ORIGINAL ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

MATERNAL EXPERIENCES IN BATHING NEWBORNS: A QUALITATIVE STUDY

EXPERIÊNCIAS MATERNAS NA REALIZAÇÃO DO BANHO NO RECÉM-NASCIDO: PESQUISA QUALITATIVA

EXPERIENCIAS MATERNAS AL BAÑAR A RECIÉN NACIDOS: UN ESTUDIO CUALITATIVO

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ABSTRACT
Introduction: Bathing the newborn, although essential for hygiene and well-being, involves risks when performed inadequately and is influenced by knowledge gaps, as well as maternal feelings that directly affect its performance at home. **Objective**: To understand maternal experiences related to newborn bathing, encompassing both direct performance and observed/delegated care. **Method**: A qualitative study conducted through 13 interviews, following a semi-structured script, with mothers who performed or witnessed the bathing of their children during the neonatal period. Data were analyzed using Bardin's thematic content analysis. **Results**: Maternal experiences regarding newborn bathing are marked by fear and insecurity, stemming from the perception of newborn fragility, often resulting in the transfer of care to more experienced family members. Bathing involves prior planning, environmental organization, and attention to water temperature, as well as strategies to reduce newborn discomfort. Beyond hygiene, bathing is recognized as a moment of comfort, relaxation, and preparation for sleep. **Conclusion**: Newborn bathing is a complex care practice that goes beyond the technical dimension, encompassing emotional, cultural, and educational aspects.
Keywords: Bathing; Maternal Behavior; Skin Hygiene; Newborn.

RESUMO
Introdução: o banho do recém-nascido, embora essencial para a higiene e o bem-estar, envolve riscos quando realizado inadequadamente e é permeado por lacunas de conhecimento, além de sentimentos maternos que influenciam diretamente sua execução no domicílio. **Objetivo:** compreender as experiências maternas relacionadas ao banho do recém-nascido, incluindo tanto sua realização direta quanto seu acompanhamento por terceiros. **Método:** estudo com abordagem qualitativa realizado por meio de 13 entrevistas, seguindo roteiro semiestruturado, com mães que realizaram ou presenciaram os banhos nos seus filhos(as) no período neonatal. Os dados foram submetidos à análise temática de conteúdo de Bardin. **Resultados:** as experiências maternas relacionadas ao banho do recém-nascido são marcadas por medo e insegurança, decorrentes da percepção de fragilidade do recém-nascido, o que frequentemente resulta na transferência do cuidado aos familiares mais experientes. O banho envolve planejamento prévio, organização do ambiente e atenção à temperatura da água, além da adoção de estratégias para reduzir o desconforto do recém-nascido. Para além da higiene, o banho é reconhecido como momento de conforto, relaxamento e preparação para o sono. **Conclusão:** o banho do recém-nascido constitui uma prática de cuidado complexa, que transcende a dimensão técnica e envolve aspectos emocionais, culturais e educativos.
Palavras-chave: Banhos; Comportamento Materno; Higiene da Pele; Recém-Nascido.

RESUMEN
Introducción: El baño del recién nacido, aunque esencial para la higiene y el bienestar, implica riesgos cuando se realiza de forma inadecuada y está influenciado por lagunas de conocimiento, así como por sentimientos maternos que afectan directamente su ejecución en el hogar. **Objetivo:** Comprender las experiencias maternas relacionadas con el baño del recién nacido, abarcando tanto la realización directa como el cuidado observado o delegado. **Método:** Estudio con enfoque cualitativo realizado mediante 13 entrevistas, siguiendo un guion semiestructurado, con madres que realizaron o presenciaron el baño de sus hijos(as) en el período neonatal. Los datos fueron sometidos al análisis temático de contenido de Bardin. **Resultados:** Las experiencias maternas relacionadas con el baño del recién nacido están marcadas por miedo e inseguridad, derivados de la percepción de fragilidad del recién nacido, lo que con frecuencia resulta en la transferencia del cuidado a familiares más experimentados. El baño implica planificación previa, organización del ambiente y atención a la temperatura del agua, además de la adopción de estrategias para reducir el malestar del recién nacido. Más allá de la higiene, el baño es reconocido como un momento de confort, relajación y preparación para el sueño. **Conclusión:** El baño del recién nacido constituye una práctica de cuidado compleja que trasciende la dimensión técnica e involucra aspectos emocionales, culturales y educativos.
Palabras clave: Baño; Comportamiento Materno; Higiene de la Piel; Recién Nacido.

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INTRODUCTION

Bathing is a fundamental process of newborn (NB) skin care. Worldwide, newborns are routinely bathed at home by their caregivers[1]. The World Health Organization (WHO) recommends that the first bath of a newborn be delayed for up to 24 hours after birth. In cases involving cultural reasons, it is recommended that bathing be postponed for at least six hours[2]. In Brazil, according to the guidelines of the Brazilian Society of Pediatrics (*Sociedade Brasileira de Pediatria* - SBP), newborns may be bathed daily, however, although bathing two to three times a week is also acceptable[3].

Bathing is an essential practice in neonatal care, contributing to body hygiene, the mummification of the umbilical stump, and NB comfort[4]. Additionally, when performed appropriately, it may contribute to pain reduction, optimize nutritional status, and promote beneficial effects on physiological parameters such as body temperature, oxygen saturation, and heart rate[5]. However, when performed improperly, bathing may expose the NB to significant risks, including aspiration, infections, falls, trauma, burns, exposure to chemical substances, and suffocation, particularly in situations in which caregivers do not feel sufficiently confident or prepared to carry out the procedure[6].

Although often considered a simple procedure, 60% of mothers have been found to have a low level of knowledge regarding NB bathing[4]. Therefore, caring for NB during bathing at home requires special attention and a formal and informal support network that considers the specific needs of each mother in personal, family, and social contexts[7].

Additionally, feelings of anxiety, fear, and insecurity may intensify in response to the daily demands of providing special care to the NB when the family returns home. It is important to note that this care, previously provided by healthcare professionals with the caregiver's assistance, now becomes the sole responsibility of family members and, in many cases, primarily the mother[8].

Considering that a significant proportion of mothers still bathe the NB contrary to WHO guidelines, highlighting the need for greater efforts to promote safe bathing at home[9]; and that previous studies have identified gaps in maternal knowledge and practices related to this care[4,10,11], it is essential to broaden the analysis beyond the technical aspects of NB bathing.

It is necessary to reflect on the maternal feelings, perceptions, and experiences surrounding NB bathing, which may directly influence how this care is performed. In this context, the following guiding question was formulated: how are maternal experiences in bathing NB configured? This study is justified by the need to an in-depth understanding of these experiences, supporting more sensitive and safe educational and care strategies aligned with the needs of both mothers and newborns. Therefore, the objective of this study was to understand maternal experiences related to NB bathing,

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encompassing both direct performance and care observed or delegated to others.

METHOD

This is a qualitative, exploratory-descriptive study developed in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ), covering aspects related to the research team, study design, context, participants, data collection, and data analysis. A qualitative approach was adopted because it enables an in-depth understanding of the experiences, perceptions, and meanings attributed by postpartum women to NB bathing, considering the complexity and uniqueness of human experiences within their social and cultural context[12].

The study was conducted in a municipality in the state of Piauí, which is a prominent healthcare hub, extending its coverage to surrounding localities and receiving a substantial demand from outside the municipality. It has an infrastructure comprising 25 Basic Health Units (BHU), distributed across urban and rural areas (Reference omitted to preserve peer review and ethical aspects). To delimit the study setting, a random draw was performed using an online tool, including all BHU in the urban area, with only one unit being selected. The choice of a single BHU aimed to ensure greater contextual homogeneity, that is, the same healthcare coverage profile and the same team responsible for prenatal and postpartum guidance, thereby reducing variability stemming from interinstitutional differences in guidance on NB bathing. This choice favored analytical depth compatible with the purposes of the qualitative design, rather than statistical representativeness, which was not intended in this study.

The study participants were postpartum women over 18 years old. The inclusion criteria were mothers of NBs aged between one and 28 days who stated that they intended to bathe their child, had bathed their child themselves, or had witnessed the bathing being performed by other people. The exclusion criteria were postpartum women with cognitive limitations that could hinder understanding of the data collection instrument, identified during the interview, and those whose NBs had conditions that made bathing unfeasible. However, there was no need to apply these criteria.

It should be clarified that the phenomenon under investigation, the maternal experience regarding NB bathing, was defined to encompass both direct performance of the care and its observation and delegation to third parties, as these modalities were understood to constitute complementary, rather than mutually exclusive, dimensions of maternal experience in this context. The mother's decision to bathe, observe, or delegate the bathing constitutes an expression of her subjective experience of care (perception of competence, fear, and confidence in the support network), rather than an external factor. It is acknowledged, however, that performing the procedure directly involves motor skills and technical decision-making components that are absent from the

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observational experience, a distinction revisited in the study limitations section.

Participants were selected by convenience sampling, without specific statistical criteria, including those who were most readily available. The number of participants was not predetermined. Data collection concluded after 13 interviews, based on the criterion of information power, according to which smaller samples may be sufficient when they have a high potential for providing information relevant to the study objective. The specificity of the phenomenon investigated, the relative homogeneity of the participants, the use of a theoretical framework to develop the interview guide, the quality of the interviews, and the analytical strategy adopted were considered. The decision to end data collection was made by consensus among the researchers after identifying thematic recurrence in the final interviews, with no emergence of new codes or content relevant to understanding the phenomenon under investigation[13].

Data collection was conducted between October 2024 and June 2025. The interviews took place at the participants' homes and were conducted by a previously trained researcher, a tenth-semester nursing student, with no healthcare affiliation or previous relationship with the interviewees. Before each interview began, the researcher presented the study objectives, clarified any questions, and established a welcoming environment to encourage the participants' free expression. During data collection, her role consisted of conducting interviews, observing relevant contextual aspects, making audio recordings, and preparing complementary field notes. The interviews were conducted through active listening and the use of probing questions when necessary, aiming to encourage reflection on the maternal experience without inducing responses.

A semi-structured interview guide was used, developed based on scientific literature and discussed by the research team. It was organized into two sections: (1) sociodemographic, economic, and obstetric characteristics, as well as aspects related to the NB bathing technique; and (2) a guiding question regarding the maternal experience with NB bathing. The interviews were audio-recorded using a smartphone's voice recording feature, lasted an average of 30 minutes, and were subsequently fully transcribed. To ensure participant anonymity, the statements were identified using alphanumeric codes.

Data analysis followed content analysis as a systematic and descriptive approach to investigating communicative characteristics[14]. This method is applicable to a variety of materials, such as texts, audio, and/or images. In this study, the interviews were fully transcribed, and the data were subsequently organized, classified, and categorized using the content analysis technique.

This model consists of three distinct phases: the first is the pre-analysis phase, in which the material is organized to make it operational, systematizing the initial ideas. The second is the exploration phase, during which the

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material is examined to define categories (coding systems) and identify recording units and context units within the documents. Finally, the third phase involves the treatment of results, inference, and interpretation, in which the data are condensed and highlighted for analysis, culminating in inferential interpretations. The coding of the interviews, development of thematic categories, and interpretation of the findings were conducted by the research assistant responsible for data collection, under the supervision of the faculty advisor during periodic meetings throughout the analytical process[14].

The study followed the guidelines established by the National Health Council (*Conselho Nacional de Saúde* - CNS) regarding the ethical and legal aspects of research involving human participants, in compliance with CNS Resolutions No. 466/2012 and No. 510/2016, which regulate the use of data obtained directly from research participants with the aim of minimizing risks greater than those encountered in everyday life. The study protocol was submitted to the Research Ethics Committee (REC) of the *Campus Amílcar Ferreira Sobral* (CAFS) of the *Universidade Federal do Piauí (*UFPI) and approved under opinion No. 7,252,676 (CAAE No. 84925324.8.0000.5660).

RESULTS

A total of 13 postpartum women participated in the study, with a mean age of 28.46 years (SD = ±8,91), most self-identified as mixed-race (n = 6; 46.1%) and had a family income of up to one minimum wage (53.8%; n = 7), without paid employment (61.5%; n = 8). Most had a history of two or more pregnancies (69.2%; n = 9), with a mean gestational age of 39 weeks (SD = 1,00) at delivery, predominantly by cesarean section (61.5%; n = 8). Regarding guidance on NB care, 76.9% (n = 10) of the participants reported having received such guidance, especially from healthcare professionals (46.1%; n = 6) and family members (38.5%; n = 5); 23.1% (n = 3) received no guidance at all.

The analysis of the interviews provided an understanding of maternal experiences regarding NB bathing, whether mothers directly performed the procedure at different times during the neonatal period or when they only observed it being done. These experiences were permeated by feelings of fear and insecurity, which significantly influenced how mothers prepared for and performed the bathing technique, affecting the organization of the environment, the choice of materials, and the provision of care. Interpretation of the data revealed three thematic categories: a) maternal feelings regarding newborn bathing; b) preparation for newborn bathing; and c) the bathing process and care for the newborn.

Maternal feelings regarding newborn bathing

The statements showed that bathing the NB, especially during the first days of life, was experienced by mothers with fear and insecurity. Concerns about falls and slipping, together with

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the perception of NB's physical fragility, led to the transfer of care to other family members, particularly grandmothers and aunts. The perception of NB as vulnerable reinforced the need for support, leading mothers to initially adopt an observational role rather than assuming responsibility for the care. The use of supportive devices, such as bathing nets and other accessories, emerged as a strategy to minimize fear and gradually increase the sense of security.

> *It's not me who bathes him, I don't have the courage yet. My mother does it.* (P1)
>
> *[...] It's hard for me to bathe him; his aunt is the one who does it. Because I'm afraid he'll slip or fall...* (P6)
>
> *[...] my grandmother is the one who bathes him for now. She bathes all our boys until they're a month old, since they're so floppy. Then, after a month, I start bathing them.* (P7)
>
> *It's very easy for them to fall, because the baby's skin is much more slippery. That's why my mother used to give the baths. [...] Yeah, because the fear of him falling is real* (P9)
>
> *[...] I use a bathing net; I still don't feel confident bathing him alone without anything.* (P11)

Preparation for newborn bathing

Bathing was described as a care that requires previous planning and meticulous organization. Mothers reported preparing clothes, towels, hygiene products, and materials for umbilical stump care before starting the bath, aiming to avoid stressing the NB.

> *Taking the clothes off gently, keeping the baby calm so he doesn't go into the bath already stressed. [...] I get everything ready on the bed to make things easier. And I keep the towel right next to the tub to make things easier.* (P2)
>
> *I get the clothes I'm going to use, select them, and take everything out. I leave it there beside me for easier access, as well as the cleaning supplies. I bring everything: cotton swabs, 70% alcohol to clean the navel, I leave everything within reach, the ointment [...]* (P3)
>
> *[...] I set everything out on the bed beforehand, because he gets irritated very easily.* (P11)

Water temperature emerged as a key concern, often described as "lukewarm," "warm," "cooler," or "room temperature," with adjustments made based on professional guidance or by observing the NB's reactions.

> *[...] I always give her a bath in warm water, I don't let her bathe in cold water. I warm it up.* (P1)
>
> *I prepare the water a little "colder" because he has some little bumps [vesicular lesions], so the nurse said to keep it cooler.* (P4)
>
> *It's warm because cold water makes him scream. It doesn't work. It has to be warm.* (P5)
>
> *I set the water at room temperature.* (P10)

A variety of products used was also noted, including specific soaps, shampoo, conditioner, moisturizers, colognes, talcum powder, 70% alcohol, cotton swabs (Cotonete®), diaper rash creams, among others.

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> *It's the kit, the conditioner, shampoo, and soap. He also has talcum powder.* (P1)

> *First, the head-to-toe soap. For the body and head and then applying a little moisturizer and diaper rash cream [...] a little saline solution in his nose [...] The umbilical stump was cleaned with 70% alcohol, a Cotonete® and 70% alcohol.* (P2)

> *[...] the cologne, he has the complete little kit.* (P6)

> *I used to use liquid soap. Since he developed an allergy, I switched to bar soap. [...] It's glycerin soap.* (P9)

> *I only use soap once a day. They told me at the hospital that this soap strips away his skin's natural protection, so I really only use soap when he poops or pees, to keep him clean. But I avoid using it, depending on how many baths he takes, I only use it once a day, and if necessary, on his private parts to remove excess dirt. [...]* (P11)

The bathing process and care for the newborn

The statements revealed detailed routines regarding how the bath is performed, the sequence of steps, and subsequent care. Mothers described strategies to reduce NB discomfort, such as bathing quickly, starting with the head, keeping the NB in the water for a short time, or using the swaddled bathing technique (baby burrito). Strong emphasis was placed on carefully drying the body folds and caring for the genital area, umbilical stump, nose, and ears. In some accounts, bathing was also associated with relaxation, including the use of herbal preparations, such as herbs added to the bathwater, and preparation for sleep, incorporating massage and a calmer environment.

> *I don't like washing his little head every day. Just every other day. I didn't wash it yesterday. And I don't keep him in the water too long, so he can relax [...] And I've been adding a little chamomile tea, I've noticed it really calms him down.* (P1)

> *At first, we immediately start washing his hair with him turned over on his back. We wash his hair, his back, and then move to the front. [...] Dry everything properly, all the little folds [...] Clean the umbilical stump, his little ear... Clean the intimate area with a cotton swab as well and leave everything dry.* (P2)

> *At bath time, the first thing I wash is the little head, behind the little ears... the little creases around the eyes, nose, and neck. [...] Then I start wetting his body. That way, when I finish, I grab the towel, wrap him up, and dry the little creases [...] everything.* (P4)

> *Sometimes she wraps a little cloth around him [burrito swaddle], so he doesn't slip. [...] Then she dries him very well.* (P6)

> *You have to be very careful with his little pee-pee [penis], wash it properly, remove the buildup [smegma], and pull it back a little so he doesn't develop phimosis [...] I bathe him in the morning and again at night to help him relax, I give him a little massage so he can sleep.* (P11)

DISCUSSION

The experience of neonatal bathing was permeated by emotional, cultural, and relational dimensions that extend beyond the technical performance of the procedure. In this context,

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NB care involves not only practical skills but also processes of building maternal confidence and adapting to the new parental role[15]. During the neonatal period, bathing is predominantly experienced with fear, insecurity, and anxiety, especially due to the perception of the NB's fragility[11].

This scenario is largely related to the superficial nature of the guidance received in maternity wards, which contributes to maternal feelings of inability and insecurity when bathing the NB at home, making the practice potentially less safe[11]. Given the perception of the NB's fragility, fear emerges as a recurrent feeling among postpartum women[16], and should be considered in professional approaches, as it may directly interfere with home care[17].

A study conducted in southwestern Paraná, Brazil, with 247 postpartum women aged 20 to 34 years, revealed a high frequency of difficulties in providing home care to NBs, particularly among primiparous women. It found that 57.6% reported insecurity when holding the baby, 35.9% had difficulty keeping the baby in the bathtub, 30.4% had difficulty washing the baby's back and genitals, 21.7% had difficulty washing the head and face, and 12% had difficulty drying the NB[17], reinforcing the need for technical and emotional preparation of postpartum women, still within the institutional setting, for bathing the NB.

It is noteworthy that, at this stage, maternal self-confidence in providing direct care is still incipient, leading many women to delegate bathing to family members considered more experienced, such as mothers, grandmothers, or aunts. However, this practice should not be interpreted as neglect, but rather as an adaptive protective strategy, supported by informal support networks and the desire to prevent harm to the child, highlighting the role of intergenerational support in promoting safety and emotional support[18].

Prior organization of the environment, gathering materials in advance, and attention to water temperature emerge as central elements of care, suggesting that mothers mobilize strategies to reduce risks and stress for the NB. These findings indicate that planning functions as a concrete safety resource employed by mothers, particularly in view of the risk of hypothermia, burns, and discomfort[19]. Beyond aspects related to comfort and safety, bathing plays a fundamental role in preserving neonatal skin integrity. During the first days of life, the NB's skin exhibits structural and functional immaturity, characterized by greater permeability, lower resistance to irritants, and the gradual development of the skin's acid mantle. Therefore, appropriate hygiene practices contribute not only to body cleansing but also to maintaining the barrier function, which is essential for protection against microorganisms, transepidermal water loss, and environmental stressors[20].

The coexistence of professional guidance and cultural practices, such as the use of certain products or herbal teas, reveals the hybrid construction of neonatal care, in which scientific knowledge intersects with traditional family

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knowledge[15]. However, it is important to note that not all practices reported by the participants are supported by current scientific recommendations. While some practices were consistent with evidence related to neonatal safety and comfort, others reflect knowledge transmitted across generations, whose effectiveness and safety have yet to be scientifically proven.

Limitations were identified in postpartum women's knowledge regarding scientific consensus on the preparation and performance of NB bathing[16]. The main inconsistencies concern water temperature, products used, and care of the umbilical stump[8], highlighting educational needs that should be incorporated into care practices, with the active inclusion of mothers and families in daily care while still in the hospital setting[16].

Among the most relevant aspects, water temperature stands out as an essential component of safety and quality of care. National guidelines recommend that water be maintained between 37°C and 37.5°C, with prior measurement, to promote thermal stability and prevent episodes of hypothermia[3]. However, the importance of this recommendation extends beyond body temperature control. During the first days of life, the NB's skin barrier is still undergoing maturation, making it more susceptible to environmental changes. In this context, evidence indicates that inadequate temperatures may compromise skin hydration, delay recovery of the epidermal barrier, and contribute to dryness, irritation, and increased permeability of neonatal skin[20]. Thus, ensuring an appropriate water temperature is a fundamental measure not only for the NB's comfort and safety but also for preserving skin integrity and its protective function.

Regarding hygiene products, the recommendation for this stage is to use only syndet-type liquid soaps with a slightly acidic pH (5.5), as they are less irritating and help preserve the protective acid mantle, thereby reducing dermatitis and irritation[3]. This recommendation is because the acid mantle of neonatal skin is still undergoing maturation during the first weeks of life. Alkaline products may increase skin pH, alter the resident microbiota, and compromise essential skin defense mechanisms. In contrast, products with a physiological pH help maintain skin homeostasis, promoting maturation of the epidermal barrier and reducing the risk of irritant dermatitis and infections[20,21]. On the other hand, the use of talcum powder in neonates is discouraged because of the risk of inhalation and consequent severe respiratory complications, as this product may contain heavy metals and naturally occurring radionuclides, posing a potential health risk[22].

The use of herbal baths lacks robust evidence in healthy neonates, as the ingredients of these products may not be uniformly defined by regulatory agencies[23]. Although they are often perceived as safe because of their natural origin, these products may contain potentially irritating, sensitizing, or allergenic substances. The presence of herbal practices confirms the

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coexistence of scientific knowledge and traditional knowledge in the construction of neonatal care. Although such knowledge plays an important cultural and familial role, the use of plant-based products in NBs requires careful assessment, considering the scarcity of evidence regarding their safety and efficacy in this population and the greater vulnerability of neonatal skin to the absorption of topical agent[20].

For genital hygiene, warm water and mild soap are recommended, while harsh products should be avoided. In girls, cleansing should be performed from front to back; in boys, forced retraction of the foreskin is contraindicated[24].

Faced with fear and insecurity, mothers have adopted strategies such as swaddled bathing. Evidence indicates that this technique reduces stress and improves physiological stability. A randomized clinical trial demonstrated shorter crying duration and greater thermal and cardiorespiratory stability with swaddled bathing compared with traditional bathing[25]. On the other hand, the use of bathtub support devices, also reported by the participants, may create a false sense of security. Alerts from the United States Consumer Product Safety Commission (CPSC) indicate that more than 90% of drownings associated with these devices occurred due to inadequate supervision[26].

Among the reported practices, some were found to be consistent with current scientific recommendations. Prior organization of materials, the use of swaddled bathing (baby burrito) to promote neonatal comfort, and the use of hypoallergenic products suitable for NB skin are supported by the literature. These practices contribute to maintaining the integrity of the neonatal skin barrier, considered one of the main protective mechanisms against excessive water loss, environmental irritants, allergens, and microorganisms[23]. The preservation of this barrier during the neonatal period has been identified as an important strategy for reducing skin disorders and promoting healthy skin development during the first months of life[20,21].

Insufficient knowledge and lack of prior preparation often led to unsafe practices, characterized by fear and a lack of maternal confidence in performing the procedure. In some cases, this results in bathing being delegated to other trusted women or being performed inadequately. These findings reinforce the importance of theoretical and practical preparation during pregnancy or before hospital discharge, with the potential to increase knowledge and strengthen maternal autonomy in bathing at home.

Educational interventions have proven effective in empowering mothers, fostering greater autonomy and confidence in neonatal care. Technologies such as educational videos and practical workshops significantly increase knowledge and maternal self-confidence while reducing errors during newborn bathing[19,27].

This study presents certain limitations that should be considered when interpreting the results. The main limitation concerns the qualitative design, which, although appropriate

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for understanding maternal meanings and experiences, does not allow statistical generalization to other populations. Furthermore, the study was conducted within a specific sociocultural context, which may influence practices, beliefs, and feelings related to NB bathing, thereby limiting the extrapolation of the findings to different settings. Additionally, the heterogeneity between participants who directly performed the bath and those who observed or delegated constitutes an interpretive limitation, as these experiences have phenomenological distinctions (motor practice and decision-making versus observation and vicarious learning) that were not analyzed separately, and also the absence of direct observation of bathing practices in the home setting. Future studies could stratify the analysis based on these experiential subcategories for greater theoretical refinement.

The possibility of recall bias and social desirability bias is also noteworthy, as maternal reports may have been influenced by the time elapsed since childbirth or by the intention to meet the researchers' perceived expectations. It should also be noted that coding was performed by a single researcher, under the supervision of the faculty advisor, without a formal process of independent coding by more than one researcher followed by consensus verification, a strategy frequently employed to strengthen interpretive reliability in content analysis. Although faculty supervision sought to mitigate this limitation, future studies should incorporate coding by multiple researchers.

FINAL CONSIDERATIONS

The results demonstrate that NB bathing is a complex care practice that transcends the technical dimension and involves emotional, cultural, and educational aspects during the postpartum period. Fear, insecurity, and anxiety are associated with the perception of the NB's fragility and gaps in the guidance received, underscoring the need for structured and culturally sensitive educational strategies.

In terms of care delivery, the findings support theoretical and practical interventions aimed at strengthening maternal self-confidence and promoting evidence-based practices without disregarding family knowledge. In this regard, healthcare professionals, particularly nursing professionals, can provide practical demonstrations during hospitalization, involve family members in caregiving, and use home visits and educational technologies to reinforce guidance.

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