

Newborn Critical Care Center (NCCC) Clinical Guidelines

Guidelines for Oral Immune Therapy

INTRODUCTION

Oral immune therapy is the application of colostrum to the oral cavity. It should be considered for **ALL** infants admitted to the NCCC. The contraindications for OIT are the same as for breastfeeding (maternal HIV status positive, galactosemia). Colostrum is rich in anti-inflammatory cytokines and has been showed to help prevent infection in preterm and ill neonates. Research has also shown that infants who receive OIT reach full enteral feedings sooner than those who do not receive OIT.

DEFINITIONS

Colostrum is the first milk that mothers produce. For NCCC purposes, the milk produced in the first five days after delivery will be considered to be colostrum.

PROCEDURE

1. **As soon as colostrum is available, the mother or her designee should bring the milk to the NCCC labeled with the red dot and infant label. Colostrum will not be frozen and will be stored in the refrigerator in the nutrition room.**
2. Verify the OIT order in EPIC.
3. Wash hands and put on gloves.
4. Obtain the colostrum from the Nutrition Room.
5. Scan the patient label on the container of colostrum.
6. Use a Petite Low Absorption Swab and saturate it with the colostrum. *The swab should only ever be dipped in the container ONCE.*
7. Using the swab, gently paint each side of the oral cavity. Avoid the gums and tongue.
8. Monitor the infant for any physiologic instability during the application of OIT.
9. After the appropriate education, parents should be encouraged to participate in OIT.
10. OIT should be performed at each care time, unless the infant has successfully latched at the breast. *This therapy is especially important for ELBW infants.*
11. Duration of therapy will be the first 5 days of life

References:

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