# RPA Newborn Care : Newborn Care Immuno-supportive Oral Care (ISOC)

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Newborn Care Immuno-supportive Oral Care (ISOC)

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SLHD - RPA Newborn Care Immuno-supportive Oral Care (ISOC)

1. Introduction
RPA Newborn Care supports and encourages the practice of Immuno-supportive Oral Care for infants not yet breastfeeding. Breastmilk is introduced as early as possible directly into the infant’s mouth in order to gain the benefits and immune properties of colostrum and expressed breast milk even while nil by mouth. Immuno-supportive oral care is practiced within a developmentally sensitive framework.

2. The Aims / Expected Outcome of this Guideline
- Babies not yet breastfeeding will receive early oro-pharyngeal administration of colostrum or small drops of fresh breast milk onto the buccal mucosa of the mouth.
- Babies are colonised with mother’s micro flora and protective bacteriostatic factors from breast milk
- Newborn oral care is practiced in a developmentally supportive framework with baby receiving pleasant oral stimulation
- Promote early and frequent expressing of maternal colostrum
- Mothers (parents) are involved in their baby’s care as early as possible
- Aversive oral behaviours are minimised
- All clinicians are informed about and can competently and safely facilitate oral care in RPA Newborn Care.

3. Risk Statement
SLHD Enterprise Risk Management System (ERMS) Risk # 706 Preventing and Controlling Healthcare Associated Infections
- Risk of nosocomial infection
- Application of incorrect expressed breast milk (EBM)

4. Policy Statement
RPA Newborn Care is committed to improving outcomes for all babies (and their families) admitted to the unit by ensuring that all staff have the knowledge, skills and resources to meet this objective.

The goal is for every baby to have his or her developmental needs met as far as is possible in the Newborn Care environment. Applying the oral care guidelines will assist in achieving this goal.

5. Scope
- All medical, midwifery and nursing staff working in Newborn care
- For all babies not having suck feeds inclusive of babies nil by mouth in Newborn Care

6. Resources
- Implementation of this guideline is within existing resources

7. Implementation
- Inservice education by Lactation CNS and trained team champions within the Newborn Care
- Lactation CNS to monitor and ensure guidelines are being followed and achieved via daily data collection on the Neonatal Intensive Care Units’ (NICUS) database for NSW Pregnancy and Newborn Services Network.
8. **Key Performance Indicators and Service Measures**

- Current NICUS clinical data collection allows recording of “any” oral care with colostrum or EBM in the previous 24hrs, and this can be shown within the monthly audits of lactation data for the nursery.
- This may be reviewed against the exiting infection rate surveillance /ongoing auditing.

9. **Guidelines**

**Background Information:**

The benefits of human milk and breastfeeding have been well documented\(^1\). Immature newborns who begin their life in the neonatal intensive care unit (NICU) benefit most from receiving human milk. It is essential that the baby’s mother is able to establish a normal milk supply when in NICU. Nurses and midwives in contact with mothers should prioritise care that includes assisting and supporting them with the initiation and maintenance of milk supply.

Breast milk contains defence factors that include antimicrobial agents, anti-inflammatory factors, immune modulators and leucocytes. These protective immune factors coat the gastrointestinal and upper respiratory tracts, and prevent invasion of mucous membranes by respiratory and enteric pathogens\(^2\).

Babies spending time nil by mouth as well as receiving antibiotics can lead to intestinal atrophy\(^3\) and an altered pattern of intestinal colonization. This can significantly increase the risk of feeding intolerance and nosocomial infection.\(^4\)

High level evidence (RCT)\(^5\) found oro-pharyngeal administration of colostrum significantly decreased clinical sepsis, inhibited secretion of pro-inflammatory cytokines, and increased levels of circulating immune-protective factors in extremely premature infants. Oral administration of colostrum appears to be safe to extremely premature and ventilated newborns.\(^5, 6, 7, 8, 9\)

The period just after birth is a critical time for the expression and collection of colostrum for use while baby is not orally feeding. Early frequent milk expression has been associated with higher milk production later on.\(^10\)

10. **Procedure**

- Mothers provide their own, fresh (not frozen) colostrum and expressed breast milk (EBM)
- Nurse/mother perform hand hygiene and nurse use Standard Precautions as per unit policy
- Colostrum or EBM is decanted into smaller containers as required to reduce wastage and labelled as per unit protocols
- Ensure that EBM is checked in accordance with policy for administration
- Clean cotton swab is dipped in the fresh colostrum or mature milk
- Mother can alternatively express at bedside drops of milk directly onto swab for administration
- Ensure the swab absorbs all drops of colostrum or is saturated when there is an ample supply
- Ideally ensure the baby is arousing or in an awake state
- Apply the milk in a developmentally sensitive manner, example below

  - Rest cotton bud on the middle of the bottom lip. Wait until the baby moves lips or tongue towards the bud.
Mother using her fresh colostrum for mouth care (ISOC)

- Allow the infant to recognise the stimulus on the lip & allow the infant open his mouth

- Move the cotton bud slowly towards the cheek in a “Press & Scoop” motion,

- If the infant is comfortable continue with the top lip,

- If baby becomes unstable during the procedure stop gradually and support baby
Coat the entire buccal mucosa liberally, a gauze square can also be used.

- Discard oral swab and gloves into appropriate receptacle

Alternatively if only tiny drops are available the milk can be placed directly into the mouth from the syringe, waiting for gentle mouth movements.
- Do not store or leave colostrum / breast milk at bedside between administrations
- Record procedure and sign on neonate’s flow chart
- Oral care with colostrum or EBM should be performed at least once daily
- Ideally Oral care with colostrum or EBM can be performed 2-3 hourly depending on baby’s state, stability during procedure and availability of colostrum / EBM
- Oral care with colostrum or EBM should be continued until baby is able to take oral milk feed.

10.1 Eligibility

Oral care with colostrum can be performed on neonates;
- prior to intra-gastric tube feeds
- who are NIL BY MOUTH
- who are stable
who are unstable and requiring ventilatory support

Encourage and support parents to perform/ assist with Oral care with colostrum or EBM following education in order to promote parental attachment and involvement in their babies care.

10.2 Contraindications

Contraindications for Oral care with colostrum or EBM are the same as contraindications for breastfeeding and they include:

- An infant whose mother who is:
  - is infected with human immunodeficiency virus (HIV)
  - is taking antiretroviral medications
  - is using or taking medication/drug contraindicated in breast feeding
  - an infant diagnosed with galactosaemia

11. Definitions

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<tr>
<td>EBM</td>
<td>Expressed breast milk</td>
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<tr>
<td>ELBW</td>
<td>Extremely Low Birth Weight</td>
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<tr>
<td>NEC</td>
<td>Necrotising Enterocolitis</td>
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<td>RCT</td>
<td>Randomised controlled trial</td>
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12. Consultation

- Newborn Care Lactation – Rachel Jones and Heather Taylor
- NSW NICU Lactation Group
- Newborn Care Research Committee approval

13. References

7. Seigel JK et al (2013) Early administration of oropharyngeal colostrum to extremely low birth weight infants Breastfeed Medicine Dec;8(6) 491-495

Compliance with this Guideline is Recommended


13.1 National Safety and Quality Health Service (NSQHS) Standards

- Standard 1, Safety and Quality in Health Service Organisations
- Standard 3, Preventing and Controlling Healthcare Associated Infections