Background
The World Health Organization (2013) recommends that bathing be delayed until after 24 hours of age in a newborn. Thermoregulation is a primary consideration in the timing of the first bath and often cultural reasons make the bath a priority over breastfeeding initiation, skin to skin and bonding time with the mother. The events of the immediate postpartum period are highly associated with the initiation and duration of breastfeeding and exclusive breastfeeding. Bartick and Reinhold (2010) study found that “if 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants” (Bartick & Reinhold, 2010, p. e1048).

Recommendations to breastfeed exclusively for 6 months, the United States would save money and prevent deaths. Bartick and Reinhold (2010) study found that if 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants.

Collection Methods
Data was extracted from the retrospective chart review and the data warehouse software qlikview.

• The Statistical Package for Social Sciences (SPSS) was used to analyze the data.
• Frequency statistics were used to describe the demographic characteristics of the participant population.
• Bivariate tests of association between the predictor variable (intervention vs. control group status) and the outcome (exclusive breastfeeding) were performed using X² tests.
• Multivariate logistical regression analysis to test the differences in odds of exclusive breastfeeding before and after the intervention in relation to the confounding personal factors and the multiple variable being compared; infant birthdate, birth time, location of birth, whether Baby Friendly Hospital designation, feeding type, length of hospital stay, length of neonatal intensive care unit stay if applicable, gestational age, and exclusive breastfeeding upon discharge to home. Significance was set at p < 0.05 (significance level 95%).

Interpretation
In this study there were no significant differences in the pre and post intervention groups related to feeding frequency or exclusive breastfeeding associated with delayed bathing. Using logistic regression analysis there was significant difference found in the factor of phototherapy in the pre and post intervention groups (p = < 0.01).

Limitations
• Because the exclusivity rate at the tertiary care center in this study was already near 70% it may have caused less of an impact than on a tertiary care center that has not already instituted those evidenced based breastfeeding practices.
• Feeding frequency was taken from electronic documentation and quality of feeds was not taken into consideration.

Conclusion
• Research has already shown several benefits to delaying the first bath of the newborn. Among those benefits is a reduction in hypothermia, hypoglycemia (McInerney, C. M., & Gupta, A., 2015) and one study delay of bathing for 12 hours showed an increase in breastfeeding exclusivity (Preer, et al, 2013).
• Even though this study did not show any statistical significance related to exclusive breastfeeding, it did show significance in the factor of phototherapy.
• Future studies should be performed to further evaluate the variables such as frequency of feedings, serum bilirubin, and a more in depth look at the effect delayed bathing has on hyperbilirubinemia.
• The impact of improved feeding in infants could have significant impact on improving health outcomes in this population.

References
Preer, G., Paepe, J. M., Cook, J. T., Herii, A., & Philp, B. L. (2013). Delaying the Bath and In-Hospital Breastfeeding Rates. Breastfeeding Medicine, 8(6), 485.