated as one of its goals, a perinatal health organization in the country, with emphasis on the Humanization Program for Prenatal and Birth (PHPN) and Rede Cegonha[3], where it displays strategies that propose changes in the model of attention to use, use of protocols, health indicators, associated with the use of simple and effective technologies[3,4].

Childbirth care in Brazil occurs in 98% of hospitals[1]. Right after birth, the following procedures are performed to favor and maintain the newborn's physiological adaptation to extrauterine life. A complex biological process that involves functional changes in all organs and systems of the newborn, allowing him to live separate from the uteroplacental unit. One of the most important factors in this phase of extrauterine adaptation is the maintenance of body temperature[1,5,6].

For the NB to adapt to the new environment, maternity wards must have a joint accommodation system (AC) in their facilities, where the newborn will remain during his hospitalization until hospital discharge. The AC, translated from the English "Rooming-in", guaranteed by Law No. 2068 of 21 October 2016, is a form of institutional organization where the healthy newborn stays with his mother full time[7]. To be admitted to the CA, the newborn must be clinically stable: with good cardiovascular and respiratory adaptation, with suction capacity and thermal control. The care performed exclusively by the nursing team in the joint accommodation is: changing diapers, cleaning the umbilical stump and bathing the newborn[5].

The act of bathing the newborn in a bathtub is very recent in Brazilian maternity hospitals. Historically, births until the middle of the century. XIX took place at home, and care took place in the family, established by strong human and social bonds[8]. The first care for the newborn was ancillary, with the newborn's body bathed in liquids, such as wine or cachaça, cleaned with butter and other oil substances and firmly bandaged[9]. Little by little, the medical recommendations were passed on to the puerperal women "teaching" mothers to replace sticky ablutions with oil, with "soap and water". Doctors placed great emphasis on body cleanliness. Culturally, mothers took care to preserve the symbolic function of the child's body dirt as a form of protection against witchcraft[9].

With the advent of maternity hospitals, in the century. XX, there was an institutionalization of childbirth and, thus, newborn care started to follow hospital routines (use of 1% silver nitrate in the eyes (credé), intramuscular vitamin K administration, anthropometric measures). There was a medical concern to reduce the risks for infection and also infant morbidity and mortality, the nursery model was instituted keeping newborns isolated from their mothers and family members(5,10). The newborn's bath was contraindicated until the umbilical stump fell, believing this to be one of the causes of infections[8,9].

At the beginning of the 1980s, the "Acquired Immunodeficiency Syndro-

me" (AIDS), and the discovery that one of the forms of transmission is vertical, that is, from mother to child, at the time of delivery. Thus, the recommendations for the care of the NB undergo changes. One of them points to the care to wash the newborn immediately after delivery, with running water and soap, to avoid prolonged contact with blood and maternal secretions[11].

Recent recommendations, such as the World Health Organization (WHO) practical guide on postnatal care (2013), suggest that the newborn's bath should be postponed until 24 hours or more after delivery. If it is not possible, for cultural reasons, to be done after 6 hours of birth[12]. The Brazilian Society of Pediatrics, through the consensus of skin care of the newborn (2015), recommends that the bath can be daily, with neutral soap, and that it can have an interval of up to 3 days[13].

In a European international study, it is identified as a recommendation as to the frequency of bathing 1 to 2 times a week, however they emphasize the accomplishment of the same according to the parents' needs and cultural factors[14]. In another ethnographic study, carried out by North American researchers with 27 women and 16 caregivers, from a rural area of Cambodia in 2015, cultural issues related to the newborn's bath were valued. Research participants reported that they take the newborn's bath in an open-air bathtub, twice a day, due to the local hot climate, and generally the grandparents or a relative older than the mother usually performs this bath[15].

The newborn care manual[16] recommends in one of its protocols that parents should help with the first bath and receive information about the newborn and the skills for care. He also mentions that bathing improves the appearance of the newborn and is an important means of infection control. We present the following guiding question: How do the cultural practices of the first bath of the newborn take place by the nursing team at the maternity hospital?

In this context, the study aims to: identify the cultural practices of the first bath of the newborn performed by the nursing team in the maternity ward and discuss how these practices influence maternal care.

METHODOLOGY

This is a qualitative study(17), whose project was approved by the Research Ethics Committee of the Anna Nery School of Nursing, São Francisco de Assis School Hospital, of the Federal University of Rio de Janeiro, under opinion 089/15. The study scenario was the joint accommodation of a general hospital located in the city of Duque de Caxias, Rio de Janeiro.

The institution is a reference for the care of high-risk pregnant women. The joint accommodation, located on the 2nd floor of the unit, has 39 beds for puerperal women and their newborns. The maternal and child complex also has a neonatal intensive care unit, an obstetric center and outpatient childcare. On average, there are about 500 deliveries per month.

The study participants were 21 members of the hospital's nursing team. Of these, 12 were nursing technicians and 9 nurses, chosen at random and who agreed to participate in the study by signing the Free and Informed Consent Term (ICF), in accordance with the ethical precepts required by Resolution No. 466/2012 of the National Council of Health (CNS).

The theoretical framework was given in the light of the ethnographic approach(18), classic method that is based on looking, listening and writing[19], being the three stages of understanding social phenomena. It was chosen considering that the nursing team is a cultural group that shares knowledge, values, symbols, and meanings. In this sense, it was possible to apprehend the meanings attributed by the team to the newborn's first bath in the maternity hospital and how these meanings influence maternal care.

Data collection took place between April and June 2016. In order to guarantee the anonymity and confidentiality of the subjects, the identification of the letter E (Interview) was used followed by a number indicating the order of the interview: (E1, E2, E3...). The interviews were conducted individually, the field diary was written after each participant observation that the researcher made in the bathroom.

The data were produced by participant observation (looking), by interviews with semi-structured questions recorded on a researcher's cell phone (listening) and by the field diary (writing) where the researcher's impressions about the environment, actions and results were recorded. behavior of the social actors involved. The interviews were transcribed in full and subsequently subjected to thematic analysis.

Data analysis took place as proposed by Minayo[20], which follows the following steps: ordering, classification and final data analysis. The closure of the fieldwork took place after reaching the theoretical saturation of the data, since the collection is interrupted when new elements are found to support the research are no longer deduced from the field of observation, that is, when the interaction between the research field and the researcher no longer offers elements to deepen the theorization[17].

RESULTS

The empirical material generated underwent the analytical processes recommended by the thematic analysis[17] and, then, the following analysis topics were constructed: The biological dimension of the first bath and

the institutionalized Bath in the joint accommodation.

The biological dimension of the first bath in the room

This category addresses issues related to the biological dimension observed by the interviewees before having their first bath in the NB: physical assessment, hypothermia prevention, NB feeding, and NB skin care, and related to behavioral factors such as: observation of activity, reactivity and drowsiness. Thus, it is the team that decides if the baby can perform the first bath:

> *"I always evaluate the newborn: if it is active, if it is reactive" (E1)*
> *"If the baby is hypoactive or sleepy, the first bath will be for later" (E 2)*
> *"If the child has cyanosis in the extremities or flaps of the nose, they are signs that he is not yet fit for the first bath" (E3)*

Participants also point out the verification of vital signs as a decisive factor to perform the first bath of the newborn:

> *"If the baby's respiratory rate is below 40 irpm, I don't risk taking the newborn for the first bath" (E3)*
> *"If the Rn is keeping the temperature low, below 36º C, I don't do the bath" (E6)*
> *"Hypothermia can lead the baby to death, so I advise the team to be attentive and to bathe only after the newborn reaches 36.5º C" (E8)*

The interviewees stressed that it is important to perform the first bath if the newborn is being breastfed, relating glycemic control as essential for the stability of the newborn:

> *"I see, if the baby is able to breastfeed, then I take him to do the first bath" (E3)*
> *"Hypoglycemia can make the baby weak and his temperature drop, so it is not prudent to perform the first bath of Rn, in this condition" (E20)*

Some professionals pointed out that it is necessary to have the first bath to clean the newborn's skin in order to remove the impurities from childbirth:

> *"You have to clean everything, remove the vernix: under the neck, between the groins, under the armpits. Everything is cleaned, it is more hygienic, it avoids the risk of getting an infection here in the hospital"(E8)*
> *"I use hospital soap, it is neutral, odorless and does not harm the baby's skin" (E8)*

The institutionalized bath in the maternity hospital

This category describes the management of the newborn's first bath in the joint accommodation. The following topics were covered: the place of the bath, the time of the bath, the relationship between hours of birth and the technique used to bathe the newborn. The interviewees reported that the newborns' baths are carried out in their own room, with individualized bathtubs, warm water, air-conditioned environment, which they consider a welcoming space. It is in the bathroom that the nursing team spends most of the time, usually in the morning, which coincides with the time the baths are done:

> *"We carry out and teach the bath in the bathroom, it is a way to welcome the baby and his mother" (E6)*
> *"The space in the room is intended for bathing, each NB has a bathtub, the water is warm, very welcoming for the mother and baby, before the bath was done inside the wards and we were not always able to have warm water to give the bath (E12)*

Regarding the hours of birth and the moment when the team performs the first bath, we noticed that there was a divergence in the conduct of each interviewed professional:

> *"I prefer to give the first bath after 24h of birth" (E2)*
> *"I usually do the first bath after 3 hours when Rn was born" (E1)*
> *"If he is less than six hours old, I don't take a shower" (E21)*

In addition, professionals reported that the type of institutionalized bath is the humanized bath:

> *"The bath, which we teach mothers, is the humanized bath. This bath we help the mother and always telling her how it will be done and the benefits for the baby"(E2)*
> *"Here in the unit, humanized bathing is mandatory, this causes a conflict between the mothers and the team, they do not always accept doing the bath like this" (E9)*

DISCUSSION

The assessment of the general state of the newborn is a procedure that is recommended by the Ministry of Health, given the physiological and anatomical peculiarities of the neonate, which differentiates it from other age groups. Therefore, it is recommended that the baby be evaluated in the first 12 hours of life. At this moment, activity, intensity of crying, body movement, hydration status, in addition to vital signs[1].

The physical examination, which is part of the nursing process, represents an instrument that allows nurses to

make the diagnosis and plan nursing actions, in addition to monitoring and evaluating the evolution of the client, in order to promote comfort, safety and prevent complications[21,22].

Therefore, the maintenance of body temperature is one of the determining factors for the success of extrauterine adaptation. It is known that newborns are prone to a rapid drop in body temperature through the mechanisms of convection, evaporation, conduction, and radiation. In the first 10 to 20 minutes of life, if there is no intervention to prevent heat loss, the child's temperature may drop from 2 ° to 4 ° C, which can contribute to increased neonatal morbidity and mortality[23].

Therefore, strict thermal control is proposed by the World Health Organization (WHO), in its postnatal care manual[12] recommends health professionals to keep the environment, hands and instruments at an appropriate temperature, as the newborn has little capacity to tolerate environmental thermal changes. He also recommends keeping him in skin-to-skin contact with his mother, and the use of a hat, not to be exposed to the cold (<35ºC) nor to high temperatures - >37ºC[1,12].

Regarding the newborn's diet, the interviewees highlighted that they encourage the practice of breastfeeding, in order to avoid hypoglycemia, so that they can perform the baby's first bath. They also explain that they maintain the conduct for those babies who cannot be breastfed due to maternal diseases, where they seek to offer the cup with supplement, if so, prescribed by the doctor.

Hypoglycemia is a common finding among neonates in the first six hours of life, affecting 3 to 43% of all neonates, among the signs and symptoms caused by this disorder is hypothermia[24]. In this way, WHO[12] suggests breastfeeding in the first half hour of postpartum, if there are no maternal diseases. Breastfeeding on demand is the best way to prevent asymptomatic hypoglycemia and continuous assessment and support are still the best strategies to avoid it[16].

Regarding the newborn's skin care, the interviewees reported performing a hygiene on the baby's skin as soon as it is admitted to the CA from the obstetric center, in order to eliminate the secretions of childbirth. The caseous vernix (VC), is a white substance that lines the skin of the newborn[25]. Its composition is made of water (80%), proteins (10%) and lipids (10%) in addition to having protective effects against aggressive external agents[26]. For several decades, in Western maternity hospitals, it was a routine practice to remove all VC from newborns, immediately after delivery. This practice was reconsidered and, currently, the recommendation is for the VC to remain on the skin for more than 24 hours postpartum, in order to promote hydration and the formation of the acid mantle, which provides protection to the skin and the formation of the horny layer, the outermost part of the skin. The exception applies only to children born to HIV-positive women, where this NB should be bathed in running water immediately after delivery[11,13,25].

The international recommendations of the Association of Women`s Health Obstetric and Neonatal Nurses (AWHONN) reinforce that daily baths with soap should be avoided. These should be carried out alternately with water and baths with neutral PH soap and water. The use of topical products, such as soap, undoes the acid mantle, responsible for preventing bacterial colonization and promoting the retention of moisture in the skin barrier, thus promoting the colonization of the skin with microorganisms from the hospital environment, favoring hospital infections. The caseous vernix must not be removed entirely in the bath, it must be allowed to detach from the newborn's body naturally[26].

It corroborates with this fact, the consensus of the Brazilian Society of Pediatrics (SBP) on newborn skin care and warns that the use of cleaning products on the baby's skin are surfactants that allow the emulsification of substances on the skin surface , eliminating them. Irritating cleaning agents are classified as alkaline surfactants, while the mild ones are the soaps with the addition of moisturizers and with acidic PH and that can be used in the form of bars or liquids, intended for children and should be rinsed after use[13].

Recent studies have described that the skin continues to develop until 12 months after birth. The newborn's skin is subjected to a process of adaptation to the extrauterine environment, requiring special care. Knowledge of the physiological changes that occur in the newborn's skin is essential for nursing professionals, contributing to individualized and safe care, with a view to contributing to the maintenance of the integrity of the skin and improving health care for these clients[27].

We can see that the newborn's first bath brings controversy among health professionals in the study setting. Discussions remain about the most appropriate time to perform it after birth and how to perform the procedure are present in neonatal units. WHO postnatal care guidelines[12], the Agency for Research and Quality in Health - AHRQ[28] and the Association of Nurses in Women's Health, Obstetric and Neonatal (AWHONN) indicate that the initial bath of the newborn should be postponed for up to 24 hours after birth, relating to the stabilization of cardiorespiratory functions. AWHONN bases this conduct, relating to the stability of the newborn's thermoregulation.

Studies[29,30] reinforce that a delay in bathing can increase the time of exclusive breastfeeding, reducing the separation of the mother and the newborn. They emphasize that, when the first bath is early, there are risks of damage caused by hypothermia, losses

in breastfeeding and aggravations caused by hypoglycemia.

The institutional culture legitimizes the standardized pace of the study unit. However, in some statements, it was observed that the first bath performed in the RN, the nursing team takes into consideration what is recommended by the WHO[12], regarding the first bath after 6 hours of the child's life. The exception will be for cases where the NB is bathed in meconium or is the child of a woman with hepatitis B virus, herpes virus or HIV, in order to remove maternal blood residues, minimizing the exposure of NB and the team to these pathological agents[31,32].

Another aspect pointed out by the participants was the humanized bathing technique, chosen to perform and teach postpartum women. The bathing technique reported by the deponent team, the humanized bathing, is a technique adapted from Japanese culture, whose objective is to keep the NB calm and safe, mimicking the intrauterine environment. Initially, one must keep the environment warm and prepare the materials. After preparation, the newborn should be undressed, wrapped in a diaper or underwear and placed in the water. During the execution of the bath, you must first discover one side, wash and then cover it again, repeating the same procedure on the opposite side, so that the baby gets used to the water. The newborn will be completely stripped only when washing the back[33,34].

Afterwards, the baby must be removed from the water wrapped in a dry cloth, remaining close to whoever performs the technique. Subsequently, the RN is dressed. It is important to emphasize that during the technique, the dialogue between the person who performs the bath and the newborn is essential, even suggesting the use of songs[33,34]. In the context of the study, the mother is taught humanized bathing, as it is considered that this type of bathing in the child is something pleasurable, and that it must remember the liquid and warm environment characteristic of the maternal uterus[34].

In general, the testimonies demonstrated the importance of qualified care for women and newborns in the puerperium. However, professionals must recognize cultural differences, values and experiences lived by each woman and their families. Develop cultural sensitivity, favoring an approximation and congruence between popular and professional care practices, seeking to share knowledge and experiences between groups[33].

CONCLUSION

In the present study, aspects were highlighted where the biomedical culture leads the nursing team to be concerned with the physiological factors of extrauterine adaptation of the newborn. It is quite common to adopt criteria centered on their technical and scientific knowledge. Thus, the institutional routine limits women and their families to a single model of care, anchored in the professional culture.

Joint accommodation becomes an ideal setting for the puerperal woman's learning in relation to care for the newborn, including bathing. Since many are afraid and insecure about this care.

However, professionals do not always recognize the knowledge of mothers in relation to the care of their children, imputing tasks for them to just perform, without including them as protagonists, forgetting that this is fundamental for maintaining the emotional bond between the father, mother and son.

This paper did not aim to end the discussion on this topic. To overcome the limitations of the study, it is necessary to replicate the research in different scenarios of the practice of health care for children and their families, contemplating popular knowledge as an object of study and, thus, promoting humanized and qualified care. ■

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