**Breastfeeding Support: Oral Care Guidelines**

1. **Purpose**

To provide guidelines for the practice of oral care with fresh colostrum or mature milk for all infants that are admitted to the NICU who are not receiving PO feeds, and where breast milk is not contraindicated.

**Background**

Colostrum has greater concentrations of immunoglobulins, growth factors and protective substances than breast milk and these levels are higher in preterm when compared to term colostrum. Oral care using colostrum or breast milk has been identified as having the potential to serve as immune therapy for the infant. The process of absorbing immunologic factors through the oral mucosa promotes a protective gut immune barrier, and is important for best overall immune development (Rodriguez et al., 2010; Gephart, 2014). It has been demonstrated to be a safe and feasible intervention even during the first days of life for extremely low-birth-weight (ELBW) infants (Rodriguez et al., 2010). The importance of using MOM for oral care is emphasized in our Ventilator Associated Pneumonia Prevention Bundle implemented in November 2013. To ensure colostrum is utilized for first feedings, NICU mothers are educated to label their bottles of expressed milk in pumping session order from 1-60.

1. **Procedure**
2. Staff should request that mothers bring their fresh colostrum/breast milk to the TGH NICU, in order to be able to start using it for oral care prior to freezing. Use fresh colostrum or breast milk whenever possible for oral care. If breast milk is contraindicated use donor breast milk once consent is obtained.
3. Oral colostrum/breast milk should be administered to infant as soon as it is available regardless of infant’s medical or feeding status.
4. Colostrum and mature milk can be stored up to 48 hours in the refrigerator and then placed in the freezer to be saved for the initiation of enteral feeds.
5. Give mother small breast milk collection containers and teach mothers hand expression to increase volumes of colostrum.
6. Draw up colostrum/breast milk into 0.2 ml doses using a 1 ml amber oral syringe (if volume is < 0.2 ml, you can dilute to a volume of 0.2 ml using sterile water.) Date and time all syringes to insure fresh colostrum is used within 48 hours. **Do not use breast milk with HMF.**
7. Verify the colostrum/breast milk identifier matches infant’s identifier and label colostrum in the order it was pumped.
8. Oral colostrum/breast milk is administered by drops only. No swabbing . (approximately 0.2 ml)
9. Administer 0.1 ml drops of colostrum to both inner cheeks.
10. Oral care should be done with hands on at least every 6 hours when infant is NPO and every 3-4 h even when enteral feedings are started via gavage tube.
11. Continue drops until infant starts on PO feeding trials or until donor breast milk is weaned off.
12. Document colostrum/breast milk as oral immune therapy when administered (EPIC)
13. Recommend that parents do this when possible.

References

1. Rodriguez, N.A., Meier, P., Groer, M., Zeller, J., (2009). Oropharyngeal administration of colostrum to extremely low birth weight infants: theoretical perspectives. Journal of Perinatalogy, 29(1), 1-7.
2. Rodriguez, N.A., Meier, P., Groer, M., Zeller J.M., Engstrom J.L. & Fogg, L., (2010). A Pilot Study to Determine the Safety and Feasibility of Oropharyngeal Administration of Own Mother’s Colostrum to Extremely Low Birth Weight Infants. Advances in Neonatal Care, 10(4), 206-212.
3. Gephart, S. M. (2014). Colostrum as oral immune therapy to promote neonatal health. Advances in Neonatal Care, 14(1), 44-51 http://dx.doi.org/10.1097/ANC.0000000000000052
4. Spatz, D., (2011). Innovations in the Provision of Human Milk and Breastfeeding for Infants Requiring Intensive Care. JOGGN, 00, 1-6.
5. Meier, P., Engstrom, J.L., Patel. A.L., Jegier. B.J., Bruns, N.E., (2011). Improving the Use of Human Milk During and After the NICU Stay. Clinics in Perinatology, Volume 37, Issue 1, Pages 217-245
6. ICN Clinical Practice Council. (2011). Oral colostrum administration. Duke Intensive Care Nursery: Nursing Process Standards. Pages 1-2