UCSF Health

NEONATAL NURSING PROCEDURE

ORAL CARE WITH BREAST MILK

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Critical Points

1. Exposure to colostrum, the earliest mother's milk in the oropharynx has many purposes:
    a. Gut, mouth, and upper respiratory tract flora may be positively influenced. Antibodies in colostrum may attach to the upper respiratory mucosa and provide protection.
    b. Other immune signaling components are absorbed sublingually.
    c. The infant may be positively exposed to the flavors of breast milk, thus decreasing risk of oral aversion while NPO.
    d. Sucking, which may be stimulated by the colostrum is calming and helps to develop oral musculature used in feeding.
    e. Potential ventilator associated pneumonia prevention.
        i. For infants ≥ 48 weeks corrected gestation, refer to Oral Care Guideline for Pediatric Critical Care.
2. If mother is a candidate for providing expressed breast milk (EBM), RNs will use EBM for oral care with a provider order.

Supplies

- 1mL enteral syringes *(PMM 52768)*
- Low absorption swab (*PMM 75255*)

Procedure

1. Obtain order for oral care with breast milk or donor breast milk (DBM) from provider.
2. Milk for oral care will be in the following priority:
    - Fresh colostrum (first 5 days of milk yield) is the preferred milk to use for oral care.
    - Transitional milk (milk from the first 14 days of milk yield) is the second choice and can be used when colostrum is not available
    - Fresh breast milk after the first two weeks can be used when there is no longer any milk from the first 14 days.
    - If there is no EBM available and patient is ordered for DBM, may use DBM for oral care.

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- If no EBM is available and/or infant is not a candidate for DBM, sterile water may be used for oral care.

3. Verify correct patient, scan milk into EHR and Timeless per Breast Milk Identification, Handling, Storage, & Exposure Nursing Procedure.
4. Draw milk up into enteral syringe with up to 0.2-0.5mL volume.
5. Allow milk to come to room temperature if taken from refrigerator.
6. Administer oral care:
   - Preferred method: apply 0.2-0.5mL directly to the dependent buccal pouch.
   - Alternative method: saturate a low absorption swab and gently swab the mouth, including under the tongue and the buccal pads. Avoid friction, using gentle draws of the swab.
7. Infants who are sucking well on pacifiers may have additional drops of milk placed on the pacifier to begin sucking with taste practice.
8. Repeat procedure as ordered by provider, as tolerated by the infant and/or as milk supply is available.
9. Teach parents how to perform oral care and document teaching in the electronic medical record.

DOCUMENTATION

1. Document oral care in the Ped/Neo Intake/Output Flowsheet – document type of oral care (e.g., EBM, DBM) and amount in mL
2. See Appendix A for more detailed information

EDUCATION

1. Demonstrate procedure to parent/caregiver. After completion of return demonstration, parent may perform after the RN performs breast milk verification.

Troubleshooting

Problem	Suspected issue	Action
Infants' tolerance	• Critically ill infants may not tolerate liquids in their mouth, so swabbing with a less saturated applicator is indicated.	• Observe baby closely and provide oral care slowly. Some infants are awakened and active with the sensory experience and may want more interaction with caregiver after oral care.
Low Milk Yield	• Infrequent or incorrect pump use • Maternal health concerns	• Manual expression may be the more productive method of obtaining colostrum during the first days. • Using breast massage prior to expression or using a breast pump with proper sized flanges may also help colostrum yield. • Instruct mother or refer to lactation nurse as needed.

ORAL CARE WITH BREAST MILK *(continued)*

References

Level of Evidence (FAME*)	Level*	Reference
	E3	Gephart, S. M., & Weller, M. (2014). Colostrum as oral immune therapy to promote neonatal health. *Advances in Neonatal Care*, *14*(1), 44–51. https://doi.org/10.1097/ANC.0000000000000052
	E4	Meier, P. P., Engstrom, J. L., Patel, A. L., Jegier, B. J., & Bruns, N. E. (2010). Improving the use of human milk during and after the NICU stay. *Clinics In Perinatology*, *37*(1), 217–245. https://doi.org/10.1016/j.clp.2010.01.013
	E3	Rodriguez, N. A., Meier, P. P., Groer, M. W., 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. https://doi.org/10.1097/ANC.0b013e3181e94133
	E3	Snyder, R., Herdt, A., Mejias-Cepeda, N., Ladino, J., Crowley, K., & Levy, P. (2017). Early provision of oropharyngeal colostrum leads to sustained breast milk feedings in preterm infants. *Pediatrics and Neonatology*, *58*(6), 534–540. https://doi.org/10.1016/j.pedneo.2017.04.003
	E3	Sohn, K., Kalanetra, K. M., Mills, D. A., & Underwood, M. A. (2016). Buccal administration of human colostrum: impact on the oral microbiota of premature infants. *Journal of Perinatology*, *36*(2), 106–111. https://doi.org/10.1038/jp.2015.157

* FAME Scale details: See nursing policy *Policy, Procedure, & Competency Development, Review, & Approval*

Procedure History

Originated:	11/11 as ICN Unit Guideline, converted to Nursing Procedure 01/22	
Resources:	Jeannie Chan, RN, MS, CNS	
Reviewed:	08/14	Drosten RN, IBCLC; K. Johnston RN, RNC; L. LeFrak RN, CNS; Y. Sun MD
	12/17	Kinsey Milliken, RN; Courtney Gregory, RN, MSN, IBCLC
	01/22	Jeannie Chan RN, MS, CNS: Jessica Hale, RN, MS, IBCLC; Kinsey Milliken, RN
	01/22	Approved by Patient Care Standards Committee

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Appendix A: Enhanced Oral Care Charting in EHR

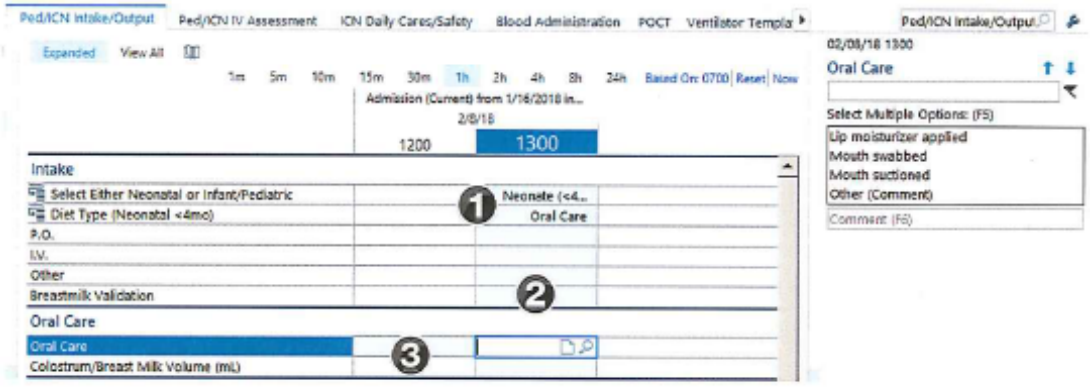
WHAT: When ordered, document breastmilk used for oral care on the *Ped/ICN Intake/Output* flowsheet

WHY: Oral care with colostrum/breastmilk has proven benefits and is a standard of care for many patients. Improving the documentation will also improve our ability to monitor oral care with breastmilk.

Link to policy: (http://manuals.ucsfmedicalcenter.org/NursingDept/UnitPolicyProcedure/15ICN/OralCare_Breastmilk.pdf)

HOW:

1. New Oral Care group is now available on the *Ped/ICN Intake/Output* flowsheet. Find it by selecting, "Neonate (<4mos)" and then "Oral Care" as your diet type.
   - **Reminder:** *You only need to select the population and diet type the first time it is being utilized, after that just chart in the applicable rows of the group.*
2. Scan the milk using the Breastmilk Validation tool in APeX, as well as Timeless when appropriate ("Dispose" empty bottle/syringe)
3. Document all oral care activities that apply and indicate how much colostrum/breast milk was used in the Oral Care group. The volume row is only available from the I/O flowsheet.



4. The *Oral Care* row also remains on the ICN Vital Signs flowsheet. Continue to document NON breastmilk related oral care here. You will see your selections on the I/O flowsheet and vice versa. This is because it is a shared row and is part of VAP monitoring.