



The Northern Neonatal Network
An Operational Delivery Network
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Guideline for Mouth care for Preterm and Sick Infants

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Northern Neonatal Network guideline

Guideline for Mouth Care for Preterm and Sick Infants

Purpose

This guideline offers guidance for using mother's own milk for oral care with the intention of improving the availability of expressed breast milk (EBM) to babies who are not being enterally fed. Using mother's own milk also supports early sensory development of taste and smell for babies who are unable to feed orally¹. Where mothers choose not to express milk, alternative guidance is offered below.

Summary

The guideline suggests a method for giving mouth care to pre term and sick infants not being enterally fed and also helps improve the availability of expressed breast milk as well as for babies where mothers choose not to express.

Background

Human milk has unique properties which promote babies' health and development. It contains maternal antibodies and anti-inflammatory substances which offer protection against disease and infection.

Colostrum is particularly rich in these factors and therefore provides provide bactericidal, antiviral, anti-inflammatory and immunomodulatory protection. Evidence suggests that even the amounts present in small quantities of colostrum are extremely potent.²

When a mother comes into contact with bacteria (including those on the baby's skin and in the immediate environment), mammary lymphoid tissue is able to produce targeted specific antibodies that enter the breast milk.³

When babies are not yet receiving enteral or oral feeds, administration of mother's own milk to the oral mucosa can be regarded as a method of providing some protection against nosocomial infection.

Providing breast milk is often described by mothers as a unique contribution to the treatment of their sick baby; and using EBM for mouth care especially when a baby is not enterally fed may reaffirm to her the importance of her milk. In addition to this, the baby will receive his/her first early taste of milk.

Method

Sick babies are often subjected to many adverse oral procedures such as suctioning, intubation & indwelling oral-gastric tubes. The standard objective of oral care is to keep the mouth in a healthy condition and improve comfort. In the absence of oral feeding, it specifically aims to:

1. Keep the oral mucosa clean, moist and intact thereby minimising oral infections
2. Keep the lips clean, soft and intact
3. Promote comfort for the baby
4. Decrease the risk of systemic infection

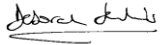
The suggested approach to mouth care is as follows;

- Mouth care should be routinely performed at 'care' time or at least 6-8hrly
- Draw 0.2-0.3ml fresh colostrum/EBM (or whatever is available) into an oral syringe and use this to soak a cotton bud. More milk may be needed depending on the size of the baby.
- If there is no EBM available, sterile water should be used. This should be stored in a universal container and renewed daily.
- Gently roll the bud along the lips, around the gum lines and over the tongue.
- Coating the oral mucosa with EBM/formula prior to a tube feed promotes association of tasting milk at feed time. This can be done before each tube feed.

References

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