

You should be educated about mouth care and encouraged to participate in this process for your baby. Ask your nurse for advice on how to maintain expressing to keep giving your baby mouth care.

### Aims of Mouth Care

- Keep the lips and oral mucosa soft, moist, clean and intact
- Reduce the risk of obtaining a ventilator acquired pneumonia
- Reduce the risk of oral and in turn, systemic infection.
- Remove debris without damaging the mucosa.
- Provide a positive oral experience for your baby.
- Support early development of taste and smell.

Babies that are not able to tolerate enteral feeds must still have mouth care performed

Every drop counts!!

### Method

- Mouth care should be performed routinely with your babies 'cares' 6—8 hourly. However, this should be individualised depending on behavioural cues, sleep state and tolerance of handling.
- Colostrum (the first breast milk)/ Expressed Breast Milk (EBM) should be the first choice of mouth care over sterile water if available due to the benefits for baby.
- Use sterile water and gauze to wipe the babies lips free from any debris such as dry skin.
- Dip an cotton bud in colostrum (if available) or sterile water and roll around the lips, gums and tongue.



**NHS**  
Manchester University  
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## Baby Mouth Care Matters



*Bee Brilliant*

**FiCare**  
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## Why Mouth Care?

- It is a **positive experience** for both you and baby.
- Positive use of your colostrum and EBM when expressing even though your baby may not be feeding.
- This can help you to feel close to your baby and be involved in your babies care.
- Research has found inadequate oral hygiene in the neonatal intensive care unit (NICU) can lead to Ventilator Acquired Pneumonia (VAP)
- VAP contributes to increased patient pain and suffering, morbidity and mortality, length of time on mechanical ventilation and increased hospital length of stay.



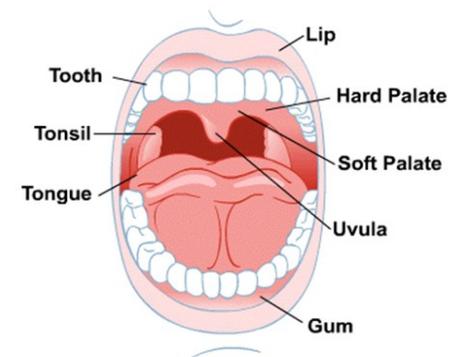
Lauderbaugh, D. Holub, P. Turner, K. Popien, T. (2019). Reducing Ventilator Associated Pneumonia in the NICU through oral care education: A quality improvement project. *Journal of neonatal nursing* . 25 (3), 127 - 129.

## Facts

- Mouth care should be performed on the sickest of infants, including those that cannot tolerate enteral feeds, have had surgery or are ventilated when using Colostrum and EBM.
- Ideally, mouth care should be performed with a baby's 'cares' 6—8 hourly.
- Mouth care with Colostrum should ideally be performed within the first 24 hours of life—if available. (even the smallest of amounts, golden drops)
- Ensure that there is no force applied when giving your baby mouth care, remember this is a positive experience for both you and baby.
- Soft paraffin can be used on dry lips, however, this should **not** be used on infants who are under going phototherapy treatment.
- Infant-Driven Feeding Scale - use to assess baby cues for feeding.

## Healthy Mouths

- Lips and the corners of the mouth should be smooth pink soft and moist. Check for any dryness, cracks, ulceration and bleeding.
- Tongue should be pink, moist and have papillae (taste buds) with a 'shiny' appearance. Check for cracking or splitting, presence of oral candida (white spots) redness and ulceration
- Saliva should be clear, thin and watery.
- Mucous membranes should be pink and moist with no signs of oral candida



(Lauderbaugh et al , 2019)