

Oral Thrush

Oral thrush is caused by a yeast fungus called candida albicans. Everybody has this fungus in their mouths and in healthy people it doesn't normally cause a problem, but in people that are unwell it can overgrow and infect the membranes of the mouth. Babies are at an increased risk of oral thrush because their immune systems haven't yet fully developed and they are less able to resist infection. This is particularly the case with premature babies, born before 37 weeks. Babies that have been or are currently being treated with antibiotics are more at risk of developing oral thrush because antibiotics reduce the level of healthy bacteria in the baby's mouth. This can increase the level of candida.

The main symptom of oral thrush is a white coating on the tongue. There may be white patches on other parts of the mouth as well and this can make a baby reluctant to feed. Babies can also get nappy rash, caused by the same infection which would need to be treated as well.

Mouth care should be performed in the same way for babies suspected or known to have oral thrush and can be performed more frequently if baby appears to get some relief from discomfort.

If the baby is prescribed antifungal oral treatment (i.e. nystatin suspension or miconazole gel) this should be given as prescribed after mouth care has been performed, so that it remains coating the mouth and will work most effectively.



This information leaflet was designed and produced by the East Midlands Neonatal Operational Delivery Network.

For further information on what we do, please visit our website; www.emnodn.nhs.uk



NHS
East Midlands Neonatal
Operational Delivery Network

**Mouth Care
for your Baby**

**on the Neonatal Unit &
Transitional Care**

Parent Information

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Mouth care is very important as it maintains a clean and comfortable mouth. It helps to reduce the risk of your baby becoming unwell and he/she will be able to feed more easily.

Aims of mouth care

- Freshens the mouth, keeping it clean, soft and moist, which reduces the risk of any infection
- Keep the lips clean, soft, moist and stops them from cracking
- Remove any debris
- Alleviate pain and discomfort
- Increase general wellbeing
- Make the mouth more comfortable especially in sick and preterm babies who are not yet receiving oral feeds
- Stimulate the senses
- If maternal colostrum is used for mouth care, it is to be given into the side of the cheek where it is then absorbed. Colostrum is very rich in growth and protective factors and helps to develop baby's immature systems and protect them from infection

Equipment

- Cotton buds/dental rolls/gauze swabs
- Sterile water, which needs to be labelled, dated and changed every 24 hours and is only to be used for mouth care
- Fresh colostrum, 0.3ml drawn up into an oral syringe
- Expressed breast milk (EBM), this needs to be labelled and dated
- Liquid paraffin or petroleum jelly may occasionally be used for dry lips but not if your baby is on oxygen or receiving phototherapy. Take advice from the nurse helping you to care for your baby

How to provide mouth care

Wash your hands.

Take a cotton bud/dental roll/gauze swab and dip it into either the sterile water or EBM and gently wipe around the inside of the lips and gums to gently remove debris and dry skin.

Repeat if necessary with a fresh cotton bud/dental roll/gauze swab. Do not re-dip.

Administer the fresh colostrum inside the baby's cheek where it will be absorbed.

If the lips are dry you may apply a thin layer of Liquid paraffin or petroleum jelly if your baby is not on oxygen or receiving phototherapy.

Throw away all rubbish after the procedure, including any excess milk, as this will help to prevent the introduction of infection.

Inform the nurse helping you to care for your baby if you have any concerns

Things to remember

If your baby has restricted access to the mouth such as a tube, or a jaw abnormality or following certain surgeries then the nurse helping you to care for your baby will teach you alternative ways of giving mouth care.

If your baby is receiving antibiotic treatment as this can cause oral thrush, the nurse helping you to care for your baby will tell you what to look out for.

Some medications such as morphine or oxygen therapy can cause your baby to have a dry mouth so he/she may need more frequent mouth care.

If your baby has Down's Syndrome he/she may have thick, sticky saliva so may need more frequent mouth care.